



NOTICE OF MEETING

TRAFFIC, ENVIRONMENT & COMMUNITY SAFETY SCRUTINY PANEL

THURSDAY, 10 DECEMBER 2015 AT 5.30 PM

CONFERENCE ROOM B, SECOND FLOOR, THE CIVIC OFFICES

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Membership

Councillor Stuart Potter (Chair)
Councillor Lynne Stagg (Vice-Chair)
Councillor Ryan Brent

Councillor Lee Hunt
Councillor Ian Lyon
Councillor David Tompkins

Standing Deputies

Councillor Simon Boshier
Councillor Margaret Foster
Councillor David Fuller

Councillor Scott Harris
Councillor Phil Smith

(NB This agenda should be retained for future reference with the minutes of this meeting).

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: www.portsmouth.gov.uk

AGENDA

- 1 Apologies for Absence.**
- 2 Declarations of Members' Interests**
- 3 Minutes of the Previous Meeting. (Pages 1 - 2)**

RECOMMENDED that the minutes of the previous meeting held on 28 September 2015 be agreed as a correct record.

4 Review of Community Safety. (Pages 3 - 98)

In order to scope the review of community safety, the panel will consider the community safety priorities for 2016/ 2017 drawn from the Safer Portsmouth Partnership's Strategic Assessment 2015/16.

Rachael Dalby, Director of Regulatory Services, Community Safety & Troubled Families and Lisa Wills, Strategy and Partnership Manager will attend to assist members.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

Agenda Item 3

TRAFFIC, ENVIRONMENT & COMMUNITY SAFETY SCRUTINY PANEL

MINUTES of the meeting of the Traffic, Environment & Community Safety Scrutiny Panel held on Monday, 28 September 2015 at 5.30pm in the Civic Offices, Portsmouth

Present

Councillors Stuart Potter (in the Chair)
Simon Boshier
Scott Harris
Lee Hunt
Lynne Stagg
David Tompkins

Officers Alan Cufley, Director for Transport, Environment and Business Support
Stewart Agland, Local Democracy Manager
Pam Turton, Assistant Head of Service.

32. Apologies for Absence. (AI 1)

Councillor Harris attended on behalf of Councillor Ryan Brent and Councillor Simon Boshier on behalf of Councillor Ian Lyon.

33. Declarations of Members' Interests (AI 2)

No interests were declared.

34. Minutes of the Previous Meeting. (AI 3)

RESOLVED that the minutes of the meeting held on 23 March 2015 be agreed as a correct record.

35. Discussion of Future Topics. (AI 4)

The Chair reminded members that the Scrutiny Management Panel (SMP) had asked that this panel undertake the following review: consideration of options for and improvement and variations to Portsmouth's public transport system.

To assist the discussion, Alan Cufley, the Director for Transport, Environment and Business Support explained that the council is actively involved with all operators of the public transport systems and services in the city. It has significant influence in a variety of forums such as Solent Transport whose Business Plan supports such programmes as the Bus Rapid Transport System, Ferry services and Network Rail's study in to rail connectivity. In addition, he informed the Panel that the Department of Transport had recently decided to re-advertise the franchise that is currently operated by South West Trains so the council will be able to submit its views about to the Department of Transport as to what it would like to see from the new provider.

After discussion, the panel concluded that:

- A number of forums have debated public transport.
- The council's influence over private transport companies is limited.

- There would be a cost to the council in implementing any recommendations.
It is important that the council's performance is scrutinised

The Local Democracy Manager clarified that the panel's role is to assist with policy development and to hold the executive to account. The SMP's view was that the more panels can contribute to policy, the more influence they have on the shaping of policy. If this panel wishes to review a different topic, it would have to be submitted to SMP for consideration as it has oversight of the work programme.

Councillor Hunt proposed a review of the impact of the reduction of policing staff and community wardens. Councillor Boshier seconded this proposal and in the subsequent debate, the following points were raised:

- Crime has increased.
- No-one appears to be scrutinising the police.
- South West Trains did not take any notice of the results of a survey of more than 1,000 passengers which showed that 81% were unhappy with the morning service.
- The Isle of Wight Ferry Company took eight to permit the millennium walk to cross its property.
- The roles of neighbourhood watch, city centre managers, police and community wardens could be investigated.
- It is important that work is not duplicated.

A vote was taken and the following resolution was unanimously agreed:

RESOLVED that the following review topic be submitted to the Scrutiny Management Panel for consideration in its work programme rather than the one SMP had proposed:

Community safety - looking at the roles of Community policing, community wardens, city centre managers, the fire service, neighbourhood watch and CCTV.

The meeting concluded at 6.10pm.

Councillor Stuart Potter
Chair

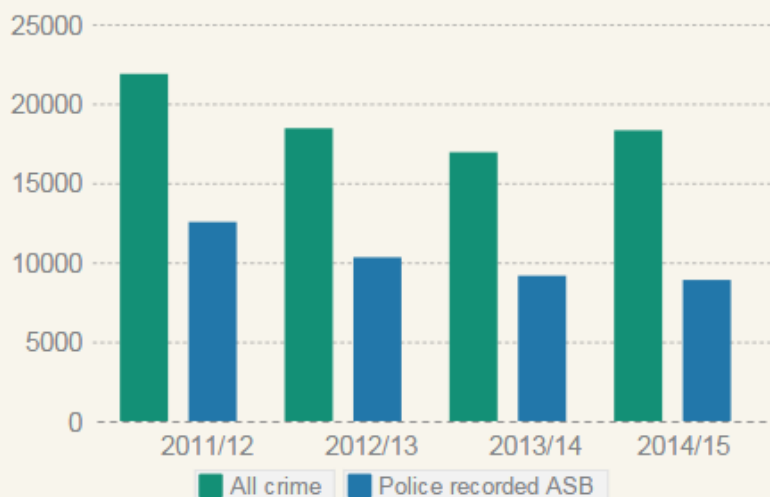
Agenda Item 4



Conclusions from the 2014/15 SPP strategic assessment

There have been a number of challenges in the strategic assessment process and in drawing conclusive findings, primarily because of **significant changes in crime recording** following the HMIC¹ report, 'Crime recording: making the victim count' (November 2014). **Changes in resourcing and practice across many services have added to this.** Where possible, this has been taken into account to identify any substantial changes and highlight new or changing priorities.

Reported Crime returns to 2012/13 levels



Overall, crime levels have gone up across the country. However, **Portsmouth has seen a larger increase in police recorded crime (9%) than the national average (3%)** which is beyond the level expected from changes in recording practice. The increase has largely been driven by an increase in violent crime. This suggests either real increases in some types of crime or that levels of previous under-recording by police in Portsmouth and Hampshire as a whole, were higher than found nationally. This issue highlights the importance of using detailed analysis and multiple data sets to really understand crime patterns in order to effectively prioritise a partnership response.

1. Violence

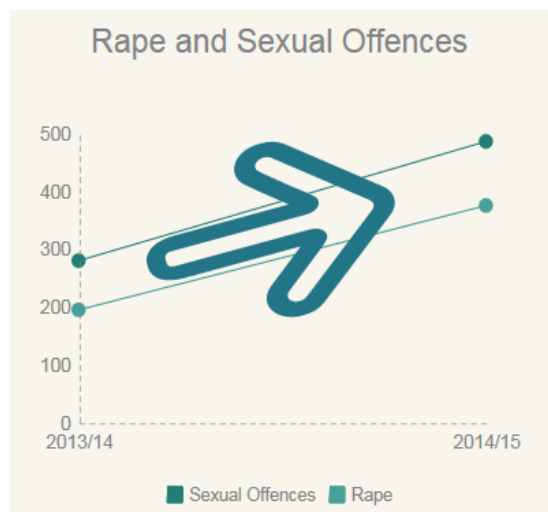
In the last year, 6,671 violent offences were recorded in Portsmouth, an increase of 36% (n1864) since 2013/14. The earlier HMIC report found that violent crime had been under-recorded by 33% and Hampshire Constabulary has faced similar issues to other areas. **Violent crime now accounts for 36% of all crime compared to 29% in 2013/14.** This is a rate of 32.2 per 1,000 population, which is higher than the

¹ Her Majesty's Inspectorate of Constabulary

25.6 per 1,000 population for similar areas and 29 per 1,000 measured by the CSEW². **Domestic abuse is still the largest category of violent crime** accounting for 31% of all assaults (n1,554). There was a 29% (n348) increase on last year.

Some types of violent crime have seen substantial increases, these include:

a) Sexual offences



There has been a **74% (n207) increase in sexual offences**. The **largest increase has been in serious sexual offences including rape** where there has been a 92% (n179) increase. Similar increases have been seen across Hampshire, but this is beyond the national average increase of 41%. Whilst improved confidence and recording of offences may account for some of the increase, it may not account for all unless there was a higher level of under-recording locally. We know that just under a quarter of offences were historic. **Over half of offences were committed by someone known to the victim** (35% by an acquaintance), **approximately half were alcohol and/or drug related** and the **most common age for the victim was between 13 and 22 years**.

b) Public order offences

Public order offences have increased by 83% (n649); this is thought to be related to better recording and **includes re-coding some ASB incidents as crimes**. Again, an 83% increase is beyond what might be anticipated from improved recording, unless we had a higher level of under-reporting locally.

c) Racially and religiously aggravated violence

There has been a 52% (n98) increase in violence flagged as **racially and religiously aggravated** and Portsmouth has the second highest rate within its most similar group. This **increase has been driven by a 74% (n89) increase in public order offences such as harassment flagged as racially driven**. Previous research found the most common location for incidents to be near to the victim's own home, and this year the most common reported location for incidents was the victim's own home **or in the street or park**. Portsmouth's hate crime team have also seen an increase in reports which could signal real increases and **warrants further attention**.

d) Youth related violence

There has also been a notable rise in **youth related violence** - incidents where the young person (aged 10 to 17) is the victim, the offender, or both. The **number of young people who have been victims of youth-on-youth assaults has tripled (n108) over the last year**. The biggest increase is where the victim and

² Crime Survey for England and Wales

offender are known to each other. ***There was also a substantial 239% increase (n271) where a young person was the offender and the victim was an adult.*** Some of this may be attributable to better recording especially if this relates to lower level violence (such as public order offences) but ***the increase is larger than expected which could indicate a real increase.***

A substantial number of offences relating to young people assaulting an adult are offences against parents / step parents; teachers (specifically in the Harbour School which may reflect changing reporting policy with a new head teacher in post) ***and looked after children (LAC) assaulting staff responsible for their care.*** We don't fully understand the reasons for the increases and ***this needs further investigation.***

2. Serious and acquisitive crime

Levels have not changed to the extent that it would become a main priority. The only substantial rise was in theft from motor vehicles and to a lesser extent, motor vehicle interference with decreases in shop theft and theft from the person.

3. Alcohol misuse

Portsmouth continues to face challenges related to alcohol misuse but recent investment in response and treatment services has started to have an impact. This is reflected in the reductions in alcohol related hospital admissions which ***for the first time this year have dropped below the national average*** and the average for our comparator group of areas. ***However, alcohol specific and alcohol related mortality and chronic liver disease continue at a higher rate*** than for England, our comparator group and the South East region. To impact on these health indicators ***requires sustained improvements over ten to twenty years*** and we are still to reach these milestones since improved investment and prioritisation of alcohol misuse.

4. Drug misuse

Drug use in the city continues to be higher than national averages, particularly for ecstasy and powder cocaine. Whilst this may reflect the urban and age demographic of the city, it continues to be a priority area. There have also been some important changes in the drug profiles for the city with an ***increase in the use of new psychoactive substances*** (NPS). For young people this is now the third most reported substance use after alcohol and cannabis. NPS's can be easily accessed regardless of age and are in fact easier for young people to purchase than alcohol and cigarettes. Existing treatment services are more geared to opiate and crack cocaine. So, whilst the figures for NPS use are still relatively small, increased use and the unknown impact on long term health indicators mean it is important to ensure response and treatment services are aware of and responsive to this new challenge.

There is a very ***clear link between alcohol and drug use and crime and anti-social behaviour and health outcomes*** for the city. Analysis of persistent and prolific offenders, young offenders and complex ASB cases shows the impact of substances on the perpetrators, their families and the local community.

5. Young people

For the first time since 2007/08 there has been ***an increase in all recorded crimes committed by young people aged 10 to 17 years***. In general, this is likely to reflect changes in recording practice by the police after the HMIC data integrity report.

However, while the number of crimes committed by young offenders has increased, ***the number of young offenders continues to fall, and therefore the average number of crimes each young offender is responsible for has steadily increased from an average of 2.3 offences per offender in 2007/08 to 3.9 in 2014/15***.

On a positive note, ***the custody rate for our young offenders has improved and is now slightly less than the national average*** and our most similar group average. Previously, Portsmouth had a high custody rate so this is a significant improvement.

Offending by looked after children continues to cause concern; ***12.7% of LAC commit offences compared to 1% in the youth population as a whole***. Whilst it is clear that this is partly a reflection of the risk factors that have led to both their offending and their looked after status, we do not seem to be impacting significantly on the young people's offending rates even after they come into care. In other words, ***existing interventions for LAC are not as successful as they could be in reducing offending***.

Charles Dickens, St Thomas and Paulsgrove wards continue to have the highest rate of young offenders and are target areas for interventions. The partnership's Restorative Justice Strategy and YOT triage panel will hopefully impact in future years and benefit both victims and offenders.

Risk factors for young people



Whilst work to address and reduce risk factors for young people is being led by the Children's Trust as they oversee the development of Multi-Agency Teams (MATs), it is worth reiterating that there are some areas of risk to young people where Portsmouth could do better. This includes: ***the number of young people aged 16 to 18 not in education, employment or training; persistent absence, fixed term exclusions; GCSE attainments; and offending by looked after young people***. Portsmouth also has a higher rate of children killed or injured in road traffic incidents than the national average and a much higher rate of hospital admissions for self-harm (which is a reflection of emotional wellbeing).

6. Child Sexual Exploitation

There has been an increased focus on children and young people at risk of Child Sexual Exploitation (CSE) and regular multi agency forums are held to review the tactical and strategic plans for missing, exploited and trafficked young people across Hampshire. This work is led by the Children's Trust.

Risk factors for child sexual exploitation



Young women aged 15 to 17 are most at risk particularly where they have pre-existing vulnerability. There is also a ***link being drawn between CSE and drug supply particularly*** where local young males actively seek to sexually exploit young women as payment for drugs.

7. Adult re-offending

In relation to what we know about adult offenders, we only have information on the 25.6% of recorded crimes that were detected and 22.6% of crimes resulted in a formal outcome - which is above the national rate. This obviously means we don't have detailed information about the vast majority of people who commit crime in the city. However, we do know that nearly **90% of offenders have only committed one or two offences** in the previous twelve month period and **significantly there are fewer prolific offenders than in previous years**. In 2011/12, there were 54 people (1.56% of known offenders) that committed ten or more offences, this has reduced to just 25 (0.9% of known offenders). 18 to 24 years continues to be a peak age for offending although there has been a growth in offending for the 25 to 34 year old age range. This may reflect a changing offender demographic but it is still too early to identify a trend.

Groups of offenders managed by the Portsmouth Integrated Offender Management team have been tracked over time and have shown a **sustained reduction in their offending beyond the time they are on the IOM programme**. This is an **important finding** as previous research found that after two years offending started to increase again.

Risk factors for prolific offenders



The most prolific offenders are **older** than the offender population as a whole and there is a **correlation with complex ASB cases where there are emerging issues such as alcohol and drug misuse; homelessness; rough sleeping; threats from drug dealers, domestic abuse, mental health issues and** for young people, **child protection issues**.

8. Anti-social behaviour

It is difficult to get a complete picture of ASB across the city and current changes to police recording of ASB are likely to make this even harder. However, our local Community Safety Surveys shows that ASB does impact on our local communities and that noise, litter and dog fouling, rowdy and noisy behaviour in the street, street drinking and inconsiderate behaviour continue to be concerns and experiences of city residents.

The relationship between risk factors and crime or ASB is complex; it is not that these issues cause offending and ASB in themselves, but rather that the risk factors are similar, and offending or ASB may emerge from those issues. There is a **link with alcohol misuse and in more complex cases the perpetrators are often also victims and in some cases exploited by others**.

Risk factors for anti-social behaviour



Cross referencing cases found **high levels of alcohol and drug use; exploitation by transient drug dealers; mental health and learning disabilities, domestic abuse and child neglect**. Improving the first assessment of cases that have these risk indicators might enable earlier interventions and investment before the cases become entrenched and extremely complex to solve, causing major problems for both the perpetrator and local community members.

9. What works to manage cases of multiple or complex needs?

It is not unusual for perpetrators to also be victims of crime. For example, some of the people vulnerable to exploitation by transient drug dealers using their properties may also have complex needs themselves; the tenant of a property reported for causing ASB who is also the victim of domestic abuse. Hand in hand with these issues are problems with accommodation; employment training and education, financial management skills and other life skills. Understanding and responding to these issues may have a greater impact on crime and ASB the earlier they are identified and the quicker interventions are put in place to prevent escalation.

Whilst the troubled families programme now Positive Family Steps has assisted in some cases, this does not identify and respond to all individuals (notably those without children or where their children are no longer living with them).

Supporting staff across agencies through training and information to identify and respond appropriately to each new case; monitoring those most in need and offering single points of contact; supporting the development of multi-agency work by improving understanding and co-ordination between services and empowering multi agency forums to be more effective.



Risk factors for people with multiple or complex needs

Throughout the strategic assessment process, there is growing evidence of the complex and inter related nature of many of the issues and the people involved. ***Young people committing multiple or serious offences or adults (with or without families) who commit offences especially prolific, persistent or problematic offenders and complex ASB cases***, often have multiple needs. These are described on the diagram at the end of this hand-out as 'Risk Factors'.

Reviewing SPP priorities

Whilst overall, the main priorities remain the same, the focus within each priority area has shifted (and this is set out below).

In addition, there is a growing need to **consider/reconsider the response to both young people at risk and adults at risk**. In particular to consider the impact of looked after young people; young people with reduced life chances; the complex relationship between substance misuse, emotional well-being/mental health, learning disability; domestic abuse and child neglect in terms of increased exposure to crime and ASB and greater likelihood of being both victim and perpetrator.

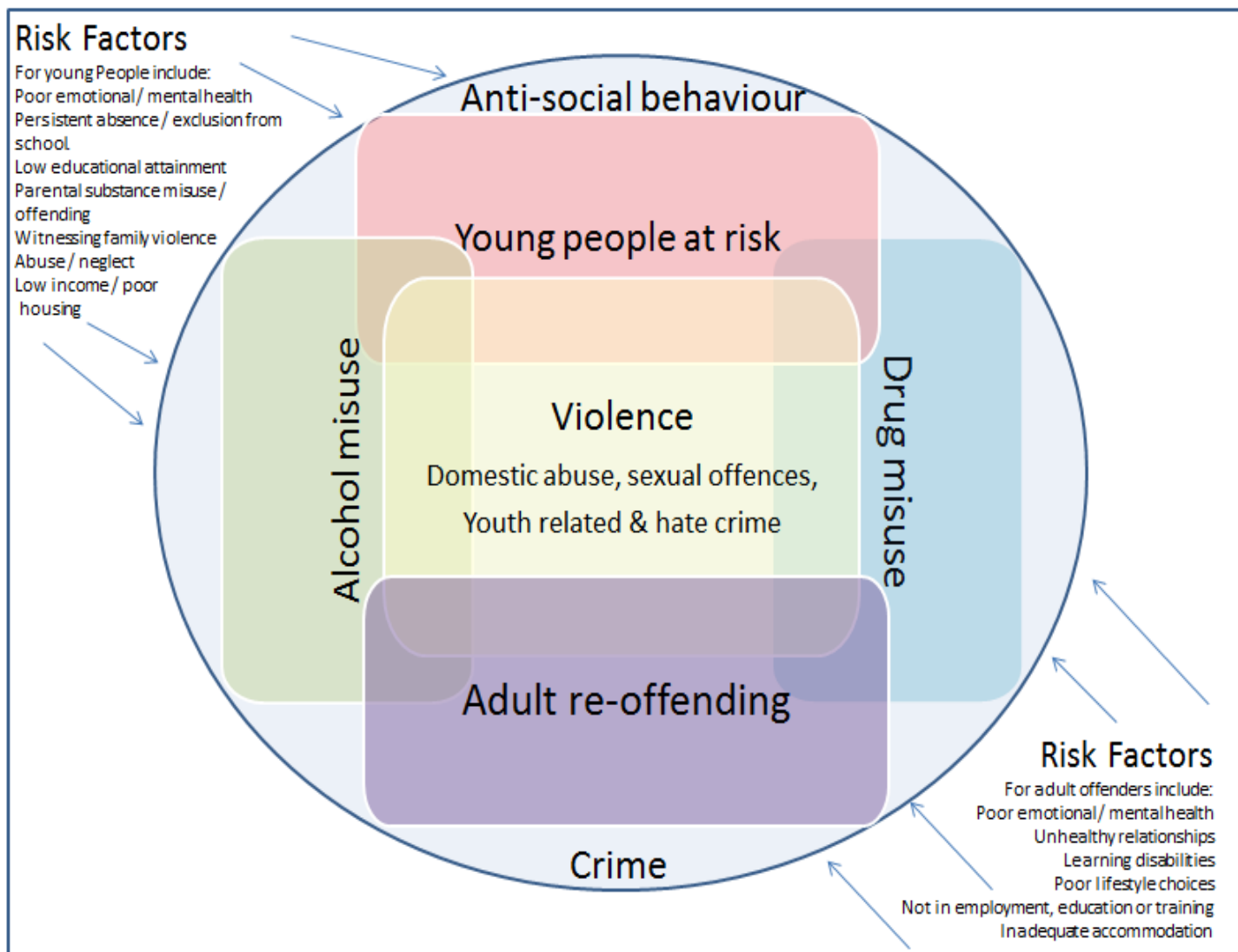
There are examples of successfully targeted interventions such as the IOM, and PPO offender programmes; troubled families programme and positive activities for young people. However, there is **less knowledge**

and overview work of the impact of dual and multiple diagnosis in general and very few interventions targeted specifically at adults (without children / or where their children are no longer living with them).

In terms of specific priorities:

- Tackling violent crime by continuing to focus on domestic abuse and alcohol-related violence, but also focussing on sexual offences, hate crime and youth-related violence.
- Reduce anti-social behaviour, particularly focussing on complex cases.
- Sustain improvements by alcohol misuse services to reduce long term health issues.
- Make sure drug treatment services respond to the changing drug profile of the city including the increased use of ecstasy and new psychoactive substances.
- To ensure a specific focus on drug and alcohol misusing perpetrators of anti-social behaviour and offenders (via IOM).
- Support early intervention with children who come to the attention of services before their needs escalate.
- Work with others to identify cost benefits of intervening earlier in complex cases of anti-social behaviour
- Early identification of and interventions with adults and young people at risk of perpetrating anti-social behaviour, offending or substance misuse.
- To support multi-agency work by improving understanding and co-ordination between services.

- Align research and analysis to localities, support a partnership community safety survey and conduct further research to understand the increases in hate crime, youth-related violence and youth victimisation.



Risk Factors

Anti-social behaviour

Youth-on-youth violence has almost tripled since 2013/14 (n165).

There were 173 Young Offenders, a 4% reduction compared to 13/14

The number of children in care has remained stable since last year (n320)

Young people at risk

The rate of alcohol related hospital admissions (2,079 per 100,000) is lower than the England and MSG averages

18% of Young People had been drunk in the last 4 weeks

The Children's Society survey reported that 45% their parents provided alcohol

There were 778 children involved in the 648 cases that went to MARAC

Domestic abuse is a common factor in child protection plans (58%, n283) and for children taken into care (51%, n88)

The You Say survey 2014/15 found that 11% of respondents' were worried about their parents' drug use.

11% of opiate users and 43% of non-opiate users completed treatment successfully

Alcohol misuse

Portsmouth has a higher rate of alcohol-related deaths and chronic liver disease than nationally or the MSG average.

At least 30% of DV assaults involved alcohol

43% of crimes were flagged as alcohol related (where this field was not left blank)

43% of lower risk and 50% of higher risk offenders supervised in the community misused alcohol

Domestic Abuse is the most common driver for violent assaults (31%, n1,323).

Domestic violence

Dip sample of 120 domestic incidents found 59% (n71) of incidents both victim and offenders had been involved in previous incidents

20% of individuals accessing treatment services are currently experiencing, or have previously experienced DA

Estimated 1,549 opiate and crack cocaine users (OCU's)

Most commonly used substances: cannabis /skunk (22%), powder cocaine (10.5%), ecstasy & NPS (9.8)

Drug misuse

22 in treatment reported Novel Psychoactive Substances as a problem, double 2013/14

At least 7% of offenders supervised by NPS were domestic abuse perpetrators

Adult re-offending

27% of lower risk and 39% of higher risk offenders supervised in the community misused drugs

The **biggest proportion of known offenders are in the 25 to 34** years age category (28.8%, n819)

The most prolific offenders were responsible for 278 offences / 2.1% of all Crime

The majority of known offenders still only commit one known offence each year (73.9%, n2,103)

Crime

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STRATEGIC ASSESSMENT

OF

CRIME, ANTI-SOCIAL BEHAVIOUR, SUBSTANCE
MISUSE AND RE-OFFENDING

2014/15

Compiled and written by:

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Thanks to: Phil Winchester, Alan Knobel and all those who have contributed information and comments

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1. Introduction

Community Safety Partnerships (CSPs) have a statutory requirement to produce an annual strategic assessment and three year partnership plan (refreshed annually).¹ These two documents combined enable partnerships to target their resources effectively and become more responsive to local crime, anti-social behaviour and substance misuse.

This strategic assessment will:

- provide a **summary of research and analysis for crime, anti-social behaviour and substance misuse**
- include information about key trends and emerging issues
- recommend **priorities for the SPP**
- inform the strategic plan, and
- **identify gaps in knowledge** which need to be addressed by the team's research and analysis programme (these items are marked with a '📖' symbol). Completed work from the research programme is then fed back into the following year's report.

Data sources and time periods

Reference to '2014/15', or to 'this year' refers to the financial year 1st April 2014 to 31st March 2015, and 'last year' will refer to the previous financial year of 2013/14, unless stated otherwise. Data will be compared back to a baseline of 2007/08 where possible.

Where data is available, **comparisons will be made to the averages for England and the Safer Portsmouth Partnership (SPP) comparator group** (MSG): Bournemouth, Brighton & Hove, Bristol, Portsmouth, Plymouth, Sheffield, Southampton and Southend-on-Sea. In the past iQuanta was used to obtain this information, but changes in terms and conditions have meant that while it is appropriate to use for management purposes, it can no longer be used in published documents². Fortunately, most of this information is now available via the Office for National Statistic website, Crime Survey for England and Wales (CSEW) section³ so this has now been used as the main data source for annual crime statistics⁴ alongside data provided by local police analysts.

Differences between the figures used in this report and those used in the Hampshire Constabulary Force Strategic Assessment⁵ are likely to be due to the use of different reporting systems and data reports being downloaded on different dates. This document uses data downloaded from the ONS website for headline figures (30/3/2015), information from the Hampshire Force Strategic Assessment, and any detailed analysis is performed on data provided by the Hampshire police analytical team (15/7/2015).

Throughout this document there will be continual references made to the HMIC data integrity report (see Appendix A for more detail). **This report highlighted that crime, particularly violent offences, had been under-recorded both by Hampshire Constabulary and nationally** across most if not all forces. This means that while we have seen a **rise in some types of crime, this doesn't necessarily mean that these crimes have increased and may just reflect more robust recording practices**. The Office of the Police and Crime Commissioner for Hampshire conducted some research into this matter and concluded that

¹ www.legislation.gov.uk/ukpga/1998/37/contents

² This is an ongoing challenge for CSPs and we will be following up to see if this data can be used in future.

³ <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-373428>

⁴ Comparison of iQuanta and ONS figures show that they are almost identical

⁵ Hampshire Constabulary Force Strategic Assessment 2014/15

that overall the increases appeared to be due to the change in recording practice. The main evidence to support this conclusion is that the volume of calls to the police from the public had decreased since 2013/14, and if there had been a 'real' increase in crime, the volume of calls would have been expected to rise. In practice, it is not possible to know for certain whether the change in recording practice accounts for all increases and may in fact be masking decreases or increases in some types of crime. Where this is the case, this is highlighted in this report.

Despite these limitations, police data is still the largest and most detailed dataset for crime and anti-social behaviour in Portsmouth. We continue to provide analysis based on this data because it still provides insights into patterns of crime in Portsmouth, and we have triangulated this with others where possible. We are currently developing more links with the MOD police and British Transport Police to see if these data sets will add to our knowledge and will use this in future analysis and strategic assessment processes where appropriate.

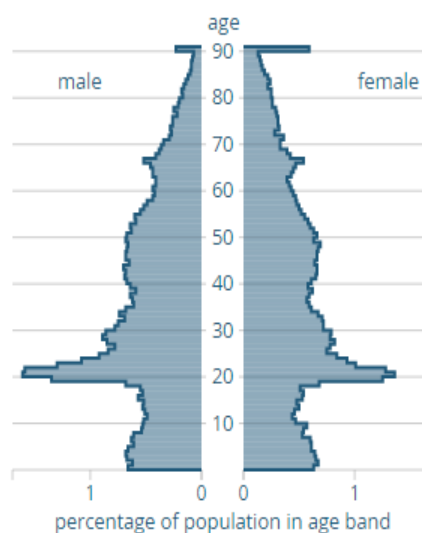
Where rates have been calculated, the mid 2013 population estimate has been used where possible - a total population figure of 207,460. If different population estimates have been used, these will be stated.

2. Demographic Picture of Portsmouth

Portsmouth is a bustling island city on the south coast. There is a strong naval presence in the City and a vibrant student community associated with the University of Portsmouth. It is the most densely populated city outside London; its residents living within 40 square kilometres. Of these: approximately 42,800 are under 18yrs of age⁶, 137,600 are 18-65yrs and 27,000 are over 65yrs.⁷ Figure 1⁸ shows how **the student population affects the demographics of the community, with a large percentage of 19-23 year olds**. The total population is projected to grow by 7% to 220,500 by 2022, but the group of residents aged over 65yrs is projected to grow by 16%.

Portsmouth is becoming more ethnically diverse than it was, with the city's long standing Asian community being joined by flourishing Black African and Polish populations. Based on the latest census data (2011):

Figure 1: Population Pyramid for 2013



- 84% of the population is white British (compared with 92% in 2001).
- The black and minority ethnic (BME) community now accounts for 16% (compared with 5.3 in 2001).
- The Asian community makes up approximately 6% of the population with Bangladeshi community being the largest Asian population group.
- 4.3% of the BME population is white non-British, up from 2.2% in 2001 and reflecting increased immigration from EU accession countries including Poland.

⁶ 17,100 are aged 10-17yrs

⁷ From the 2013 mid-year population estimate: <http://www3.hants.gov.uk/factsandfigures/population-statistics/pop-estimates/ons-mid-year-est.htm> - these figures differ slightly from the subnational forecasts.

⁸ 2012 - based subnational population projection pyramid:

<http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc183/index.html#1/0/232/null/null/false/false/na/1>

- School census data also shows the number of **BME pupils has risen from 9.2% to 19.3% over ten years**. The most common first languages after English are Bengali (n864) and Polish (n412).⁹

Nearly half (46%) of Portsmouth's housing pre-dates the First World War, and almost two thirds of dwellings are terraced houses, compared to the England average of a third. **Living closely together is likely to increase residents' experience and/or perception of crime and anti-social behaviour**¹⁰.

The proportion of households renting rather than owning exceeds the regional average, and an estimated one in five households rent from a private landlord with a similar proportion renting from the city council or housing associations.¹¹ **Portsmouth accepted over double the England average of families as statutorily homeless**¹² (5.6 households per 1,000 in comparison with 2.3) in 2012.¹³ This indicates a shortage of housing and increased level of deprivation.

Previous research has found associations between poverty and crime¹⁴ - particularly violent crime.¹⁵ A recent study into severe and multiple disadvantage (focussing on homelessness, substance misuse and offending) found evidence to support the 'poverty plus' hypothesis. In other words, poverty is necessary but not sufficient to generate extremely negative outcomes; additional community, social, educational or family factors compound the negative effects of poverty. When individuals experiencing severe and multiple disadvantage were mapped, prevalence was higher in areas of concentrated poverty.¹⁶

Portsmouth ranks 76th out of 354 local authorities in England where one is the most deprived area - **in the top quarter of local authorities for deprivation**.¹⁷ A snapshot in March 2013 showed that jobseeker allowance and unemployment rates were highest in the wards of Charles Dickens (5.1% and 6.7%), Nelson (3.5% and 5.3%) and Fratton (3.3% and 4.6%),¹⁸ which is consistent with what we would expect as these areas have the highest levels of deprivation in Portsmouth.¹⁹ **23.5% of children live in poverty, which is higher than the England Average (19.2%) and SPP MSG average (21.6%).**²⁰

Food bank usage has dramatically increased in the last few years; the Trussell Trust Food bank saw demand double between 2011 and 2013, with an increase in working families asking for help. The 'Tackling Poverty in Portsmouth - Needs Assessment Refresh' 2015-2018 identified low wages as being a risk for the city and also highlighted the risk posed to Council and partner agency services by the reductions in funding to Portsmouth City Council (PCC) from Central Government.

⁹ Kennard, K. (2015) *Tackling Poverty in Portsmouth - Needs Assessment Refresh 2015-2018*. Portsmouth City Council.

¹⁰ Research would support this: i.e.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116592/horr34-report.pdf

¹¹ JSNA Briefing Note: Housing: https://hantshub-files.s3.amazonaws.com/API_STR_JSNA_SEC_HOUS.pdf

¹² This means that the local authority has a statutory duty to house people who are homeless if they are in priority need and have not caused their own homelessness. This level of homelessness may reflect levels of deprivation, shortage of affordable housing, the greater proportion of private rented housing (making home security less secure), and recent increases in repossession amongst other things.

¹³ Public Health Outcome Framework: <http://www.phoutcomes.info/public-health-outcomes-framework>

¹⁴ Lankelly Chase Foundation (2015) *Hard Edges: Mapping severe and multiple disadvantage*.

http://www.lankellychase.org.uk/assets/0000/2858/Hard_Edges_Mapping_SMD_FINAL_VERSION_Web.pdf

¹⁵ Hsieh, C. & Pugh, M.D. (1993) Poverty, Income Inequality and violent crime: A meta-analysis of recent aggregate data studies. *Criminal Justice Review*. Autumn 1993 v18, p.182-202.

¹⁶ Lankelly Chase Foundation (2015) *Hard Edges: Mapping severe and multiple disadvantage*.

http://www.lankellychase.org.uk/assets/0000/2858/Hard_Edges_Mapping_SMD_FINAL_VERSION_Web.pdf

¹⁷ The 2010 Index of Multiple Deprivation (IMD) measures deprivation at Lower Super Output Area and contains seven deprivation domains: Income; Employment; Health and disability; Education, Skills and training; Barriers to housing and services; Living environment; Crime.

¹⁸ Kennard, K. (2015) *Tackling Poverty in Portsmouth - Needs Assessment Refresh 2015-2018*. Portsmouth City Council. Charles Dickens and Nelson have been in the most deprived wards for a long time, Fratton has moved into this position more recently (over the last five years).

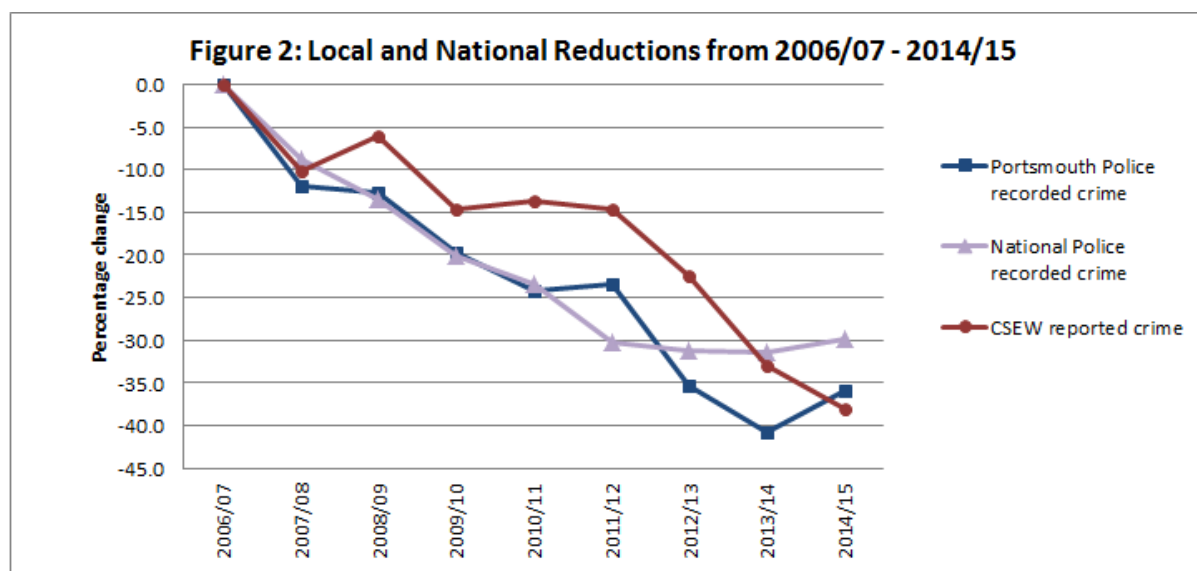
¹⁹ Health Profile 2014, Portsmouth: <file:///C:/Users/csf151/Downloads/HealthProfile2014Portsmouth00MR.pdf>

²⁰ Public Health Outcome Framework: <http://www.phoutcomes.info/public-health-outcomes-framework>

For further information please see: Portsmouth's Joint Strategic Needs Assessment: <http://data.hampshirehub.net/def/concept/folders/jsna/portsmouth-jsna> and the [Tackling Poverty in Portsmouth - Updated Needs Assessment](#).²¹

3. Overview of community safety

Hampshire Constabulary recorded **18,312 crimes** in Portsmouth during 2014/15²² (see appendix B for full crime trends table). This is an **increase of 9%** (n1557) since last year but is still 27% (n6849) less than the 2007/08 baseline. Portsmouth has seen a **larger increase in police recorded crime than the national average (3%)** and both increases are in contrast to a 7% reduction in crime measured by the Crime Survey of England and Wales (CSEW, see figure 2).²³ However, the CSEW represents a reflection of crime experienced over the previous twelve months from the date of the interview for each respondent and the interviews took place over the course of 2014/15. This means that the interviews which took place in the first part of 2014/15 actually relate to 2013/14 and means that the 7% reduction is broadly consistent with reductions in crime nationally in 2013/14. It will be interesting to see whether there is an increase in CSEW measured crime in 2015/16. 📖



The **increase in total police recorded crime had been anticipated after the HMIC's Data Integrity report**,²⁴ which found that nationally all crime had been under-recorded at a rate of 19% and even higher for violence against the person offences (33%) and sexual offences (26%). A specific police force report²⁵ confirmed these findings were also applicable to Hampshire (see Appendix 1 for summary of the report). However, **as Portsmouth has experienced a larger increase than the national average, it is possible that this alone cannot account for the rise in some types of crime or that there was a higher rate of under recording in Portsmouth.**

²¹ In practice, it is not possible to know for sure whether the change in recording practice accounts for all increases and may in fact be masking decreases or increases in some types of crime.

²² ONS website: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-373428>

²³ <http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/year-ending-march-2015/index.html>

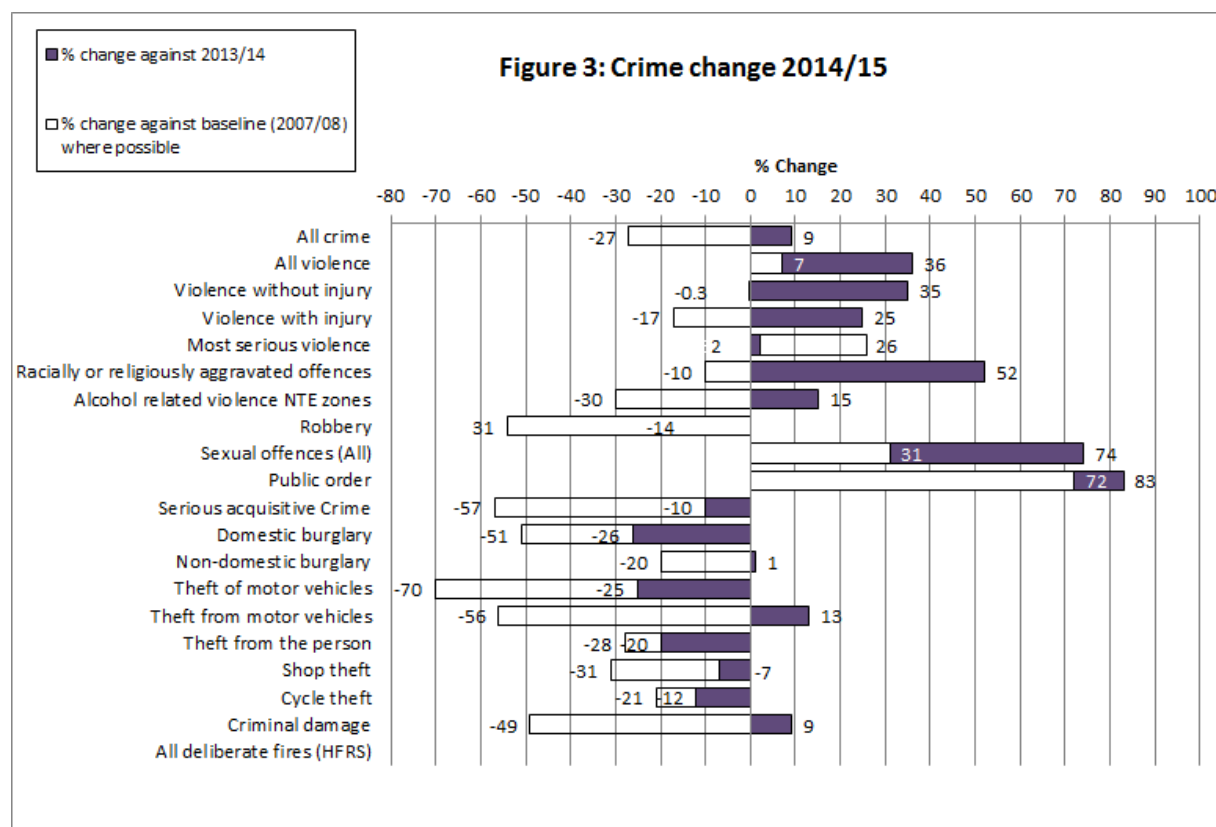
²⁴ HMIC (Nov 2014) Crime-recording: Making the victim count, retrieved from: <https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/crime-recording-making-the-victim-count.pdf>

²⁵ HMIC (2014) Crime data integrity: Inspection of Hampshire Constabulary: <https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/crime-data-integrity-hampshire-2014.pdf>

Portsmouth's overall crime rate is 88.3 per 1,000 residents, which is slightly higher than other similar areas (81.1 per 1,000). Conversely **anti-social behaviour recorded by the police has continued to fall: reducing by 3%** (n269) from last year although this may relate to recent changes, in particular where some incidents are now considered public order offences.

The **increase in crime has largely been driven by an increase in violent crime**. Compared to last year, incidences of all types of violence have gone up (see figure 3 below). The **largest increases were for: violence against the person without injury (35%, n678), public order (83%, n649), violence with injury (25%, n459) and sexual offences (74%, n207)**.

Conversely, **the downward trend we have been seeing over the past few years has continued for most categories of acquisitive crime**, excluding theft from a motor vehicle which increased by 13% (n86).



Performance

A number of the primary performance indicators were revised for 2014/15 (see appendix C, 2014/15 performance summary). Following this change, there has been **mixed performance with several of the primary indicators being rated²⁶ as RED** because they missed the target by more than 10% including:

- **Increase successful completions as a proportion of all those in alcohol treatment services.** It is thought this is because it includes clients who access the Alcohol Specialist Nurse Service (ASNS) at Queen Alexander Hospital. These clients have been referred directly by the hospital rather than *actively seeking* treatment and therefore may be less motivated to engage with services. Discussions are ongoing as to whether to continue to include ASNS in this indicator or re-think the target or how we compare with other areas.

²⁶ Using RAG rating: Red - missed the target by more than 10%; Amber - missed the target by less than 10%; or Green - met the target.

- **Reduce the number of re-presentations for non-opiate users.** There was **only** one re-presentation during this time period, but the target for this indicator is zero percent.
- **Reduce most serious violence.** There were 67 crimes categorised as most serious violence, which missed the target by 12% (n7). This represents an increase of 2% (n1) from 2014/15. This is also in the context of an increase in violent crime and may be linked to the changes in recording practices.
- **Increase the 'Formal Action Taken' (FAT) rate for sexual offences.** Although there has been a reduction in the FAT rate, the number of crimes where formal action was taken has remained similar in total. It could be that the change is linked to recent changes in recording practices which has improved recording of sexual offences but has meant more records of historic offences and offences where there is insufficient evidence (available or taken) to proceed. However, it could be a settling in period with the new recording practices and we should still aim to improve the formal action taken rate. This is an area which needs monitoring for the next few years. 📖

However, some performance indicators are exceeding expectation notably:

- There has been an **increase in successful completion of treatment** for opiate use (recorded as a proportion of all in treatment for opiate use) **and reduced re-presentation** (with Portsmouth having the least re-presentation of any partnership in its MSG).
- The rate of reoffending by supervised offenders has continued to improve and is substantially less than the MoJ predicted rate
- Offenders on the Integrated Offender Management (IOM) programme have shown success over time, with 58% fewer crimes being committed by the cohort and 60% less custodial sentences.

Other targets are being refined to be able to tell the partnership more about performance and improvements.

Resident perceptions

The most recent Community Safety Survey (CSS 2014) was conducted in March 2014, gathering perceptions and experiences from 849 Portsmouth residents.²⁷ Preparations are underway for the 2016 survey with fieldwork planned for February to May 2016.

The most commonly feared crimes were 'burglary', 'being mugged / robbed' and 'being assaulted', but only a small proportion experienced these crimes. This finding is consistent with previous surveys.

The most frequently experienced types of anti-social behaviour were 'noise from domestic properties' (noisy neighbours), 'litter', 'general noise in the street' (shouting, music, skateboards etc.), 'dog mess' and 'street drinking'. For most types of anti-social behaviour, concern was slightly higher than experience. This was not the case for 'domestic noise', 'harassment & bullying' and 'bin bags being left out at the wrong time'. Black and Minority Ethnic (BME) respondents were more likely to report being concerned about and experiencing 'harassment & bullying' than British white respondents.

Overall, the number of people avoiding or being fearful of some areas in Portsmouth has reduced since 2012. **The areas that people fear or avoid have remained fairly constant - Somerstown, Buckland, Guildhall Walk and Fratton** (although Fratton dropped from 2nd in the previous survey to 4th last year).

²⁷ Graves, S. & Sandford-Smith, N. (2014) *Community Safety Survey 2014: Headline Results*. Portsmouth City Council.

The most common reason for avoiding all of these areas continues to be a **bad reputation** rather than personal experience of problems.

A more recent population specific survey was carried out by the University of Portsmouth Student's Union (UPSU)²⁸ and completed online by 860 students. This survey found **just over 20% of the respondents had experienced crime and/or anti-social behaviour**. The **most common types of crime experienced were violence, bike theft and burglary** consistent with current understanding of the issues faced by the student population. While this is a relatively high proportion of students, it is consistent with previous survey findings and 18-24yrs is the peak age for victims of most types of offence. The most common areas where **students felt unsafe were Somerstown**, which is a route used by many students returning home from university buildings (including the library which is open 24/7 from January to May) and **Guildhall Square** which is one of the main NTE areas for students.

Crime and ABS priorities for the Safer Portsmouth Partnership

A matrix was used to check the SPP priority crime and anti-social behaviour types. This matrix took into consideration: volume, trends, bench-marking, public concern, personal harm and whether they were likely to have a disproportionate impact against sections of the community or were linked to drug or alcohol misuse (see appendix D).

This process identified **violence with injury and sexual offences are the highest priority crime types** and within this: **domestic abuse, youth related violence, hate crime and alcohol-related violence**. Although we know that the change in police recording practices may partially account for some of the increases seen in these types of crimes, there is a likelihood that it does not account for all of the increases seen in youth-related violence and hate crime. Furthermore, these are crimes which **Portsmouth residents are concerned about, cause considerable personal harm** and where the **rates are higher than other similar areas**. The **ASB priorities were identified as criminal damage, noise and street drinking**.

4. Adult re-offending

Reducing adult offending or re-offending is a statutory duty for all CSPs²⁹. It has also been a long term focus of the SPP recognising that addressing re-offending will also positively impact on the partnership's other priorities. The partnership continues to support the work of the Integrated Offender Management (IOM) team and also focuses on domestic abuse offending and drug and alcohol related offending.

Over the last year, **adult re-offending has come under additional scrutiny**. In November 2014, HMIC published a report following an inspection of crime data integrity and found that 'the police are failing to record a large proportion of the crime reported to them (see Appendix A).^{30 31} More recently, this has led to **improvements in crime recording which although positive will impact on data comparison**.

²⁸ Graves, S (2015) *Summary of Findings from the University of Portsmouth Student Union's (UPSU) Crime and Safety Report 2015 and comparison to Safer Portsmouth Partnership's Community Safety Survey 2014*.

²⁹ The statutory duty came into effect on 1st April 2010 (Policing & Crime Act 2009). The delivery framework is in the Home Office National Support Framework: Reducing re-offending, cutting crime changing lives (2010): http://www.justice.gov.uk/downloads/offenders/probationinstructions/pi_05_2010_statutory_changes_to_community_safety_partnerships_csps_.pdf

³⁰ The HMIC report an average under-recording of 19%. The problem is greatest for victims of violence against the person and sexual offences where the under-recording rates are 33% and 26% respectively.

³¹ HMIC: the final report of an inspection of crime data integrity in England and Wales' November 2014 ISBN 978-1-78246-660-4; www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/crime-recording-making-the-victim-count/pdf

Additionally, the **Probation system has undergone major restructuring over the last twelve months as part of the Transforming Rehabilitation agenda**. There are now two Probation organisations covering Portsmouth: the **South West and South Central Division of the National Probation Service (NPS)** and **'Purple Futures', a partnership of private sector, charities and social enterprise who are the Community Rehabilitation Company (CRC)** for Hampshire and the Isle of Wight. The changes didn't come into effect until June 2015 but the period of change over the previous months may have impacted on data. In future, increased supervision to shorter sentence offenders will provide more information but will also mean that comparison with previous data sets will be difficult.

Offending also impacts on the wider community and frequently offenders (particularly prolific and problematic offenders) suffer from multiple, complex issues, such as: mental and physical health problems, learning difficulties, substance misuse, homelessness, problems with relationships and unemployment. **No single indicator explains why someone gets involved in criminal activity. There is a growing body of research that considers the risk factors and identifies what enables individuals to desist**³². It is the combination and quality of input that is critical starting with appropriate assessment of risk, need and responsiveness; targeting interventions to those people that are motivated to change; a range of quality interventions and providing adequate opportunities to change. Some analytical multi agency workshops on these themes took place in Portsmouth in 2013 (see Appendix G).

Crimes committed by 'known offenders'

Previously, crime outcomes were logged as detections (where there was a suspect and some recorded actions) and sanction detections (where there were specific formal outcomes). In April 2013, a **new system of logging outcomes was established**³³ and this has resulted in 93% of crimes nationally now recording an outcome.³⁴ This change reflects a move from focusing on detections towards a greater transparency on how crimes are recorded and police activity. It is still possible to calculate the detection rate on a local level, but this change will mean that comparisons with other areas can only be done for outcomes and for formal outcomes³⁵ (previously known as sanction detections³⁶) rather than detections.

During 2014/15, Portsmouth recorded 18,312 crimes³⁷ of which **25.5% (n4668)³⁸ were detected³⁹ and 22.6% (4147/18312) were formal outcomes**. During the same period and comparing the same formal outcomes, national figures show 20.6% of crimes resulted in a formal outcome. So Portsmouth is performing well in relation to formal outcomes.

In 2013/14, Portsmouth had 28.7% (4869/16943) of all crime resulting in a sanction detection or formal outcome. This year's **reduction in formal outcomes is partly a reflection of improvements in crime recording**. Even accepting the recent changes are responsible for the reduced levels of formal outcomes

³² Some evidence is provided in www.gov.uk/government/uploads/system/uploads/attachments_data/file/243718/evidence-reduce-reoffending.pdf and www.gov.uk/government/uploads/system/uploads/attachment_data/file/261620/re-offending-release-waves-1-3-spcr-findings.pdf

³³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/331597/hosb0114.pdf.pdf

³⁴ The remaining 7% include cases where outcomes have not yet been recorded, so it is expected more will record an outcome over time

³⁵ Formal outcomes are where the offender has been: summonsed; charged; received a formal out of court disposal; or an offence is taken into consideration. It does not include informal out of court disposals or prosecutions which were prevented or not in the public interest.

³⁶ Sanction detections accounted for 4,147 (88.8%) of all detections.

³⁷ This figure has been amended to match iQuanta data as performance data provided by Hampshire Constabulary Western Area Research and Analysis Team is slightly different from the figure reported in the overview.

³⁸ This figure may differ from the verified figures by Hampshire Constabulary as crimes are confirmed or re-categorised over time. 523 offences are classified as new, which means they are still under investigation and have not been filed yet.

³⁹ Detected crimes are those that have been 'cleared up' by the police. Sanction detections include a formal sanction to the offender.


with more crimes recorded where there is not a suspect, improving formal outcomes in the future would mean we have a better understanding of offender profiles and what might be driving crime.

This year, we have information relating to 2847 people responsible for 4593 (98.4%)⁴⁰ of 4668 detected offences. This data is used for the following offender profiles. It must be emphasised that **this only relates to offenders who were caught for their offences (accounting for just 25.5% of all recorded crime)**. The people who have been caught for committing crime may have very different characteristics to the remaining 74.5% who were not caught and those who committed crimes that were not recorded.

What information do we have about the known offenders?

Demographics

As previously, the majority of known offenders were male, 78.7% (n2240). There has been a small increase in the number of female offenders from 495 (19%) last year to 602 (21.2%) this year. However, female offending has fluctuated over recent years with 19% (n627) female offenders in 2011/12 increasing to 22% (n792) in 2012/2013 before reducing again to 19% (n495) in 2013/14.

Age 18 to 24 continues to be one of the peak age ranges for adult offending with 28.6% (n813) of all offenders in this age category. However, this year has seen a small increase in the proportion of adults aged 25 to 34 committing offences, with 28.8% (n819) of offenders in this age range. Last year, 31.5% of all offenders (n1066) were aged 18 to 24 and 26.8% (n909) were aged 25 to 34. **This may suggest that offenders are committing crime for longer although more analysis would be needed to verify this.** 

Offending profile

As in previous years, this year's data shows that the **majority of 'known offenders' (73.9% n2103) were responsible for just one offence in the previous twelve months**⁴¹. This is the largest number and percentage for four years and is a **positive change indicating that fewer people are committing multiple offences of two or more crimes in the previous twelve months**⁴². This is set out in the table below.

Table 1: How many crimes did offenders commit?

Number of Offences	2011/2012				2012/2013			
	Offenders	% of all Offenders	Crimes	% of all Crime	Offenders	% of all offenders	Crimes	% of all Crime
1	2361	68.1%	2361	10.8%	2597	73.4%	2597	14.1%
2	590	17.1%	1180	5.4%	507	14.3%	1014	5.5%
3 or 4	314	9.1%	1052	4.8%	259	7.3%	849	4.6%
5 to 9	146	4.2%	901	4.1%	128	3.5%	786	4.3%
10 plus	29	0.84%	349	1.6%	28	0.79%	335	1.8%
15 and above	25	0.72%	479	2.2%	19	0.54%	413	2.24%
Total	3465	100%	6322	28.9%	3538	100%	5994	32.54

⁴⁰ This figure may be inflated if detected offences were committed by more than one known offender, resulting in the crime being double counted. A low estimate, with all duplicate occurrence numbers removed, is 4,252 detected offences.

⁴¹ These are general figures and some caution is needed - a multiple offender may have committed two relatively low tariff crimes (such as low value shop theft) and be counted as a repeat offender and an offender committing just one offence in the previous twelve months may have committed a high tariff VAP offence. It should therefore be noted that this information is about frequency of offending rather than severity of offence.

⁴² Some caution is needed in interpreting this data as this relates to an offence with a formal outcome - it is probable that some offenders will have committed more offences in the previous twelve months than are recorded and result in a formal outcome.

Number of Offences	2013/14				2014/15			
	Offenders	% of all Offenders	Crimes	% of all Crime	Offenders	% of all offenders	Crimes	% of all Crime
1	1909	71.9%	1909	11.3%	2103	73.9%	2103	11.6%
2	406	15.3%	812	4.8%	408	14.3%	816	4.5%
3 or 4	200	7.5%	667	3.9%	215	7.6%	710	3.9%
5 to 9	103	3.9%	633	3.7%	96	3.4%	586	3.2%
10 to 14	19	0.7%	222	1.3%	17	0.6%	194	1.1%
15 and above	18	0.7%	404	2.4%	8	0.3%	184	1.0%
Total	2655	100.0%	4647	27.4%	2847	100.0%	4593	25.4%

The next largest category is those people committing two crimes in the previous twelve months (14.3% n408). This means a total of 2511 people or 88.2% of offenders committed only one or two offences in the previous twelve months so, the **majority of known adult offenders this year are either first time offenders or low level offenders**. This information has been reported over the last three years but we are still unable to confirm how many are 'first time' offenders and we are working with the new CRC to find a way of identifying this cohort. However, we do know that across England and Wales in the year ending 30th September 2014 just over 22% of adult offenders were first time entrants.⁴³

Most importantly, table 2 above shows that there are **substantially fewer prolific offenders than in previous years**. In 2011/12, there were 54 people (1.56% of all known offenders) that had committed ten or more offences in the previous twelve months and were responsible for 3.8% of all crime (n828 offences). This year, there are less than half this number with only 25 people (0.9% of all known offenders) committing ten or more offences and they are responsible for only 2.1% of all crime (n278). Only 8 of these committed 15 or more offences (1.0% of all crime, n184). This may reflect on-going commitment to IOM and the steady reduction in acquisitive crime.

What do we know about the most prolific offenders over the last twelve month period?

The analysis of prolific offending is about frequency rather than severity of offending and most often will relate to more chaotic offenders or those committing crime as a way of funding drug or alcohol misuse. It is rarely a reflection of serious violent offending. Whilst some offenders, such as domestic abuse offenders, may have committed multiple offences it is likely that only some of the offences will be reported or will result in a formal outcome. Analysis of police data on crimes over the last twelve months shows that 31 offenders were detected as committing ten or more offences. Of these, there were 25 people committing 10 or more crimes resulting in a 'sanction detection'⁴⁴ or formal outcome. Analysis of this cohort shows:

- 80% (n20) are male and 20% (n5) are female which is similar to previous profiles.
- Although group size is substantially different, a **larger proportion of prolific offenders are young people compared to the offender population as a whole**. (24% of the 10 plus offence cohort are aged 17 and under compared to 10% in the overall offender cohort).

⁴³ MoJ, *Criminal Justice statistics quarterly bulletin: September 2014*, offending history tables.

⁴⁴ Applying the rules relating to sanction detection, this excludes any cases where there was a known offender but the situation was resolved by a community resolution or the CPS did not consider it to be in the public interest to prosecute.

- The **peak age of the adult cohort is 35 to 44 years which is older than in the offender population as a whole** when the peak ages are 18 to 34 years. This suggests that for more prolific offenders, the arc of offending is later than usual - more work would be needed to understand this fully, however, it is likely to reflect the multiple issues that this group of offenders might have.
- Offence numbers range from 10 to 31 over the twelve month period.
- An initial search of detected crimes identified 31 people committing 10 or more offences which reduced to 25 when considering sanction detections only. In addition, several (n9) of the individuals included in this 25 had some offences drop off the list when 'CPS prosecutions not in the public interest' and 'community resolutions' were removed. This suggests the level of offending is more than formally recorded.
- **The most common offence was theft from shops (n145) followed by criminal damage (n43), breach of ASBO (42), violence against the person (n39) and burglary other than a dwelling (n25).** Many VAP offences were resisting arrest or assaulting a member of staff or security guard when caught shoplifting or causing damage to premises (n17). A further 12 were assaults against staff in a Children's Home or at St James's Hospital secure unit. Only one of the violent offences had a domestic abuse flag.
- In part, this profile of offences and some information relating to the **offenders indicates complex problems such as drug use.** More work is needed to verify this. 📖
- In checking the ASB database, **13/25 (52%) of this cohort were known to the ASB Unit** with individuals named in one to ten ASB cases. The **range of emerging issues** behind the ASB included **alcohol misuse, drug misuse, threats from drug dealers relating to drug debts, rough sleeping, violence and threatening behaviour, domestic abuse, mental health issues** and **some of the young people are known to social services and on child protection plans.** This supports the plan for early intervention with complex ASB cases and potential cost benefits of doing so.

Offenders supervised by probation services (including the new CRC).

One of the biggest changes from 'Transforming Rehabilitation' is the statutory 12 months (minimum) supervision of all offenders who have served a custodial sentence of one day or more, once they are released from prison. Introduced on 1st February 2015, this means that there will be **far more people under supervision**, including those sentenced for more minor offences and a number who are first time entrants to the criminal justice system (see figures in previous paragraph). The full impact of the recent changes to the Probation arrangements is not yet known and the reporting structures going forward are yet to be finalised, particularly those around reoffending rates and outcomes.

As part of the new Probation arrangements, the National Probation Service (NPS) now supervise offenders who pose a higher risk of harm to the public and Multi-Agency Public Protection Arrangement (MAPPA) offenders on their release from prison, or upon receipt of some community orders⁴⁵. The

⁴⁵ In full, the NPS supervise cases requiring management under MAPPA at all categories and all levels, cases not managed under MAPPA but nevertheless assessed at the outset as presenting at least a high risk of serious harm, cases where there is exceptional public interest in management being retained in the public sector, cases where the risk of seriously harmful reoffending is above the agreed RSR threshold, offenders subject to a deferred sentence and any offender who is a foreign national and sentenced to an immediate prison sentence of 12 months or more or who has been recommended for deportation by the sentencing Court. (Some of these will include court orders). The NPS is also responsible for providing reports to HM Courts & Tribunals Service to inform sentencing and for the management of Approved Premises and Sex Offender Programmes.

Community Rehabilitation Company (CRC) supervises offenders who pose a low or medium risk of harm to the public and those in the Integrated Offender Management (IOM) cohort.

The **CRC supervised 540 offenders** in Portsmouth; 314 (58.2%) who posed a medium risk of harm (levels 2 and 3) and 226 (41.7%) who posed a low risk (level 1). As expected, the **majority were male** (84.1%, n454). This is a slightly higher percentage than offender population as a whole which may reflect the nature of sentencing and type of offences committed.

Amongst the cohort, the **most commonly reported age group was 35 to 49 years old** (37.6%, n203), closely followed by 26 to 34 years old (32.6%, n176). The majority of offenders identified themselves as White British (80.0%, n432).

A snapshot of CRC supervised offender data⁴⁶ shows that in December 2014, **163⁴⁷ of the offenders subject to supervision were first time offenders**. The majority were male (86.5%, n141) but the ages were varied. The **most prevalent issues affecting the offenders risk levels and offending behaviour were accommodation** (66.9%, n109), **alcohol** (66.9%, n109), **emotional wellbeing** (66.9%, n109) and **relationships** (67.5%, n110).

Using a similar snapshot method of data collection on the 30th June 2015⁴⁸, the **NPS supervised 417 offenders** of which **226 (54%) were high risk (level 4)**, 183 (44%) were medium risk (level 2 and level 3) and 8 (2%) were low risk (level 1). Only eighteen (4%) were female, the remaining 399 **(96%) were male**.

344 (82%) were managed under MAPPA. Twenty nine **(7%) were domestic violence perpetrators** and 46 **(11%) were assessed as a risk to children**. There are a range of categories that offenders have been convicted for but the **largest proportion, 53% (n222) are convicted of violence offences and 29% (n121) sexual offences**.

Summary information is available detailing the primary offence for which Portsmouth's supervised offenders were subject to supervision. **The most common offence amongst the CRC cohort in 2014/15 was 'Violence against the Person'** (33.0%, n178) **followed by theft and handling** (n92, 17%), drug offences (12% n 65) and burglary (7.6% n41). This compares to **NPS data showing primary offences as 'violence against the person' (53% n222), sexual offences (29% n121) and public order offences (n29, 6%)**. This reflects the type of offending and levels of risk that lead to an offender being assessed as low, medium or high risk and the allocation to either CRC or the NPS.

As part of the assessment process, both the NPS and CRC currently complete OASYS assessments for all offenders. These link into the seven pathways to offending and provide a summary score for each section of the assessment.⁴⁹ This score gives an indication about whether a particular issue is thought to be linked to offending behaviour for the assessed individual (a criminogenic need). Table 2 (below) displays the number and proportion of each cohort (CRC and NPS) with an identified need in 2014/15.⁵⁰

⁴⁶ A snap shot is data taken on a single day and relates to all those offenders being supervised at that point in time.

⁴⁷ We don't have a total number of offenders on the date of the snap shot to assess the proportion of FTE, however it is not likely that it would reflect the proportion over time.

⁴⁸ There was a delay in providing the data so the snap shot is outside of the time period for this assessment but provides a useful overview of the number and type of offenders that the NPS are supervising at any given time.

⁴⁹ The seven pathways to offending are: accommodation, education/training/employment, health, drugs/alcohol, finance/benefit/debt, children/families and attitudes/thinking/behaviour. OASYS sections include: accommodation, employment/training/education, financial management/income, relationships, lifestyle/associates, drug misuse, alcohol misuse, emotional wellbeing, thinking/behaviour, attitudes.

⁵⁰ This is based on the most recent assessment completed for each offender during 2014/15.

There are clear differences between the two offender cohorts with the **higher risk group of offenders, as might be expected, having more challenges within most of the categories of criminogenic need** (with the exception of education training and employment). This is most pronounced with issues relating to accommodation, relationships, lifestyle, associates and emotional well-being. The higher risk cohort have a higher proportion with alcohol and drug misuse issues (although obviously fewer in number).

Table 2: Criminogenic needs of offenders supervised in the community

Criminogenic Need	Offenders Supervised in Portsmouth 2014/15	
	CRC	NPS
Accommodation	23.9% (n129)	50.29% (n87)
Education, Training and Employment	40.6% (n219)	36.99% (n64)
Financial Management and Income	33.0% (n178)	39.88% (n69)
Relationships	43.7% (n236)	79.77% (n138)
Lifestyle and Associates	44.6% (n241)	81.5% (n141)
Drug Misuse	27.2% (n147)	38.73% (n67)
Alcohol Misuse	43.0% (n232)	50.29% (n87)
Emotional Wellbeing	37.8% (n204)	57.23% (n99)
Thinking and Behaviour	90.2% (n487)	97.69% (n169)
Attitudes	66.7% (n360)	74.57% (n129)
Total	540	173

The timeline and methodology between CRC and NPS data collection will vary, so we can't simply see this as one cohort. However, two dominant issues for both groups are around 'thinking and behaviour' and 'attitudes to offending'. For the higher risk offenders managed by the NPS, lifestyle and associates and relationships are also significant followed by emotional well-being (mental health) alcohol misuse and settled accommodation. The lower risk CRC group, unsurprisingly have less issues although lifestyle and associates, relationships, alcohol misuse and accessing education, training or employment are all concerns. As there have been substantial changes to the way offenders are managed it is not possible to compare with previous years with any certainty and will have to be tracked to identify future trends. 📖 Regardless, alcohol misuse, accommodation, emotional well-being, thinking and behaviour, attitudes to offending and the remaining measures of criminogenic need continue to be a challenge.

Priority and persistent offenders

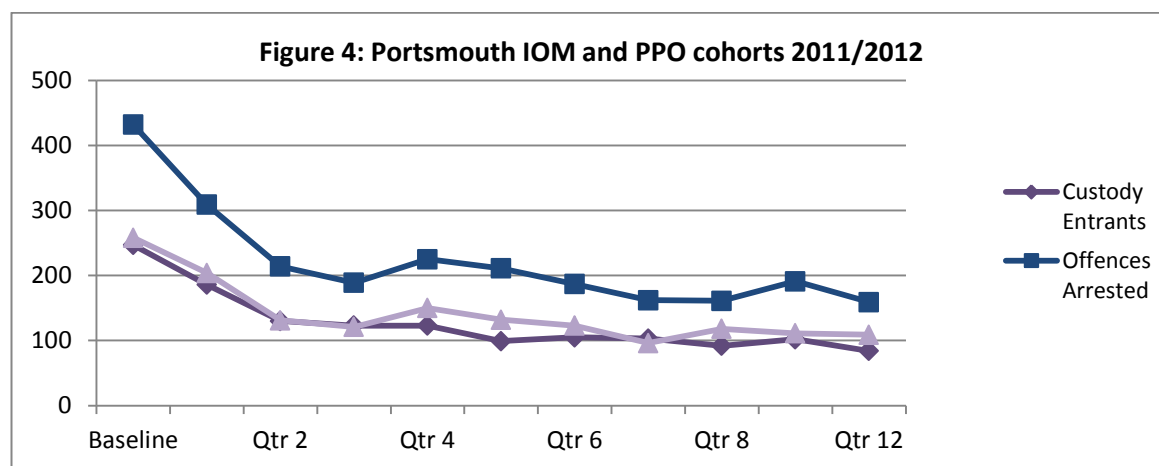
Between 1st April and 30th December 2014, the **Portsmouth Integrated Offender Management (IOM) team, who supervise both statutory and non-statutory offenders, engaged with: 187 Priority and Prolific Offenders (PPOs), Emerging Threat Offenders (ETOs) and non-statutory offenders.** During this period improvements have been made across all seven pathways, with **particular improvements seen in relation to: accommodation, drug and alcohol misuse, finances and children / families.**⁵¹

In January 2015 the criteria for supervision by the IOM team changed and, in addition to 'Priority Prolific Offenders' (PPOs) and Emerging Threat Offenders (ETOs), they now supervise any female offenders sentenced to less than 12 months custody and any offenders who have committed serious acquisitive or violent offences and have Offender Group Reconviction Scale (OGRS) scores of 75% or more. Between 1st

⁵¹ Data provided by Ceri Halfpenny, Senior Probation Officer for the IOM Team

January and 31st March 2015, the team have engaged with 113 clients (including 92 who were already engaged). Of these, 33 were offenders who met the OGRS / offence type criteria and 8 were female offenders who were sentenced to less than 12 months custody.

Reoffending has been tracked for 182 of the offenders who commenced a period of supervision with the Portsmouth IOM team between 1st April 2011 and 31st March 2012.⁵² Tracking this cohort from the point of commencement of supervision, the police have recorded custody entrants, known offences and 'arrestable' offences quarterly for three years (see figure 4 below). For all of the 2011/12 tracked cohorts, **a significant reduction is seen in the number of entrants into custody, the number of offences that individuals are arrested for and the number of known crimes they have committed.** This overall reduction has continued after the cohort is no longer on the IOM programme. These are important findings. Although this covers a wider cohort, previous PPO analysis⁵³ found that although reductions had been achieved, after two years offending started to increase again. This analysis shows a steady reduction and more recently a plateauing beyond the termination of the individual's engagement⁵⁴.



5. Young people at risk

Youth-related crime⁵⁵

For the first time since 2007/08, **there has been a 7.5% (n47) increase in recorded crimes committed by young people aged 10-17years** (see table 4 below).⁵⁶ **Changes in police recording practices after the HMIC data integrity report (see Appendix A) are likely to have contributed to this rise**, as violent crimes and relatively low level crimes were more likely to be under-recorded before July 2014/15. This means that although the levels of recorded youth crime have increased this may not reflect a real increase in crime committed by young people.

⁵² 10 of these were identified as PPOs

⁵³ Rick Brown (Evidence Led Solutions) and Julia Wickson (Wickson Consultancy) 2011 Evaluation of the Portsmouth PPO Programme.

⁵⁴ IOM Framework Report by Hampshire Constabulary taken from a sample of all offenders who engaged with the programme.

⁵⁵ All youth offending data for 2013/14 and 2014/15 has been provided by Scott Simpson, Children's Social Care, PCC unless otherwise stated.

⁵⁶ Based on outcome data so some of the offences will have occurred before 2014/15 and this will not include some of the offences which occurred but have not yet resulted in a substantive outcome.

However, we have seen a very slight reduction in the number of young offenders. There were **173 young offenders in 2014/15, 4%, (n7) compared with the previous year**. This means that approximately 1% of young people in Portsmouth committed an offence which resulted in a substantive outcome. **This rises to 12.7% for looked after children⁵⁷ (LAC) which is substantially higher than the national average of 5.6% and fourth highest out of 106 local authorities who provided this data.⁵⁸** Recent research on offending by LAC has shown that there is not a simple relationship between care and offending, rather, that many of the risk factors associated with care are also associated with offending.⁵⁹ However, the high rate of offending by LAC indicates that existing interventions with LAC in Portsmouth are not as successful as they could be in reducing offending.

There was also a **reduction of 6% (n5) in First Time Entrants (FTEs)** as recorded on the Portsmouth Youth Offending Teams (PYOT) database.⁶⁰ However, **this varies from the data available from the Youth Justice Board** on their website so caution should be taken when interpreting the findings around FTEs. Further work is being carried out to address the discrepancy between the two data sources. 📖

Table 3: Youth offending trends from 2007/08 to 2014/15

	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
No. of offences	1601	1369	1298	1036	993	687	624	671
No. of YRDs / OODs (not included in No. offences)	-	-	52 (from Dec 09)	244	165	78	35	35
Total number of offences including those with no substantive outcome but were recorded	1642	1369	1347	1280	1158	765	659	706
No. of young offenders (incl. FTEs)	707	665	605	364	315	201	180	173
Average number of offences per offender	2.3	2.1	2.1	2.8	3.2	3.4	3.5	3.9
No. of FTEs (rate per 100,000 10-17yrs) (from YOIS & Core+ 13/14 & 14/15)	395 (2,130)	399 (2,325)	317 (1,842)	128 (756)	128 (756)	67 (375)	79 (443)	74 (415)

The **reduction in offenders alongside a rise in offences means the average number of offences committed by each offender continues to increase**. In 2014/15, the average number of offences per offender was 3.9 (see table 3). This increase has been of concern to the partnership for several years. A 'Priority Young People' group was set up to try and track the offending behaviour of the more prolific

⁵⁷ A child is defined as 'looked after' by a local authority if he or she is: provided with accommodation for a period of more than 24 hours continually or is subject to a care or placement order (Children's Act 1989).

⁵⁸ <https://www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-local-authorities>

⁵⁹ Graves, S. (2014) *Offending by Looked After Children in Portsmouth* available from csresearchers@portsmouthcc.gov.uk

⁶⁰ Please note that the current figures for the rate of FTEs on the YJMIS website are based on estimates from previous data - please treat the current YJMIS figure of 117 FTEs with extreme caution - they are likely to be incorrect.

offenders and set a performance measure to reduce the number of offenders committing five or more offences. In 2014/15, 18 young people committed five or more offences.⁶¹

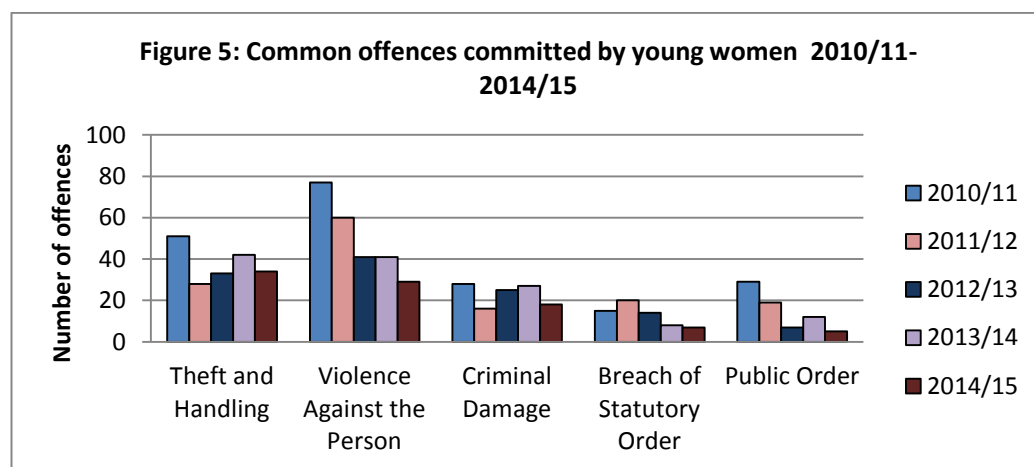
The **most recent rate of re-offending**⁶² available from the Youth Justice Board is for July 2012 to June 2013. 45.6% of the cohort committed more than one offence (binary rate⁶³), which is **less than the previous year** (48.9) but higher than both the average for similar areas (38.8%) and the national average (36.5).

Across the cohort there was an average of 1.8 repeat offences, which again is slightly lower than the previous year (1.9) but higher than the average for similar areas (1.34) and the national average (1.1). Use of the Live Tracker Re-Offending Tool by the YOT between July 2014 and June 2015 has produced some more up to date local data. This **indicates that the current predicted binary re-offending rate for young people during this time period is below the national average** and that over 50% of re-offending during this period was undertaken by two young people who breached ASBOs.

The **custody rate for 2014/15 was 0.35 per 1,000** (six young people in custody), which is not only a **reduction from last year (0.70, n12)** but also **slightly less than the national average (0.42) and average for similar areas (0.43)**.

Offences

There has been a **28% (n42) reduction in the number of offences committed by young women**, since last year but the most common offences remain the same as previous years. **Theft and handling were the most common (31%, n34), followed by violence (27%, n29) and criminal damage (17%, n18)**.



Conversely there has been a 19% (n89) increase in the number of offences committed by young men in the last year. This increase has been largely driven by a 65% (n39) rise in criminal damage and 90% (n29) rise in motoring offences.

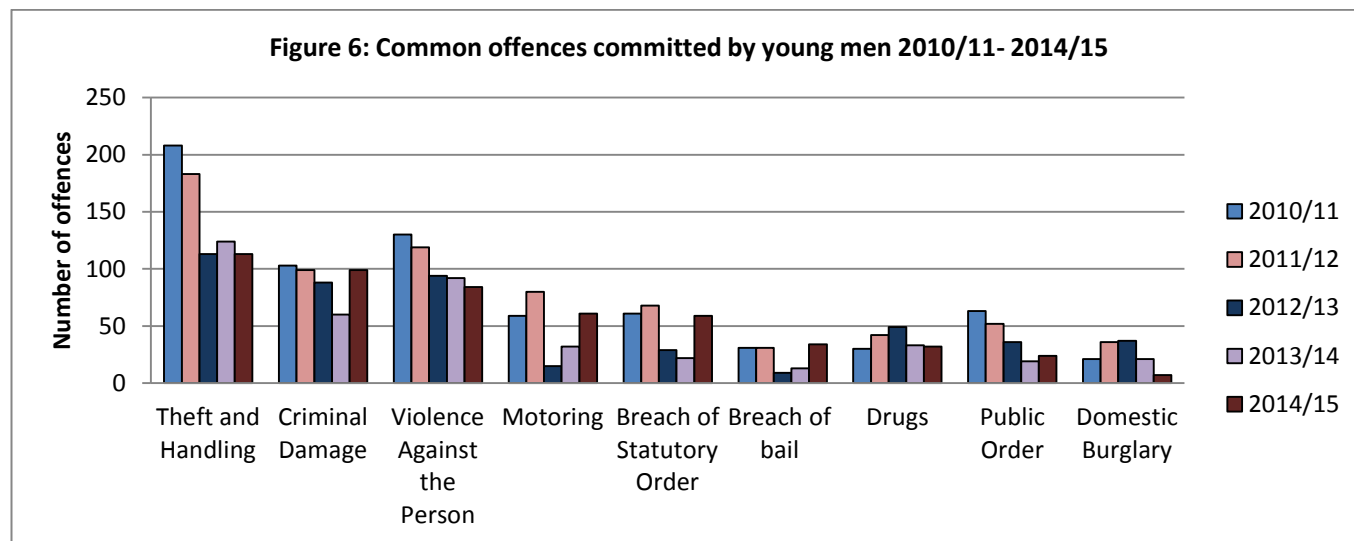
This means that while theft is still the most common offence (20%, n113); criminal damage has replaced violence as the next most frequent crime (18%, n99). This increase in criminal damage may reflect early

⁶¹ Please note that these figures are not available for previous years because the information is being extracted using a new methodology and provided by the Children's Social Care Team. This measure will also be rerun at 3 and 6 months after the end of each rolling period to capture all outcomes.

⁶² Retrieved from the YJMIS website - report 82 Draft YDS for England Apr 14-Mar 15

⁶³ A binary rate represents only two options in this case offending or not offending so details of number of offences is not captured.

offending and loss of impact of prevention work. **There has been a slight reduction in violence** (15%, n84), **which seems at odds with the general increases in reported violence** we have seen as a result of the HMIC data integrity report and the police recorded youth related violent crime. This is an area where further analysis is required. 📖



It is common for offences to have more than one outcome and in 2014/15 there were 1170 outcomes for 671 offences. **Youth rehabilitation orders (YROs) were by far the most common (41%, n481) followed by referral orders (13%, n151)**. These have been the most common outcomes for the last four years.⁶⁴ Other common outcomes are: conditional discharges (7.8%, n91), withdrawn (6.9%, n81) and no separate penalty (4.6%, n54).

Some analysis has been carried out on **how outcomes have changed with the introduction of new out of court disposals (OOCs)**: youth cautions, youth conditional cautions and community resolutions. The new OOCs replaced youth restorative disposals, reprimands and final warnings.

- New OOCs make up 8% of all outcomes whereas 10% of all outcomes used to be youth restorative disposals, reprimands and final warnings (2011/12 and 2012/13).
- There has been a substantial rise in the use of Youth Rehabilitation Orders (YRO's) from 28% (n325) in 2012/13 to 41% (n481) in 2014/15.
- There has been a decrease in the use of Detention and Training Orders (DTOs) from 8.4% (n98) to 3% (n38) this year.

Offender Profiles

Just under a fifth (18%, n30) of offenders were female, which is in line with the national ratio of males to females.⁶⁵ The **peak ages for male offenders were 16 and 17yrs (n37) and 15-17yrs for females (n9, n8**

⁶⁴ And perhaps longer as this is as far back as analysis with new reports from CorePlus have examined.

⁶⁵ JYB (2015) *Youth Justice Annual Statistics 2013/14* from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/399379/youth-justice-annual-stats-13-14.pdf

& n7 respectively) compared with 16 years for males and females in 2013/14. This is in line with what we would expect to see as nationally the peak age is 17 for males and females.⁶⁶

Charles Dickens ward had the highest rate of offenders in any Portsmouth ward (1,722 per 100,000, n25), **closely followed by Paulsgrove** (1,574 per 100,000, n26) **and St Thomas** (1,489 per 100,000, n14). These three wards have had the highest rates since 2008/09 and are target areas for positive activities or other interventions.

Due to PYOTs recent change in database, information about risk factors associated with offending for 2014/15 is not yet available. In 2013/14, PYOT completed 232 assessments (Assets) for 152 young offenders. There is a summary score for each section which gives an indication about whether a particular issue is thought to be linked to offending behaviour for the individual.

- **41% (n61) of young offenders had some association with drinking alcohol and / or taking drugs**
- **34% (n52) had an association with emotional and mental health.**

Additionally a number of young offenders reported family factors, although there is no indication about whether these have had an impact on offending behaviour. Over two fifths reported specific issues:

- **26% (n40) stated that they had experienced abuse or neglect,**
- **23% (n35) had witnessed family violence,**
- 21% (n32) had a member of the family who had been involved in criminal activity,
- 11% (n16) had a family member with a substance misuse issue and
- 10% (n15) had a family member with an alcohol misuse issue.⁶⁷

This means that some young people are experiencing more than one family issue, in particular **where they had reported abuse; just over half had also witnessed family violence (n21).**

Restorative Justice Project (RJ)

A restorative justice programme has been developed to support victims and witnesses of low level crime, anti-social behaviour and general conflict in Portsmouth. This programme began in early 2015, and has led to the training of 41 people who have become **restorative justice facilitators**. An additional 6 individuals have also undertaken further training to enable them to deliver facilitator training courses. Those who have received the training can be split into 2 groups; **professionals who use the skills gained in their day-to-day work** and **volunteers who support the project by enabling departments in PCC and partner agencies to make referrals** when they do not have the capacity or skills themselves to take a restorative approach.

Partner organisations such as Two Saints and the Society of Saints James, who provide hostel services in the city, have received the training and are using restorative justice to deal with disputes which arise during their 'day-to-day work'. PCC children's residential homes and the outreach team are also doing so, with RJ being incorporated in the Reducing Reoffending by Children in Care action plan, with the **aim to avoid unnecessary criminalisation of looked after children**⁶⁸ and to additionally reduce the demand made on partner agencies, such as the Police. Hampshire Fire and Rescue Service (HFRS) 'Fire setters'

⁶⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/399379/youth-justice-annual-stats-13-14.pdf

⁶⁷ Family criminality, alcohol and substance misuse were just for the preceding 6 months.

⁶⁸ This may also impact on the current high levels of offending by LAC.

team, who work across the county with perpetrators of arson offences, have undertaken the training in order to complement their current work and further the victim focus they take.

The project is **receiving referrals from the YOT Triage panel, assisting the YOT and Police by offering restorative justice as a decision route for the panel to take in line with the OPCC's RJ policy and Constabulary's Out of Court Disposal Strategy**. This enables the YOT and Police to free up time and provide the opportunity for further restorative approaches to benefit both victims and offenders. In the future the project aims to embed the work already undertaken and further develop the provision of restorative practices both within and beyond Portsmouth.

Young victims

The Crime Survey of England and Wales (CSEW) found that **approximately 12% of young people aged 10-15 years were victims of crime**⁶⁹. This percentage has been consistent for three consecutive years.

Nationally, slightly less than 6% of young people were estimated to have been a victim of violent crime in 2014/15. The **CSEW found that violence against young people (which includes assaults, wounding and robbery) has decreased since the 2014 survey** and is a continuation of the downward trend since 2011/12.⁷⁰ This is consistent with data from the Violence and Society Research Group at Cardiff University which found that the number of 11-17 year olds admitted to hospital for treatment following violence declined by 18% between 2013 and 2014.⁷¹

Conversely, in Portsmouth there has been an increase in reported offences where young people are victims of assault. Most notably, the number of recorded youth-on-youth assaults has almost tripled since the previous year (n165 compared with n57).⁷² This is also **higher than expected if only due to changes in recording** which suggests there may have been a real increase in youth-on-youth violence. In most cases the victim and offender were known to each other, mostly commonly acquaintances (74%, n122). It is recommended that further analysis is conducted to explore this increase. 📖

According to the CSEW, **approximately 6% of young people nationally were a victim of theft**, and this also appears to be on a downward trend, although not as pronounced as the downward trend in violence against young people. Just over 1% of young people had been a victim of criminal damage to their personal property - which is slightly higher than 2013/14 and on a generally increasing trend.

There is limited local information on young victims of crime and ASB and more could be done to look at the impact on mental health and wellbeing. The Integrated Commissioning Unit is currently looking at a research project on young people and mental health which will draw out some of this information in the future and there is some value in looking at the impact of crime, harassment, intimidation and ASB on young people's mental health. 📖

⁶⁹ Retrieved from: <http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/year-ending-march-2015/stb-crime-march-2015.html#tab-Crime-experienced-by-children-aged-10-to-15> This uses a 'preferred measure' which takes into account seriousness of injury, value of item stolen and relationship with perpetrator to avoid counting low level incidents between children.

⁷⁰ The methodology for the section of the survey for 10-15 year old changed in 2011/12, so comparisons cannot be made with earlier years.

⁷¹ Ibid.

⁷² These figures differ from the YOT data because the YOT data refers only to violent crimes where a young person received a formal outcome, whereas the police data includes all recorded crimes regardless of outcome.

Child abuse and sexual exploitation⁷³

The Portsmouth Children's Trust Board leads on this work stream and offer expertise and analysis to support this. The **profile of Child Sexual Exploitation (CSE) has also increased nationally**, largely due to the publicity surrounding Operation Yewtree and the Rotherham Inquiry. Across England and Wales, there has been an increase in reported child abuse and CSE, and police forces have pro-actively set up their own reviews of crime and intelligence relating to non-recent child abuse⁷⁴. There are now regular multi-agency forums to review the tactical and strategic plans for missing, exploited and trafficked people in Hampshire.

Further information is available from the Portsmouth Safeguarding Children Board website: <http://www.portsmouthscb.org.uk/> and SPP community safety research team.

Vulnerable young people

There is a wealth of research supporting the fact that **certain circumstances (risk factors) increase the likelihood of a young person misusing substances or becoming involved in crime/anti-social behaviour**.⁷⁵ The likelihood increases when a young person faces a combination of negative factors.⁷⁶ We also know that the converse is true and bolstering protective factors can reduce the likelihood of offending.

Some previous analysis found that prominent risk factors for young people in Portsmouth were: poor attendance from school and being excluded from school.⁷⁷ Table 4, below, sets out some key measures for Portsmouth and gives a national comparison where available.⁷⁸

Through the work of the Children's Trust Board, we know that young people in Portsmouth compare poorly against the national averages for exclusions, poor attendance and percentage achieving five or more GCSEs. **This is particularly the case for persistent absence by secondary school pupils**, where we were the 147th of 150 local authorities. All these measures have shown an improvement from last year but would need to be tracked over time to show consistent improvements. Portsmouth also compares poorly against the national average for the proportion of children who are not in education, employment or training but the level of NEET young people has reduced slightly since last year.

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. Although there is little up to date information about the prevalence of mental health conditions, past research has estimated that approximately 13% of boys and 10% of girls have mental health problems. Taking risks and challenging authority can be part of adolescent development, but serious violent behaviour in this age group is not so common and may be linked to long-term negative outcomes. It is

⁷³ Most data from the Hampshire Constabulary Force Strategic Assessment 2014/15 unless otherwise stated.

⁷⁴ <http://www.justiceinspectors.gov.uk/hmic/wp-content/uploads/in-harms-way.pdf>

⁷⁵ For example: Youth Justice Board (2005) *Risk and Protective Factors*

⁷⁶ MoJ *Youth Justice Statistics 2010/11*: <http://www.justice.gov.uk/downloads/statistics/youth-justice/yjb-statistics-10-11.pdf>

⁷⁷ Robinson, P (2010) – Quarter 4 Report for Challenge and Support.

⁷⁸ Data from Child health profile 2014 and 2015 unless otherwise stated:

http://www.chimat.org.uk/resource/view.aspx?QN=PROFILES_STATIC_RES&SEARCH=P*

estimated that 6.5% of young people aged 11 to 15 years have a 'conduct disorder' which includes extreme aggressive, destructive and deceitful behaviour.⁷⁹

Table 4: Key measures for young people

	Portsmouth previous year	Portsmouth most recent data	National most recent data
Percentage of children who are persistently absent from school ⁸⁰	6.4% (2012/13)	5.4% (2013/14)	4.1% (2013/14)
Percentage of secondary school children who are persistently absent from school.	10% (2012/13)	8.7% (2013/14)	5.8% (2013/14)
Percentage of children who had one or more fixed term exclusions ⁸¹	5.2% (2012/13)	5% (2013/14)	3.5% (2013/14)
Percentage of young people achieving five or more GCSEs including English & Maths	47.6% (2012/13)	50.8% (2013/14)	56.8% (2013/14) ⁸²
Percentage of young people aged 16-18 years who were not in education, employment or training	7.7% (2013)	7% (2014)	4.7% (2014)
Rate of hospital admissions for young people with mental health conditions	113 per 100,000 (2012/13)	77.1 per 100,000 (2013/14)	87.2 per 100,000 (2013/14)
Rate of hospital admissions as a result of self-harm 10-24 years	495.2 per 100,000 (2012/13)	532.7 per 100,000 (2013/14)	412.1 per 100,000 (2013/14)
Percentage of children living in poverty	25.2% (2011)	23.5% (2012)	19.2% (2012)
Rate of families who are statutorily homeless	4.1 per 1,000 (2012/13)	3.7 per 1,000 (2013/14)	1.7 per 1,000 (2013/14)
Rate of care applications	11 per 10,000 (2013/14)	13.8 per 10,000 (2014/15)	9.7 per 10,000 (2014/15)
Rate of hospital admissions for alcohol specific conditions (under 18's)	36.3 per 100,000 (10/11-12/13)	37.6 per 100,000 (11/12-13/14)	40.1 per 100,000 (11/12-13/14)
Rate of hospital admissions due to substance misuse (15-24yrs)	74.1 (10/11-12/13)	99.5 per 100,000 (11/12-13/14)	81.3 per 100,000 (11/12-13/14)

The **rate of hospital admissions for young people with mental health conditions** in Portsmouth has decreased and the local value is **now less than the national average**, which is a positive finding. However the number of admissions due to self-harm has risen locally since the previous year and is higher than the national average.

The family environment may have a big impact on children and young people. **Portsmouth has a higher rate of child poverty and family homelessness than the national average.** However both of these measures **have reduced from the previous year.**

A government review estimated that 2-3% of young people may have a drug using parent⁸³ which could equate to between 800 and 1,200 children in Portsmouth. 18% (n177) of pupils who responded

⁷⁹ Green et al, 2005 *Mental health of children and young people in Great Britain.*

⁸⁰ *Pupil absence in schools in England: autumn 2013 and Spring 2014* <https://www.gov.uk/government/statistics/pupil-absence-in-schools-in-england-autumn-2013-and-spring-2014>

⁸¹ *Permanent and fixed period exclusions in England: 2013 to 2014* <https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2013-to-2014>

⁸² The measure has changed over time and therefore some caution should be taken in comparing 2012/13 with 2013/14 data.

⁸³ Gov.uk *Hidden Harm* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf

to the You Say Survey⁸⁴ were worried about their parent's alcohol use, including 4% (n41) who worried a lot. **11% (n108) of pupils were worried about their parents drug use, including 6.6% (n62) who worried a lot.** 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. 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 **number of children and young people in care has remained stable**; there were 320 young people in care at a snapshot on 31st March 2015 compared with 318 on the same date in 2014. This could indicate that the slightly increasing trend has now levelled out.⁸⁵ However there **was a higher rate of care applications made by Portsmouth City Council than nationally.**

Phase 1 of the Portsmouth Troubled Families Programme met its commitment of working with and turning around⁸⁶ 555 families by the end of August 2014. As such **Portsmouth was eligible to join a number of other local authorities in becoming an 'early starter' and commenced local delivery of Phase 2 in January 2015**, ahead of the national rollout in April. Nationally, the expanded Troubled Families Programme aims to work with a further 400,000 families, of which **Portsmouth has committed to work with 1,880.** For a family, eligibility to join the programme is based on having at least two of the six 'headline' problems: crime and anti-social behaviour; education (absence/exclusion); children who need help; out of work / young people not in education, employment or training (NEET); domestic abuse; and health.

Having now also met its 'early starter' commitment of identifying and starting work with 94 families by the end of March, the Positive Family Steps team is now working towards meeting its **Year 1 commitment of identifying and starting work with 320 families.** Alongside the programme's work with families, Phase 2 also requires local areas to mainstream 'whole family' working. In Portsmouth, this work includes the **development of locality-based Multi-Agency Teams (MATs)**, which will bring together many of the services that work with families with multiple and complex needs and - through co-location, co-ordination and workforce development - foster the whole family approach.

Portsmouth City Council and partners have developed a programme of early help and intervention for families at the earliest point of concern. The catalyst was the Troubled Families Programme alongside a variety of local research and analysis. The multi-agency Public Services Board wanted to understand why families became troubled in the first place and to test the hypothesis that a focus on earlier intervention could prevent families reaching this point. A team gathered a range of information to plot the journeys of eight families reaching this point and found that the cost of not intervening was high - and could have reached as much as £0.5 million per family if costing later interventions such as criminal justice, housing action, education input, health costs etc. Some **families were actively asking for help but failing to reach current intervention thresholds** (meaning they would later reach crisis point); **others who**

accessed 29/07/14

⁸⁴ A survey carried out in Portsmouth Schools with year 8 & 10 pupils.

⁸⁵ Provided by Children's Social Care Service Performance Development Team emailed dated 05/08/15

⁸⁶ The payment by results definition of turned around is: *a reduction in ASB and/or youth offending; all school-age children had attendance of at least 85% and/or less than three fixed term exclusions over three consecutive terms; and an adult in receipt of out of work benefits had made progress to work.*

needed support were not being recognised early enough. The prevalent culture was to refer and assess rather than to provide support that would lead to genuine change.

As a result, a service has been redesigned in one area of the city (Paulsgrove). Led by local authority housing staff, the new service branded **Positive Family Futures**, and supported by DCLG's Delivering Differently in Neighbourhoods programme, **aims to use 'wobbles' or triggers from the information held in current systems to proactively identify families needing assistance at the earliest opportunity.** For example, a missed dental or vaccination appointment. A 'navigator' from the team staff team then acts as a single case-holder and pulls in arrange of services as required developing a supportive relationship. Interventions typically occur at a point well below the usual thresholds.

Portsmouth is **currently developing a cost benefit analysis model and initial work suggests savings could be substantial.** To date, information and data sharing has worked effectively as families have given permission to share data when signing on to the programme. However current ICT systems have proved a barrier and the team are trying to develop two digital solutions - a system to gather information at the point a family moves into an area and a tool to support a cost benefit analysis that will help staff to understand the cost of current interventions.⁸⁷

Substance misuse amongst young people

The local substance misuse survey for young people - the 'You Say 2015' survey, found that **alcohol use was still on an overall downward trend, but that smoking had increased slightly from last year.** It was not possible to compare drug use due to a change in the questions.⁸⁸ Some main findings were:

- Alcohol continues to be the most commonly used substance; 51% (n628) of respondents reported that they had had an alcoholic drink (a whole drink, not just a sip), which is a continuing decrease from 53% in 2014 and 2013, and 59% in 2012.
- 18% (222) had been drunk in the last four weeks, which is a slight increase from 16% in 2014 and 2013, but a decrease from 21% in 2012.
- The most common way to obtain alcohol was from parents; **45% (n554) reported that parents provided them with alcohol**, which is an increase from 37% in 2014.
- 80% (n985) had never smoked tobacco (a slight decrease from 82% in 2014 and 83% in 2013).
- Cannabis was the most frequently tried drug: 24% (n295) had been offered cannabis and 11.7% (n144) had tried it at least once.
- **Friends were the most common source of cigarettes, tobacco and drugs.**

The most recent national Survey of Smoking, Drinking and Drug Use among Young People in England (2014)⁸⁹ found that 38% of pupils aged 11-15 had drunk at least one alcoholic drink, 82% had never smoked, which were very slight reductions from the 2013 survey. While the methodology is different (pupils from all years 7 to 11 completed the questionnaires), these findings suggest that **young people in**

⁸⁷ Commentary from Sharon George

⁸⁸ 1,231 pupils from years 8 and 10 responded to the 2015 survey. The 'You Say' survey report is being produced by the Public Health Intelligence team.

⁸⁹ From Nat Cen: <http://www.natcen.ac.uk/our-research/research/survey-of-smoking,-drinking-and-drug-use-among-young-people-in-england/>

Portsmouth may be more likely to drink alcohol and smoke than the national average which is consistent with the analysis of risk factors identified earlier in this report.

Cannabis was the most commonly used drug nationally and there had been a very slight reduction in the proportion of pupils who had used cannabis in the last year (6.7% compared to 7% in 2013). **Young people who truanted or were excluded were more likely to say they took drugs once a month or more.**

There were 37.6 per 100,000 hospital admissions due to alcohol specific conditions for under 18s in the three year period 1st April 2011 to 31st March 2014, which is similar to the baseline measured between 2006/07 and 2008/09 and is similar to the national average of 40.1 per 100,000.⁹⁰ **The rate of hospital admissions due to substance misuse for 15-24 year olds has increased both locally and nationally.** In Portsmouth, 99.5 per 100,000 young people were admitted to hospital for this reason for the three year period 1st April 2011 to 31st March 2014, which is significantly higher than the baseline measure of 74.1 per 100,000 and the national average of 81.3 per 100,000.⁹¹

A very small proportion of young people who use substances recreationally go on to develop dependency, so those whose substance use is problematic are more likely to be vulnerable and experience a range of problems. This means that **young people needing treatment generally have very different needs to adults, often requiring harm reduction, psychosocial or family interventions** rather than treatment for addiction.⁹² During 2014/15, there were 135 young people receiving treatment for problematic substance misuse.⁹³ As previously, almost all (97%, n131) were white British, most were 15 or older (87%, n117), but this year **there were more females than males** (52%, n70) which is a reversal from previously and varies from young people in treatment nationally where two thirds are male.⁹⁴

As in previous years, the **most common primary substance recorded was cannabis**⁹⁵ (47%, n58 unspecified and skunk) **followed by alcohol** (29%, n36). However **for the first time, New Psychoactive Substances (NPS) have featured as the third most common primary substance** (16%, n20) which has resulted in a reduction in the proportion of those recording cannabis as a primary substance. The most recent national report is for 2013/14 which reflects the previous pattern of 71% with a primary substance of cannabis and 20% with a primary substance of alcohol.⁹⁶ Anecdotal evidence from a substance misuse worker⁹⁷ supports the picture emerging from the surveys and from the treatment statistics. The following gives an overview of the changing picture of drug use from her perspective:

"Many young people experiment with a wide range of substances, typically cannabis, alcohol, MDMA, cocaine, ketamine and amphetamine. Approximately 10 years ago, some people were using substances to achieve a 'high' of some sort, no-one really called them anything particularly and for recording purposes we only record the first three (self-reported) problematic substances used. About four or five years ago, people started talking about 'legal highs' or 'research chemicals' when they came into treatment seeking support to reduce or stop using substances. However the 'legal highs' were usually not reported to be in the top 3 substances used. Two or three years ago people began reporting these substances now known as New Psychoactive Substances (NPS) as the

⁹⁰ Child health profile 2015: http://www.chimat.org.uk/resource/view.aspx?QN=PROFILES_STATIC_RES&SEARCH=P*

⁹¹ *ibid*

⁹² National Treatment Agency website: <http://www.nta.nhs.uk/young-people.aspx> accessed 23/07/14

⁹³ Due to a change in service model (previously all young people received treatment from Switch, which is no longer operating) it is not possible to compare numbers in treatment. From 2015/16 comparison with the previous year will be available.

⁹⁴ Young people's statistics from the NDTMS 13-14: <http://www.population-health.manchester.ac.uk/epidemiology/NDEC/newsandevents/news/young-people-drug-statistics-report-2013-14.pdf>

⁹⁵ Primary substance was not recorded for n11 - so percentages are out of 124.

⁹⁶ *ibid*

⁹⁷ Commentary from Gail Lennan, a substance misuse worker in Portsmouth for 13 years, recently moving from Switch to the Y.O.T.

third or sometimes second drug of choice. In the last couple of years in some cases they have become the first drug of choice and in some cases the only substance used by a client. There does seem to be a divide amongst young people I see, some will use NPS regularly and enjoy the effects, others however may have tried them but refuse to use again, claiming them to be 'dirty' and they keep away from them.

There is no real difference in the reasons for substance use between young people who are involved in the criminal justice system (CJS) and those that aren't. People use substances for a variety of reasons; a form of coping, something they are accustomed to or purely because they enjoy the effects. Young people in the CJS tend to be harder to engage, they have complex needs, many are not in full time mainstream education, there are emotional wellbeing/mental health concerns, pro criminal peers and associates, families that have a variety of issues such as low income, unemployed and fragmented families to name a few. However their needs around treatment are no different than others; psychosocial interventions are effective if they are willing to engage and to do the work, the difference tends to be they may require more time to trust workers and be open and more time may be needed to build relationships."

6. Alcohol misuse

The **misuse of alcohol is widely recognised as a driver for anti-social behaviour and crime**. Alcohol misuse is also linked to a number of poor outcomes for adults and young people, in particular, poor health and social problems such as unemployment, homelessness and poverty. For these reasons, alcohol misuse has been identified as a priority area for the Safer Portsmouth Partnership.

Over recent years the Portsmouth alcohol treatment system has received considerable investment and undergone major restructuring to ensure that clients receive the best possible service and that public investment provides good value for money. **A further restructure is planned for October 2015 to deliver the considerable savings required from the council's public health budgets**. Although alcohol misuse remains a priority it is not immune from reductions in funding and there will be disinvestment in alcohol prevention and treatment services in the coming years, reducing the city's capacity to prevent the negative consequences of alcohol misuse.

Alcohol related hospital admissions

South Central Ambulance Service (SCAS) record where alcohol is a factor in an ambulance call out⁹⁸ and **in 2014/15 recorded 2916 alcohol related incidents**. Of these 37% (n1065) were within the PO1 post code area, with **Guildhall Walk contributing to 260 of these (9% of the total)**. Other night time economy (NTE) areas had less of an impact on the ambulance service with 35 calls in the Albert Road area (1.2%) and 16 in Palmerston Road (0.5%). There were a range of different health complaints linked to these alcohol related incidents. Where details are recorded (2694, 92% of incidents), the **main causes** for ambulance call out were: **in drink/ ethanol poisoning 23% (n.628), falls 12% (n.317), overdose 8% (n.219), assault 7% (n.180), psychiatric (including mental health) 4% (n.117)**.

In the last year, 569 people attended Safe Space which is located in Guildhall Walk to provide first aid, medical attention and other advice to people out in the NTE area. Safe Space services particularly focus on those under the influence of alcohol or drugs and in need of support.⁹⁹ This is fewer people than last

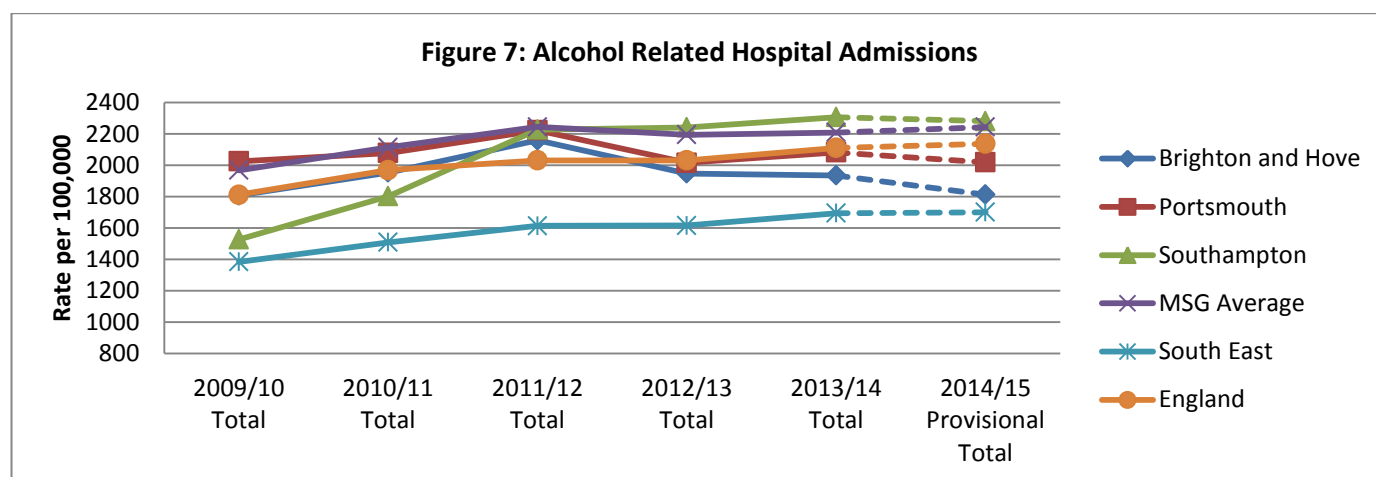
⁹⁸ This does rely on the paramedic completing the alcohol section of the data capture and in some cases this is not completed so the number of alcohol related call outs is therefore likely to be even higher.

⁹⁹ The aim of Safe Space is to ensure all patients receive appropriate care, including preventing admissions to the QA hospital where

year when 606 used Safe Space (-6.1%) although more people required medical attention this year than last (44% n251 compared to 32% n 194).

Even so, in 2014/15, visits to Accident and Emergency were avoided in 79% (199/251) of the cases where medical attention was required. In a number of these cases an ambulance callout and potential admission to hospital was avoided, especially in the case of highly intoxicated patients. This results in substantial savings as an ambulance call out and hospital admission is estimated to cost around £1000.

'Alcohol related hospital admissions', with data provided by Public Health England, is a national health and an SPP indicator.¹⁰⁰ In 2012/13, for the first time since this measure became an indicator, the rate for Portsmouth fell below the national average and the average for the SPP similar areas¹⁰¹. This trend continued into 2013/14 with a local rate of 2088 per 100,000 compared to an England rate of 2111 per 100,000. This year's provisional figures (2014/15) show that **the rate for Portsmouth has fallen again to 2020 per 100,000 and remains below the national rate of 2,138 per 100,000**. The details are displayed below in figure 7. Portsmouth is one of only 8 upper tier authorities, out of 152, that had a reduction in alcohol related hospital admissions over this period.



In addition to alcohol related hospital admissions, Public Health England compares other alcohol related conditions nationally, including mortality and chronic liver disease. The most up to date information is in the table below (not all have been updated in the last year)¹⁰² and Portsmouth compares poorly.

The table shows that men in Portsmouth have a higher rate of alcohol related deaths (both wholly¹⁰³ and partially¹⁰⁴ attributable to alcohol) than for England, our MSG and the South East. Women in Portsmouth also have a higher rate of alcohol related deaths (both wholly and partially, attributable to alcohol) than England, our MSG and the South East. Indeed, the alcohol specific mortality rate for women is more than double the national rate and the worst in the South East.

patients do not require this.

¹⁰⁰ Local Alcohol Profiles for England (Public Health England, Knowledge and Intelligence Team, North West) accessed 20/05/2015

¹⁰¹ The Portsmouth most similar group is Brighton & Hove, Bristol, Bournemouth, Plymouth, Southend-On-Sea, Sheffield Southampton.

¹⁰² Some caution should be taken when interpreting these figures as the numbers are very small and are calculated over a 3 year period, making them at least one year out of date. Further a number of alcohol related conditions, such as chronic liver disease, generally develop over a long period of time (10 to 20 years) and as such the impact of any work to combat these won't impact on these figures.

¹⁰³ Alcohol Specific Mortality 2011-2013. Local Alcohol Profiles for England LAPE (Public Health England, Knowledge and Intelligence Team, North West) accessed 14/06/2015. Due to small sample sizes this rate is calculated over three years (2011-13).

¹⁰⁴ Alcohol Related Mortality 2013. LAPE (Public Health England, Knowledge and Intelligence Team, North West) accessed 14/06/2015.

Table 5: Key alcohol-related Public Health Indicators (rates per 100,000)

Indicators ¹⁰⁵	Previous year Portsmouth 2010-12	Most recent data Portsmouth	National Average 2011-13	MSG Average 2011-13	S. E Average 2011-13
Alcohol-specific mortality: FEMALES	13.42	15.65	7.47	9.96	6.09
Alcohol-related mortality: FEMALES	36.18	37.29	28.42	32.78	26.24
Chronic liver disease mortality: FEMALES	12.57	14.58	8.22	9.73	7.12
Alcohol-specific mortality: MALES	25.41	30.15	16.61	24.82	14.30
Alcohol-related mortality: MALES	74.76	82.43	65.43	79.62	60.68
Chronic liver disease mortality: MALES	23.36	24.45	15.45	18.98	13.02

Both men and women in Portsmouth have a higher death rate due to chronic liver disease than England, our MSG and the South East.¹⁰⁶ Again, the local rate for women is more than double the national rate. In addition, the rate for deaths due to chronic liver disease in 2011-2013 represents an increase for both women (16.0%, n2.01) and men (4.7%, n1.09) when compared to 2010-12.

The proportion of people (over 16) engaging in binge drinking in Portsmouth is higher than nationally and for our MSG (average).¹⁰⁷ However the rate of alcohol related hospital admissions for under 18's in Portsmouth (37.6per 100,000) is below the national average (40.1per 100,000).¹⁰⁸

These indicators **represent the effects of long term alcohol misuse** by a higher proportion of Portsmouth residents compared with nationally and other similar areas. **Previously our alcohol-related hospital admissions were also higher than the national average and similar areas, but investment by partners locally has made significant inroads to reduce this indicator.** This is a positive sign for the future, but it is likely to be some time before this translates to improvements in the above indicators.

Alcohol treatment services

During 2014/15, 909 people were in treatment for alcohol use.¹⁰⁹ This is a decrease (12%, n123) on the figure for 2013/14 (n1032) but represents an increase on the 2009/10 baseline year (n605). **The number in treatment in Portsmouth in 2014/15 is substantially more than the average for the MSG (n548); with Portsmouth ranking 1st out of 8 (where 8th is the worst).**¹¹⁰ During the course of 2014/15 there was a reduction in capacity in the treatment system due to reductions in funding. However, the target remains to increase the successful completions of treatment (as a proportion of all treatment).

¹⁰⁵ Local Alcohol Profiles for England (Public Health England, Knowledge and Intelligence Team, North West) accessed 20/05/2015

¹⁰⁶ Mortality from Chronic Liver Disease, 2011-2013, Local Alcohol Profiles for England (Public Health England, Knowledge and Intelligence Team, North West) accessed 14/06/2014. Due to small sample sizes this rate is calculated over three years (2011-13).

¹⁰⁷ A synthetic estimate based on 2007/08 data, more up-to-date data is not currently available, but will be in the planned Health and Lifestyle Survey.

¹⁰⁸ Alcohol specific hospital admissions for under 18s 2011/12 - 2013/14 per 100,000 population, LAPE (Public Health England, Knowledge and Intelligence Team, North West) accessed 28/07/2015.

¹⁰⁹ Adult Activity Quarterly Partnership Report, Alcohol Only accessed via NDTMS 20/05/2015

¹¹⁰ The methodology used by NDTMS when calculating treatment data has recently changed and as such the figures will differ to those reported previously (prior to April 2014). In particular, previously clients with both alcohol and alcohol plus secondary and tertiary substances would have been included in the analysis, now it only counts those where alcohol alone is recorded as a problem.

The majority of those who accessed treatment in 2014/15 were male (67%, n609) and White British (96.1%, n874). The most commonly reported age group was **40 to 44 years** (14.5%, n132), **closely followed by 45 to 49 years** (13.1%, n119) and **50 to 54 years** (13.0%, n118). Perhaps this is a reflection of on-going issues with alcohol before seeking support. More analysis is needed to verify this.

Looking at the 732 people who started new treatment journeys in 2014/15:

- **12.4% (n91) had a diagnosed mental health condition at assessment.** However, as this information was not recorded in 158 (22%) of cases **the real figure could be higher.** Further, some individuals may have a mental health issue that has not yet been diagnosed at the point of assessment.
- **6.2% (n45) were referred by criminal justice agencies.** This includes those with court orders to address their alcohol use, offenders with community orders that do not include specific alcohol requirements but do have issues around use, those released from prison in recovery and individuals who have been arrested and referred by the police. This is likely to be an underestimate as it is probable a number of those in treatment are in the criminal justice arena, but won't be captured as such as they are in contact with or have been referred by another agency or self-referred.
- **15.7% (n115) were considered to have a housing problem,** with 44.3% (n51) of those having an urgent housing problem as they were of 'no fixed abode'.

This year, there were 18.5% (n168) successful completions for alcohol treatment which represents a small **reduction compared to the same period last year** (24.5%, n190) and the 2012/13 baseline (23.6%, n186). **Portsmouth currently ranks 7th out of 8** (with 8 being the worst) in its MSG and fell below both the average for the MSG average (31.8%) and the national average (39.21%). The overall reduction may be due to some successful completions relating to people with alcohol and drug dependencies which are no longer counted as successful alcohol completions. However, this does not explain why, Portsmouth has fallen below the national and MSG average.

Early this year, research was conducted to identify what was driving the seemingly poor performance in relation to successful completions in Portsmouth.¹¹¹ The results suggested that, for referrals made between April 2013 and September 2014, the largest proportion of episodes were discharged as a transfer to another service (46.2%, n1728).¹¹² Analysis found that the majority of those discharged as transfers were discharged from the Alcohol Specialist Nurse Service (ASNS). These findings seemed to support the theory that the **apparently poor performance in Portsmouth was linked to the role of the ASNS, where treatment is pro-actively offered;** allowing for earlier intervention for both new presentations and those relapsing. However **a number of individuals who are not yet motivated to change their behaviour are engaged and are therefore more likely to drop out at a later stage.**

A 10% (n82) dip sample of clients discharged from the ASNS as transfers (2013/14) was tracked to ascertain whether or not the individuals were successfully transferred and if their discharge was successful or not. The findings suggested that the majority (66.0%, 70/106¹¹³) of transferred individuals did not go onto receive treatment from another service in Portsmouth¹¹⁴. Following an investigation of these transfers with the Alcohol Interventions Team (AIT), it has been concluded that a large proportion

¹¹¹ Chute, K (2015) Alcohol Treatment Services: Successful Completions and Re-presentations

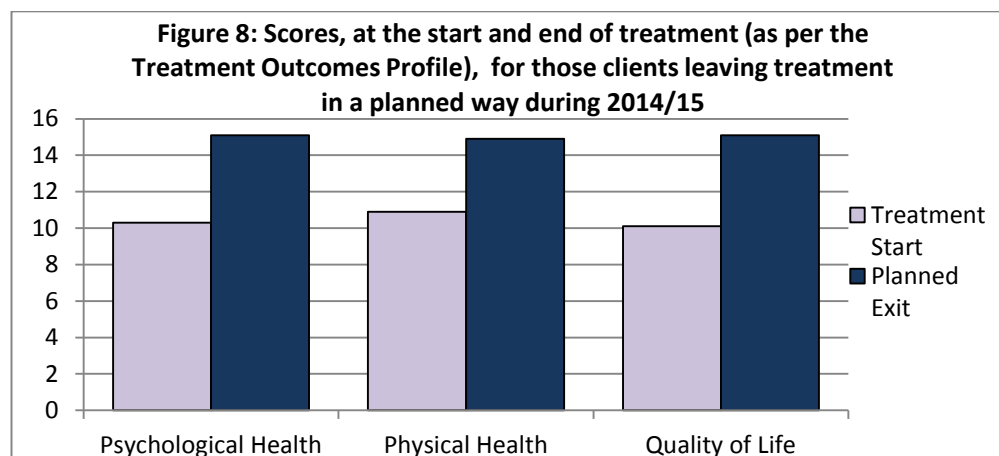
¹¹² Based on data taken from Illy. As such figures may differ to those taken from NDTMS for this period.

¹¹³ The total is more than 82 as a number of clients are discharged from more than one episode with the ASNS in the time frame set.

¹¹⁴ In some cases it is possible that these individuals went on to receive treatment outside of Portsmouth and that this information has not been captured locally.

of the clients being transferred from the ASNS are transferred to the AIT as alerts, without the information necessary for a new treatment episode to be opened by the AIT¹¹⁵. Whilst efforts may be made by the AIT to engage these individuals in the assessment procedure, if clients do not engage in this process then these efforts go unrecorded¹¹⁶. This issue raised the question of whether, given the fact that the ASNS is a hospital based service that is not offered as standard in all areas of the country, we should not record individuals seen by ASNS on the local database for reporting to NDTMS. It has recently been agreed that the ASNS data should be looked at separately to other community services to ensure we can see the difference between those who seek to engage in treatment services and those who may be referred but are not ready to successfully engage.

As part of their outcomes monitoring, the teams also use the Treatment Outcomes Profile (TOP), which is a clinical tool used by treatment services to review an individual's progress towards recovery aims. The results for Portsmouth (2014/15) show that, 113 clients cited alcohol as a problematic substance for them. Of those, 106 reported to be using alcohol at treatment start. **By treatment end, 23% (n24) of these had stopped using alcohol completely (had been abstinent for the past 28 days). A further 35% (n37) had reduced the number of drinking days (in the past 28) between treatment start (average drinking days, 20.6) and treatment end (average drinking days, 11.6), with a slightly greater reduction than was seen nationally (where the average number of drinking days in the last 28, at treatment exit, was 12.6). Improvements were also seen in individuals' scores for their: psychological health, physical health and quality of life scores (see figure 8 below), with both the planned exit scores being higher, and the improvements seen being greater, than they were nationally.**



Further cuts are to be made to alcohol interventions in the coming year (and three year budget) which is likely to impact on service levels and outcomes.

Alcohol related crime

As part of their recording procedure, the police record whether or not a crime, or rather the perpetrator of a crime, is 'affected by alcohol' or 'affected by alcohol and drugs'. Unfortunately, in the majority of cases this field is left blank (30%, n5419) or is 'not known' (46%, n8343). However, more information was recorded this year than previously and for those cases where this was recorded (n4318), **43.0% (n1858) of offences were recorded as affected by alcohol and a further 7.8% (n335) were affected by alcohol**

¹¹⁵ There are a number of minimum fields that are required for reporting to NDTMS that are not shared b/n the ASNS and AIT.

¹¹⁶ The local database is Illy

and drugs (a total of 12.1% of all recorded occurrences). The wards with the highest proportion of alcohol-related crimes were:

- St Jude's; 12.6% of all crime in the ward and 13.86 crimes per 1,000 population (n177),
- Charles Dickens; 12.3% of all crime in the ward and 29.55 crimes per 1,000 population (n575)
- St Thomas; 10.2% of all crime in the area and 11.83 crimes per 1,000 population (n199)
- Nelson; 9.8% of all crime in the area and 9.7 crimes per 1,000 population (n142)
- Fratton; 10.1% of all crime in the area and 7.93 crimes per 1,000 population (n123)
- Eastney & Craneswater; 11.2% of all crime in the ward and 7.09 crimes per 1,000 population (n97).

Although the data in the Local Alcohol Profiles for England (LAPE) is modelled data, **Portsmouth had the 25th highest level of alcohol related recorded crime** in 2012/13, out of 326 local authority areas, with a rate of 9.02 per 1,000 population. This is **above the rate for England and the MSG average** (5.74 and 7.58 per 1,000 respectively). Portsmouth also had **the 4th highest level of alcohol related violent crime** in 2012/13, with a rate of 7.52 per 1,000 population.¹¹⁷ This compares to a rate of 3.93 per 1,000 nationally and an MSG average of 5.79 per 1,000.

As this data has not been updated by Public Health England in the last year, analysis has been conducted on the raw data received from Hampshire police; using the LAPE definition of alcohol related violent crime. The results suggest a **slight increase in alcohol related violent crimes**, with a rate of 8.03 per 100,000 for Portsmouth in 2014/15, although this may reflect better recording of this field.

In addition to the above, the ONS *estimated that 36% of domestic abuse incidents are alcohol related*¹¹⁸, suggesting that a further 782 violent offences in Portsmouth were alcohol related in 2014/15. This figure is likely to be an underestimate as domestic abuse is an under reported crime.

In order to gain a greater understanding of the extent of alcohol related violence, a local measure was developed (the parameters of which are provided in appendix E), with data provided by Hampshire Constabulary. During 2014/15, there were **874 violent offences linked to the night time economy (NTE)** in Portsmouth. This represents a 15.2% (n115) increase when compared to the total for 2013/14 (n759).¹¹⁹ However, given the changes to police recording this year, particularly around violent offences, we would have expected to see a larger increase (overall violent crime increased across the city by 36%) and so this is unlikely to indicate that there has actually been an increase in violent offences in the NTE. The increase was seen across all NTE areas, although the largest increases were seen in: Central Southsea (37.6%, n41), Northend (23.2%, n23) and Commercial Road (18.8%, n22). The **Guildhall continues to see an increase and has the largest proportion of violence offences in the NTE, accounting for 27.3%** (n239) of all offences across the city.

Further, it is likely that changes in levels recorded by the police are at least partially linked to changes in resourcing, with fewer police available in NTE areas resulting in fewer crimes recorded. A full analysis would be necessary to see the impact of resource cuts over time. As such efforts have been made during 2014/15 to obtain data relating to ambulance call outs and visits to A&E for injuries sustained due to alcohol related violence. Whilst A&E data is not available for 2014/15, following work with the Clinical

¹¹⁷ Local Alcohol Profiles for England (Public Health England, Knowledge and Intelligence Team, North West) accessed 25/04/2014

¹¹⁸ The ONS examined violent incidents where the victim perceived the offender to be under the influence of alcohol (based on the Crime Survey for England and Wales, 2013/14) and found that 36% of alcohol related violent incidents were domestic violence incidents

¹¹⁹ This data is provided by Hampshire Constabulary

Commissioning Group, Commissioning Services Unit and A&E staff, it is anticipated that this data will be available for 2015/16. However, **data provided by South Central Ambulance Service (SCAS) and detailed in the alcohol section of this report, suggests that assault is not a major factor in alcohol related incidents, with assault accounting for 7% of incidents** (n.180). However there is a caveat with this data as in many cases alcohol related incidents will not be recorded by the paramedic and although assault may be the cause of the injury, it may be recorded as a head injury or a fall rather than assault. It is likely that the actual number of alcohol related assault calls to SCAS is higher.

This year, 831 people were assessed by the alcohol arrest referral community health paramedic, with 153 referred for ongoing support. A further 114 people received a "conditional caution" for alcohol related offences, a 115% (n61) increase compared to 2013/14. Conditions include the offenders being required to attend two sessions designed to inform them of the dangers of alcohol; how it affects them and their behaviour as well as how their behaviour affects others in the community. In 87.7% (n100) of cases the individual fulfilled the conditions of their caution. The increase in conditional cautions is related to increased use of the process rather than more offenders.

Alcohol is also a substantial contributor to anti-social behaviour (ASB) and this is discussed in more detail in the section on ASB.

7. Drug misuse

In Portsmouth, **an estimated 4.5% (n3222) of the male population (aged 18 to 64 years) and 2.3% (n1539) of the female population (aged 18 to 64 years) are dependent on drugs**. These figures are predicted to rise by 2.2% (n77) for men and 2.1% for women by 2020.¹²⁰ The cost of drug misuse is far reaching, including not only financial costs, **but also the costs of drug related crime, health issues and impact on families and communities**, therefore tackling drug misuse is a priority for the SPP.

The National Drug Strategy¹²¹ is implemented locally through a range of activities including: targeted prevention, awareness raising, disrupting supply and providing support for those who are engaged in drug misuse, thereby reducing the harm to themselves and the community. In **July 2013 there was substantial change to the substance misuse treatment services** model in Portsmouth, with a **move towards a recovery oriented model**. Since this time, budget constraints led to £150,000 worth of savings being made in 2014/15. Further **reductions in funding**, due to the re-prioritisation of the Public Health Grant, will result in more savings having to be found in 2015/16 and in future years.

Portsmouth Drug Survey (PDS) 2015

As part of the research undertaken by the partnership support team towards a substance misuse needs assessment, a survey was conducted to capture the drug taking behaviours and opinions of the Portsmouth population.¹²² The survey was completed by 462¹²³ Portsmouth residents, of which 32 were members of the recovery community.

¹²⁰ www.pansi.org.uk - figures for 2015

¹²¹ HM Government (2015) Drug Strategy 2010 'A Balanced Approach' Third Annual Review

¹²² This survey was largely conducted online and went live in March 2015 for 3 weeks, a small number of face to face surveys were completed with recovery and treatment clients.

¹²³ Out of a total of 483 surveys, 20 respondents began the survey by filling out their demographic details but then did not answer any other questions. These surveys were removed from the final count during a cleaning exercise. A further survey was removed as it was believed to have been completed by a 'troll' with unbelievable answers.

The primary focus was New Psychoactive Substances (NPS) as this is an area where there is limited evidence as to the extent and nature of use both nationally and locally. This is **in the context of a range of anecdotal evidence suggesting that NPS use is becoming increasingly prevalent in Portsmouth**, with some concerning consequences for both users and the community¹²⁴.

Throughout this report, comparisons are drawn between the national drug picture (primarily based on the Crime Survey for England and Wales, CSEW) and Portsmouth (based on the findings from the Portsmouth Drug Survey PDS 2015). There are however, some important differences between the two surveys which should be taken into consideration when comparing the figures. These differences are:

- The CSEW uses face-to-face interviews whereas the PDS was largely an online survey, so we may find higher prevalence's locally as people are more likely to be honest about illegal activities when completing an online survey than if interviewed face-to-face.
- Those completing the survey online did not have the opportunity to clarify questions if they did not understand them and so results may not always accurately reflect what we were trying to ascertain.
- As most of the survey responses were electronic and largely publicised via social media, it may mean more young people or those with an interest in the topic or using drugs have completed it.
- There are differences in the age range; the CSEW is completed by 16 to 59 year olds and the PDS was completed by anyone aged 16 and over, including those aged 60 and over.
- The PDS purposefully targeted people currently in drug treatment or recovery and as such we would expect them to have a higher occurrence of drug use. Therefore the results for this group have been considered separately to the generic responses. The two groups are referred to as the 'general population' (n448) and the 'recovery community' (n34).

Illicit drug use

Traditionally, treatment services have placed an emphasis on individuals who misuse opiates and crack cocaine. However, a large proportion of people who misuse illicit drugs actually misuse other drugs, either instead of, or as well as opiates and / or crack cocaine. Whilst the use of these other drugs may not be seen as so problematic, the use of any drug is not without risk. It can result in physical or mental health problems and ultimately addiction, which can lead to other social problems. In recognition of this, efforts are being made to develop a better understanding of the extent of other drug use.

430 out of the 448 general population respondents answered the question about illicit drug use and of these **58.1% (n250) said they had used an illicit drug at some point in their lives**. This is higher than the 34.7% of respondents who reported usage in their lifetime by the CSEW (2014-15).¹²⁵

23.7% (n102) of respondents from the general population reported that they had used illicit drugs in the last year and this increased to 35.8% (n71) for the 16 to 24 age category. The CSEW also found that young people aged 16-24 were more likely to have taken drugs in the last year. However, use of illicit drugs in the last year was much higher in Portsmouth than nationally, where 8.6% of adults 16-59 and

¹²⁴ A number of the questions included in the survey were comparable to the questions included in a national online survey that is currently being conducted into NPS use. National results were due for release in March 2015, but as the duration of the survey has been extended results will not be available until later in the year.¹²⁴

¹²⁵ Drug Misuse: findings from the 2014 to 2015 CSEW: <https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2014-to-2015-csew>

19.4% of young adults 16-24yrs had taken an illicit drug in the last year. Although the different survey methodologies mean we would expect a higher proportion in Portsmouth, the difference is notable.

The substances most commonly used in the last year by general population respondents¹²⁶ were: **cannabis / skunk (22% n95), powder cocaine (10.5% n45), and ecstasy (9.8% n31)**. This is **high in comparison to the CSEW**, which found that 6.7% of adults had used cannabis in the last year, 2.3% had used powder cocaine and 1.7% ecstasy. For young people aged 16-24yrs, this rose to 32.8% (n65) for cannabis / skunk, 16.6% (n33) for ecstasy and 15.1% (n30) for powder cocaine. This compares with 16.3% for cannabis, 5.4% for ecstasy and 4.8% for powder cocaine for this age group nationally. Further, the **CSEW found that use of ecstasy by young people in the last year had increased** from 3.9% to 5.4%, and that **cocaine and cannabis use by young people had increased slightly**. We can't measure increased or decreased use in Portsmouth as this is the first survey undertaken.

The survey findings reveal that a substantial number of city residents are using illicit drugs, particularly those aged 16-24. Whilst not all of these will be problematic drug users, services with interventions are necessary and those that are tailored to, and remain responsive to, a diverse range of needs.

The profile of most commonly used drugs in the last year were different for the **recovery community**, where **heroin was the most commonly used (31.2%, n10) followed by crack cocaine and cocaine powder (21.9%, n7 each)**. There is no national comparison for this group.

Opiate and crack cocaine use¹²⁷

Traditionally, treatment services have focused on opiate and crack cocaine as typically the use of these drugs is characterised by 'addiction' and associated problems, such as physical and mental health problems, unstable accommodation or homelessness, unemployment, poverty, crime and anti-social behaviour. The full extent of opiate and crack cocaine use is largely unknown and based on what is reported to services by clients. Information from these services alongside data gathered from surveys is used to provide estimates of the true population.

The 2015 PDS found that **0.9% (n4) of general population respondents reported they had used heroin in the last year**, including 0.5% (n1) 16 to 24 year old. Of the four individuals who reported using heroin in the last year, **one reported using it daily**. This is a higher figure than the CSEW reported on national heroin use (0.1%) but this may be partially due to the different methodologies used for the surveys. The PDS also found that four respondents (0.9%) used methadone (one of these used methadone daily) and **six (1.3%) had used crack cocaine in the previous year (one used daily)**. Unsurprisingly, these proportions are **higher for the recovery community where 38% (n10) had used heroin in the last year**, three using daily, **26% (n6) had used methadone in the last year**, three daily and **29% (n7) has used crack cocaine in the last year**, two using daily.

The Centre for Public Health at Liverpool John Moore's University also provides an estimate of opiate and crack cocaine use nationally and locally¹²⁸. The **latest estimate is that 1,549 Portsmouth residents, aged 15 to 64 years old, are Opiate and Crack Cocaine Users (OCU's)**. This is 10.9 per 1,000 or **1.1% of city residents aged 15 to 64 year old**. This is an 8.4% increase on the baseline data estimate in 2009/10. As with the PDS findings, the **Portsmouth rate is higher than the national and south east** estimated

¹²⁶ This is the sum of daily, weekly and monthly use and use in the last year

¹²⁷ Note Opiate and Crack Cocaine Users are referred to as OCUs

¹²⁸ Hay et al (2014), Estimates of the prevalence of opiate and/or crack cocaine use (2011/12) <http://www.nta.nhs.uk/uploads/estimates-of-the-prevalence-of-opiate-use-and-or-crack-cocaine-use-2011-12.pdf>

rates. However, it is **lower than our most similar group (MSG)** which is a collection of towns and cities with similar characteristics to Portsmouth¹²⁹. However, whilst currently a lower estimated OCU population than its MSG, Portsmouth is seen to have a greater rate of increase than other areas¹³⁰.

New Psychoactive Substances

New Psychoactive Substances (NPS) are defined as: '*emerging substances that are used for psychotropic effects and are not subject to control under law.*' However, on 29th May 2015, it was announced that the Government would be introducing a Psychoactive Substances Bill that will make it an offence to produce, supply, import or export any substance intended for human consumption that is capable of producing a psychoactive effect¹³¹. The bill includes provision for criminal and civil sanctions and is expected to come into force on 1st April 2016.¹³²

There are currently **three so called 'head' shops**¹³³ in the city, **selling a wide range of NPS as well as other drug paraphernalia**. Earlier this year (April 2015), the police gained a temporary closure order for a fourth store using powers in the Anti-Social Behaviour, Crime and Policing Act (2014). The store was closed for three months when the owners failed to satisfy the Police that they were doing enough to tackle the anti-social behaviour of their customers in and around the store. The store is due to re-open in September 2015. At the hearing the Magistrates made it clear that statements and evidence supplied by residents swayed their decision to uphold the notice. This closure gained national media attention.

The number of deaths involving NPS is low compared with the number of deaths from heroin/morphine, methadone and cocaine poisoning. However, **in recent years there has been an increase in NPS deaths** and a sharp increase between 2011 and 2012 (29 to 52 deaths). In 2013, there was a further (15% n 8) increase to sixty NPS deaths.¹³⁴ So, there is some evidence of the dangers of NPS use in terms of immediate impact although less evidence is available on **the acute and long term health harms of NPS** (including psychological health, the potential for overdose or how addictive they are¹³⁵). This is because **the substances have not been around long enough to monitor long term use, and the chemical composition of these substances is often inconsistent**.

24.4% (n90 of 369) of the PDS general population respondents said they had used an NPS at some point in their lifetime and 9.8% (n36) had taken an NPS in the last year. There was a **slightly higher prevalence of use amongst 16 to 24 year olds** (11.8%, n19) and the **recovery community** (15%, n5 out of 33). The CSEW also found higher usage of NPS in the last year for young people but the percentages were again much lower than in Portsmouth (2.8% for 16-24year olds and 0.9% for 16-59year olds).

¹²⁹ The SPP similar areas / most similar group (MSG) are: Brighton & Hove, Bristol, Bournemouth, Plymouth, Portsmouth, Southend-On-Sea, Sheffield and Southampton.

¹³⁰ Some caution is needed in interpreting the estimated OCU population as it is assessed via a number of data sources including drug treatment (NDTMS), probation (OASys assessments), police data on drug users convicted under the 1971 Misuse of Drugs Act for offences involving possession or possession with intent to supply heroin, methadone, and / or crack cocaine from the PNC and Prison Drug Intervention Programme assessments. Data fluctuations may or may not be directly related to the actual population of OCUs. For example, increased police data may reflect pro- active policing rather than actual OCU increases and changes to the resourcing of drug treatment services may change the numbers in treatment rather than reflecting actual numbers requiring treatment.

¹³¹ Although most NPS packaging states 'not for human consumption', the current debate around the new Psychoactive Substances Bill is around intent of use or whether to remove this clause from the bill.

¹³² Psychoactive Substances Bill, Delegated Powers Memorandum, Memorandum by the Home Office, 29th May 2015

¹³³ Head shops sell / supply so called legal highs - containing psychoactive substances.

¹³⁴ Office for National Statistics (2014) Deaths related to drug poisoning in England and Wales, 2013

http://www.ons.gov.uk/ons/dcp171778_375498.pdf

¹³⁵ Novel Psychoactive Substances - Challenges and policy responses, ALICE RAP Policy Paper Series, Policy Brief 3

http://www.alicerap.eu/resources/documents/cat_view/1-alice-rap-project-documents/19-policy-paper-series.html

Although this is a smaller proportion than those who have used an illicit drug in the last year, this is a situation that should be monitored as it could become an increasing trend.

There are few estimates of the prevalence of NPS use nationally, particularly in key groups with an increased propensity to use. However, the internet delivered Global Drugs Survey (2013) found that **12% of UK respondents reported buying NPS in the previous 12 months**¹³⁶. This is slightly more than in the Portsmouth survey; however, it is worth noting that the Global Drugs Survey is delivered in association with Mix Mag, a dance music and 'clubbing' magazine, and so there may have been a greater response rate from individuals with an interest in drug use or those who use recreational or 'club' drugs.

Locally, nitrous oxide was the most commonly used NPS. 13% (n48) had used it in their lifetime and 7% (n26) in the last year. The CSEW 2013/14 found that nationally 2.3% of adults aged 15 to 64 had used Nitrous Oxide in the last year. The **next most common NPS's used in Portsmouth were Salvia or related products (used by 1.9% n7) alkyl-nitrates (use by 1.9% n7) and synthetic cannabinoids (1.6%, n6).**

As little is known about the longer-term effects of NPS use (either on its own or in conjunction with other substances), the survey went on to ask respondents about their experiences of taking NPS, their reasons for doing so and their opinions around NPS. Similar questions were asked of those individuals who had never used an NPS. Of the 90 general population respondents to the survey who had used NPS in their lifetime: 47% (n42) reported using NPS with other substances; most commonly alcohol (36%, n32) and / or cannabis (21%, n19), ecstasy (9%, n8) and cocaine (9%, n8). The **most common effects** reported by the general population¹³⁷ were:

- Nausea (61%, n26)
- Feeling relaxed (61%, n26)
- Heart palpitations (58%, n25)
- Headaches (56%, n24)
- Anxiety (47%, n20), and
- Paranoia (47%, n20)

The percentages represent those respondents who agreed that they had experienced these symptoms 'sometimes' or 'most of the time'. Feeling relaxed was the only seemingly positive side effect that the majority of respondents had experienced either sometimes or most of the time.

There is concern that the city's 'head shops' could be encouraging use of NPS and this is supported by the PDS which found that about a quarter (n23) of users had got the NPS from a 'head shop'. Other popular places to obtain NPS were a friend's house (22%, n20), a website (13%, n12) or house party (11%, n10). Most obtained NPS from shop owners / assistants (29%, n26) or friends (25%, n23). It was reassuring to note that none reported getting NPS from parents, siblings or other family members.

The most commonly given reasons for taking NPS¹³⁸ by the general population were:

- **to experiment or out of curiosity: 79%** (n37)
- **because friends had taken them: 55%** (n26)
- to socialise: 47% (n22)

¹³⁶ Novel Psychoactive Substances - Challenges and policy responses, ALICE RAP Policy Paper Series, Policy Brief 3

¹³⁷ Only 42 or 43 out of 90 respondents answered these questions.

¹³⁸ These options were presented to respondents along with a scale. Other options were also given but there was neither a majority agreement nor disagreement with any of the other reasons given. 47 out of 90 general population NPS users answered this question.

- because they 'give me a good high': 40% (n19)

As with the general population, the most common reason given by the recovery community for taking NPS's was to experiment (83%, n10). However unlike the general population, the recovery community also listed taking NPS's to help escape their problems (67% n8) or other drugs were unavailable, friends had taken them, cheaper than other drugs and give a good high (all 58%, n7).

For the general population, **48% (n23) felt that they would be more likely to take an NPS in the future if a friend tried it first and recommended it** and 52.1% (n25) felt that they would be less likely to take an NPS in the future if a friend tried it first and warned them not to try it.

In addition respondents were more likely to take NPS in the future if they became cheaper (48%, n23 general population; 36%, n4 recovery community) and if they are sold in more places (50%, n24 general population; 27%, n3 recovery community).

The majority of general population respondents who had used NPS, didn't see themselves as 'real' drug users (60%, n33) but still felt that NPS's were risky as you couldn't be sure what was in them (65%, n34) and that they should not be legal for under 18s (79%, n41).

Contrary to popular belief, legal status did not seem to influence people's decision to take NPS. When respondents from the general population who had taken NPS were asked **what might cause them to stop taking them in the future, the most common responses were if: 'you became unwell after taking an NPS' (75%, n33) and 'someone you knew died / nearly died after taking an NPS' (61%, n27).**¹³⁹

Whilst the sample of respondents reporting to have used NPS in their lifetime is small, a brief analysis of their demographic details has been undertaken. These results cannot be generalised beyond the group but give a possible indication as to the range of individuals who may be using NPS. Of those who reported to have used an NPS in their lifetime¹⁴⁰:

- 47% (n41) were women and 53% (n48) were men. As more women also responded to the survey (59%, n262 of all respondents) this **suggests a slightly higher prevalence of use amongst men.**
- The majority were aged 16 to 24 (57%, n51) and a further 21% (n19) were aged 25 to 34. The proportion of 16-24 year olds is higher than the proportion for the survey as a whole (44%, n198) and so might **suggest an increased prevalence amongst 16-34 year olds.**

Given that initial figures **suggest an increased propensity to use NPS in Portsmouth**, it is important that services are aware of them and tailor any interventions accordingly. **Individuals who report using NPS, do not always identify themselves as 'drug users'** and are not always using other illicit substances so **they may not be aware of what support is available** should their NPS use become problematic or, they **may be reluctant to access more traditional treatment.** As such, the value of raising awareness amongst the general population and specifically targeting young people, as well as flexible delivery should not be underestimated. As part of this, the **survey findings suggest that information around the level and types of risk involved in using NPS, presented in plain English, would be beneficial.**

Treatment services

Data on the number of adults effectively engaged in drug treatment is taken from the National Drug Treatment Monitoring System (NDTMS). Methodology used by NDTMS when calculating treatment data

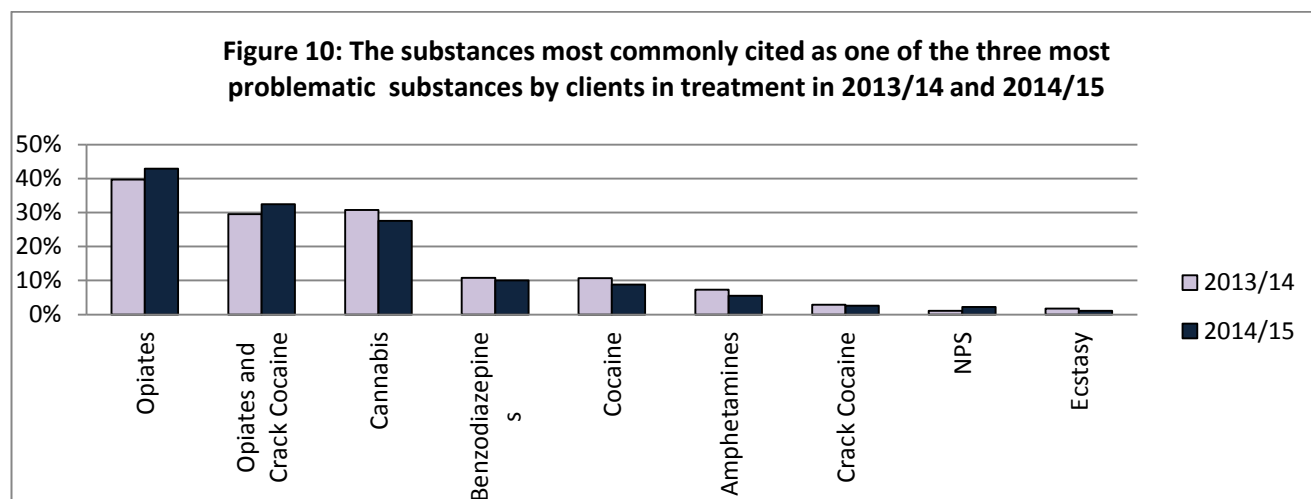
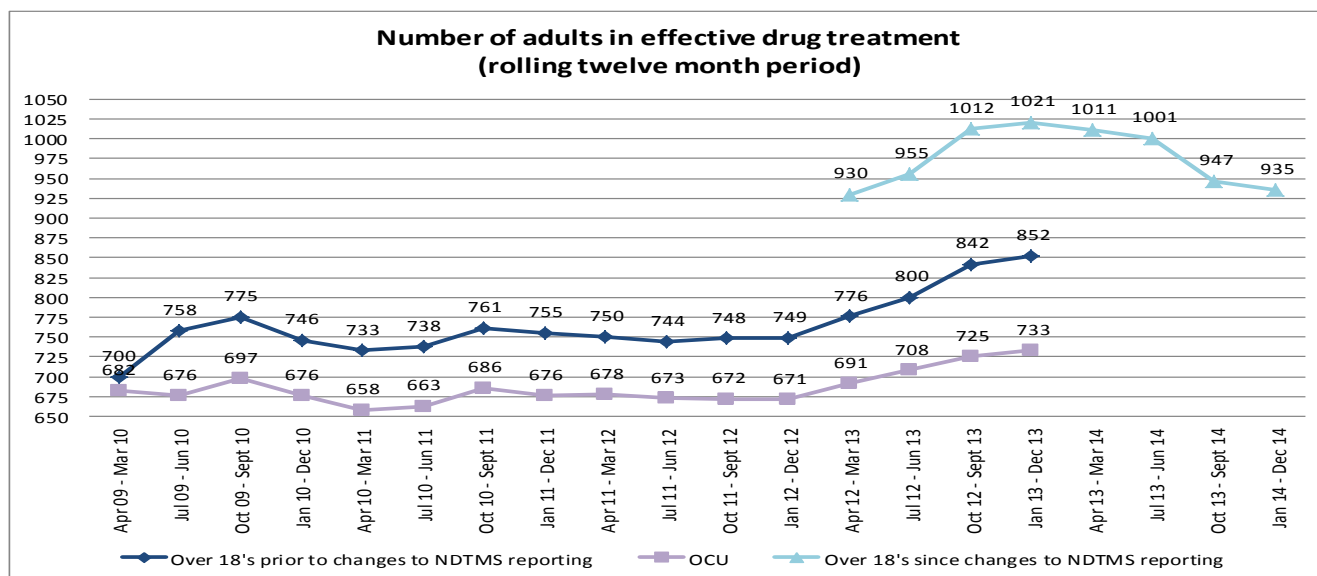
¹³⁹ These options were provided to the respondents and the percentages represent those who agreed or disagreed with the statements.

¹⁴⁰ Not including respondents from the recovery community (n90)

has recently changed making comparison with data prior to April 2014 inappropriate.¹⁴¹ One of the consequences of this change is that the numbers recorded in 'drug' treatment is higher than it would have been under previous reporting methods¹⁴².

As can be seen in figure 9 (below), data prior to 1st April 2013 is substantially different to more recent data sets. However, the latest data¹⁴³ shows a slight reduction (8.4%, n86) in the number of adults effectively engaged in drug treatment¹⁴⁴ when compared to the same period last year. This decrease follows a period of steady increase between 1st April 2012 and 31st December 2013.

Figure 9: Number of adults in effective drug treatment



¹⁴¹ In the past clients that had alcohol listed as their primary substance would have been considered an alcohol client regardless of what other secondary and tertiary substances they reported. Under the new methodology, a client with an opiate as any one of their three problematic substances will be considered as an opiate client. A client with another non-opiate drug in addition to alcohol will be considered as a non-opiate and alcohol client and only clients with just alcohol as a problem will be considered under the alcohol heading.

¹⁴² On average, the difference between the two reporting methods for the data from 2012/13 to 2013/14 is 162 additional people being recorded as in drug treatment under the new methodology.

¹⁴³ For the period January 2014 to December 2014, accessed via NDTMS on 27/05/2015

¹⁴⁴ To be defined as 'in effective treatment' an individual must have been in treatment for a period of 12 weeks and have commenced at least one modality during that time.

Figure 10 (above) shows the proportion of individuals reporting some of the more common drugs as one of their three most problematic substances in both 2013/14 and 2014/15.

The term dual diagnosis is used to describe those individuals who have a formal mental health diagnosis and a substance misuse problem. In Portsmouth, **23.9% (n73) of those individuals commencing new treatment journeys in 2014/15 were recorded as having a mental health diagnosis** at treatment start. However, the number of people with mental health issues accessing these services could be much higher as some may have a mental health issue that has not yet been disclosed, particularly as this information is captured at treatment start and any subsequent change to this is not added to NDTMS. Indeed, a study on mental health centres and substance misuse services in the UK showed that three quarters of drug service users had mental health problems (mostly affective disorders and anxiety disorders) and that nearly 40% of drug users had not received help for their mental health problems.¹⁴⁵ Locally, work has been underway to improve mental health diagnosis and treatment since the launch of the Recovery Hub, with a specialist dual diagnosis nurse available for assessments every week.

Similarly, the **number of clients who are experiencing or perpetrating domestic abuse is likely to be an under-estimate as this information is not always recorded** and is a sensitive subject that people may be reluctant to answer honestly. The results are shown below in table 6. As this field was not completed in 33.2% (n1049) of cases, figures could be much higher. This is something that would benefit from improved awareness and recording, perhaps through more joint work between the Recovery Hub and Domestic Abuse services. On a positive note, the recording rate for 2014/15 represents a substantial improvement on 2013/14, when information was not recorded in 68.6% (n1903) of cases.

Table 6: Clients in treatment for drug and / or alcohol use where domestic abuse has been recorded

	Clients in treatment for drug and / or alcohol use in 2014/15 ¹⁴⁶			
	Experiencing Domestic Abuse	Perpetrating Domestic Abuse	Experiencing and Perpetrating Domestic Abuse	Total
Currently	3.9% (n124)	3.1% (n99)	2.4% (n75)	9.4% (n298)
Previously	6.4% (n203)	1.7% (n55)	2.5% (n78)	10.6% (n336)
Total	10.3% (n327)	4.8% (n154)	4.9% (n153)	20% (n634)

The latest data shows that **just over 50% (n175) of those commencing new treatment journeys are either parents or live with children who are not their own**. However, this is also likely to be an underestimate as anecdotally there is reluctance amongst those engaging with treatment to be forthcoming with this information given concerns around involvement from children's social care. 6.3% (n6) of women in treatment were pregnant at the start of their treatment journey.

19.1% (n66) of people were referred from criminal justice agencies. This will include: individuals with court orders to address their drug use; offenders with community orders that do not include specific drug requirements but do have issues around drug use; those released from prison in recovery or with an ongoing substance misuse issue; and individuals who have been arrested and referred by the police. This figure is likely to also be an underestimate as some individuals will already be in contact with drug treatment services or were referred by another agency.

¹⁴⁵ Weaver et al (2003) *Comorbidity of substance misuse and mental illness in community mental health and substance misuse services*, The British journal of psychiatry, 183 (4), pp. 304-313.

¹⁴⁶ This data is from the Illy case management system for clients in drug and or alcohol treatment in 2014/15.

Nearly 30% (n103) of people starting a treatment journey had a housing problem and 50.5% (n52) of those were currently of 'no fixed abode'. This is **similar numerically but a higher proportion than in 2013/14 when 19.3% (n104)** were considered to have a housing problem and 47.1% (n49) of those were of 'no fixed abode'.

Data taken directly from the care management system found that **of those who indicated that they were currently injecting or had injected in the past, 27.9% (n177) reported they had shared a needle** at some time in their life. This compares to 25.3% (n152) in 2013/14. The Unlinked Anonymous Monitoring Survey found that **needle sharing is falling nationally, with rates of direct sharing at 16% among all current injectors** in 2013 (down from 32% in 2001). This suggests Portsmouth has a higher rate of needle sharing than nationally. 271,452 needles were issued across Portsmouth in 2014/15¹⁴⁷. This is a 13,996 fewer than in 2013/14 but still represents a 43.4% (n82210) increase on 2012/13 figures.

One of the major health concerns around intravenous drug use and needle re-using or sharing is blood borne viruses. In 2013, 68% (n395) of the city's 579 injectors received the Hepatitis C virus test. This is a small increase on the previous year, but still worse than our MSG average of 81% and substantially worse than Southampton (89%) and Brighton and Hove (91%). This is a potential area for improvement although Health Protection Services sentinel surveillance of testing suggests that levels of testing have stabilised since 2008 possibly as a result of testing saturation amongst easy to access individuals. However, it is estimated that the annual drug cost of treating newly diagnosed infections is £217,000 and the total drug cost to treat the backlog of current infections would be £1,197,000 in Portsmouth. National data sources also show that Hepatitis C related hospital admissions and deaths are increasing.

During 2014/15, **463 individuals commenced new interventions. 63.5% (n294) were pharmacological interventions, the majority (80.3%, n236) of which were delivered in a community setting. 24.6% (n85) engaged only with pharmacological interventions.** This is a concern as research indicates that psychological and social factors are the main drivers that cause individuals to start reusing. So in terms of effective recovery, **effective treatment should combine both pharmacological and psychosocial interventions alongside ongoing recovery support.**¹⁴⁸ A key focus of the current system is to engage individuals from previous treatment processes with more holistic, recovery oriented interventions. In addition to the above pharmacological interventions, 69.1% (n320) of individuals' commenced psychosocial interventions and 54.6% (n253) received recovery support during treatment.

In 2015/16, we will see reductions in funding for drug and alcohol treatment due to the re-prioritisation of the Public Health Grant. Savings of approximately £350,000 are required, which will be realised through a **reduction in the commissioning budget for detoxification and residential rehabilitation placements as well as a reduction in staffing compliment in the recovery hub.** The three-year proposed budget projection indicates further reductions of approximately £360,000 in 2016/17 and £310,000 in 2017/18. Inevitably the reduction in funding **will result in reduced capacity and this will have a negative impact on the numbers in treatment** and lead to increases in crime, anti-social behaviour, health and social problems. As part of the Public Health Grant is related to the performance of our treatment services, if this performance drops then the Public Health grant may also be reduced.

¹⁴⁷ Data from the Needle Exchange service

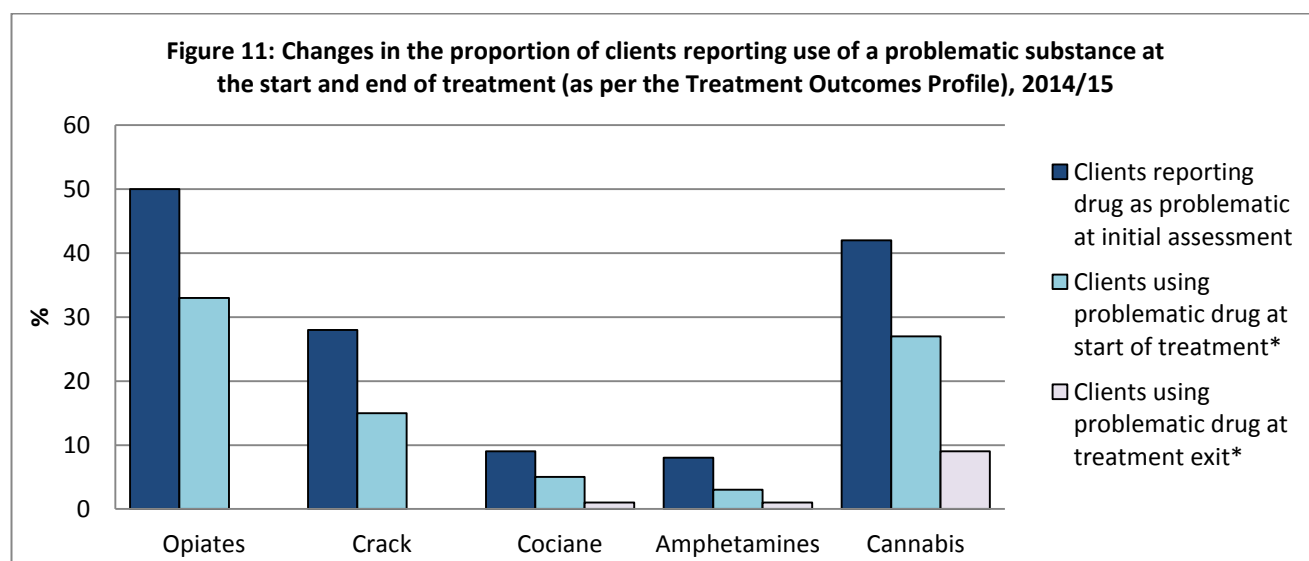
¹⁴⁸ The Scottish Government (2010) Research For Recovery: A Review of the Drugs Evidence Base

Treatment outcomes

The latest data¹⁴⁹ shows an **improvement in the proportion of successful treatment completions. In 2014/15, 11.0% (n82) of those in treatment for opiate use completed successfully and 43.3% (n39) of non-opiate users completed successfully.** In the previous year, 7.7% (n61) of opiate users and 24.0% (n29) of non-opiate users successfully completed treatment. **Portsmouth now ranks 1st out of 8 in its MSG¹⁵⁰ where 8th is the worst, for both opiate and non-opiate successful completions.**

Portsmouth ranks 1st out of 8 in its MSG for opiate re-presentations. In 2014/15, 12.1% (n7) of opiate users who successfully completed treatment for opiate use in the first six months of the year re-presented to a treatment service (only one treated for non-opiate use). This is a reduction on the previous year, where 27.8% (n15) opiate user re-presented (and two non-opiate users).

One of the most important elements of drug treatment is achieving successful outcomes. We were previously unable to get reliable data but in the last year services have improved the quality of data input and we can now successfully monitor outcomes. The teams use the Treatment Outcomes Profile (TOP) which is a clinical tool used by treatment services to review an individual's progress towards recovery aims. It records reported drug use at the start and end of treatment as well as progress towards a number of other outcomes. In Portsmouth (2014/15) there has been a **substantial reduction in the use of illicit substances between treatment start and treatment exit.** Figure 11 (below) shows the proportion of clients who report no longer using a problematic substance at the time of planned exit. Opiate and crack cocaine users reported 100% not using at time of planned treatment exit.




Improvement was seen in the number of clients reporting housing problems; psychological health, physical health and quality of life scores, with either the planned exit scores being higher or the improvements seen being greater in Portsmouth than they are nationally.

In relation to offending behaviour, the TOP results show that the **number of clients reporting to have committed a crime** (specifically: shoplifting, selling drugs, other thefts or assault) in the last 28 days **reduced** from 11 at treatment start to one at treatment exit.

¹⁴⁹ January 2014 - December 2014, accessed via NDTMS 22/05/2015.

¹⁵⁰ The SPP similar areas / most similar group (MSG) are: Brighton & Hove, Bristol, Bournemouth, Plymouth, Portsmouth, Southend-On-Sea, Sheffield and Southampton


The Drug Treatment Outcomes Research Study¹⁵¹ evaluated the long-term effectiveness and cost effectiveness of drug treatment and concluded that drug treatment: reduces the harm caused to communities from drug addiction, is effective in improving the physical and mental health of the individual seeking treatment and has around an 80% chance of being cost-effective for that individual. Nationally, it is estimated that every £1 spent in drug treatment saves £2.50 in costs to society.

Whilst the above largely **presents an encouraging picture in terms of the improvements made through treatment**, a successful outcome is defined over a relatively short period of time, with **little known about the longer-term outcomes for those individuals leaving treatment**. However, national research undertaken by the National Treatment Agency¹⁵² reports a falling number of drug users and states that 'several factors have contributed to the decline in drug use including criminal justice initiatives to prevent use and disrupt the supply chains' as well as changing demographics but that 'over the past twelve years England's drug treatment service has helped to shrink the pool of heroin and crack addicts.... by getting more users into treatment'. Locally this is an area that requires further development and investigation, particularly given that it is largely accepted that full recovery from an opiate addiction can take five to seven years.¹⁵³ 

The link between drug misuse and crime

There is a **strong link between drug misuse and crime, in particular acquisitive crime as well crimes related to drug dealing, including violent offences** although as we know, the detection of drug offences is largely linked to proactive policing and so isn't a useful way to measure trends in drug use or related crime. Furthermore, the number of 'drug related' offences recorded by the police is likely to be artificially low; in the majority of cases the police record 'not known' (46.1%, n8343) in this data field or leave it blank (30.0%, n5419) although recording has slightly improved this year¹⁵⁴. Even with improved recording, the figure is unlikely to reflect the true extent of drug related crime in the city as a number of crimes are likely to go unreported entirely (e.g. dealers assaulting users or runners) with victims reluctant to formalise complaints.

Hampshire Constabulary's Force Strategic Assessment 2014/15 suggests the **enforcement of drug debt, rivalry between drug 'networks', the theft of drugs and the securing of a premise from which to deal continue to be drivers for violent offences**. This includes more serious violent offences such as kidnap, serious assault, threat to life and aggravated burglary. Portsmouth remains one of the key areas in Hampshire for drug related violence, **although recorded incidents have not increased in the last year**.

Work is currently underway to improve our understanding of the extent of drug related crime in the city, under the banner of Operation Fortress. The aim of this multi-agency approach is to disturb the drug supply in Portsmouth by targeting those individuals who are vulnerable to exploitation by drug dealers. 

Given the heightened profile of NPS, the link between NPS use and crime and / or anti-social behaviour is of increased interest. However, it has proven very difficult to find clear evidence as NPS specific issues are not being recorded in an easily reportable format. However, between August 2014 and January 2015, the **community wardens recorded 32 anti-social behaviour incidents relating to the use of NPS in**

¹⁵¹ http://www.dtors.org.uk/reports/DTORS_CostEffect_Main.pdf NTA/NHS

¹⁵² www.nta.nhs.uk/uploads/prevalence-commentary.pdf December 2012 Falling Drug Use: The impact of treatment.

¹⁵³ The Scottish Government (2010) Research For Recovery: A Review of the Drugs Evidence Base


¹⁵⁴ This was left blank or 'not known' was recorded for 86.6% (n14677) of cases last year

public. In addition, a rudimentary search of the summary information received for all crimes and ASB recorded in 2014/15 found **reference to 'legal highs' in 75 cases (52 crimes and 23 ASB incidents).**

From the 2015 PDS, **where criminal acts were used to fund drug use** (selling drugs - n13, fraud - n5, shoplifting - n4, burglary - n2, or sex work -n1) **this was often linked to use of opiate or powder cocaine use.** It should be noted these findings relate to small numbers so care should be taken when generalising from these findings. Where respondents reported **selling drugs (n13), ten reported using cannabis** but for all of these cannabis was **not the only drug they used**; just over half (n7) used powder cocaine and approximately a third (n4) used opiates. Three out of four respondents who reported shoplifting used opiates, one respondent who had committed burglary also used opiates, the other used cocaine, while the respondent who used sex work to fund drug use only used powder cocaine.

8. Violence and domestic abuse

Violent crime encompasses assaults (with or without injury up to and including homicide), harassment, public order, robbery and sexual offences.

In the last year, **6671 violent offences were recorded by the police, which is a 36% increase (n1864) since 2013/14.** This increase was anticipated after the HMIC data integrity report¹⁵⁵ finding that **nationally violence against a person had been under-recorded by 33%.** Hampshire Constabulary had similar issues to many forces nationally. However Portsmouth has experienced a slightly higher increase than the national under-recording rate, so **it is possible there has also been a slight increase in violent crime that cannot be wholly attributed to the changes in recording practice.** This is an area which should be monitored. 

The CSEW 2014/15 found that **violent crime as measured by the survey had remained stable** since 2013/14.¹⁵⁶ The Office for National Statistics (ONS) reported a 23% increase in 'violence against a person' offences recorded by the police nationally. Direct comparison between the CSEW crime and police recorded crime should be made with caution, as there is a one year lag for the CSEW data¹⁵⁷ and police recorded crime still doesn't meet the standards for a UK Statistics 'quality stamp'.¹⁵⁸ However, these findings lend weight to the theory that increasing violent crime can largely be attributed to changes in recording with the exception of a few categories which have increased much more than expected.

Recent increases in Portsmouth's recorded violent crime have also driven the increase in overall crime. Violence now accounts for 36% of all crime compared with 29% in 2013/14¹⁵⁹. **The rate of violent crime is 32.2 per 1,000 residents in Portsmouth which is higher than the average rate for similar areas (25.6 per 1,000)** and the rate of violent crime measured by the CSEW (29 per 1,000). Some categories of violent crime have seen larger increases than others, namely:

- **Serious sexual offences / rape** - 92% (n179),
- **Public order** - 83% (n649), and

¹⁵⁵ Retrieved from : <https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/crime-data-integrity-hampshire-2014.pdf>

¹⁵⁶ Crime Survey of England and Wales 2014/15 http://www.ons.gov.uk/ons/dcp171778_411032.pdf

¹⁵⁷ The survey asks about crime in the previous 12 months, so the first surveys included in the 2014/15 findings will refer to experience in 2013/14 and surveys completed towards the end of the year will reflect experience in 2014/15.

¹⁵⁸ See last year's SPP Strategic Assessment p.5.

¹⁵⁹ Violent crime accounted for 26.5% of all crime in 2010/11 and 24.2% in 2006/07 showing an overall increase over time.

- **Racially or religiously aggravated offences -52% (n98)**

From a partnership perspective, it is useful to consider the motivational factors behind violent crime. Table 8 (below) shows the breakdown of assaults¹⁶⁰ by driver. **Domestic abuse is still the largest category of violence, accounting for 31% of assaults** (including assaults by spouse or partner not flagged as domestic). However, while the **number of domestic assaults has increased by 28% (n282) since last year, this is in the context of rises of 25% in violence with injury and 35% in violence without injury.**

Table 8: Drivers of violent crime

Drivers of violent assaults	2011/12	2012/13	2013/14	2014/15
Domestic	26% (n1,101)	29.5% (n1,098)	30.5% (n990)	29.8% (n1,270)
By spouse (not flagged as domestic)	1.4% (n59)	0.7% (n26)	1.8% (n57)	1.2% (n53)
By family member (not flagged as domestic)	4.9% (n207)	4.3% (n160)	4.9% (n159)	5.4% (n231)
Between 20:00 and 05:00hrs in night time economy streets (NTE) and in a public place	12.7% ¹⁶¹	15.9% (n593)	13.1% (n426)	12.6% (n536)
Licensed premises (excluding NTE roads)	-	1.9% (n69)	2.3% (n74)	2.6% (n113)
Hate crime: race / religion / HBV	1.7% (n72)	1.8% (n68)	1.6% (n52)	1.7% (n73)
Hate crime: sexual orientation	0.4% (n17)	0.4% (n14)	0.2% (n7)	0.1% (n4)
Hate crime: disability	0.1% (n6)	0.1% (n2)	0.1% (n2)	0.2% (n7)
By carer (not flagged as disability)	0.4% (n16)	0.6% (n21)	0.3% (n11)	1.2% (n52)
Total for domestic, hate and NTE violence	47.6% (1,478)	55.1% (n2,051)	54.7% (n1,778)	54.8% (n2339)
Total assaults	4311	3794	3251	4275

Further analysis showed that¹⁶²:

- **36.4 % (n1554) assaults took place in a family setting (domestic and family violence).**
- **15.2% (n721) took place in the designated NTE areas or at licenced premises.** The Guildhall area reported most offences.
- **2.4% (n101) were against the police.**

¹⁶⁰ This analysis used assaults to be consistent with previous years' analysis. The data was provided by Hampshire Constabulary, extracted using iBase, and the offences used were common assault, ABH and wounding (Home Office descriptor) which had been classified as 1b violence with injury and 1c violence without injury.

¹⁶¹ This is likely to be artificially low, when data for last year was re-examined, the occurrence start time had not been provided so the data had been sorted by reported time meaning some assaults reported the following morning wouldn't have been included in the NTE total.

¹⁶² These categories are mutually exclusive

- **2.3% (n98) were between neighbours. Hilsa reported the highest rate** (1.1 per 1,000, n15) followed by Charles Dickens (0.93 per 1,000, n18). Further analysis on crimes by people in the local neighbourhood will be carried out at a later point and to see if there is a link with ASB. 📖
- **2% (n84) were hate crimes** (race, religion, disability or sexuality) and the peak areas were Charles Dickens (1.23 per 1,000, n24) followed by St Thomas (0.77 per 1,000, n13) and Fratton (0.71 per 1,000, n11).
- 1.2% (n52) were perpetrated by or against a 'carer'.
- 39% were not so easy to classify, but a further 17% (n729) were between acquaintances.

Across all of the above violence categories:

- **15% (n656) of assaults involved either a young victim or perpetrator aged 10-17yrs.** This is a 60% (n247) increase compared with 2013/14. A quarter of these (n165) of these were youth on youth violence, which has tripled since last year (from n57).
- **52% (n2237) of records did not say anything about substance misuse but of those that did: 26% (n1120) involved alcohol, 1% (n44) drugs, 3% (126) both** and 17.5% did not involve either.

Further detail about domestic abuse, alcohol-related violence, hate crime, youth-related crime and drug related crime can be found in the corresponding chapters.

Domestic Abuse

Domestic abuse continues to be a priority for the SPP and is monitored by a specialist Domestic Abuse review group as it remains the most common driver for assaults (31%, n1323). This also recognises the impact of domestic abuse on both the victims¹⁶³ and family as a whole. Domestic abuse can cause immediate physical and emotional harm to victims but also has wider consequences for the victim and other family members. These consequences can include: loss of opportunity, isolation from friends, poor physical and mental health, and detrimental impact on employment.¹⁶⁴ Domestic abuse is a commonly quoted reason for homelessness in women.¹⁶⁵ Many children are exposed to domestic abuse and violence at home and are denied a safe and stable home environment. 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.¹⁶⁶ The impact of domestic abuse on very young children is often underestimated and the impact on school age children could affect their ability to achieve.¹⁶⁷ **Low educational attainment and unsecure family environments are risk factors for young people.**

Domestic abuse is thought to cost Portsmouth services around £13.5 million per year. This includes costs of over £6 million to health services, over £3 million to the criminal justice system (excluding

¹⁶³ 'Victim' has been used to refer to victim-survivors of domestic abuse because this is a multi-agency document and the intention is to use language which would be easily understood, and not too cumbersome to read. It is also in the context of victims of crimes generally. The author recognises that victims are also in most cases survivors and in no way intends to disempower them.

¹⁶⁴ 21% of women who reported domestic abuse in the self-completion module of the 2001 British Crime Survey took time off work because of the abuse and 2% lost their jobs (Walby & Allen, 2004).

¹⁶⁵ 40% of homeless women stated domestic violence was a contributor to their homelessness (Cramer & Carter, 2002).


¹⁶⁶ Unicef 2006 *Behind Closed Doors: The impact of domestic violence on children*.

¹⁶⁷ Byrne & Taylor (2007) *Children at risk from domestic violence and their educational attainment: Perspectives of education welfare officers, social workers and teachers*.

police), over £2 million to the police, over £1 million to children's social care and £600,000 to local authority housing services.¹⁶⁸

This year, **4745 domestic abuse incidents were reported to the police, which is an increase of 12% (n495) on the previous year. 38% (n1820) of the 4746 incidents were recorded as a crime;** a 5% point (n409) increase in the proportion compared with last year and a return to the level seen in 2007/08. This increase in crime recording has been anticipated as the HMIC data integrity report¹⁶⁹ recommended a change in focus; to record then investigate rather than the other way round.

Victim details were recorded for most offences (n1805), and where this was recorded, **just over three quarters were women. The peak age of female victims is 20-26 years, which is consistent with previous findings.**¹⁷⁰ It should be noted that this pattern did not apply to domestic homicides in Hampshire (there were none in Portsmouth during 2014/15), where victims were generally older and three of the seven victims were elderly.¹⁷¹ This may reflect the complex nature of these cases. There was not a particular pattern for male victims.

Most victims (86% n1259) reported one domestic violence crime to the police during 2014/15. 10% (n145) reported two, and 3% (n38) reported three crimes. A small proportion (2%, n27) reported four or more crimes, with one person reporting 17. **This repeat victimisation rate should be taken as a low estimate**, because this does not take into account crimes reported to the police in previous years and it doesn't include incidents reported to other agencies or not reported at all. We know from previous research that domestic abuse is under-reported.¹⁷² We hope to be able to get police data relating to domestic abuse incidents as this has not been provided to us previously and will enable us to get a better picture for future reports. 

In most cases **perpetrator details** were recorded (95%) and where known, the majority (**80% n1408) were male with a peak age of between 24 and 33 years.** There was no clear pattern for female offenders, mainly falling in the 19 to 50 year age bracket. Once again, most perpetrators (82%, n1088) committed one known domestic abuse offence in 2014/15, 12% (n166) committed two, 3% (n44) committed three offences and a further 3% (n36) committed four or more offences. Almost 80% of offences were assaults including ABH (n1462), approximately 10% (n177) were criminal damage, 4% (n73) were public order and just fewer than 3% (n50) were sexual offences.

Some detailed analysis was undertaken where victim and offenders were connected with four or more offences. The analysis showed that most domestic abuse crimes were committed between two people who were either in or had been in a relationship. However, seven of the 36 offenders (19.5%) also assaulted other family members (either their family or their partner's). Five (14%) had assaulted members of their family, usually parents, siblings or children, but not a partner or ex-partner. **A third of these repeat offenders (n12) were violent towards more than one victim in their family during the course of the year** and this figure could be higher if the offenders were tracked for a longer period of time and if incident data could be included. Two of the twenty seven repeat victims (7%) had been assaulted by more than one partner / ex-partner during the course of the year and again this figure is likely to rise if a longer time frame is used.

¹⁶⁸ Graves, S. (2015) The cost of domestic abuse in Portsmouth - available from csresearchers@portsmouthcc.gov.uk

¹⁶⁹ Retrieved from : <https://www.justiceinspectors.gov.uk/hmic/wp-content/uploads/crime-data-integrity-hampshire-2014.pdf>

¹⁷⁰ Walby & Allen (2004)

¹⁷¹ Minutes of the Domestic Abuse and Honour Based Violence Management Group, Feb 2015

¹⁷² Flatley et al (2010) *Crime in England and Wales 2009/10: Findings from the British Crime Survey*. Home Office Statistical Bulletin

In 2014/15, there were seven occurrences of honour based violence reported to the police (HBV) compared to one the previous year. HBV is substantially under-reported, so the increase could be attributed to increased awareness through proactive promotion with likely affected communities and partner agencies which may have led to increased confidence to report and/or seek support.

The proportion of all domestic abuse crimes that resulted in an arrest remained stable between 2011/12 and 2013/14. However, this year (2014/15) although there were slightly more arrests (1225 compared to 1118 last year) there were 15% (12 percentage points) fewer arrests as a proportion of the total number of crimes. This most likely means that overall number of crimes has gone up because of the HMIC data integrity report and improved recording of domestic abuse crimes but that the arrest process has not altered and the **police are arresting perpetrators as usual leading to a lower proportion of domestic abuse crimes resulting in an arrest**. This also tends to lend weight to the argument that the increases in crimes are largely due to changes in recording practices rather than a 'real' increase in crime.

Table 8: Police recorded incidents, crimes, arrests, charges and cautions for domestic abuse 06/07 - 14/15¹⁷³

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Incidents	3621	3909	3980	4307	4381	4340	4211	4250	4745
Crimes (% of incidents)	1348 (37%)	1352 (35%)	1289 (32%)	1429 (33%)	1515 (35%)	1531 (35%)	1430 (34%)	1411 (33%)	1820 (38%)
Arrests (% of crimes)	N/A					1225 (80%)	1141 (80%)	1118 (79%)	1225 (67%)
Charges (% of arrests)						814 (66%)	623 (55%)	371 (33%)	368 (30%)
Cautions (% of arrests)						189 (15%)	169 (15%)	111 (10%)	89 (7%)

The number of domestic abuse arrests resulting in charges (30%, n368) has dropped slightly since last year (from 31%, n371) and is substantially lower than 2011/12 (66%, n814). Anecdotal evidence from the police has suggested **this may be due to the CPS raising the bar for the quality of evidence required to charge**, but this hypothesis requires further exploration. 📖

Currently, comparator data for MSG areas is not available for domestic abuse incidents or crimes. The only data we can currently compare is domestic homicides retrieved from the iQuanta website.

Local data shows that in 2014/15, **1145 domestic abuse cases from East Hampshire and the Isle of Wight were heard at court. This is a 32% rise (n275) from 2013/14. Of these cases, 70% (800) resulted in a successful outcome**, with guilty pleas making up 88% (n702) of the total successful outcomes.¹⁷⁴ A successful outcome is defined by the CPS as: conviction after trial; a guilty plea;¹⁷⁵ or proved in absence.

¹⁷³ Figures provided by Hampshire Constabularies Performance and Consultation Unit

¹⁷⁴ Please note that the cases counted here are not directly linked to those charged during the same periods in the previous table. There is usually a significant delay between charge and court appearance/disposal.

¹⁷⁵ This also includes sub-categories of: i) Guilty plea and discharged committal; ii) Guilty plea and dismissed after full trial; iii) Guilty plea and no case to answer.

Table 9: CPS data for domestic abuse breakdown¹⁷⁶

	2012/13	2013/14	2014/15
Total Cases for East Hampshire & IOW	765	870	1,145
Number (%) of successful outcomes from East Hampshire & IOW	505 (66%)	576 (66%)	800 (70%)
Number (%) guilty pleas from East Hampshire & IOW	460 (60%)	497 (57%)	702 (61%)
Number (%) of convictions after trial from East Hampshire & IOW	51 (7%)	59 (7%)	71 (6%)

While we do not have CPS data specifically for Portsmouth and there are other variations between police and CPS data,¹⁷⁷ we can give an estimate of attrition by assuming that the 70% rate of successful outcomes applies to Portsmouth and applying this to the number of charges. This would equate to only an **estimated 14% of domestic abuse crimes resulting in a successful court outcome.**

Where domestic abuse services offer support to victims throughout the court process, a higher proportion result in a successful court outcome. Data from Early Intervention Project (EIP) Independent Domestic Violence Advocates (IDVAs) shows that in 2014/15, 90% (n28) of cases where clients were supported through the court process resulted in a successful court outcome. Aurora New Dawn also provide an IDVA service, so we hope to include figures from them next year alongside data from the newly appointed police specialist domestic abuse support officer.¹⁷⁸

As part of the SPP co-ordinated community response to domestic abuse, a quarterly performance report is produced.¹⁷⁹ The most recent report (Q4, 2014/15) found that:

- The SPP domestic abuse page had 26% more views than last year when the 'Is This Love' campaign was launched¹⁸⁰. It continues to increase awareness of domestic abuse and services that are promoted.
- 281 professionals received level 1 and 2 domestic abuse training to enable them to recognise and respond to a disclosure of domestic abuse.
- Almost all GP surgeries in Portsmouth (30/31) are working towards 'Identification and referral to increase safety' (IRIS) accreditation and 28 were accredited by the end of 2014/15. This has resulted in a substantial increase in referrals from GPs; there were eight in 2012/13 before IRIS training increasing to 112 in 2014/15.
- There were 727 referrals to IDVA services (EIP/AND) and 825 referrals to advocacy and support (EIP/AND & Stonham). The police make most referrals (42%, n583) but there are increased referrals from GP surgeries that have had IRIS training, voluntary sector referrals and Children's Social Care, which may reflect regular training provision.
- There were 149 referrals to Stonham for Refuge, which is a continuation of the downward trend. Of these 58 women and 48 children were accommodated, which is a similar figure to last year.
- The number of high risk cases heard at MARAC continues to increase with 648 cases during 2014/15 compared with 618 the previous year. Of these, 26% (n169) were repeat cases, lower than previous

¹⁷⁶ As per email from Jason Jenkins, CPS on 28/05/15


¹⁷⁷ See: Graves, S *Co-ordinated community response to domestic abuse: Measuring success report to the Domestic Review Group, Quarter 2 2014/15 for more detail.*

¹⁷⁸ Ibid (Graves, S., *Measuring Success Report*)


¹⁷⁹ Ibid (Graves, S., *Measuring Success Report*)

¹⁸⁰ This was targeted at young people but is available to all website readers.

years and slightly lower than the SafeLives (CAADA) agreed target of 28-40%, which is positive. As in previous years, the majority of referrals to MARAC came from the police (80%, n516.5) Although the AND Domestic Violence Car which enables independent domestic abuse support staff to respond immediately to incidents alongside police, may result in more referrals from AND.

- 37% (n4881) of referrals to the Joint Action Team (JAT) involved domestic abuse (although there may have been other concerns). Of these, 58% (n2828) resulted in no further action which is a concern and requires further investigation. 
- Domestic abuse was a factor in 12% (n197) initial assessments with social care, 58% (n283) of child protection conferences and 51% (n88) of children who were taken into care.
- The Up2U domestic perpetrator programme went live in May 2014, and since then has received 47 enquiries for referrals (largely from Children's Social Care), of these 26 clients have been assessed or are in the 6 week assessment phase.


FGM

Research by Aba Bodian¹⁸¹ has **suggested that girls are more at risk in Guinean, Somali and Gambian diaspora communities and to a lesser degree in the Senegalese community** taking account of prevalence of FGM in their country of origin, and supportive or ambivalent views given in interviews.¹⁸² Due to this research identifying the possibility of young girls at risk, the Portsmouth Children's Safeguarding Board is leading on further work in this area. 

Further information is available from the SPP community safety research team and can be made available for partner agencies.

Sexual offences ¹⁸³

There were 486 sexual offences recorded by police in 2014/15,¹⁸⁴ which is a **74% (n207) increase from 2013/14**. This has been **driven by a 92% (n179) increase in serious sexual offences**, most commonly rape. This gives an overall rate of 2.34 sexual offences per 1000 people and is **higher than the average rate for similar areas** (2.14) where Portsmouth ranks 6th out of 8.

There have been similar **increases across Hampshire** (69% overall and 98% for rape) **and this is a continuation of the upward trend** seen since last year. However, these rises are much higher than the average national increases of 37% for all sexual offences and 41% for rape.¹⁸⁵ Therefore it is possible that not all of this increase can be attributed to the changes in recording following the HMIC data integrity report or that Hampshire constabulary had previously experienced more issues with how they recorded this kind of crime. Improved victim confidence, leading to more reporting in the wake of Operation Yewtree, may still be having an impact. 

In total, **22% (n104) sexual offences were historic** in that they occurred before the reporting period 2014/15, ranging from offences occurring in the 1960's up until the previous month. This proportion of historic cases is lower than last year (29%) and 2012/13 (27%).

¹⁸¹ The research focussed on Portsmouth and Southampton

¹⁸² Bodian, A. (2015) *Attitudes to Female Genital Mutilation/Cutting in Portsmouth and Southampton*.

¹⁸³ CSE is covered within the young victim section

¹⁸⁴ Headline figure from ONS, further analysis from the Hampshire Constabulary data download.

¹⁸⁵ Crime Survey of England and Wales 2015

Where information was recorded, **women were more likely to be victims** of sexual offences than men (86%, n395) and the peak age range was **between 13 and 22 years**. Conversely, **offenders were most commonly male** (95%, n319) and there was no peak age range, although the more common ages were **between 15 and 29 years**.

In just over half of cases (55% n256) the victim knew the offender, mostly commonly an acquaintance (35% n163) while the offender was a stranger in approximately a quarter of cases (n119).

Where this information was flagged (28% n130 offences), **49% (n65) were alcohol and/or drug related**, while 51% (n67) were not. This information was not known in 72% (n334) cases, which means that this may not represent the full picture.

Common themes identified in some previous analysis by Hampshire police were: **substance misuse by the offender and or the victim - often linked with the night time economy, sexual offences within a domestic abuse setting and sexual offences against children committed by an adult family member** (which accounted for approximately a quarter of historic offences during the time period under consideration).¹⁸⁶

There were **38 repeat victims (9% of all victims)** relating to 77 offences (17%) and this figure may be higher if all previous history was taken into account. Where offender details were available, just under 9% (n26) of offenders committed more than one offence in 2014/15, accounting for 13% (n62) crimes.

Modern Slavery & Human Trafficking

Although the **number of Potential Victims of Trafficking (PVOT) has been increasing nationally** since 2009, the **numbers are still small** and this increase is likely to be at least partially due to increased awareness.

Further information is available from the SPP community safety research team and can be made available for partner agencies.

Alcohol related violence

26.2% (n1120) of all types of assaults were flagged by police as being alcohol-related and a further 2.9% (n126) involved 'drink and drugs'. This is an increase of about 4 percentage points from previous years although still likely to be an under estimate. The proportion of incidents where neither alcohol nor drugs were involved has also increased alongside a corresponding reduction in cases where this information was not known or not recorded. This higher proportion of alcohol related assaults is most likely due to better recording of this information than an actual increase in alcohol related assaults.

Monitoring violence offences taking place in designated NTE areas is one way of tracking the impact of alcohol on violent crime. This tracks offences occurring in a public place in identified NTE streets during 20.00 and 05.00 hours.¹⁸⁷ **There were 874 violent offences (not just assaults) linked to the NTE in 2014/15. This is 15.2% (n115) more than in 2013/14** (see appendix X for full details).¹⁸⁸ 536 of these were assaults which is 26% (n110) more than in 2013/14 but accounts for about 13% of all assaults

¹⁸⁶ Attwood, J. (2015) *Hampshire Constabulary Research and Analysis: Serious Sexual Offences - Eastern Area 3rd Quarter: Oct - Dec 2014*.

¹⁸⁷ This did not include domestic abuse assaults.

¹⁸⁸ Data provided by Hampshire Constabulary.

which is the same as 2013/14. The most significant increases were in Central Southsea (37.6% n41), North End (23.2% n 23) and Commercial Road (18.8% n22). The Guildhall continues to record the largest number of offences (27.3% n239). Given the changes to police recording this year, particularly relating to violent offences, we would have expected to see about a 36% increase so this is unlikely to indicate that there has actually been an increase in violent offences in the NTE. In fact, changes in resourcing, with fewer police available in NTE areas may be resulting in **fewer crimes recorded than expected. In terms of domestic abuse**, the CSEW estimated that **36% of domestic abuse incidents are alcohol related**¹⁸⁹, a bit higher than the domestic abuse crimes flagged as alcohol-related locally (30%) suggesting that 110 additional violent offences may have been alcohol related in 2014/15.

Drug related violence

This is largely covered in the drugs section but in summary, very little drug related violent crime is recorded by the police. 1% (n44) of assaults are flagged as drug related and a further 3% (n126) flagged as drug and drink related. This is slightly more than previously where drink and drug related offences accounted for approximately 1%, but it is not possible to know whether this is due to better recording or an actual increase.

Of the drug related crimes recorded by the police, **68% (n30) were between partners/spouses and family members**, along with **44% (n56) of incidents involving drink and drugs**.

As stated in the previous chapter, it is not possible to interrogate records to find out whether any of these crimes were linked to drug supply but **Hampshire Constabulary Force Strategic Assessment identified drug-related violence as a key driver for serious violence offences**.

Further information is available from the SPP community safety research team and can be made available for partner agencies.

Youth-related violence

During 2014/15, there were 656 assaults where the victim or offender was 10-17 years old:

- Young people were the victims of 434 assaults, a 23% (n81) increase from last year.
- **Young offenders committed 384 assaults**, which is a **substantial 239%** (n271) increase from 2013/14.
- It is possible that this could be attributed to the changes in recording but **the increase is larger than expected, which could indicate a real increase.** 📖
- Of the 384 assaults, where young people were the perpetrator, **43% (n165) were youth-on-youth violence**; an increase of 189% (n108) which is also **higher than expected from changes in recording** suggesting a real increase in youth-on-youth violence. In most cases, they were known to each other, **mostly commonly acquaintances** (74%, n122) and offences largely took place in a public area (76%, n125). Analysis to explore youth-on-youth violence in more detail is recommended. 📖
- Where the victims were adults (n208)¹⁹⁰:

¹⁸⁹ The ONS examined violent incidents where the victim perceived the offender to be under the influence of alcohol (based on the Crime Survey for England and Wales, 2013/14) and found that 36% of alcohol related violent incidents were domestic violence incidents

¹⁹⁰ This analysis was of raw data from Hampshire police and used a free text summary field. This means that the information is not complete and may not have been updated as the case progresses and that some cases may have been missed. We do not have this information for 2013/14 and so no comparison can be made at present.

- **37% (n77) were cases where a young person assaulted their parents / step parents.** Although only 24 resulted in a formal outcome. This is still almost double the number for 2013/14 (n13).
 - 13% (n27) were assaults on teachers or staff at the Harbour Schools in Tipner or Penhale Rd. No reports of violence from Harbour school were identified in 2013/14, but this sudden spike in reported offences could be due to a change in policy as a new Head Teacher was appointed during 2014/15.
 - 10% (n20) were cases where a young person in care assaulted a member of staff or foster parent, of these 14 resulted in a formal outcome, which is more than double the number in 2013/14 (n6).
- In 39% of assaults where the victim was a young person aged 10-17yrs (n169), the **offender was an adult, and usually known to the victim** (89%, n151), most commonly a family member (55%, n93).

Hate crime

The police recorded **286 racially or religiously aggravated crimes, a 52% (n98) increase from 2013/14** and a rate of 1.38 crimes per 1000 population.¹⁹¹ This is higher than the MSG average of 0.95; Portsmouth has the **second highest rate amongst our comparator group.** This increase has been **driven by a 74% (n89) increase in racially aggravated public order offences** (73%, n209). The number of assaults has remained fairly similar to last year (24%, n68). This is in the context of increases across Hampshire (48%) and nationally (18%)¹⁹². The wards with the highest rate were Charles Dickens (1.23 per 1000, n24), St Thomas (0.77 per 1000, n13) and Fratton (0.71 per 1,000, n11).

All the crimes and incidents that are reported to the police should also be reported to the Hate Crime Service (HCS), but residents have the option of reporting incidents directly to the HCS. The team received reports of 436 racially and religiously aggravated incidents, which is a **36% (n116) increase from the previous year and is consistent with the police increases.** This dataset should be unaffected by the changes in police reporting, because all race hate incidents reported to police should be referred to the HCS regardless of whether they were subsequently recorded as a crime. This **seems to indicate a real increase in this type of hate crime.** The incidents mostly included a verbal element (84%, n362), but a number included intimidation or threats (37%, n157) or physical abuse (19%, n81), which is a similar pattern to previous years.

The **most commonly reported incident locations were: victims home** (35%, n149), in the **street or park** (25%, n108), **at work** (15%, n65) and in other public places (9%, n40). This is a similar pattern to previous years. The ratio of male to female victims remains constant, with approximately two thirds male and a third female. As with previous years, most victims were aged 30-59 (54%, n217), but it was positive to see that only 3 young people under 18 had been a victim and this is a continuation of a downward trend.

As with last year, ethnicity details were not received from the police so this information was only available where victims engaged with the HCS. Where recorded by the HCS (13%, n54) **most victims were either Asian/Asian British** - any other background (n14), Asian/Asian British - Bangladeshi (n9), Black/black British (n8) or mixed white and black African (n7).

Only 26 homophobic crimes were recorded by the police; a similar level to 2013/14 (n24). Incidents of homophobic hate crime reported to the HCS have been on a downward trend with 31 reports in 2014/15, a 20% (n8) reduction since 2013/14 and this is 44% (n24) less than 2011/12. This is likely to

¹⁹¹ From ONS

¹⁹² www.gov.uk/government/uploads/system/uploads/attachment_data/file/467366/hosb0515.pdf

reflect a lack of confidence in reporting rather than a real reduction in this type of hate crime as we know this is a substantially under-reported crime.

There has **been an increase in recorded disability hate crimes** from five in 2013/14 to 19 in 2014/15, but the numbers are still small. Disability hate crime incidents reported to the HCS remained at a similar level to 2013/14 (30 compared with 28) and this is also an under reported crime.

Radicalisation & Violent Extremism¹⁹³

The Counter Terrorism and Security Act 2015 has placed new responsibilities on "specified authorities" such as the local authorities, schools, police, probation and others to have "due regard to the need to prevent people from being drawn into terrorism". This is a legal requirement from 1st July 2015. Local authorities are required to establish a Prevent board with key partners and coordinate an action plan for the city. The Safer Portsmouth Partnership will oversee the delivery of Prevent within Portsmouth.

Further information is available from the SPP community safety research team and can be made available for partner agencies.

9. Serious Acquisitive Crime

There were 1591 offences classified as serious acquisitive crime during 2014/15; **10% (n185) lower** than 2013/14 and 57% (n2140) lower than the baseline year of 2007/08.

The rate of **serious acquisitive crime has since fallen** further and is now below 8 per 1000 population; below the average of the MSG¹⁹⁴, which stands at over 11 per 1000 population. **This places Portsmouth in 1st place¹⁹⁵ within the MSG for serious acquisitive crime** with each of the individual components being below the MSG average.

Three of the four component parts which make up serious acquisitive crime, namely domestic burglary, theft of a motor vehicle and robbery have each shown significant decreases over the past year, whilst theft from motor vehicle is the only component part to see an increase.

Domestic burglary (n498) offences have fallen by 26% (n176) over the past year and are now 51% (n518) below the baseline year of 2007/08. Portsmouth is **1st** within the MSG for domestic burglary occurrence. Hampshire Constabulary report that *'a continued driver for offenders committing dwelling burglaries is drug use, with 57% (n803) of offenders arrested (force wide) for dwelling burglary during the reporting period having links to drug offences, drugs intelligence or drug markers'*. Adding that, *'many are repeat local offenders targeting vulnerable locations'* Success with drug treatment service may have had a positive impact on burglary rates. Offences committed **in student premises in Portsmouth**, often multi occupancy, **have a significant impact on burglary rates.**¹⁹⁶

Across Hampshire, 13% of people arrested for dwelling burglaries are young people (n107). In Portsmouth, where offender details for a dwelling burglary are known, 9% (n13) of offences were

¹⁹³ Data from Hampshire Constabulary Strategic Assessment.

¹⁹⁴ SPP most similar areas / most similar group (MSG) are: Southampton, Bournemouth, Brighton & Hove, Bristol, Sheffield, Southend-on-Sea and Plymouth.

¹⁹⁵ Where 1st is the best performing and 8th the worst.

¹⁹⁶ Hampshire Constabulary 2014/15 Force Strategic Assessment

committed by young people. Home Office research¹⁹⁷ identifies that **offenders between ages of 10-17 years who committed burglary for their debut offence, are almost three times more likely to become chronic offenders compared to other crime types**. The reduction in number of young burglary offenders is therefore important in targeting young people involved in crime. The influence of peers is often a key factor for younger offenders; early and concerted intervention with young offenders is vital to break these links, prevent habitual drug use, and ultimately reduce the risk of recidivism.

Occurrences of theft of a motor vehicle (n235) are 25% (n78) below that of last year, and a substantial 70% (n543) below the 2007/08 baseline.

Robbery offences (n105) have fallen by 14% (n17) over the reporting period, and are 54% (n122) below the baseline. Within this category, personal robbery has fallen by 18% (n19). This is not dissimilar from the national trend of a 15% decrease, but is at variance with the picture cross Hampshire, which shows a 10% increase¹⁹⁸. In Portsmouth, business robbery has risen by 14% (n2). The Community Safety Survey 2014, **found burglary is the crime that respondents worry about the most in Portsmouth (40%, n334), followed by being mugged / robbed (17%, n147)**. The fact that there has been a further reduction in these offences continues to indicate that **fear of these crimes is far greater than the reality or likelihood that someone would experience or be the victim** of these crimes.

Theft from a motor vehicle (n753) is the one area to show an increase over the reporting period. It has **increased by 13% (n86)**, yet is still 56% lower than the baseline year of 2007/08. Despite this, Portsmouth remains in **1st place within its MSG**, with the offence rate at 3.63% per 1000 population against an MSG average of 4.95% per 1,000 population.

Other acquisitive crime

Non domestic burglaries (n862) or 'burglary other than a dwelling' have shown a 1% (n7) increase in the reporting period. Across Hampshire, there has been a 3.9% increase for the same period. This is the second year in succession in which there has been an increase, albeit the 1% this time is far less than the previous 15% (n134) rise between 2012/13 and 2013/14.

The Hampshire Constabulary strategic assessment identifies that across the force area, 52% of non-domestic burglaries were committed against 'commercial properties' as opposed to sheds and garages. Portsmouth (along with Southampton) is identified as a location most vulnerable for commercial breaks, of which 'safe breaks' have remained constant, with 23 in 2013/14 and 26 in 2014/15¹⁹⁹.

Theft and handling offences (5138) have reduced, including theft from the person which is down 20% (n63); recorded offences of shoplifting, down 7% (n160) and cycle theft, down 12% (n142). However, these reductions still leave Portsmouth 6th in its MSG for theft and handling crime.

Vehicle interference²⁰⁰ has risen by 23% (n15), albeit the actual numbers are small and are 70% (n191) below the baseline of 2007/08.

¹⁹⁷ Owen, N & Cooper, 'The Start of a Criminal Career: does the type of debut offence predict future offending?'

¹⁹⁸ Hampshire Constabulary 2014/15 Force Strategic Assessment

¹⁹⁹ Hampshire Constabulary 2014/15 Force Strategic Assessment

²⁰⁰ Interfering with a motor vehicle/trailer with intent to steal anything carried in or on it, or to take and drive away without consent

In relation to acquisitive offences, Hampshire Constabulary's strategic assessment recommends improving links with partners to understand the drug intervention programmes, troubled families, reoffending and routes in and out of offending.

The **CSEW**²⁰¹ reports that whilst other acquisitive crimes recorded by the police continued to decline there was an **increase in the volume of fraud offences recorded by Action Fraud, up 9% on the previous year**. (Since 1 April 2013, Action Fraud has taken responsibility for the central recording of fraud offences previously recorded by individual police forces). **This may well be an underestimate of the actual situation as it is likely that many victims do not report offences to Action Fraud**. For example fraudulent acts in relation to online shops (such as Amazon, eBay) or with banks may be dealt with and 'written off' without any reference to Action Fraud.

It is not unreasonable to **consider that the type of crime being committed by offenders has changed**. This is perhaps because acquisitive crime continues to hold an element of personal risk for the perpetrator whilst committing a crime, whereas the conduct of **fraud, often conducted online, carries less risk**. Additionally, with technological advances, both in the security, such as in vehicles and homes, together with the speed of technological change, which leads to items becoming quickly out of date and reducing significantly in value, has caused the offender to look at other types of crime.

10. Anti-Social Behaviour

The term Anti-Social Behaviour (ASB) refers to a wide range of behaviours from environmental issues like littering, fly tipping and dog mess through to personal nuisance such as neighbour disputes and noise. It also includes criminal offences such as harassment, arson and criminal damage. Most data sets have limitations, perhaps only relating to some types of ASB, or incidents are not recorded in detail or merging different types of ASB into one catch all category or are only related to specific populations, such as local authority housing tenants. This data can therefore only provide an indicator of the ASB issues rather than being able to provide the whole picture of what is happening, where and why²⁰².

For these reasons, the most effective way of understanding ASB in Portsmouth is through a resident's survey asking about concerns and experience of ASB. We can expand on the findings by using other data sources and for the purposes of this analysis the largest and most comprehensive data set is police recorded data. This will be supplemented with data from agencies dealing with specific issues (such as data from the Noise Pollution Control team).

National and local perceptions and experience of ASB

The most recent Portsmouth Community Safety Survey²⁰³ was conducted in March 2014 and provides a useful back drop to ASB issues in the city. This identified the **most frequently experienced types of ASB:**

²⁰¹ Office for National Statistics - Crime in England and Wales, Year Ending March 2015

²⁰² Some recording categories relate to particular population groups rather than the whole community (for example local authority housing tenants) ASB recording categories are inconsistent - some relate to specific behaviours (such as noise) and others relate to a wide range of behaviours (such as rowdy and inconsiderate behaviour) and are therefore numerically bigger by default. Some categories are open to interpretation and agencies / individuals will record differently. In essence, ASB data is not always collected or is poorly recorded and not subject to the same quality checks, definitions and codes that govern crime records.

²⁰³ Resident surveys are potentially the most comparable data sets over time - recent survey methodologies and questions have changed so this year, some caution is needed in making comparisons with earlier surveys. However, it does provide an accurate

- **14.25% (n121) of residents experience 'noise from domestic properties'** or in other words noisy neighbours (14.25%)
- **13.5% (n115) experienced or witnessed 'litter and rubbish in the street'**
- **13% (n114) experienced 'general noise in the street' (shouting, music, etc.)**
- 12.25% (n104) witnessed 'dog mess' and
- 11.5% witnessed 'street drinking' and associated problems.

For most types of ASB concern was slightly higher than experience. The exceptions are domestic noise, harassment and bin bags being left in the street where perception mirrored experience. Whilst we cannot directly compare these findings with earlier Crime and ASB Surveys, because of varied methodologies,²⁰⁴ it is relevant that **domestic noise, street drinking, rubbish / litter and noise in the street have been consistent concerns and experiences of city residents since the 1998 survey**²⁰⁵. Earlier surveys (1998 to 2004) reported speeding cars and roads used as 'rat runs' as major concerns and experiences of city residents but this no longer features as a significant concern or experience.

The Office for National Statistics (ONS) includes some questions and data on ASB in the CSEW. The current survey findings²⁰⁶ show that the main experience of ASB is: drink related behaviour (9.8%); groups hanging around on the streets (8.5%); inconsiderate behaviour (5.3%); loud music or other noise (5.3%) and litter, rubbish or dog fouling (4.6%). As with Portsmouth, generally experience is lower than perception of ASB. Direct comparisons are not possible because of the different approaches to the survey and because of the different demographic profiles of a city wide and national survey. However, as before, similar categories appear as concerns and experience of residents with some notable exceptions. Noise nuisance continues to be a more significant concern (and experience) of Portsmouth residents than nationally. This reflects city living but perhaps also reflects the very specific nature of Portsmouth as a densely populated city with a large proportion of terraced housing and flats where noise issues are more likely to impact near neighbours.

The following section provides a summary overview of ASB and a focus on some of the concerns and experiences of city residents as expressed in the Community Safety Survey (2014). We have used data from a range of sources; the overview is from Hampshire Constabulary data and integrates some data from the Community Warden's where appropriate. This also provides information on street drinking and noise in the street from the Community Safety Team. Domestic noise data comes from the city council Noise Pollution Team, litter (including fly tipping), dog waste and graffiti removal data come from a combination of police, community warden and the city council Environmental Enforcement teams.

Police recorded ASB²⁰⁷

In the year ending March 2015, the police (across England and Wales) recorded 31 ASB incidents per 1000 population²⁰⁸ (compared to 38 per 1,000 population last year). This is an 8% reduction in incidents


overview of current experience and if the new survey methodology continues will provide a good change comparator from which improvements can be measured over time.

²⁰⁴ This is because the methodologies were not consistent over time.

²⁰⁵ In fact these issues were reported as far back as 1998 Resident Surveys conducted by MORI.

²⁰⁶ Summary findings published on 16th July 2015 <http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/year-ending-march-2015/stb-crime-march-2015.html#tab-Anti-social-behaviour>

²⁰⁷ Details included in the 2014/15 Strategic Assessment ASB Background Report by Julia Wickson

compared to the previous year (ONS²⁰⁹). In Portsmouth, **Hampshire Constabulary²¹⁰ recorded 8890 incidents of ASB**. This equates to **42.5 incidents per 1000 population and is therefore substantially higher than the national average**. This may be explained by comparing an urban data set with a national (urban and rural) data set or it may reflect more conscientious recording of incidents. However, the difference is substantial and merits further investigation. **Even so, ASB incidents are down nearly 3% (n269) on last year and nearly 14% (n1423) from 2012/13.** 

Police records are divided into three Home Office categories: ASB environmental, nuisance and personal - then within each category, the following ASB types are recorded: littering and drugs paraphernalia; neighbours; noise; nuisance communication; rowdy and inconsiderate; street drinking; trespass, vehicle related nuisance and miscellaneous. There is a **considerable degree of subjectivity in which recording category an incident will be logged too**. Some categories can be classified as individual behaviours (trespass, street drinking) and others are multiple behaviours (rowdy or inconsiderate behaviour). Further, a quick review of recorded incidents, as part of this analysis, revealed a number of incidents recorded to the wrong ASB categories. For this reason, some caution must be used when interpreting comparisons of ASB Categories. For the purpose of this research, these sub sets used by the police have been shown in table 11 below. However the most significant figure is the total of all recorded incidents.

There has been a substantial 29% (n3651) reduction in the number of ASB incidents recorded over the last four years. There have also been changes across the primary categories, as shown in table 10 below. However, as there is some significant degree of cross over in the categories, this is limited in what it can tell us. Compared to national data, Portsmouth records more environmental ASB (14% compared to 6% nationally); less nuisance ASB (60% compared to 67%) and similar Personal ASB incidents.

Table 10: Changes in Police recorded ASB categories: environmental, nuisance and personal.

ASB Category	2011/12	2012/2013	2013/2014	2014/2015
Environmental	893 (7.1%)	491 (4.8%)	392 (4.2%)	1274 (14%)
Nuisance	7375 (58.8%)	6293 (61%)	6236 (68.2%)	5310 (60%)
Personal	4273 (34.1%)	3529 (34.2%)	2531 (27.6%)	2300 (26%)
Catch category	Unknown	Unknown	Unknown	6
Total	12541	10313	9159	8890

Table 11 below shows incidents relating to specific types of ASB²¹¹. It should not be a surprise that **rowdy and inconsiderate, and miscellaneous incidents are two of the larger categories as these are generic codes that capture numerous incidents**. Perhaps of more interest is the category 'neighbours' which might include neighbour disputes, harassment, intimidation and bullying, litter and rubbish or noise. This **accounts for just over 19% of all incidents**. The detail behind this data may be of use to the violence analysis in trying to identify what proportion of violence is related to escalating incidents including ASB involving neighbours (people living in close proximity to each other). Although there has been a reduction in recorded ASB, 'litter and drug paraphernalia' and 'street drinking' have increased.

²⁰⁸ www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/year-ending-march-2015/stb-crime-march-2015/stb-crime-march-2015.html

²⁰⁹ www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/year-ending-march-2015

²¹⁰ This is the data taken from RMS and submitted to the Home Office, included in ONS statistics and comparable to the national data set.

²¹¹ Detail behind this such as what proportion of incidents involved people under the influence of alcohol (6) or drugs (2); or weapons (2); and number of incidents that could be recorded as hate crimes (7) were so poorly recorded and without any detail (8832) that the information could not be used as part of the analysis.

Table 11: Breakdown of police recorded ASB.

ASB Type	2012/2013	2013/2014	2014/2015			Totals
			Environmental	Nuisance	Personal	
Litter and drug paraphernalia	95	94	48	54	20	122
Neighbours	2178	2231	137	837	744	1718
Noise	546	408	115	280	41	436
Nuisance Communications	731	557	51	126	487	664
Rowdy and inconsiderate	4844	4093	419	2654	757	3830
Street Drinking	144	130	61	160	13	234
Trespass	191	166	27	91	20	138
Vehicle Related Nuisance	591	498	167	398	26	591
Miscellaneous	991	981	249	710	192	1151
Not coded	2	1	0	0	0	6
Totals	10313	9159	1274	5310	2300	8890

Table 12, below, shows the breakdown of police records by ward, in order of the proportion of incidents per 1000 population. **Charles Dickens has a higher rate of ASB than the other wards but this is primarily because it incorporates the main city shopping and NTE locations.** Even so, the rate of incidents has reduced from 124.1 per 1000 (2013/14) to 104.6 per 1000 population. **St Thomas has the second highest rate and as it is a more substantive residential area raises concerns.** However, the rate has also dropped from 73.2 incidents per 1000 to 58.98 per 1000, this year. St Jude has remained at a similar rate to last year (56.24 compared to 58.2) and Fratton and Nelson wards show higher rates of ASB incident per 1,000 population and numerically high numbers as well.

Table 12: Hampshire Constabulary incidents - ward areas (2014/15)

Ward / population	Total	Per 1,000 pop'n	Criminal Damage + Arson	Per 1,000 pop'n
Charles Dickens (18,642)	1950	104.6	471	25.26
St Thomas (16,634)	981	58.98	247	14.85
St Jude (12,679)	713	56.24	184	14.51
Fratton (15,314)	837	54.66	220	14.36
Nelson (14,250)	735	51.58	197	13.82
Eastney and Craneswater (13,591)	515	37.89	178	13.1
Cosham (13,830)	508	36.73	156	11.27
Hilsea (13,552)	432	31.88	98	7.23
Milton (14,111)	449	31.82	121	8.57
Central Southsea (16,660)	516	30.97	141	8.46
Baffins (15,121)	456	30.15	125	8.27
Paulsgrove (14,010)	371	26.48	156	11.13
Copnor (13,608)	265	19.47	121	8.89
Drayton and Farlington (13,054)	137	10.5	51	3.9

'Noise'

Noise nuisance is a very specific and measurable form of ASB, but **the sorts of incident reported to agencies like the police and the council's Noise Pollution Control Team (NPCT) are frequently those that are sustained and at a level and time that causes on-going nuisance or distress to city residents.** It is likely therefore that many incidents of general noise or street noise that are not reported or recorded. (Street noise associated with the NTE and street drinking is covered in a separate section below).

Within the parameters set out above, the police record all types of noise nuisance from noise in the street and other public spaces to noise from commercial premises and domestic properties. However, **it is possible that a large proportion of noise related to public spaces will be recorded as 'rowdy and inconsiderate behaviour' rather than noise and noise from neighbours may be recorded as 'neighbours' not specifying noise nuisance.** Given those caveats, the police recorded 436 noise related incidents last year which accounts for nearly 5% of all ASB incidents reported to them. This compares to 4.5% (n408) in 2013/14.

The **NPCT maintains the most comprehensive data set on domestic noise nuisance. This is specifically noise nuisance within the curtilage of a building at particular times of day²¹² in other words within the building and surrounds.** New powers will enable the team to deal with issues regardless of locations (within certain restrictions). Previously, a large proportion of referrals received by the team were made by the police. Many of these referrals did not fit the criteria for NPCT involvement and so although logged (without full details) were sent back to the police (although many did not come under their jurisdiction either). As a consequence, they ran training with the police last year, on what they can legally deal with and therefore what makes an appropriate referral. Subsequently, this year, they have had fewer referrals from the police than previously making data comparison complicated.

In the last twelve months, **the NPCT has dealt with a total of 2175 noise nuisance cases** (which includes noise from domestic, commercial and industrial premises). **Overall this is a 10% (n243) reduction on last year**, when the team accepted 2418 referrals. Details of all cases, since 2007/08, are included in Appendix H. 698 (32%) were referrals from the police (from the SNEN - single non-emergency number)²¹³. **These police referrals have gone down significantly from 1372 referrals in 2013/14 - a 49% drop (n674).** It is believed this is because the police are no longer referring as many cases (including appropriate cases) rather than there being less noise nuisance. **This also shows that other noise complaints (non SNEN police referrals) have continued to rise from 1046 in 2013/2014 to 1477 in 2014/15, just over a 29% increase.** This reflects a rising trend in noise nuisance since 2009/10 and is supported by the Community Safety Survey findings.

Noise is recorded using 19 separate categories (shown in detail in Appendix H) but the majority of incidents are: music (39%) people (27%) barking dogs (9.8%) and parties (9.4%)²¹⁴. This year there has been a small reduction in music complaints (down from 43%) and a small increase in noisy people (up from 24%). Barking dogs and parties remain at a similar level. On a few occasions, the team have found that the reports of noise (people) are actually domestic abuse situations and in these cases refer on to appropriate agencies. More investigation would be needed to identify what proportion of incidents this refers to.

Whilst data issues continue to make understanding the challenge of noise nuisance complicated. We do know that **noise (noisy neighbours / domestic noise) continues to be the highest concern and experience of city residents**, and is above the national average. We can also identify a rising trend in noise complaints to the NPCT suggesting that noise continues to be a primary ASB issue for the city.

²¹² Next year's data will include some noise in the streets, with new powers included within the 2014 ASB, Crime and Policing Act

²¹³ 550 of referrals were accepted and the remaining 148 referred back to the police for action (meaning 21.2% were rejected).

²¹⁴ Although the incident can only be recorded to one type and so doesn't capture the actual type of noise nuisance in detail.

Rubbish and litter lying around

Rubbish and litter lying around was the second highest concern of Portsmouth residents.²¹⁵ This is consistent with the findings of previous surveys. Dog fouling was the fourth highest concern of city residents. Both issues are routinely recorded by the Environmental Enforcement team.

There isn't a data base that accurately provides an overview of litter as most incidents are simply not reported. For example, the Environmental Enforcement team recorded 128 incidents this year which is a small reduction on last year (11% n16). However, this does not reflect litter issues as a whole and only represents litter reported in or witnessed by one of the team. (Only 20 cases resulted in a Fixed Penalty Notice FPN being issued). Similarly, there were 259 reports of dog fouling resulting in no FPN's. This is a 26.5% (n94) decrease in recorded incidents but does not represent the real extent of dog fouling.

Fly tipping may be more likely to be reported and there were a total of 294 incidents recorded (6 major and 288 minor incidents²¹⁶). **Figures over the last two years have been very inconsistent** with 1029 incidents recorded in 2013/14 and 646 in 2012/13. It is not clear why there is this variation in reporting. (Only one FPN was issued in relation to these incidents).

The City Help Desk referrals to the LAGLAN data base are similar in low reporting of litter (n26) and dog fouling (n26). However, 326 incidents of fly tipping were reported in this way - although the detail and extent of the fly tip is not clear from the figures.

Clearly, **neither the litter or dog fouling figures represent the real extent of the problem.** It is possible that this is because these issues appearing too trivial to report, or residents feeling that there was nothing the authorities could or would do.²¹⁷ Reports of fly tipping are more substantial and represent an ongoing challenge of 'how to address this' across the city.

'Rowdy and inconsiderate behaviour', alcohol related ASB, street drinking and the NTE

The top concern of Portsmouth residents in the 2014 survey was 'general noise' in the street (19% n152), third ranking was 'people hanging around' (18% n150) and fifth ranking was 'street drinking' (12% n97). Both general noise and people hanging around are recorded as 'rowdy and inconsiderate behaviour' by the police and some incidents of street drinking may be recorded in that way. 'Rowdy and inconsiderate behaviour' is a 'catch all' data category and accounts for 43% (n3830) of recorded incidents. This is a 6% (n263) reduction on last year. However, this reduction may be a reflection of recording practice and the inconsistent definitions behind 'rowdy and inconsiderate behaviour'.

The police ASB records show a 45% (n104) increase in street drinking over the last twelve month period which has some influence on perceptions of rowdy and inconsiderate behaviour. The accuracy of recording may be responsible for some of these shifts and changes. However, the Community Safety Survey is the best measure of general nuisance such as noise in the street, people hanging around and street drinking and these continue to be major issues for city residents.

²¹⁵ 2014 Community Safety Survey: <http://www.saferportsmouth.org.uk/images/PDF/CommunitySafetySurvey.pdf>

²¹⁶ Minor will generally be no more than a domestic car boot load and more likely one item that could be carried to the location e.g. a fridge, a few black sacks or small amount of rubble. Major fly tips involve use of a commercial type vehicle has occurred and can be rubble, car tyres, sheets or roofing asbestos etc.

²¹⁷ Community Safety Survey 2014.

In November 2012, a **specific project to deal with Street Drinking and the associated ASB was established with the 'Reducing the Strength' campaign**. In the year prior to the launch of the campaign there were 69 known street drinkers frequenting areas known to have problems with street drinking and ASB. This included **Albert Road, Palmerston Road and Cosham High Street**. The people listed were identified through police crime and ASB records. The 69 people listed were responsible for 2010 incidents ranging from ASB to serious violence offences including robbery and sexual offences. From November 2013 to October 2014 the number of street drinkers reduced to 42²¹⁸ (a 39% reduction). They were responsible for 1145 incidents over the twelve month period which is a 43% reduction in incidents. For the year 1st April 2012 to 31st March 13, there were:

- 140 street drinker related incidents out of a total of 335 incidents in Cosham High Street (41%)
- 176 street drinker related incidents out of a total of 390 in Albert Road (45%)
- 45 street drinker related incidents out of a total of 319 in Palmerston Road (14%)

Between 1st April 2014 and 31st March 2015, this had reduced to:

- 28 street drinker related incidents out of a total of 246 in Cosham High Street (11%)
- 190 street drinker incidents out of 479 incidents in Albert Road (39%). (91 incidents were caused by one individual who had moved into the area)
- 44 street drinker related incidents out of 269 incidents in Palmerston Road (16%).

This shows a **reduction in both street drinker related incidents and total incidents in these targeted areas**. A 27% reduction (n99) in street drinking related crime and ASB, and a 5% (n50) reduction in all ASB and crime incidents in the targeted areas. **Although across the city, ASB street drinking reports have increased, we cannot tell if this is a direct result of dispersal from these targeted areas. However, there have been increases in Fratton that may have a connection with street drinkers relocating.** More work relating to the specific individuals would be needed to identify the actual reduction in ASB and crime.

It should be noted that a large proportion of other ASB incidents are also likely to be linked to alcohol consumption, for example, a proportion of those categorised as 'noise' or 'rowdy and inconsiderate behaviour' are linked to house parties involving alcohol or intoxicated individuals making noise or causing a disturbance in public. However, without systematically analysing each incident it is not possible to identify how many of these other incidents are alcohol related as the substance use field was only completed for 0.7% (n59) of the recorded ASB incidents.

In 2014/15 there were 16 fires recorded where the person 'involved' was suspected to be under the influence of alcohol. These fires represent 3.3% of all fires recorded in the same period. Of note is the fact that the number of 'alcohol related' fires has reduced substantially compared to 2013/14 (-80.2%, n65), but given that this reduction is in the context of an even greater reduction of all recorded fires, the proportion of fires that are considered alcohol related' has actually increased from 1.9% (n81) in 2013/14 (and 2%, n78 in 2012/13).

Arson and criminal damage

Figures for **arson and criminal damage have previously been used by the SPP as an indicator of ASB across the city. Since 2008/9, these combined figures have been on an overall downward trend.**

²¹⁸ Of the remainder 23 had moved out of the area or sort assistance for their drinking and 4 had sadly died.

Criminal damage stood at 2310 in 2013/14, an 11% (n279) decrease on the previous year and a 52% (n2532) decrease on the 2007/8 baseline figure.²¹⁹

The arson data consists of deliberate primary and secondary fires²²⁰ recorded by Hampshire Fire and Rescue Service (HFRS). Overall, recent trends have shown a 32% (n67) reduction in deliberate fires²²¹. In 2014/15, there were a total of 145 deliberate fires (102 secondary and 43 primary fires). Most secondary fires (n96, 65%) are described as 'small fires in the open' which includes fires in wheelie bins / bin sheds / grass fires / outhouses. The majority of primary fires were fires set in residential or commercial premises. There are a few cluster points (see Appendix X) but the main cluster of 'secondary fires' are around the city centre and surrounding residential areas of Buckland, Landport and Somerstown.

Complex cases

As part of this year's strategic assessment, we have conducted a follow up research project looking at complex cases of ASB. This supports the previous research in 2012 and 2013.²²² Recommendations from this research formed part of the ASB Review but were shelved in January 2014. However, work to improve the process of identifying and managing complex cases is attached as Appendix G.

Complex cases involve multifaceted problems and / or where other agencies or services have been unable to resolve the issues. They frequently include individuals and families with a lengthy history of ASB, cases that have escalated in severity or frequency or locations that are problematic. The term anti-social does not really capture the nature of all of these incidents. Some cases reveal a lengthy history of both anti-social and criminal behaviour including serious levels of harassment, intimidation and violence. In many cases there are significant contributory factors such as drug or alcohol misuse, mental health issues or domestic abuse. It is not unusual to find that the accused is vulnerable themselves and being exploited by other people (perhaps using their tenancy and causing problems).

From 1st April 2014 to 31st March 2015, there were 1800 incidents reported to the ASBU relating to 531 cases. Some of these may relate to the same person but for a variety of reasons, new case files have been opened²²³. Cases referred to the ASBU are usually complex and have been referred by another service or organisation that has been unable to resolve the presenting issues or because the ASB is multi-faceted. However, as the ASBU includes a Private Sector Casework team, some 'one-off' and lower level ASB issues are referred in. It is not the purpose of this analysis to look at these cases in detail.

To look in depth at the more complex cases, a dip sample of 30 cases were analysed. To do this we tracked individuals over time rather than look at a specific 'case'. It should be emphasised that this timeline may involve several cases in different locations and with gaps in ASB between - sometimes many months. However, we wanted to track known individuals to see how long they have been known for causing substantial ASB. **From this analysis, we know that the average time an individual has been known for causing ASB is 51.3 months (4 years 3 months). The range was from one month through to**

²¹⁹ iQuanta figures

²²⁰ Primary fires include all fires in buildings, vehicles and outdoor structures or any fire involving casualties, rescues, or fires attended by five or more appliances. Secondary fires are the majority of outdoor fires including grassland and refuse fires unless they involve casualties or rescues, property loss or five or more appliances at-tend. They include fires in single derelict buildings.

²²¹ Both primary and secondary

²²² Review of complex cases of Anti-social Behaviour: Stage 1 Report, Wickson (May 2013)

²²³ . For example, a previous case relating to one person may have been closed and at a point in the future a new incident emerges and a new case file is opened

the longest at 10 years 10 months. 60% (n18) had been known for over three years. This is an increase on the research carried out in 2013, when the average time was 33 months (2.5 years) and the longest running case was eight years. **Cases running over a long time may not reflect constant ASB and will not relate to one location or address.** Given the severity of some incidents the impact of these cases should not be underestimated both in terms of impact on the local community and the cost to services²²⁴.

The current research supports previous findings that **in the majority of cases a variety of factors contributed to the ASB. This includes drug or alcohol misuse, offending history, child protection, domestic abuse, learning disability or brain injury and mental health issues.** Of the 30 cases, **73% (n22) had at least one of the contributory factors. In the remaining cases, it was simply not known whether any of the presenting factors were present.**

Analysis of the dip sample is complicated, as some perpetrators may have some of the contributory factors present but it is not recorded in the case files. So each of the factors is likely to be an underestimate of the actual incidence. Even so, of the 30 dip sample cases:

- 22 cases had at least one contributory factor listed and in several cases (14/30 or **47%**) **there was more than one factor present.** For example, a dual diagnosis of mental health and substance misuse or substance misuse, known offending and domestic abuse. The most extreme was a case which included: mental health issues, alcohol and drug use, known offenders including one perpetrator being a potentially violent person with a previous history of using weapons and both domestic abuse and child neglect were present in the household.
- At this stage there has not been analysis of any formal record of offences but even at this stage **12 (30%) are known offenders.**
- **Twelve cases (40%) involved drug use;** in two cases this included involvement of transient London drug dealers. **Fifteen cases (50%) involved alcohol misuse** at a level involving rehabilitation services.
- **In fourteen cases (47%) the perpetrator had a mental health diagnosis** and the problematic behaviour was related to this. **In eight cases (27%), there is a declared learning disability or brain injury** which is linked in some way to some of the behaviours.
- **Seven cases (23%) included children at risk** and in one the children were now looked after.
- **The nature of the ASB was varied in each case and not isolated to one type of behaviour.** However, noise featured in fourteen cases (47%); harassment, bullying and intimidation in ten cases (33%) and drug related nuisance in six cases (20%).
- **In 14 (47%) cases the primary perpetrator was female.** In four of these cases the perpetrator is also a victim of domestic abuse. Frequently, the ASB reported is actually noise, shouting, violence associated with the abuse or perpetrated by the abuser. In 16 cases (53%) the primary perpetrator was a man.
- In terms of age group, **the complex cases seem to buck the expectation that ASB is mainly caused by young people. 23 cases (77%) involved adults over 18 years and the peak age was 45 to 54 years old (n7 23%).** This pattern reflects the complexity of these cases and the issues that contribute to ASB developing over time. **It is similar to the pattern identified in an analysis of persistent and prolific offenders** which found the more entrenched offenders often had other issues in their lives such as drug or alcohol misuse that drove their offending behaviour and meant they did not 'grow out' of the

²²⁴ A report on cost analysis of complex ASB is due to be undertaken in Autumn 2015.

behaviour with the usual peak ages of offending in late teens. In terms of ASB, as drug or alcohol issues progress or offending becomes more chaotic or developed so does the related ASB.

- **The majority of cases occurred in high rise flats (n 11, 36%) and low rise flats (n9, 30%).** This year, two cases were linked to sheltered housing. This partly reflects the fact that the **majority of referrals come from city council housing services. It also reflects the close proximity of living conditions** meaning that neighbours and the local community are more likely to personally experience problems with ASB when they are sharing communal space such as stair wells, corridors or entrance halls with the perpetrators of ASB.

The type of ASB, extreme interference with local communities quality of life and the longevity of some cases, suggests that in more complex cases, there is a failure to intervene quickly and consistently enough to make a difference. Case files do identify that once a case is referred to the ASBU, a range of actions are taken but often by the point of referral the case is already extremely complicated. Collecting evidence to take legal action or putting in positive interventions to address issues like alcohol or drug use are going to take time because of the severity of the problems faced. However, in all such cases, if the individuals are tracked back to when they first came to the attention of services, there were sufficient signs to indicate that the ASB and contributory factors might escalate in frequency or severity. Intervening early and monitoring progress may make a difference.

It was also **apparent that in some cases there were improvements or temporary cessation of nuisance whilst the perpetrator was in custody or rehabilitation or sectioned under the Mental Health Act or had been evicted from their tenancy.** In these cases, the individuals were not always monitored until problems arose again in the future. These situations might provide a period of opportunity to address the problems of ASB in the longer term.

11. Conclusions

There have been a number of challenges in the strategic assessment process and drawing conclusive findings, primarily because of **significant changes in crime recording** following the HMIC report, 'Crime recording: making the victim count' (November 2014). **Changes in resourcing and practice across many services have added to this.** Where possible, this has been taken into account to identify any substantial changes and highlight new or changing priorities.

Overall, crime levels have gone up. However, **Portsmouth has seen a larger increase in police recorded crime (9%) than the national average (3%)** which is beyond the level expected from changes to recording. This suggests either some real increases in some types of crime or that previous under-recording by police in Portsmouth was higher than nationally. The increase has largely been driven by an increase in violent crime including public order.

Violence In the last year, 6671 violent offences were recorded which is an increase of 36% (n1864) since 2013/14. The earlier HMIC report found that violent crime had been under-recorded by 33% and Hampshire Constabulary has faced similar issues to other areas. **Violent crime now accounts for 36% of all crime compared to 29% in 2013/14.** This is a rate of 32.2 per 1000 population, which is higher than the 25.6 per 1000 population for similar areas and 29 per 1000 measured by the CSEW. **Domestic abuse is still the largest category of violent crime** accounting

for 31% of all assaults (n1554) and there was a 29% (n348) increase on last year. Some types of violent crime have seen substantial increases:

- There has been a **74% (n207) increase in sexual offences**. The **largest increase has been in serious sexual offences including rape** where there has been a 92% (n179) increase. This is beyond the national average increase of 41% and so whilst improved confidence and recording of offences may account for some of the increase, it may not account for all unless there was a higher level of under-recording locally. We know that just under a quarter of offences were historic. **Over half of offences were committed by someone known to the victim** (35% by an acquaintance), **approximately half were alcohol and/or drug related** and the **most common age for the victim was between 13 and 22 years**.
- There has been a 52% (n98) increase in **racially and religiously aggravated violence offences** and Portsmouth has the second highest rate within its most similar group. This **increase has been driven by a 74% (n89) increase in public order offences such as harassment**. The most common reported location for incidents was the victims own home or in the street or park. Previous research found this to be near to the victim's own home. **The level of increase warrants further attention**.
- **Public order offences** have increased by 83% (n649). Whilst some of this is related to better recording and **re-coding ASB incidents as crimes**. An 83% increase is beyond what might be anticipated from improved recording, unless we had a higher level of under-reporting locally.
- There has also been a notable rise in **youth related violence** - incidents where the young person (aged 10 to 17) is the victim, the offender, or both. This year, there has been a 23% (n271) increase in young people as victims of violence; **a substantial 239% increase (n271) where a young person was the offender and a 189% (n108) increase in youth on youth violence**. Some of this may be attributable to better recording especially if this relates to lower level violence (such as public order offences) but **the increase is larger than expected which could indicate a real increase**. A **substantial number of offences relating to young people assaulting an adult are offences against parents / step parents; teachers** (specifically in the Harbour School which may reflect changing reporting policy with a new head teacher in post) and LAC assaulting staff responsible for their care. We don't fully understand the reasons for the increases and **this needs further investigation**.

Serious and Acquisitive Crime has not changed to the extent that it would become a major priority. The only substantial increase was theft from motor vehicles and to a lesser extent, motor vehicle interference. This may reflect other change with less shop theft and theft from the person.

Alcohol misuse: Portsmouth continues to face challenges related to alcohol misuse but investment in response and treatment services in recent years is beginning to have an impact. This is reflected in the reductions in alcohol related hospital admissions which this year, **for the first time, dropped below the national average** and the average for our comparator group of areas. **However, alcohol specific and alcohol related mortality and chronic liver disease continue at a higher rate** than for England, our comparator group and the South East region. **To impact on these health indicators requires sustained improvements** over ten to twenty years and we are still to reach these milestones since improved investment and prioritisation of alcohol misuse.

Drug misuse: Drug use in the city continues to be higher than national averages, particularly for ecstasy and powder cocaine. Whilst this may reflect the urban and age demographic of the city, it continues to be a priority area. There have also been some important changes in the drug profiles for the city with an **increase in the use of new psychoactive substances (NPS)**. For young people this is now the third most reported substance use after alcohol and cannabis. NPS's can be easily accessed regardless of age and are in fact easier for young people to purchase than alcohol and cigarettes. Existing treatment services are more geared to opiate and crack cocaine. So, whilst the figures for NPS use are still relatively small, increased use and the unknown impact on long term health indicators mean it is important to ensure response and treatment services are aware of and responsive to this new challenge.

There is a very **clear link between alcohol and drug use; crime and anti-social behaviour and health outcomes**. Analysis of persistent and prolific offenders, young offenders and complex ASB cases shows the impact of substances on the perpetrators, their families and the local community.

Young people: For the first time since 2007/08 there has been an **increase in recorded crimes committed by young people aged 10 to 17 years**. In general, this is likely to reflect changes in recording practice by the police after the HMIC data integrity report. However, the increase in youth related violence is **higher than the expected rise** and should be tracked and monitored to better understand what is driving this change.

Whilst the number of young offenders is reducing, **the number of offences they have committed has steadily increased from an average of 2.3 offences per offender in 2007/08 to 3.9 in 2014/15**. On a more positive note, **the custody rate for our young offenders has improved and is now slightly less than the national average** and average for our most similar group. Previously, Portsmouth had a high custody rate so this is a significant improvement.

Offending by looked after children continues to cause concern; **12.7% of LAC commit offences compared to 1% in the youth population as a whole**. Whilst it is clear this is partly a reflection of the risk factors that have led to both their offending and looked after status, we do not seem to be impacting on young people's offending rates after they come into care. In other words, **existing interventions for LAC are not as successful as they could be in reducing offending**. Charles Dickens, St Thomas and Paulsgrove wards continue to have the highest rate of offenders and are target areas for interventions. The impact of the Restorative Justice Project and YOT triage panel will hopefully impact on future years and benefit both victims and offenders.

Young victims of crime: The **number of young people who have been victims of assault has tripled over the last year and this is higher than might be expected from improved confidence in reporting and changes to crime recording**. The biggest increase is where the victim and offender are known to each other. There has been an increased focus on children and young people at risk of Child Sexual Exploitation (CSE) and regular multi agency forums are held to review the tactical and strategic plans for missing, exploited and trafficked young people across Hampshire. **Young women aged 15 to 17 are most at risk particularly where they have pre-existing vulnerability**. There is also a **link being drawn between CSE and drug supply particularly** where local young males actively seek to sexually exploit young women as payment for drugs.

There are **some areas of risk to young people where Portsmouth could do better**, including: the number of young people aged 16 to 18 not in education, employment or training; persistent absence, fixed term exclusions and GCSE attainments for school aged young people; and offending by looked after young people. Portsmouth also has a higher rate of children killed or injured in road traffic incidents than the national average and a much higher rate of hospital admissions for self-harm (which is a reflection of emotional wellbeing).

Adult re-offending: 25.6% of recorded crimes were detected and 22.6% of crimes resulted in a formal outcome which is above the national rate. There has been **an increase in the peak age of offending for adults with the largest proportion of offenders aged between 25 and 34 years suggesting the people are committing crime for longer**. Whilst, this may reflect a changing offender demographic but it is still too early to identify a trend.

Nearly 90% of offenders have only committed one or two offences in the previous twelve month period and **significantly there are fewer prolific offenders than in previous years**. In 2011/12, there were 54 people (1.56% of known offenders) that committed ten or more offences, this has reduced to just 25 (0.9% of known offenders). The most prolific offenders are **older than the offender population as a whole and there is a correlation with complex ASB cases where there are emerging issues including alcohol and drug misuse; homelessness; rough sleeping; threats from drug dealers, domestic abuse, mental health issues and for young people, child protection issues**. However, a cohort of people supervised by the Portsmouth Integrated Offender Management team have been tracked over time and have shown a sustained reduction in their offending beyond the time they are on the IOM programme which is a significant finding as previous research found that after two years offending started to increase again.

Anti-social behaviour: It is difficult to get a complete picture of ASB across the city and current changes to police recording of ASB are likely to make this even harder. However, our local Community Safety Survey shows that ASB impacts on our local communities and that noise, litter and dog fouling, rowdy and noisy behaviour in the street, street drinking and inconsiderate behaviour continue to be concerns and experiences of city residents. There is a **link with alcohol misuse and in more complex cases the perpetrators are often also victims and in some cases exploited by others**. Cross referencing cases found high levels of alcohol and drug use; exploitation by transient drug dealers; mental health and learning disabilities, domestic abuse and child neglect. An improved assessment of cases that have the risk indicators for becoming problematic cases might enable earlier interventions and investment before the cases become entrenched and extremely complex to solve, causing major problems for both the perpetrator and local community members.

People with multiple or complex needs

Throughout the strategic assessment process, there is growing evidence of the complex and inter related nature of many of the issues and the people involved. Young people committing multiple or serious offences or adults (with or without families) who commit offences especially prolific, persistent or problematic offenders and complex ASB cases, often have multiple needs. This may be drug or alcohol misuse; mental health issues; learning disabilities; domestic abuse; or a history of child protection needs. The relationship is complex, it is not that these issues cause offending

and ASB per se but rather that the risk factors are similar and offending or ASB may emerge from those issues.

Further, the line between being a victim and offender or ASB perpetrator is not distinct. It is not unusual for perpetrators to also be victims of crime. For example, some of the people vulnerable to exploitation by transient drug dealers using their properties may also have complex needs themselves; the tenant of a property reported for causing ASB who is also the victim of domestic abuse. Hand in hand with these issues are problems with accommodation; employment training and education, financial management skills and other life skills.

Understanding and responding to these issues may have a greater impact on crime and ASB because of the earlier identification and intervention to prevent escalation.

Whilst projects such as the troubled families programme now Positive Family Steps has assisted in some cases, this does not identify and respond to all individuals (notably those without children or where their children are no longer living with them). Supporting staff across agencies through training and information on how and where to refer; monitoring those most in need and offering single points of contact may help. Supporting development of multiagency work by improving understanding and co-ordination between services and empowering multi agency forums to be more effective will have an impact. A simple example would be ensuring that agency staff attending multi agency case meetings prioritise and support this work in a timely way and that the co-ordination and administration of case meetings is effective. Appendix X presents the findings of some multi agency meetings on tackling complex ASB cases which sets out an example.

Reviewing SPP priorities

Whilst overall, **the main priorities remain the same; the focus within each priority area has shifted** (and this is set out below). In addition, there is a **growing need to consider / reconsider the response to both young people at risk and adults at risk**. In particular to consider the impact of looked after young people; young people with reduced life chances; the complex relationship between substance misuse, emotional well-being / mental health, learning disability; domestic abuse and child neglect in terms of increased exposure to crime and ASB and greater likelihood of being both victim and perpetrator. There are examples of targeted interventions such as the IOM, and PPO offender programmes; troubled families programme and positive futures for young people. However, **there is less knowledge and overview work of the impact of dual and multiple diagnosis in general and no interventions targeted specifically at adults (without children / or where their children are no longer living with them)**. In terms of specific priorities:

- **Tackling violent crime** by continuing to focus on domestic abuse and alcohol-related violence, but also focussing on sexual offences, hate crime and youth-related violence.
- **Reduce anti-social behaviour**, particularly focussing on complex cases.
- **Sustain improvements by alcohol misuse services** to reduce long term health issues.
- **Make sure drug treatment services respond to the changing drug profile of the city** including the increased use of ecstasy and new psychoactive substances.

- **To ensure a specific focus on drug and alcohol misusing perpetrators** of anti-social behaviour and offenders (via IOM).
- **Support early intervention with children** who come to the attention of services before their needs escalate.
- **Work with others to identify cost benefits of intervening earlier** in complex cases of anti-social behaviour
- **Early identification of and interventions with adults and young people at risk of perpetrating** anti-social behaviour, offending or substance misuse.
- **To support multi-agency work by improving understanding and co-ordination between services.**
- **Align research and analysis to localities, support a partnership community safety survey and conduct further research** to understand the increases in hate crime, youth-related violence and youth victimisation.

12. Appendices

Appendix A: Summary of HMIC Crime data integrity report for Hampshire Constabulary.²²⁵

In May 2014, the HMIC published their interim report into the integrity of police recorded crime data and a specific report was published online for Hampshire in Nov 2014²²⁶. The following provides a summary of some of the key issues raised in the reports:

- Overall, the report found that nationally 800,000 crimes reported to the police have gone unrecorded each year. This represents an under-recording rate of 19%. This problem was worse for violence against the person (a 33% under-recording rate) and sexual offences (a 26% under-recording rate).
- Even where crimes are recorded initially, some are later recorded as a 'no-crime'. 20% (n664) were incorrectly changed and should have remained recorded as crimes. This includes over 200 rapes (a national rate of 20% incorrectly 'no-crime' rapes) and over 250 violence against the person offences.
- Positively, they found a very low rate of mis-classifications of crimes (as other crime types).
- They found little evidence of the manipulation of crime-recording, despite assertions and allegations that it occurred as a legacy of the performance / target culture that prevailed previously.
- In relation to Hampshire Constabulary, HMIC found "some unacceptable weaknesses".
- HMIC concluded that Hampshire has adopted an 'investigate to record' approach (as many incidents had enough information to sufficiently record them as crimes immediately), which is not in accordance with National Crime Recording Standards (NCRS) and Home Office Crime Recording (HOCR) guidelines and should be stopped immediately.
- They examined 127 incident records in Hampshire and found that 112 crimes should have been recorded but only 67 (59%) were. Of the 67, eight were wrongly classified and two were recorded outside the 72 hour limit allowed under HOCR.
- They reviewed 60 reports of crimes that were reported directly to the force enquiry centre by victims. From these reports, they found that 77 crimes could have been recorded and 76 (99%) were.
- HMIC examined 88 no-crime records and found that just 44% (n39) were compliant with HOCR and NCRS. These records included 28 rapes which had been recorded as no-crimes when in fact 18 should have remained classified as crimes.
- A dip sample of ten racial incidents recorded on the NICHE non-crime category found six records were compliant with NCRS, but the remaining four contained five reports of crime which were not recorded
- A dip sample of ten sexual offences revealed one was correctly recorded but the remaining nine contained 11 crimes that were unrecorded including four rapes, six indecency offences and one assault.

²²⁵ Retrieved from : <https://www.justiceinspectors.gov.uk/hmic/wp-content/uploads/crime-data-integrity-hampshire-2014.pdf>

²²⁶ The audit undertaken by HMIC at force level is not of a sufficient size to be statistically robust and is therefore used to form qualitative judgements only. Taken together, the audits of the 43 forces are large enough to form a statistically robust national audit.

- In relation to out-of-court-disposals, HMIC found that the use of them was generally good and appropriate. However, some improvement could be made to ensure victim's views are always considered.
- In addition, the report highlighted that since Hampshire Constabulary were made aware of these issues in June / July of this year they had made efforts to address them.

Appendix B - ONS Crime Trends

Category	Data over time								Trend over time		Proportion of Crime	SPP MSG Comparison
	2007/8	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	Current year compared to previous (%)	Current year compared to baseline 2007/08(%)	% of All Crime (n = 18,312)	Rate per 1,000 over last 12 months to Mar 2014
All Crime	25,161	24,946	22,925	21,654	21,872	18,443	16,755	18,312	9% (1,557)	-27% (6,849)	100.0	P=88.3 (6th of 8), MSG=81.1
All Violent Crime	6,254	5,483	5,916	5,741	6,167	5,262	4,807	6,671	36% (1,864)	7% (417)	36.4	P=32.2 (7th of 8), MSG=25.6
Violence against the person (VATP)	5,602	4,710	5,182	5,197	5,672	4,909	4,406	6,080	38% (1,674)	8% (478)	33.2	P=29.3 (8th of 8), MSG=29.3
VATP with injury	category	n/a*	2,761	2,602	2,558	2,131	1,832	2,291	25% (459)	-17% (470)	12.5	P=11 (7th of 8), MSG=9.1
Most serious violence incl. GBH	53	98	84	63	75	61	66	67	2% (1)	26% (14)	0.4	P=0.32 (2nd of 8), MSG=0.46
Racially or religiously aggravated	319	223	225	196	233	210	188	286	52% (98)	-10% (33)	1.6	P=1.38 (7th of 8), MSG=0.95
ELNEP violence	1,255	1,025	1,207	1,158	1,087	925	759	874	15% (115)	-30% (381)	4.8	-
Public order	category	n/a*	category	829	932	810	781	1,430	83% (649)	72% (601)	7.8	P=6.89 (8th of 8), MSG=4.4
Sexual offences (All)	372	330	349	298	302	226	279	486	74% (207)	31% (114)	2.7	P=2.34 (6th of 8), MSG=2.14
Sexual offences (Serious)	251	236	234	209	234	184	195	374	92% (179)	49% (123)	2.0	P=1.8 (7th of 8), MSG=1.68
Sexual offences (Other)	121	94	115	89	68	42	84	112	33% (28)	-7% (9)	0.6	P=0.54 (6th of 8), MSG=0.46

Category	Data over time								Trend over time		Proportion of Crime	SPP MSG Comparison
	2007/8	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	Current year compared to previous (%)	Current year compared to baseline 2007/08(%)	% of All Crime (n = 18,312)	Rate per 1,000 over last 12 months to Mar 2014
Serious Acquisitive Crime	3731	4025	3071	3052	2,653	1,931	1,776	1,591	-10% (185)	-57% (2,140)	8.7	P=7.67 (1st of 8), MSG=11.3
Domestic Burglary	1016	1206	1025	947	918	761	674	498	-26% (176)	-51% (518)	2.7	P=5.83 (1st of 8), MSG=9.4
Theft of a motor vehicle	778	513	362	297	304	204	313	235	-25% (78)	-70% (543)	1.3	P=1.13 (3rd of 8), MSG=1.55
Theft from a motor vehicle	1710	1846	1455	1562	1,238	836	667	753	13% (86)	-56% (957)	4.1	P=3.63 (1st of 8), MSG=4.95
Robbery	227	251	229	246	193	130	122	105	-14% (17)	-54% (122)	0.6	P=0.51, (1st of 8), MSG=0.85
Robbery personal	191	229	204	228	175	126	108	89	-18% (19)	-53% (102)	0.5	P=0.43 (3rd of 8) MSG=0.7
Robbery Business	36	22	25	18	18	4	14	16	14% (2)	-56% (20)	0.09	P=0.08 (3rd of 8), MSG=0.14
Burglary	1079	1385	1152	891	894	721	855	862	1% (7)	-20% (217)	4.7	P=4.16 (5th of 8), MSG=4.1
Vehicle	2488	2359	1817	2022	1,683	1,131	1,046	1,069	2% (23)	-57% (1,419)	5.8	P=5.15 (2nd of 8), MSG=7.26
Vehicle interference	272	300	161	163	141	91	66	81	23% (15)	-70% (191)	0.4	P=0.39 (2nd of 8), MSG=0.77
Theft and Handling	7469	7598	7328	7046	7,328	6,138	5,650	5,138	-9% (512)	-31% (2,331)	28.0	P=24.8 (6th of 8), MSG=22.5
Theft from the person	358	392	359	369	351	340	320	257	-20% (63)	-28% (102)	1.4	P=1.61 (2nd of 8), MSG=1.78
Shop theft	3109	3318	3361	3151	3,203	2,664	2,297	2,137	-7% (160)	-31% (972)	11.7	P=10.3 (7th of 8), MSG=8.48
Cycle theft	1255	1360	1389	1162	1,371	1,002	1,139	997	-12% (142)	-21% (258)	5.4	P=4.6 (8th of 8), MSG=2.92
Criminal Damage	4842	4726	3785	3334	3,176	2,589	2,275	2,471	9% (196)	-49% (2,371)	13.5	P=11.9 (7th of 8), MSG=10.77
Arson (Police data)	180	166	103	109	96	78	51	81	59% (30)	-55% (99)	0.4	p=0.39 (4th of 8), MSG=0.45
Arson (HFRS)	-	-	331	277	260	184	212	145	-32% (67)	-56% (186)	0.8	n/a
Drug offences	n/a*	n/a*	n/a*	874	822	985	816	794	-3% (22)	-9% (80)	4.3	P=3.83 (6th of 8), MSG=3.64

Appendix C - Q4 Performance Summary

Appendix C: Q4 2014/15 Performance Summary

Priorities	Measure	Baseline 2007/08	Target							Target for 2014/15	Target Q4 2014/15 (unless otherwise stated)	Cumulative performance (April 2014 - Mar 2015) (Unless otherwise Stated)	Compared to:			Good or Bad				
			2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Q1 2014/15				Q2 2014/15	Q3 2014/15	Same Quarter last year (year to date unless otherwise stated)		Performance against Baseline			
ALCOHOL (Drug and Alcohol Alliance)	Reduce alcohol related hospital admissions	1,794 per 100,000	N/A	RED	RED	RED	GREEN	GREEN	GREEN	N/A	England average	1061 per 100,000 Apr - Sept, 2014/15 Provisional (England average)	GREEN	996 per 100,000 Apr - Sept, 2014/15 Provisional	Down from 1064 per 100,000 Apr - Sept, 2013/14	GREEN	↑	AMBER	😊	
	Increase successful completions as a proportion of all in treatment	23.6% n186 / 789 Apr 2012 - Mar 2013	N/A						RED	RED	RED	National average as per NDTMS	39.21%	RED	18.5% n 168 / 909 Rolling year Apr 2014 - Mar 2015	Down from 24.5% n 190 / 774 Rolling year Apr 2013 - Mar 2014	RED	↓	RED	☹️
	Reduce number of re-presentations (Proportion who successfully completed treatment in the first 6 months of the latest 12 month period)	22.1% n19 / 86 Apr 2012 - Mar 2013	N/A						GREEN	RED	RED	National average as per NDTMS	10.94%	AMBER	11.5% n 13 / 113 Rolling year Apr 2014 - Mar 2015	Down from 11.8% n 14 / 119 Rolling year Apr 2013 - Mar 2014	GREEN	↔	GREEN	😊
DRUG MISUSE (Drug and Alcohol Alliance)	Increase successful completions as a proportion of all in treatment	Opiates - 8.5% n64/ 753 Non-opiates - 27.2% n22/ 81 Apr 2012 - Mar 2013	N/A						GREEN	GREEN	GREEN	Top Quartile range for comparator LAs as per NDTMS	Opiates - 8.55% Non-opiates - 46.51%	GREEN	Opiates - 11.0% n 82 / 748 Non-opiates 43.3% n 39 / 90 Rolling year Apr 2014 - Mar 2015	Opiates - Up from 7.7% n 61 / 792 Non-opiates - Up from 24.0% n 29 / 121 Rolling year Apr 2013 - Mar 2014	GREEN	↑	GREEN	😊
	Reduce number of re-presentations (Proportion who successfully completed treatment in the first 6 months of the latest 12 month period)	Opiates - 40% n18/ 45 Non-opiates - 23.1% n3/ 13 Apr 2012 - Mar 2013	N/A						GREEN	GREEN	GREEN	Top Quartile range for comparator LAs as per NDTMS	Opiates - 12.77% Non-opiates - 0.0%	RED	Opiates - 12.1% n 7 / 58 Non-opiates - 5.0% n 1 / 20 Rolling year Apr 2014 - Mar 2015	Opiates - Down from 27.8% n 15 / 54 Non-opiates - Down from 14.3% n 2 / 14 Rolling year Apr 2013 - Mar 2014	GREEN	↓	GREEN	😊

Appendix C: Q4 2014/15 Performance Summary

Priorities	Measure	Baseline 2007/08	Target							Target for 2014/15	Target Q4 2014/15 (unless otherwise stated)	Cumulative performance (April 2014 - Mar 2015) (Unless otherwise Stated)	Compared to:			Good or Bad				
			2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Q1 2014/15				Q2 2014/15	Q3 2014/15	Same Quarter last year (year to date unless otherwise stated)		Performance against Baseline			
REOFFENDING G (IOM Steering Group & The Reducing Reoffending Strategy Group)	Measure of re-offending	2007/08 our predicted reoffending rate was 12.6% and actual reoffending was 11.81% so Portsmouth was performing better than expected.	GREEN	AMBER	AMBER	GREEN	AMBER	GREEN	N/A	N/A	N/A	Interim measure no target set.	No specific target set, but the rate to be the less than predicted rate	GREEN	Rolling year: Jan 2013 - Dec 2013 Cohort 2,413; 11.70% predicted 11.07% actual rate. A reduction from the predicted rate of 5.4% (0.63% difference).	Down from rolling year: Jan 2012 - Dec 2012 Cohort 2,505; 12.27% predicted 12.73% actual rate. An increase from the predicted rate of 3.7% (0.46%)	GREEN	↓	GREEN	
	New measure - OASYS / NPS Cases*	N/A	N/A							N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
	Reduce the number of 'known crimes' committed by those offenders under IOM** supervision	258 <small>(During the quarter prior to engagement - 2011/12 cohort)</small>	N/A							50% reduction on baseline <i>Suggested target</i>	No specific target set, but the number to be less than in the initial quarter of supervision	GREEN	109 (58% reduction) 2011/12 cohort tracked to the end of December 2014	118 (54% reduction) 2011/12 cohort tracked to the end of December 2013	GREEN	↓	GREEN	😊		
DOMESTIC VIOLENCE (DA Review Group)	Reduce DA referrals to JAT where no further action is taken	Establish baseline	N/A							No target set as currently setting the baseline year.	No target set as currently setting the baseline year.		58% (2,828 NFAs out of 4,881 DA referrals)	N/A	N/A	N/A				
	Reduce repeat incidents of DA	Developing measure	N/A							N/A	N/A		There will be some analysis of a dip sample available in the 2014/15 strategic assessment	N/A	N/A	N/A				
VIOLENCE	Reduce most serious violence (MSV)	53	N/A				GREEN	AMBER	GREEN	60 10% reduction on 2013/14	60 offences	RED	67 offences	Up 2% (n1)	AMBER	↑	RED	☹️		
	Increase the Formal Action Taken rate for sexual offences	24% (n54) (2012/13)	N/A				RED	RED	RED	More than 24% (n117)	More than 24% (n117)	RED	11% (n53 of 486)	N/A		↓	RED	☹️		

Appendix C: Q4 2014/15 Performance Summary

Priorities	Measure	Baseline 2007/08	Target							Target for 2014/15	Target Q4 2014/15 (unless otherwise stated)	Cumulative performance (April 2014 - Mar 2015) (Unless otherwise Stated)	Compared to:			Good or Bad		
			2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Q1 2014/15				Q2 2014/15	Q3 2014/15	Same Quarter last year (year to date unless otherwise stated)		Performance against Baseline	
ACQUISITIVE CRIME	Reduce cycle theft	1,255	N/A							1036 10% reduction on 2013/14	1036 thefts	GREEN	997 thefts	Down 12% from 1,139 thefts	GREEN	↓	GREEN	😊
ASB (ASB Priority Group)	Reduce volume of anti-social behaviour incidents	10,851 (2012/13)	N/A							Less than 9647 Reduction on 2013/14 figure	Less than 9,647	GREEN	8,984 incidents Environmental - 15% (n1,324) Nuisance - 59% (n5,322) Personal - 26% (n2,338)	Down 7% (n663) from 9,647 incidents Environmental - 5% (n439) Nuisance - 68% (n6,604) Personal - 27% (n2,604)	GREEN	↓	GREEN	😊
	Increase the number of registered complaints to the Noise Pollution Control Team from the SNEN	884 registered SNEN referrals	N/A							No Target for 2014/15 as measure has only just been developed	No Target for 2014/15 as measure has only just been developed		550 registered SNEN referrals	884 registered SNEN referrals Down 38% (n334)	RED	↓	RED	😞
YOUNG PEOPLE (Children's Trust Board & PYOT Management Board)	Reduce the number of offenders committing 5 or more offences	31 young people (2012/13)	N/A							Revised target 28 young people 10% reduction on 2013/14 figure (31)		GREEN	26 young people	Down 1% (n1) from 27 in 2013/14.	GREEN	↓	GREEN	😐
	Reduce the rate of first time entrants	2,097 per 100,000 (377) 2007/08	N/A							Less than the MSG Average	Less than 532 per 100,000	GREEN	415 per 100,000 (n74) Jan - Dec 2014	Down 6% (5 young people)	GREEN	↓	GREEN	😊
NPS - National Probation Service		IOM - Integrated Offender Management							CRC - Community Rehabilitation Company				PYOT - Portsmouth Youth Offending Team					

Appendix D - Matrix used to identify SPP Priorities

Safer Portsmouth Partnership Strategic Priority Matrix													
	Crime, Disorder or Incident Type	PROBABILITY			HARM	PROPORTIONALITY			SUB MISUSE	PREDICTIVE	SCORE		
		Volume	Trends	Benchmarking Concerns	Public Concern	Personal Harm	Disproportionate impact against sections of the community (incl business)	Hidden or under reported crime	Linked to drug or alcohol misuse	Future issues and PESTELOM	Priority Score	Weighted Average Score	
Violence Offences	All Violence (6,671 - ONS)	3	3	3	2	2	2	2	1	1	19	2.1	
	VATP with injury	3	3	3	2	2	2	2	1	1	19	2.1	
	Sexual offences	0	3	3	0	2	2	2	2	1	15	1.7	
	Robbery (personal)	0	0	0	2	2	0	0	1	1	6	0.7	
	Robbery (business crime)	0	1	0	0	1	1	1	1	1	6	0.7	
	Public order	1	3	3	1	1	1	0	1	1	12	1.3	
	Violence by motivation (from April 2009)												
	Domestic Violence	1	3	No data	1	2	2	2	1	1	13	1.6	
	Alcohol related violence associated in NTE zones	1	3	No data	1	2	1	1	2	1	12	1.5	
	Racial and religiously aggravated violence	0	3	No data	1	2	2	2	1	1	12	1.5	
	Homophobic / disability hate violent crime	0	0	No data	1	2	2	2	1	1	9	1.1	
Youth related violence	1	3	No data	1	2	2	2	1	1	13	1.6		
Acquisitive Crimes	Serious Acquisitive Crime (Home Office definition)	1	0	0	1	1	0	0	1	1	5	0.6	
	Domestic Burglary	0	0	0	2	1	1	0	2	1	7	0.8	
	Non Domestic Burglary	1	2	2	0	0	0	0	2	1	8	0.9	
	Vehicle Crime (ex interference)	1	2	0	2	0	0	0	1	1	7	0.8	
	Theft of a motor vehicle	0	0	0	0	0	0	0	1	1	2	0.2	
	Theft from a motor vehicle	1	3	0	1	0	0	0	1	1	7	0.8	
	Theft (other than a vehicle) and handling stolen goods	3	0	3	1	0	0	0	1	1	9	1.0	
	Shop theft	2	0	3	0	0	1	1	1	1	9	1.0	
	Theft from the person	0	0	0	1	1	0	0	1	1	4	0.4	
	Employee theft	No data	No data	No data	0	0	1	1	0	1	3	0.5	
	Cycle theft	1	0	3	1	0	1	1	1	1	9	1.0	
Criminal Damage	Criminal Damage (total)	2	3	3	1	0	1	0	1	1	12	1.3	
	Arson (police recorded)	0	3	0	0	2	1	0	1	1	8	0.9	
	Arson [Primary & Secondary] (HFRS)	0	0	No data	0	2	1	0	1	1	5	0.6	
Anti-Social Behaviour	Anti-Social Behaviour (all 8,890 - Police ASB)	3	0	No data	2	0	0	0	1	1	7	0.9	
	ASB - Vehicle	1	3	No data	1	0	0	0	0	1	6	0.8	
	ASB - Trespass	0	0	No data	0	0	0	0	0	1	1	0.1	
	ASB - Street Drinking	0	3	No data	2	1	0	0	2	1	9	1.1	
	ASB - Rowdy & Inconsiderate	3	0	No data	2	0	0	0	1	1	7	0.9	
	ASB - Nuisance communications	1	3	No data	0	1	1	1	0	1	8	1.0	
	ASB - Noise (Noise Pollution Team)	3	2	No data	2	0	0	0	1	1	9	1.1	
	ASB - Neighbours	3	0	No data	1	0	0	0	0	1	5	0.6	
ASB - Littering	0	3	No data	2	0	0	0	0	1	6	0.8		
Fear of crime	Fear of crime locations:	2001	2004	2007	2009	2012	2014						
	Somerstown	1	1	1	1	1	1						
	Buckland	2	2	2	3	3	2						
	Guildhall Walk Entertainment Area	6	6	4	4	4	3						
	Fratton	7	7	7	7	2	4						
	Paulsgrove	4	3	3	2	5	5						
	Portsea	3	4	5	5	6	6						
	Landport	5	5	6	6	7	7						

Appendix E - Night Time Economy parameters (previously ELNEP)

Reported HO Class Code	Reported Short HO Class Description
104/25	ASSAULT A DESIGNATED PERSON OR HIS ASSISTANT IN THE EXERCISE
8/6	ASSAULT OCCASIONING ACTUAL BODILY HARM
104/23	ASSAULT ON CONSTABLE (POLICE ACT 1996)
34/22	ASSAULT WITH INTENT TO ROB ~ PERSONAL
105/8	ASSAULTING A DESIGNATED OR ACCREDITED PERSON IN THE EXECUTIO
8/31	BREACH OF RESTRAINING ORDER
125/9	CAUSE INTENTIONAL HARASSMENT, ALARM, DISTRESS
5/11	CAUSING DANGER TO ROAD USERS
105/1	COMMON ASSAULT AND BATTERY
88/9	EXPOSURE-INTENTIONAL-MALE OR FEMALE GENITALS
125/11	FEAR OR PROVOCATION OF VIOLENCE
195/94	HARASSMENT (PROTECTION FROM HARASSMENT ETC)
125/12	HARASSMENT, ALARM OR DISTRESS
8/26	HAVING AN ARTICLE WITH A BLADE OR POINT IN A PUBLIC PLACE
24/19	KEEPING A BROTHEL USED FOR PROSTITUTION
8/11	POSSESS OFFENSIVE WEAPON WITHOUT LAWFUL AUTHORITY OR REASONA
125/58	PRE 1/4/10. RACIALLY AGGRAVATED HARASSMENT, ALARM OR DISTRES
19/8	RAPE OF FEMALE OVER 16 YEARS
34/21	ROBBERY PERSONAL
22/12	SEX ACTIVITY WITH A FEMALE CHILD UNDER 16 - PENETRATION - OF
20/6	SEXUAL ASSAULT OF A FEMALE CHILD UNDER 13
20/5	SEXUAL ASSAULT ON A FEMALE 13+
20/3	SEXUAL ASSAULT ON A FEMALE 13+ BY PENETRATION
17/15	SEXUAL ASSAULT ON A MALE AGED 13+
17/13	SEXUAL ASSAULT ON A MALE AGED 13+ BY PENETRATION
17/16	SEXUAL ASSAULT ON A MALE CHILD UNDER 13
3/1	THREATS TO KILL
8/60	WEF 1/4/10. RACIALLY AND/OR RELIGIOUSLY AGGRAVATED ABH (8J).
8/57	WEF 1/4/10. RACIALLY AND/OR RELIGIOUSLY AGGRAVATED COMMON AS

66/91	WEF 1/4/10. RACIALLY AND/OR RELIGIOUSLY AGGRAVATED FEAR/PROV
8/56	WEF 1/4/10. RACIALLY AND/OR RELIGIOUSLY AGGRAVATED HARASSMEN
125/82	WEF 1/4/10. RACIALLY AND/OR RELIGIOUSLY AGGRAVATED HARASSMEN
8/55	WEF 1/4/10. RACIALLY AND/OR RELIGIOUSLY AGGRAVATED INTENTION
8/1	WOUND OR INFLICT GBH WITH OR WITHOUT WEAPON
5/1	WOUNDING WITH INTENT TO DO GBH

Measured between: 20.00 – 05.00

In the following areas:

Guildhall Square: Alec Rose Lane, Dorothy Diamond Street, Guildhall Square, Guildhall Walk, King Henry 1st Street, White Swan Road, Winston Churchill Avenue.

Commercial Road: Commercial Place, Commercial Road, Edinburgh Road, Stanhope Road.

Central Southsea: Albert Road, Albert Grove, Elm Grove, Highland Road, Fawcett Road, Victoria Grove, Duncan Road

Portsmouth South: Clarendon Mews, Clarendon Place, Clarendon Road, Granada Road, Palmerston Road, South Parade (incl. Pier), Osbourne Road

Gunwharf: Gunwharf Keys, Gunwharf Road, The Canalside, The Plaza (East Side Plaza), The Hard, The Waterfront, Central Square, Gunwharf Quays Plaza, Vulcan Square, Ordnance Row, St George's Road.

Northend: Fratton Road, Kingston Crescent, Kingston Road, London Avenue, London Road

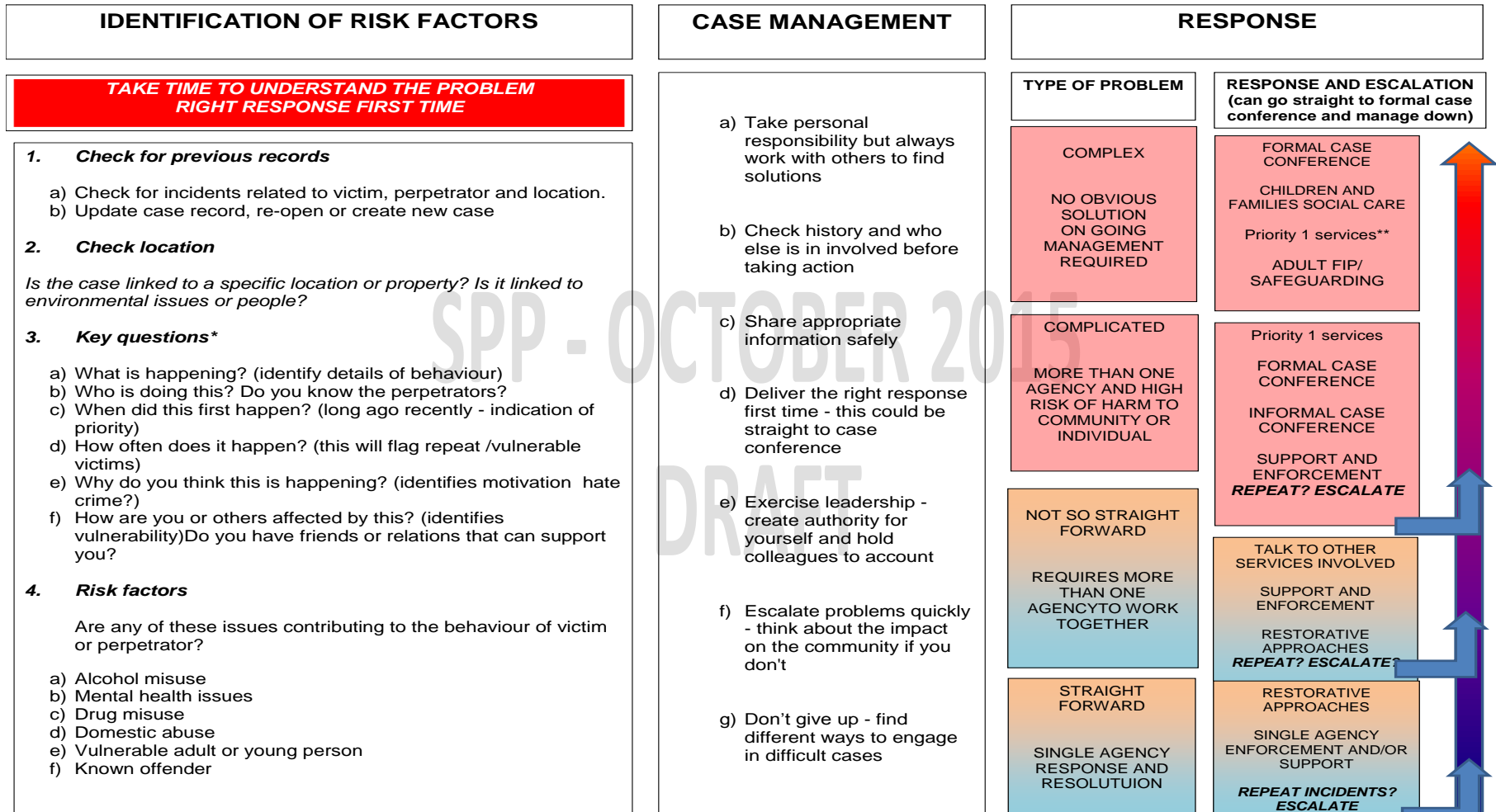
Appendix F - Details about alcohol related violent crime as defined by PHE

Alcohol related violent crimes, as defined by Public Health England for the Local Area Profiles for England, include the following crimes:

Crime categories used when alcohol attributable fractions calculated	Offences included based on last LAPE update	Offences included in local analysis for this document ²²⁷	Alcohol-Attributable Fraction
Violence against the person	Homicide	Homicide	0.37
	Violence with Injury	Violence with Injury	
	Violence without injury	Violence without injury	
Sexual Offences	Sexual Offences, excluding exploitation of prostitution and soliciting for the purposes of prostitution offences	Rape	0.13
		Other Sexual Offences	
Robbery	Robbery	Personal Robbery	0.12
		Business Robbery	
Burglary	Domestic Burglary	Burglary in a dwelling	0.17
Theft of a motor vehicle	Vehicle offences, excluding interfering with a motor vehicle	Vehicle offences, including interfering with a motor vehicle	0.13
Theft from a motor vehicle			

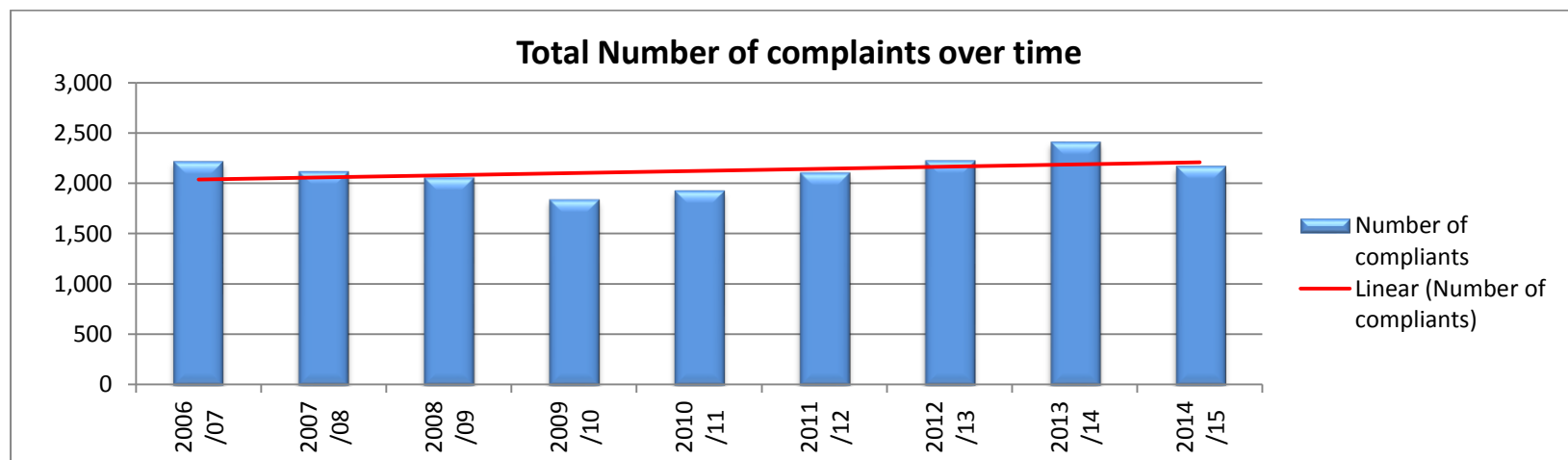
²²⁷ Police recorded crime categories have changed since the alcohol-attributable fractions were calculated so the best fits to these, along with the fractions, should be applied. All crimes reported to the police between 01/04/2014 and 31/03/2015, which have a valid postcode recorded against them have been included.

Appendix G - A process map on the early identification of risk



*These questions are based on findings of the Home Office call handling pilots after the death of Fiona Pilkington and her daughter <https://www.gov.uk/government/publications/focus-on-...>

Appendix H - Breakdown of noise complaints reports to Portsmouth City Council



Complaints over time broken down by detailed category							
Category	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Alarm	64	67	43	72	66	68	59
Barking Dog	165	169	165	185	204	178	213
Machinery (fixed)	32	48	49	45	46	31	43
Machinery (mobile)	52	34	51	38	58	64	58
People	359	377	421	532	594	527	594
Music	1,099	942	957	962	839	911	849
Party	92	85	105	122	235	204	205
TV/Radio	30	22	40	33	35	26	28
Vehicles	41	25	29	34	37	31	46
DIY	34	22	30	34	28	29	40
TOTAL	1,968	1,791	1,890	2,057	2,142	2,069	2,135

Transport, Environment and Community Safety Scrutiny Panel

Scoping Document

Review how the city council, police and fire services could work together more efficiently and effectively to reduce crime and anti-social behaviour in the city

Background

Given the continuing pressure on all public sector budgets there is a strong argument for agencies to work more closely together to identify and deliver more efficient and new ways of working that could improve public confidence in services and delivery whilst at the same time providing savings.

The Crime and Disorder Act 1998 places a requirement on the local authority, police, fire, health and probation services to work together to improve community safety.

In the last year recorded crime has risen by 9% compared to a 3% rise nationally, though overall since 2007/08 crime levels in the city have fallen by 27%.

As all public sector organisations are putting in place plans to reduce their budgets further, it is imperative that they continue to work together to ensure that they are able to meet the needs of residents.

Following an overview of the city's priorities for community safety, one priority area will be identified for scrutiny in order to:

- Identify ways that services could work more effectively together
- Identify how partners could work together to reduce demand for (community safety) services
- Identify how residents can be encouraged to 'self-help' rather than ask for statutory services to intervene
- Review the priorities for the city and partners (strategic assessment and community safety plan)

Potential witnesses

Strategy and Partnerships Manager - Lisa Wills (priorities overview)

Further to be identified once the review focus is agreed but may include:

Hampshire Constabulary - Supt Schofield

Hampshire Fire and Rescue - Group Manager Dave Smith

Portsmouth Neighbourhood Watch - Paul Barker

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