

SAFER DEVON PARTNERSHIP

**Community Safety
Strategic Assessment
2019-20
Public version**



Version FINAL FOR PUBLISHING

Acknowledgements

This assessment has been authored by Jenny Jurga, Project Support Officer, on behalf of the Safer Devon Partnership with support from partners and thematic specialists. Special thanks must also be given to George Crosland (OPCC), Jenna Thomas (Devon and Cornwall Police) and Shaun Carter (Devon County Council) for their support with developing this assessment.

Thanks are also given to the following organisations and partnerships:

- Devon County Council, including Public Health Devon, Children's Social Care and Adult Social Care
- Devon's Community Safety Partnerships
- Office of the Police and Crime Commissioner
- Devon and Cornwall Police
- Devon Clinical Commissioning Group
- Devon Partnership Trust
- Devon and Somerset Trading Standards
- Devon and Somerset Fire and Rescue Service
- Devon sexual violence and domestic violence and abuse service providers
- Devon substance misuse service providers
- Devon and Cornwall Probation Service
- Dorset, Devon and Cornwall Community Rehabilitation Company
- Devon Youth Offending Team
- Devon and Torbay Anti-Slavery Partnership
- Devon and Torbay County Lines Partnership
- Devon and Torbay Prevent Partnership
- Peninsula Crime Analysts' Network

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Executive summary

The Devon Strategic Assessment is conducted annually by the Safer Devon Partnership to assess all crime, disorder and safety issues in the county, highlight areas of increasing and reducing threat, and evaluate the partnership's current response with the aim of informing future priorities and work. The 2019 assessment provides an update on the issues explored in detail in the [2018 assessment](#), and should be read in conjunction with this document. The 2019 assessment has focused on reviewing the level of threat, risk and harm presented by community safety issues assessed during the previous year, and on assessing new and emerging areas of concern.

This assessment draws on research conducted locally and nationally to understand and respond to issues affecting the safety and wellbeing of local communities. This includes the [Joint Strategic Needs Assessments](#) conducted by Public Health Devon and the [Institute for Fiscal Studies' review into inequality](#) (IFS, 2019), which have highlighted the impacts of adversity, trauma, poverty and vulnerability on welfare, wellbeing and life expectancy (IFS, 2019; Bellis et al., 2018; Sheikh et al., 2016; Joyce and Xu, 2019). The government is also placing greater expectations on public bodies to develop holistic, multi-agency responses to harm, violence and crime affecting local communities, as underlined by the recent announcement of a [public health duty](#) to tackle serious violence (Home Office, 2019). It is within this landscape of research, policy and legislation that community safety partners are responding to issues affecting the safety and welfare of local communities.

The planned introduction of the serious violence duty and the [Domestic Abuse Bill](#) (Home Office, 2019) will increase the responsibilities resting on community safety partnerships to coordinate and support the delivery of multiagency responses to community safety issues. This new legislation will lead to greater focus on violence, both within and outside the home, and on our collective ability to effectively safeguard and protect those within our communities who are vulnerable to these forms of harm.

The areas of threat, risk and harm included in this year's assessment broadly fall under the categories of 'hidden and visible harm' and 'exploitation'. A new category, 'emerging issues', has been included to assess areas of new and growing concern for which evidence and knowledge is still developing. Within these categories the following issues have been assessed as presenting the greatest threat in terms of risk and harm:

Hidden and visible harm:

- Sexual violence and domestic violence and abuse, including domestic homicide
- Substance misuse, including alcohol misuse
- Drug misuse and drug-related deaths
- Homelessness
- Suicide
- Road traffic collisions.

Exploitation:

- Dangerous drug networks, including county lines
- Modern slavery and human trafficking
- Radicalisation and violent extremism.

Emerging issues:

- Extra-familial youth risk and vulnerability.

The results of this assessment are broadly similar to the 2018 assessment, with significant similarities between each year's highest-level threats. Impacts and trends, and confidence in knowledge and understanding of each issue, has largely remained the same. Confidence in the intelligence picture has risen, particularly for issues relating to exploitation. The most significant changes relate to growing financial constraints coupled with rising demand and the increasingly complex needs of people presenting to services, which are creating greater resource, capacity and capability challenges. These challenges form an important part of the cross-cutting themes highlighted within this assessment:

- **Increasing complexity.** The many forms of harm, exploitation and criminality covered in this assessment have become increasingly interrelated, creating greater and more complex impacts on affected individuals and challenging efforts to provide an effective response. Similarly, those affected by these issues have presented with increasingly complex needs. There is a growing need to develop multi-agency approaches to support and safeguard these individuals.
- **Underlying vulnerability.** A significant proportion of people impacted by the issues covered in this assessment have encountered adversity, trauma and challenging life experiences in childhood, adulthood, or both. These experiences make them significantly more vulnerable to becoming victims or perpetrators of harm, exploitation and criminality. Supporting these individuals can prove particularly challenging due to their often complex needs and the need for specialist, sometimes long-term, interventions and trauma-informed support.
- **Young people.** Young people feature prominently within many of the issues discussed in this assessment. As highlighted in the 'extra-familial youth risk and vulnerability' section, they are exposed to a broad range of harms, exploitation and crime, to which they are particularly vulnerable given their stage of cognitive, social and emotional development. Such experiences, when encountered at a young age, can have significant long-term impacts on health, wellbeing and life expectancy and can lead to experiences of harm, exploitation and criminality during adulthood.
- **Sustainable resourcing and effective multi-agency working.** Community safety issues require coordinated, long-term, sustainably funded responses developed and delivered by multiple partners. Resource and funding constraints are increasing the challenge of providing effective preventative, early intervention, support and recovery services, increasing the importance of effective multi-agency working.

Introduction

Community safety

Community safety relates to all crime, anti-social behaviour, disorder, harm and any other behaviour that negatively affects lives. Those with responsibility for community safety are required to protect communities from the threat and consequences of crime, antisocial behaviour and harm by reducing the occurrence and fear of these issues. Community involvement in this process is key to ensuring that the identification of, and response to, community safety matters effectively protects local residents from harm.

The Safer Devon Partnership holds statutory responsibility for providing strategic leadership for community safety work across the county. Partners include Devon's Community Safety Partnerships, Devon County Council, Devon and Cornwall Police, Devon and Somerset Fire and Rescue Service, Devon Clinical Commissioning Group, Public Health Devon, the Office of the Police and Crime Commissioner, the National Probation Service, the Dorset, Devon and Cornwall Community Rehabilitation Company and the Youth Offending Service. The partnership aims to foster effective joint working for the purposes of ensuring that the residents of Devon remain, and feel, safe in their homes and communities. As such, the partnership's vision is **working together to make Devon even safer**. The [Safer Devon website](#) provides further information about the partnership's vision, aims and priorities.

The context of community safety in Devon

Devon is one of the largest and most sparsely populated counties with significant variations in rurality and wealth. A detailed overview of the county's demographics is provided in the [2018 Devon Strategic Assessment](#) and the [2018 Joint Strategic Needs Assessment](#). Key information includes:

- The county's current population is approximately 795,000 residents, with a higher-than-average proportion of older people. Population growth is above the national average and is expected to grow by 11% over the next 20 years. This growth will be largely concentrated within older age groups.
- Although overall levels of deprivation are lower than the England average, 5% of people live in areas classified as being within the top 20% most deprived in England.
- Deprivation rates vary across the county and are highest within urban areas and also some rural areas, notably in north and west Devon.
- Rates of food and fuel poverty and homelessness have continued to increase. Access to housing, and housing quality, remain significant issues.
- Rates of self-harm, suicide, and mental and behavioural admissions from drug misuse have continued to increase.

Additional data sourced from Devon County Council mid-year population estimates and the [Devon Health and Wellbeing Strategy 2020-25](#).

Assessing and evaluating community safety matters

The 2019 Devon Strategic Assessment is an update to the [2018 assessment](#), which was conducted in full. This document should be read in conjunction with the 2018 assessment. This assessment also feeds into the [2019 Peninsula Strategic Assessment](#) which provides a detailed overview of trends in crime, disorder and safety issues across Devon, Torbay, Plymouth and Cornwall.

The 2019 assessment has again used the MoRiLE (Management of Risk in Law Enforcement) risk assessment tool to evaluate the threat, risk and harm posed by community safety issues and to determine partnership priorities for the coming 12 months. 28 crime, disorder and safety issues have been scored against the MoRiLE framework in a multi-agency process involving input from a wide range of partners. All issues have been assessed according to their likely impacts on individuals and communities, trends in prevalence and occurrence, and the partnership's capacity and capability to provide an effective response. Final ratings demonstrate the overall level of risk that each issue poses to the partnership.

A summary of the 2019 MoRiLE assessment is provided on page 10. As an update to the 2018 assessment, this document will provide detailed analysis of all issues rated as current 'high' risks, and those which merit additional focus. Summaries of key information and trends across all issues are provided on page 8. Detailed analysis of 'moderate' and 'standard' risk issues can be found in the [2018 assessment](#).

Overview: community safety issues in 2019

Trends in community safety issues

Community safety indicators	Trend	Rate per 1,000 pop	Annual change ¹	Comparison with msf ²	Trend compared to msf ²
All recorded crime	▲	57.1	5%	Below average	▶
Domestic violence and abuse (crimes and incidents)	▲	13.6	2%	-	-
Rape and serious sexual offences	▲	0.8	5%	Above average	▼
Alcohol dependency estimates	▲	11.5	2%	-	-
Drug offences	▲	2.3	16%	Above average	▲
Drug misuse estimates	▲	3.3	8%	-	-
Homelessness estimates	-	5.7	-	-	-
Suicides	▶	0.1	-	-	-
Recorded modern slavery crimes	▲	0.0	-	-	-
Prevent referrals	▶	0.1	-	-	-
Road traffic collisions (fatalities and serious injuries)	▼	0.5	-5%	-	-
Child sexual abuse reports	▼	1.2	-2%	-	-
Drug-related deaths	▲	0.1	-	-	-
Reported fraud	▲	4.0	14%	-	-
Reported hate crime	▲	0.9	21%	-	-
Cyber-dependent crime	▲	0.4	13%	-	-
Street drinking	▲	1.4	19%	-	-
Homicide	▶	0.0	-	Average	-
Domestic homicides	▶	0.0	-	-	-
Arson	▲	0.7	27%	-	-
Criminal damage	▶	7.4	2%	Below average	▼
Possession of weapons	▲	0.4	15%	Below average	▼
Violence (non-DA, with injury)	▲	3.5	9%	-	-
Acquisitive crime	▼	15.9	-3%	Low	▲
Public order offences	▲	3.8	7%	Low	▲
Violence (non-DA, without injury)	▲	7.7	16%	-	-
Road traffic collisions (slight)	▼	2.2	-7%	-	-
Other sexual offences (excludes rape and serious sexual offences)	▼	1.0	-	-	-

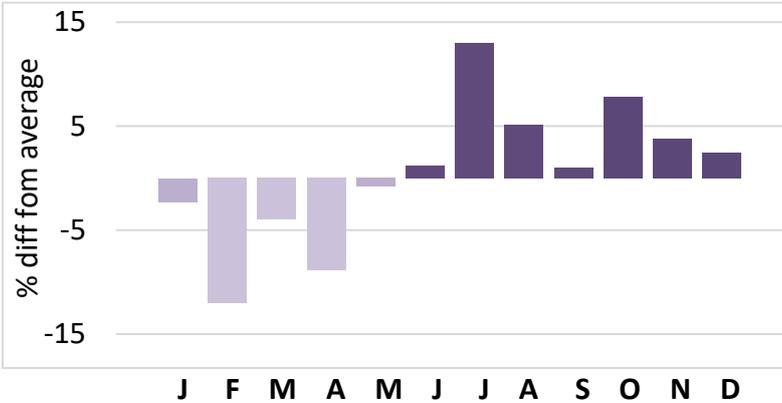
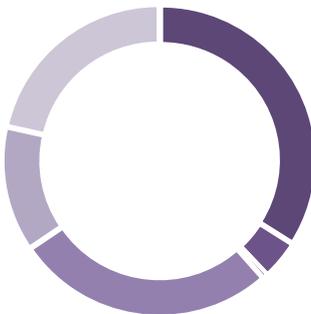
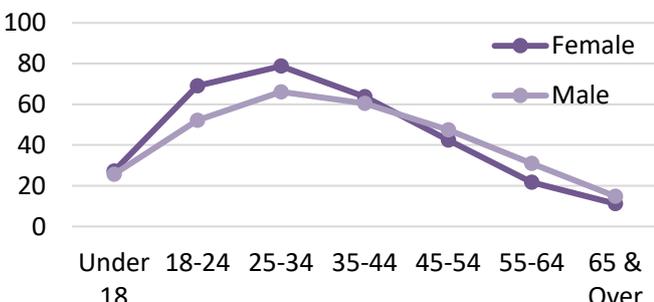
Data sourced from Devon and Cornwall Police, UDS, iQuanta, Public Health Devon, Public Health England, the Ministry for Housing, Communities and Local Government and Devon County Council Highways. Figures are approximate.

¹ Annual change omitted for data where numerical figures are low.

² Comparison with most similar family of community safety partnerships.

Quick facts: all crime

Time period refers to April 2018-March 2019 unless stated. Figures are approximate.

Key Facts	<ul style="list-style-type: none"> 44,950 crimes were recorded – 57.1 crimes per 1,000 resident population. This rate is lower than the average across our ‘most similar family’ of community safety partnerships. The total cost of crime to society in 2018-19 was an estimated £784.1 million.
Trends	<ul style="list-style-type: none"> Recorded crimes increased by 5% compared to 2017-18. Crimes which have seen the greatest increase include arson, hate crime, possession of weapons, street drinking and drug offences. Reducing trends have been witnessed in relation to road traffic collisions and acquisitive crime.
Seasonality	 <p>Some seasonal bias with more offences occurring during the summer and autumn.</p>
Crimes	 <ul style="list-style-type: none"> Violence 34% Sexual offences 4% Robbery 0.5% Thefts 27% Criminal damage 13% Other Crimes against society 21.5% <p>Across all crime types (excluding non-notifiable crime) 17% relate to domestic violence and abuse 13% relate to alcohol 1.5% relate to hate crime</p>
Victims	 <p>People aged 18-44 are most likely to be a victim of crime.</p> <p>Women are most likely to be victims of domestic violence and abuse and sexual violence. Men are most likely to be victims of non-domestic violence.</p>

(Data sourced from Devon and Cornwall Police, UDS and iQuanta)

2019 MoRiLE assessment (summary)

Summary of the 2019 MoRiLE assessment of community safety issues shown in order of highest scoring issues:

Thematic Area	Impact			Likelihood			Confidence	Partnership position	Overall risk
	Physical	Psychological	Community	Frequency	Trend	Forecast	Intelligence Assessment	Ability to mitigate	
Domestic violence & abuse	Moderate	Severe	Moderate	Weekly	<10% increase	>10% increase	55-70%	Very limited ability	High
Rape & serious sexual offences	Substantial	Severe	Moderate	Weekly	<10% increase	>10% increase	55-70%	Very limited ability	High
Extra-familial youth risk/vulnerability	Substantial	Severe	Substantial	Weekly	Same	Same	25-50%	Very limited ability	High
Alcohol misuse	Substantial	Severe	Moderate	Weekly	<10% increase	<10% increase	55-70%	Very limited ability	High
DDNs, including county lines	Substantial	Severe	Moderate	Weekly	>10% increase	>10% increase	25-50%	Very limited ability	High
Drug misuse	Substantial	Severe	Moderate	Weekly	<10% increase	<10% increase	55-70%	Very limited ability	High
Homelessness	Substantial	Severe	Moderate	Weekly	<10% increase	<10% increase	75-85%	Limited ability	High
Suicides	Severe	Severe	Substantial	Weekly	>10% increase	<10% increase	75-85%	Limited ability	High
Modern slavery & human trafficking	Substantial	Severe	Moderate	Monthly	<10% increase	<10% increase	15-20%	Limited ability	High
Radicalisation & violent extremism	Catastrophic	Severe	Catastrophic	Five Years	Same	Same	25-50%	Limited ability	High
RTCs - fatal and serious	Substantial	Moderate	Substantial	Weekly	<10% decrease	<10% increase	>90%	Limited ability	Moderate
Child sexual abuse	Substantial	Severe	Moderate	Weekly	>10% increase	>10% increase	25-50%	Limited ability	Moderate
Anti-social behaviour	Negligible	Moderate	Substantial	Weekly	<10% decrease	<10% increase	55-70%	Limited ability	Moderate
Fraud and cyber-dependent crime	Low	Substantial	Moderate	Weekly	<10% increase	<10% increase	55-70%	Partial ability	Moderate
Hate crime	Low	Substantial	Substantial	Weekly	>10% increase	<10% increase	55-70%	Partial ability	Standard
Arson	Low	Low	Low	Weekly	>10% increase	<10% increase	55-70%	Partial ability	Standard
Violence (non-DA)	Moderate	Moderate	Moderate	Weekly	<10% increase	<10% increase	>90%	Full ability	Standard
Acquisitive crime	Low	Low	Moderate	Weekly	Same	<10% increase	>90%	Full ability	Standard

Those issues assessed as ‘high risk’ have the most significant impacts on communities and present the greatest challenges to partnership responses. These ratings should be interpreted with reference to the increasing complexity and vulnerability and financial and resource challenges we are seeing locally. Each issue included in this assessment falls under one of the following thematic categories: **hidden and visible harm; exploitation and emerging issues.**

Analysis: hidden and visible harm

Harm is a key part of the crime, disorder and safety issues discussed in this assessment. Harm relates to injury and damage affecting individuals and communities. It is a complex and often hidden issue and can take many forms, including physical, psychological, emotional and financial. Harm occurs at varying levels of frequency, intensity and visibility. It can range from violence associated with anti-social behaviour to that, such as domestic abuse and sexual violence, which often happens behind closed doors. It also includes harm to oneself, including drug and alcohol misuse, and harm to whole communities, such as hate crime.

Key points:

- **Harm to others** covers approximately **2/3** of the community safety issues included in this assessment, and **two major high-risk issues**; domestic violence and abuse, and sexual violence.
- **Harm to oneself** includes homelessness, suicide, alcohol misuse and drug misuse, which feature within the 'high risk' group of community safety issues.
- **Hate crime** continues to be a significant and growing issue, with a **greater than 20% increase** in reported hate crimes occurring across the county during the past year. This is greater than the peninsula-wide average increase of 16%. Within Devon homophobic and racist hate crimes have risen the most, by 35% and 14% respectively. The reasons underlying these increases are unclear and require further exploration and analysis.

Sexual violence and domestic violence and abuse, including domestic homicides

Sexual violence and domestic violence and abuse are major and often interlinked sources of threat, risk and harm to local populations. The partnership seeks to address these issues through its Domestic and Sexual Violence and Abuse Strategy.

Domestic violence and abuse

Domestic violence and abuse relates to;

‘any incident or pattern of incidents involving threatening, controlling, or coercive behaviour, violence or abuse between those aged 16 and over who are, or have been, intimate partners or family members’ (Home Office, 2013).

Devon has continued to witness increased reports of domestic violence and abuse, in line with national trends (Devon and Cornwall Police, 2019; Crime Survey for England and Wales, 2018). Domestic violence and abuse continues to be under-recorded in crime statistics, and local providers have indicated that the current increase in cases is far greater than that suggested by police data.

Offence type	Trend	Rate per 1,000	Annual change
Non-crime	▼	4.4	-14%
Violent assault	▲	7.0	14%
Property crime	▲	0.5	14%
Sexual offences	▶	0.4	2%
Other crime	▲	1.3	9%
Total	▲	12.5	2%

Reported domestic abuse crimes and incidents (UDS). Figures are approximate.

The nature of domestic violence and abuse varies but typically involves physical, sexual, psychological, financial and emotional abuse, and controlling and coercive behaviours which isolate the victim, regulate their everyday actions, and increase their dependence on the perpetrator. The largest amount of domestic abuse crimes reported to the police relate to violent assault (Devon and Cornwall Police, 2019). Multi-Agency Risk Assessment Conferences (MARACs), which assess highest-risk cases, have witnessed above-average numbers of repeat cases over the past two years (Safe Lives, 2019). The reason for the increase in repeat cases is unclear and may relate to a recent change in the criteria for repeat MARAC cases, but also illustrates the significance of high-risk domestic violence and abuse within local cases.

Domestic violence and abuse continues to be a heavily gendered crime, with females accounting for 74% of victims where gender is known (UDS, 2019). Within local cases the following has also been observed:

- Domestic violence and abuse occurring within the over 60 age group involves a greater proportion of male victims.
- Disproportionately high numbers of referrals have been received from LGBTQ+ and BME communities, indicating that these populations may be at increased risk of domestic violence and abuse (Splitz, 2018).
- Domestic violence and abuse encountered by children and young people, either as victims or witnesses - children were present at approximately 25% of domestic violence and abuse cases reported to Devon and Cornwall Police during the last financial year, with national estimates suggesting that the true figure may be up to 40% of cases (Devon and Cornwall Police, 2019; CSEW, 2018). The impacts of domestic violence and abuse experienced or witnessed during childhood are serious and long-lasting and can affect the development of healthy relationships and lead to victimhood to, and perpetration of, abuse during adulthood.
- Mental health and substance misuse difficulties continue to feature in many domestic violence and abuse cases (Safe Lives, 2019). These issues are heavily interlinked and are evidence of the complex picture of vulnerability in which domestic violence and abuse occurs.

The impacts of domestic violence and abuse are far-reaching and long lasting, particularly if it occurs over a prolonged time period. Psychological trauma can be especially severe. Domestic violence and abuse can also lead to significant financial hardship, including the loss of income, savings and accommodation. Physical impacts are typically moderate and recoverable with medical assistance. However, in some

cases domestic violence and abuse can result in the death of the victim, something discussed below in relation to domestic homicides. Knowledge is continuing to develop around the effects of coercive control in intensifying the impacts of domestic violence and abuse on people’s daily lives, wellbeing and financial position.

Domestic violence and abuse has significant impacts on the whole family, affecting wellbeing, safety and creating relationship difficulties. This trauma and upheaval can have long-term consequences for the stability and financial security of family members. People often require long-term engagement from specialist services such as social care, mental health, substance misuse and housing.

Although domestic violence and abuse continues to be largely hidden, the wider community may be affected by the visible consequences of the issue. This can isolate victims, increasing their vulnerability and the difficulty of seeking help. Public attention on domestic violence and abuse remains low and varies according to media and government interest.

Sexual violence

As outlined by the World Health Organisation, sexual violence involves:

‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances and [any other acts] against a person’s sexuality using coercion’ (World Health Organisation, 2002).

This involves serious sexual offences including rape and sexual assault, and other offences such as sexual harassment. Sexual violence can be perpetrated by anyone, regardless of their relationship to the victim. Whilst victims tend to be female, sexual violence can be directed against people of all genders (CSEW, 2018).

Reported cases of sexual violence in Devon have continued to increase in line with national trends, with the majority of cases relating to rape and serious sexual offences (Devon and Cornwall Police, 2019; CSEW, 2019).

Offence type	Trend	Rate per 1,000	Annual change
Rape and serious sexual offences	▲	0.8	5%
Other sexual offences	▼	0.1	-5%

Reported rape and sexual offences (Devon and Cornwall Police). Serious sexual offences cover all offences except voyeurism and exposure, which are classed as ‘other sexual offences’.

As with domestic violence and abuse, sexual violence is a heavily underreported crime so these figures do not provide a full picture of prevalence and trends. Indeed, referrals to local support services have increased by a higher amount than police data suggests (Devon Rape Crisis and Sexual Abuse Service, 2018). The reasons for this increase are varied, including improved identification by partner agencies and greater confidence amongst victims in seeking support - confidence driven, in part, by the recent #Me Too movement.

Sexual violence remains heavily gendered with local provider data indicating that 96% of clients are female, although the high degree of underreporting amongst non-female victims should also be recognised (Devon Rape Crisis, 2018). As with domestic and sexual violence, the following has also been observed:

- Locally and nationally younger people, especially those aged 16-24, continue to be most likely to report sexual violence (ONS, 2017; Devon Rape Crisis, 2018). This highlights the high prevalence of sexual violence amongst young people and the extent to which sexual violence is hidden within older age groups. It can be more difficult for older victims to disclose their experiences due to generational attitudes towards sexual violence and a lack of age-specific support services (Durham University, 2016).
- There is a need to develop greater understanding of sexual violence within LGBTQ+ and BME communities, people with disabilities, and transient populations.
- Harmful sexual behaviours are also occurring amongst young people, including cases of rape perpetrated within peer group contexts. These appear linked to harmful attitudes towards sexual relationships existing within some peer cultures and illustrate the harms experienced by young people outside of the home environment, which are discussed on page 31.

A high proportion of clients also seek support due to experiences of child sexual abuse, highlighting the severe and enduring nature of its impacts. Survivors of child sexual abuse are more likely to encounter poor physical and mental health and relationship difficulties, and are at increased risk of becoming victims of sexual assault (Children's Commissioner, 2015; CSEW, 2016).

Sexual violence, whether encountered in childhood or adulthood, has significant physical and psychological impacts on the victim, with many victims experiencing long-term psychological trauma and requiring specialist interventions. These impacts often extend to family and friends, with significant effects on their own wellbeing and health. Impacts on children can be particularly severe, and are similar to those discussed in relation to domestic violence and abuse.

There is a strong relationship between experiences of sexual violence and certain mental health disorders, such as emotionally unstable personality disorder (Merza, Papp and Szabó, 2015; Ferreira, 2018). This interrelationship between sexual violence and mental health further illustrates the complex and potentially life-long impacts of sexual violence.

Domestic homicides

Domestic homicides arise from the most serious cases of domestic violence and abuse and relate to:

‘the death of a person aged 16 or over which has resulted from violence, abuse or neglect by a person to whom they were related, or with whom they

were, or had previously been, in an intimate personal relationship, or a member of the same household as themselves' (Home Office, 2016).

Latest research into intimate partner homicide highlights the role of coercive control as a driver of domestic homicide, especially in cases where perpetrators feel their control over the victim has been reduced (Monckton Smith, 2019).

Domestic homicides have severe and long-term impacts on those close to the victim. In the past two years Devon has experienced two domestic homicides. It is not possible to draw accurate trends from this small number of cases, although it is worth mentioning that they have involved significant complexity and vulnerability, including mental health and substance misuse issues.

Partnership responses

Sexual violence and domestic violence and abuse is a key priority for the [Police and Crime Commissioner](#), and expectation is placed on commissioners and providers to deliver a strong and coordinated response across the four stages of prevention, early intervention, support and protection, and recovery and resilience. These responses have been outlined in Devon's Domestic and Sexual Violence and Abuse Strategy. Demand for support services has increased by 24% in two years, placing greater pressures on delivery. Illustration of current progress is provided below:

- Personal, Social, Health and Economic (PSHE) and Relationships and Sex Education (RSE) training programmes have been delivered to staff in educational establishments, helping schools to foster resilience amongst young people.
- An IRIS (Identification and Referral to Improve Safety) pilot has significantly increased referrals from primary care staff to domestic violence and abuse support services.
- [Operation Encompass](#) continues to be implemented in schools, allowing the police to notify educational staff if a child has been exposed to or involved in police-attended domestic abuse incidents in the previous 24 hours. This has helped schools support and safeguard these children.
- A pilot Behaviour Change Lead situated within the Devon Together Substance Misuse Service has delivered domestic violence and abuse training to staff and has worked with perpetrators to challenge harmful patterns of behaviour.
- An Integrated Offender Management pilot has reduced repeat perpetration to 8% within the initial cohort, well below the national benchmark of 18%.
- Pattern Changing programmes, which help women recover from the effects of domestic abuse, are in the process of being delivered across Devon.

Substance misuse, including drug-related deaths

The misuse of drugs and alcohol continues to present a significant level of harm to local populations. Drug and alcohol misuse can both arise from a complex range of vulnerabilities and impact on health and wellbeing. With drug and alcohol misuse presenting a risk to young people as well as adults, current responses include commissioning separate young person's and adult substance misuse services; Y-Smart and Together Drug and Alcohol Service.

Alcohol misuse

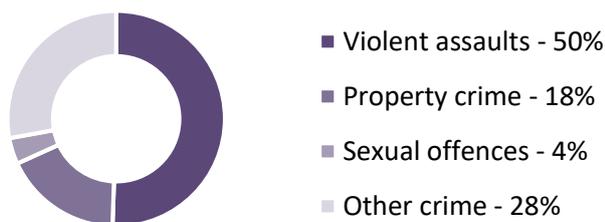
Alcohol misuse relates to the problematic consumption of alcoholic substances. This can involve entrenched drinking, in which significant amounts of alcohol are frequently consumed with long-term impacts on people's health and wellbeing; alcohol consumption leading to public disorder; and alcohol consumption amongst people who do not meet the thresholds for service intervention.

Alcohol misuse has continued to increase in Devon during the past year, with alcohol prevalence estimates indicating that approximately 7,300 adults are living with alcohol dependency. This equates to roughly 1.2% of the adult population in Devon and continues to be slightly lower than the national dependence rate (Public Health England, 2018). 83% of people living with alcohol dependency are not engaged in treatment services, a figure above the national average (PHE, 2018).

Alcohol-related hospital admissions have remained broadly stable over the past 12 months, and are lower than the national average (NHS Digital, 2019; PHE, 2019). However, over the past 7 years rates within some parts of Devon have consistently exceeded the national average (PHE, 2017). Devon continues to be an outlier for admissions amongst the under 18 population, and problematic drinking amongst some young people has also increased (PHE, 2019). These drinking patterns are concerning as they can increase the risk of alcohol dependency in adulthood.

Older age groups are also a source of concern, given the extent to which alcohol misuse and hospital admissions for alcohol-related illness have become concentrated within the 40+ age groups (NHS Digital, 2019). Since 2012 those aged 55-64 have, nationally, witnessed the highest levels of drinking (Drink Wise Age Well, 2019). Problematic alcohol consumption amongst this age group is particularly hidden, making it difficult for people to acknowledge the issue and seek help.

Alcohol-related crime is occurring at broadly similar levels across Devon, except in Exeter where crime rates are greater than the county-wide average (UDS, 2019). This is largely due to the relative scale of the night-time economy in Exeter. Violent assaults continue to account for most crimes, followed by property crime and sexual offences. The prominence of violence is significant and forms part of a wider picture of increasing local harm in which alcohol and drug misuse is a key factor - an estimated 2/3 of domestic violence incidents involve alcohol (Adfam, 2019).



Alcohol-related crime by type (UDS). Figures are approximate.

Knowledge of alcohol misuse is still developing with further intelligence required to understand the extent and nature of the issue amongst groups who are not engaged in treatment.

Alcohol misuse, especially over a prolonged period of time, can lead to serious health problems, including premature death. The psychological impacts of alcohol misuse, including addiction and the effects of alcohol on emotional wellbeing, can be serious. The length of time often taken for people to seek treatment for alcohol addiction and dependence means that it may take years for the psychological factors underlying alcohol misuse to be recognised and addressed.

Alcohol misuse is more likely to occur behind closed doors, with the impacts on family and friends far outweighing those experienced by local communities who are largely affected by the more visible signs of problem drinking – namely alcohol-related crime and anti-social behaviour. Public concern continues to concentrate on these more visible aspects, and on problem drinking amongst young people and young adults.

Drug misuse

Drug misuse relates to the use of any substances included in the Misuse of Drugs Act (1971), which are illegal to process, sell and consume, and those which are legal to process, sell and consume when prescribed by a physician, but are then misused. These substances include opiates, cocaine, cannabis, other psychoactive substances, synthetic substances and prescription-only medications. Problem drug use typically involves the sustained use of substances, leading to long-term dependency and significant physical and psychological impacts on the individual.

The prevalence of local drug misuse has continued to increase over the past year, in line with nationally observed trends (PHE, 2019). A range of substances are involved locally, including the illicit use of prescription drugs and increasing poly-drug use, involving the use of two or more psychoactive substances in combination.

Increases in drug offences illustrate the continued prevalence of drug dealing in the county, including that associated with county lines activities (Devon and Cornwall Police, 2019). National research and local intelligence suggests that rising local prescription drug use may be partly driven by the greater accessibility provided by

the dark web (Global Drugs Survey, 2019). This highlights the varied nature of locally-accessible drug markets and their ability to impact local drug use.

Locally, drug misuse continues to affect many sections of the population, including young and middle-aged people. Substance misuse during adolescence has particularly damaging effects on brain development and greatly increases the risks of future drug dependency and health problems. Drug use amongst middle-aged people can be particularly damaging due to the ageing process and the prolonged period over which people may have misused substances. This includes those who are experiencing long-term health impacts from prolonged usage or have died prematurely from drug-related health conditions and overdoses (ONS, 2019).

Complexity and vulnerability are recurring and increasingly significant themes among drug users. This includes complex intersecting issues such as mental health difficulties, domestic abuse, housing difficulties and involvement in the criminal justice system. Up to half of substance misuse service clients are estimated to have a dual diagnosis of substance misuse and mental health difficulties, and up to 20% have concerns over their housing situation (PHE, 2018).

Drug misuse can lead to complex and long-term physical and psychological health issues which often intensify through age, creating chronic conditions and potentially premature death. The impacts of drug misuse often require hospitalisation and, in the case of psychological difficulties, intervention from specialist mental health services.

The financial impacts of drug misuse can be severe and can lead to debt and homelessness, and can lead people to carry out acquisitive crimes to fund their drug dependency. This can negatively affect communities and reduce confidence in the safety of local areas. As highlighted in the government's [Serious Violence Strategy](#), organised crime gangs involved in drug dealing can be responsible for significant levels of violence in local communities (Home Office, 2018). The visibility of drug misuse, mainly in the form of drug paraphernalia in public spaces, can further heighten concerns.

Drug-related deaths

Drug-related deaths refer to all deaths where either:

‘the underlying cause is drug abuse or drug dependence, or the underlying cause is drug poisoning and where any of the substances controlled under the Misuse of Drugs Act 1971 are involved’, (HM Government).

Within Devon, and nationally, the number of drug-related deaths has continued to increase (Public Health Devon, 2019; ONS, 2019). Whilst at a county level drug-related death rates remain below the national average, rates within some parts of Devon are higher, indicating regional pockets of greater vulnerability.

Drug-related deaths continue to be concentrated within the under-40 age group (Public Health Devon, 2019). Further intelligence is limited by the difficulty of determining substances responsible for deaths, in part due to the tendency for deaths to involve multiple drugs, including alcohol.

The death of a person from drug-related causes can have severe impacts on those close to them. Psychological trauma can be profound and long-lasting, requiring specialist interventions and support. Those affected may themselves become vulnerable to future harm due to the psychological impacts of the death or as a result of reduced financial stability. Local communities can be significantly affected by deaths, as has recently been the case with a number of deaths amongst young people and young adults. These cases can generate significant public concern over the prevention of future deaths, placing expectations on local partners to protect vulnerable individuals and reduce the harms associated with drug misuse.

Partnership responses

Substance misuse is a key part of local and national public health priorities, with expectations placed on services to provide effective treatment and support in order to reduce the morbidity and mortality caused by substance misuse. Commissioners, providers and strategic partners continue to deliver integrated responses to alcohol and drug misuse and drug-related deaths, covering the stages of prevention, harm reduction, support and recovery. Updates on work include:

- The recommissioning of the Healthy Lifestyle Service to continue the support offered to older drinkers.
- Work conducted by the Blue Light Trainers network (for specialists working in alcohol misuse) to promote training within partner organisations.
- The funding of a Needle Syringe Supply Programme to reduce the transmission of blood-borne viruses and bacterial infections through shared drug injecting equipment.
- The increased rollout of naloxone, which is used to address the effects of opioid overdose. This has included the provision of take-home naloxone to clients accessing specialist treatment and outreach services.
- The provision of drug testing machines across Devon and Cornwall to identify substances implicated in overdoses, drug poisonings and drug-related deaths.
- The introduction of a new drug alert communication process to provide clarity over the messages circulated to partners and the public following drug poisonings and drug-related deaths.

Homelessness

Homelessness relates to the absence of secure housing – this includes people with no fixed abode, who are temporarily living with family or friends, living in temporary accommodation, and rough sleeping (ONS, 2018). Local authorities have a duty to

support people meeting the criteria for ‘statutory homelessness’. This includes people who are threatened with the loss of their current housing and those with no accommodation at all.¹ The number of people meeting the criteria for homelessness in Devon far outstrips the estimated amount of rough sleepers, indicating that the full extent of the issue remains largely hidden from public view (ONS, 2018; Ministry of Housing, Communities and Local Government, 2018).

Rate per 1,000 households (2018-19)	East Devon	Exeter	Mid Devon	North Devon	South Hams	Teignbridge	Torridge	West Devon	Devon	England
	5.1	18.9	9.0	24.4	11.3	11.6	14.1	11.2	13.0	10.9

Homelessness estimates per local authority area (ONS). Homelessness defined as households which meet the criteria for statutory homelessness and are owed a duty by local authorities.

The rate of statutory homelessness across Devon is slightly higher than the England average, with rates differing markedly between districts (ONS, 2019). These differences point to localised pockets of increased vulnerability within the county.

Due to alterations in recording practices it is not possible to calculate trends in statutory homelessness. However, nationally and locally the number of rough sleepers has risen significantly over the past five years, with an average increase across the county of 66% (Ministry for Housing, Communities and Local Government, 2019). All local districts have witnessed either rising or static levels of rough sleeping, illustrating that it is not solely confined to urban locations.

The growing number of vulnerable groups within society suggests that levels of statutory homelessness and rough sleeping will likely increase in the coming years. Various factors and life events can create vulnerability to homelessness, including financial hardship, relationship breakdown, domestic violence, mental health problems and substance misuse. Underlying this is the impact of unresolved trauma and adversity on people’s vulnerability to, and ability to manage, challenging life events (Trailblazer Devon, 2019).

Additionally, local factors are increasing vulnerability to homelessness within Devon. These include the high cost of private renting and ownership, accompanied by a shortage of social housing and the need to be in full, professional employment to access many private tenancies. Indeed, nationally, the loss of private sector tenancies has become the single biggest driver of statutory homelessness (National Audit Office, 2017). Low average wages and high levels of seasonal work and zero-hours contracts further increase the local difficulties of accessing and retaining accommodation (Trailblazer Devon, 2019).

¹ Statutory homelessness covers all eligible households who are owed a homelessness duty by a local authority. A household is considered statutorily homeless if the local authority decides that they do not have a legal right to occupy accommodation that is accessible, physically available and which would be reasonable for the household to continue to live in.

The impacts of homelessness are severe, significantly impacting on physical health and increasing the likelihood of serious illness and premature death. People who are homeless are four times more likely to attend accident and emergency departments or be admitted to hospital than the wider population (Homeless Link, 2014). This is exacerbated by the difficulty of accessing healthcare and support, increasing the likelihood of long-term impacts on health. Vulnerability to exploitation is also a concern, especially modern slavery and drug-related exploitation, including county lines.

Mental health difficulties are significant, with homeless populations experiencing higher incidences of depression, anxiety, self-harm, personality disorders and psychosis, and increased risk of suicide. Added to this is the prevalence of substance misuse issues, including dual diagnosis with mental health problems. On their own, these issues often fall the below criteria for intervention from statutory services, despite the severity of their combined impacts on the individual (Public Health Devon, 2015).

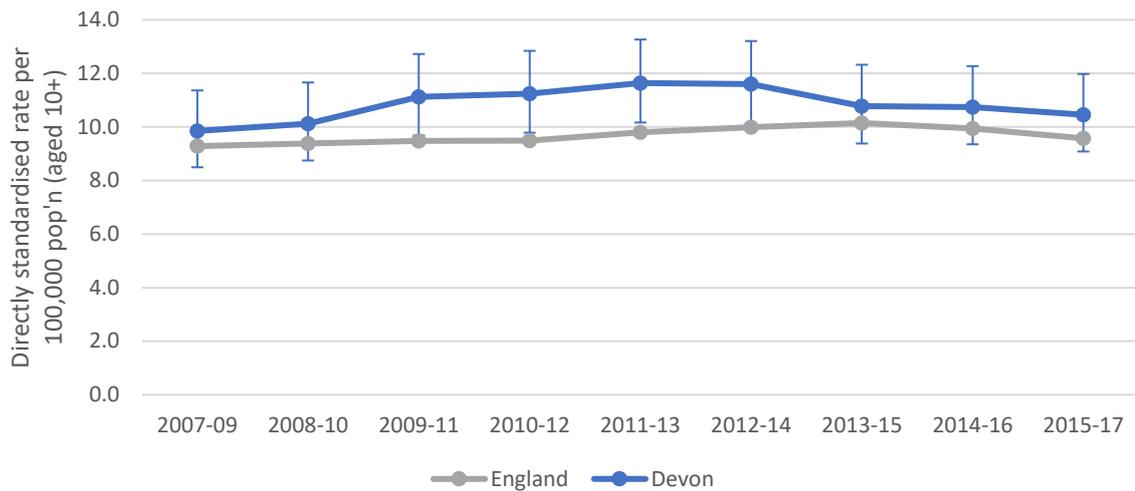
Although forming a small proportion of the homeless population, rough sleepers experience the most acute needs and worst health and wellbeing outcomes. Life expectancy for this group is 25 years less than the Devon average, with issues such as exposure to harsh climates, poor sanitation and poor nutrition contributing to premature morbidity and mortality.

More visible forms of homelessness, especially rough sleeping, can impact on local communities and generate concerns over the safety of public spaces, especially if alcohol and drug misuse occurs. Businesses may also be affected by the presence of rough sleepers. These examples illustrate how local communities are primarily affected by concerns over safety and disorder which, whilst important, can further isolate people who are homeless and increase their sense of exclusion.

Suicide

Suicides relate to deaths arising from intentional self-harm amongst people aged 10 and over, and deaths of undetermined intent amongst those aged 15 and over (ONS, 2018). Given the complex events surrounding many deaths a coroner's verdict is required to determine whether a suicide has taken place. Following a recent high court ruling if responsibility for the death is in doubt the coroner must be able to prove 'on the balance of probability' that the deceased took their own life.

Long term data indicates that the suicide rate has remained steady with a slight decrease (Public Health Devon, 2019). This broadly correlates with the national suicide rate (ONS, 2019). The number of suicides occurring within the county are also within the nationally expected range.



Suicide rate (persons) trend data for Devon and England (Public Health Devon)

Locally and nationally males are disproportionately represented in suicide statistics, accounting for approximately 3/4 of all suicides (ONS, 2019; Nomis, 2018). The reasons for this are complex and include the impact of social ideals about masculinity on self-esteem and the ability to disclose feelings and seek support (Samaritans, 2012). With suicides most likely to occur amongst middle-aged men, additional factors such as relationship breakdown and loneliness are also important (Samaritans, 2012).

Factors increasing the risk of suicide within the wider population include experiences of trauma, adversity or abuse, socio-economic deprivation, social isolation, family breakdown and unemployment. The risk of suicide is higher amongst certain groups, including people with a diagnosed mental health condition, with drug or alcohol misuse difficulties and those who are, or have been, in prison (Mental Health Foundation, 2019).

The impacts of suicides on people close to the deceased are severe, increasing the risk of depression, self-harm and difficulties in managing daily life (Pitman et al., 2014; Foggini et al., 2016). Financial impacts on dependants of the deceased may also be significant. Psychological difficulties experienced by survivors of suicide attempts are usually severe, impacting on daily life and functioning and placing them at high risk of further self-harm and loss of life.

The nature and scale of impacts on local communities varies with each suicide, with research indicating that, in general, between 6 and 60 people may be affected (Berman, 2011). The impact of the death of those who were employed, involved in voluntary work, attended education establishments or had substantial community connections is likely to be significantly greater (Cerel et al., 2014).

Public attention over suicide prevention is significant, and is underlined by governmental commitment to reduce suicides in England by 10% by 2020, and its zero-suicide ambition for mental health inpatients (PHE, 2018; NHS England, 2016).

Partnership responses

Local authorities hold responsibility for leading work to prevent suicides occurring outside of clinical settings. Only 1/3 of people who end their life by suicide are known to mental health services, so visible community-based suicide prevention work holds great importance. Current work includes:

- The provision of bereavement support and suicide prevention training through specialist voluntary sector organisations.
- The establishment of a suicide prevention team within Devon Partnership Trust (which provides mental health and learning disability services) which will work to end suicides amongst service users.
- The provision of training within partner organisations including Devon Partnership Trust, the emergency services and agencies working with vulnerable people, such as domestic violence support services and citizens advice bureaus.
- Work to strengthen the analysis of local suicides, which will improve the understanding of current trends and the effectiveness of preventative work.

Road traffic collisions – fatal and serious

Road traffic collisions relate to collisions involving a mechanically-propelled vehicle on a road or other public area which cause injury or damage to another person, animal, vehicle, or a property (HM Government, 1988). In line with Department for Transport practice, the road traffic collisions data included in this assessment only includes collisions taking place on public highways.

Across the county there has been a 5% decrease in fatal and serious road casualties reported to the police between 2017 and 2018, with long-term trends indicating a consistent increase in serious and fatal casualties which is expected to continue.

The number of fatally and seriously injured casualties have increased across Devon in both urban and rural areas, with urban areas witnessing the most significant rise over the past 5 years. Pedestrians, cyclists and motorcyclists the most likely to be involved in collisions occurring in urban areas, whilst in rural areas cars are most likely to be involved.

Those aged 20-30 are twice as likely to be injured in a road traffic collision compared to drivers of other ages. In addition, casualties amongst car drivers aged 65 and above have risen significantly in rural areas. This is a recently emerging trend.

Partnership responses

Road traffic collisions require an immediate response from blue light services, and further action from the council, the highways department and the police to reduce the likelihood of further collisions in 'hotspot' areas.

Work has been undertaken to improve the recording and collection of intelligence about road traffic collisions. In addition to this, the following is being conducted:

- The introduction of a new collision data recording system is improving the accuracy of serious injury data.
- Engineering and road safety teams are assisting with the design and risk assessment of new roads, and road maintenance work.
- The continued development of innovative approaches to support at-risk motorists on higher-risk routes. These involve using dashboard analytics to inform the content of lessons for young drivers, motorcyclists and older drivers.
- Work to support companies in reducing the risks faced by at-work drivers. Older and medically impaired drivers have also been supported with assessments and training to manage driving risks associated with their condition.
- The Devon County Council Road Safety Team have developed publicly accessible resources about road traffic collisions occurring across Devon:
 - [Devon County Council Collision Data webpage](#) – contains various collections, reports and interactive tools
 - [Data Dashboards](#) – Power BI dashboards providing information about the latest road casualty figures and five year trends.
 - [Young Driver Dashboard](#) – Power BI dashboard providing data on the 17-24 age group, which is at highest risk of road traffic collisions.
 - [Devon Collision Map](#) – Maps all collision data across a 5-year period.

Analysis: exploitation

Exploitation features prominently within the highest scoring issues in this assessment. Relating to the act of being groomed or coerced into doing something for another's gain, it can involve high levels of physical and psychological harm. Being a victim of exploitation can involve harm to self or others and can involve, for example, being forced or coerced to:

- Work for little or no pay
- Take part in sexual activities
- Hand over money or personal property
- Take part in criminal activities
- Groom and exploit others
- Harm others because of hatred or an ideology.

As a largely hidden issue exploitation can go unnoticed within communities, leaving victims feeling isolated and defenceless. Victims may not realise they are being exploited, particularly if the exploitation is a gradual process in which harmful ideas, behaviours and activities are normalised and become accepted.

Given the commonalities and interrelationships between different forms of exploitation the Safer Devon Partnership has developed a number of overarching responses in addition to the issue-specific responses discussed below:

- The development of a [Preventing Exploitation Toolkit](#) to increase awareness and understanding of vulnerability and exploitation. This toolkit is for anyone who, through their paid or voluntary role, may work with vulnerable people and is an operational and workforce development resource.
- Supporting Devon and Cornwall Police's development of an online intelligence reporting form for partner agencies. This has encouraged submissions relating to all forms of exploitation, allowing intelligence to be analysed holistically.
- The development of a joint [Exploitation of Children Strategy](#) by the Devon Children and Families Partnership.

Dangerous drug networks (including county lines)

Dangerous drug networks relate to supply chains controlled by organised crime groups which are used to traffic and deal illegal drugs. Serious violence is associated with dangerous drug networks, as is the exploitation of vulnerable people who may be forced to participate in drug trafficking and dealing. People, especially women and girls, may be sexually exploited by members of the organised crime group.

County lines is a form of dangerous drug network which relates to the export of illegal drugs, mainly from major metropolitan areas, into import locations through mobile phones or other 'deal lines' (Home Office, 2018). Significant levels of exploitation are associated with county lines operations, with extensive local

evidence of organised crime groups exploiting children and vulnerable adults. This involves using people, often children and adolescents, as ‘runners’ to transport drugs from export to import areas and using the homes of vulnerable adults as bases for operations. Known as ‘cuckooing’, people living at these properties may be subjected to significant physical and sexual violence.

Intelligence indicates that activities relating to dangerous drug networks, especially county lines, have continued to increase in Devon, with many locations across the county routinely targeted by organised crime groups (Devon and Cornwall Police, 2019). This includes areas located a significant distance from major transport routes, illustrating the extent to which county lines is a rural as well as an urban problem.

Increasing activity in Devon must be set within wider shifts in drug crime from large cities to towns and rural areas as drug gangs seek to exploit new drug markets. Across Devon drug possession and trafficking crimes have risen significantly over the past 2 years (Devon and Cornwall Police, 2019). Whilst this is partly due to increased disruptive activities and greater awareness of county lines, these figures also illustrate the increasing attention which Devon, as a predominantly rural area, is receiving from drug gangs.

Offence type	Trend	Rate per 1,000	2017-18	2018-19	Annual change
Possession of drugs	▲	1.6	1,080	1,280	18%
Trafficking of drugs – Class A	▲	0.5	290	330	14%
Trafficking of drugs - Other	▲	<0.5	150	160	7%

Drug-related offences by type (Devon and Cornwall Police). Figures are approximate.

High levels of violence are associated with dangerous drug networks and county lines and, locally, the possession of weapons and violent crime has continued to increase over the past year (Devon and Cornwall Police, 2019). Whilst not directly attributable to drug trafficking and dealing, these figures highlight the context of increasing violence within which dangerous drug networks and county lines are situated.

Vulnerabilities associated with county lines exploitation are well recognised and young people known to children’s social care and youth offending services, and adults involved in substance misuse, are amongst those most likely to be targeted.

Exploitation by organised crime groups and drugs gangs can have severe and lasting impacts, including physical injury from violence. This includes the use of physical harm as a means of coercion, control and punishment. Psychological impacts are also significant, creating long-term effects on mental health. Evidence is also emerging of the sexual abuse and exploitation of people groomed by organised crime groups and drug gangs.

Many of those exploited by county lines activities become indebted to drug gangs. Acting as a further form of coercion and control, the drug debts incurred can be substantial, placing victims in financial difficulty and increasing their dependence on the gang. These financial difficulties can seriously impact on everyday living and

housing situations and can lead to homelessness – something which further increases people’s vulnerability to exploitation, making them more visible to drug gangs at a time when they are in significant need.

Impacts on local communities are significant, ranging from the increased occurrence and fear of violence to the growing visibility of drug-dealing. Increasing public awareness of county lines, locally and nationally, has further raised the concerns felt by local communities.

Partnership responses

Addressing the threat posed by dangerous drug networks and county lines requires a coordinated multiagency response across partners including the police, child and adult safeguarding, housing, healthcare, substance misuse services and criminal justice. Locally the following has been achieved:

- Significant improvements have been made to the local intelligence picture through increased information sharing between the police and partner agencies..
- Awareness-raising activities have increased knowledge and understanding of the threat, risk and harm relating to dangerous drug networks amongst operational staff and the wider public.
- An Exeter-based programme aiming to increase the resilience of people vulnerable to exploitation by organised crime gangs. Interventions have focused on diverting people away from exploitation and towards increasing wellbeing, confidence, life skills and employability.
- A South-Devon base programme to support vulnerable young people (see page 33).
- Support groups established for parents of children connected to county lines and gang activities. These groups create a space for parents to work together with local services to protect their children from harm and exploitation.

Modern slavery and human trafficking

Modern Slavery relates to the trafficking, enslavement and forced servitude of people for the purposes of exploitation. It can occur in many forms, although within the South West forced labour, for example in the agricultural and service industries, is more common (Modern Slavery Police Transformation Unit, 2019).

Nail bars, massage parlours, car washes and restaurants are among the places where modern slavery has been found to take place within Devon. Sexual exploitation features in approximately 1/3 of modern slavery cases across Devon and Cornwall (Devon and Cornwall Police, 2019). It is often linked to labour exploitation, with victims being forced to offer sexual services as a form of labour.

Nationally and locally human trafficking has become increasingly linked to county lines and other forms of organised crime. This is due to the means by which people exploited by criminal gangs can be forced to transport drugs to and from locations, be held captive in properties used for criminal activities (such as in cases of cuckooing) or be forced to participate in the production and sale of drugs (Devon and Cornwall Police, 2019). Law enforcement agencies are increasingly using modern slavery legislation to prosecute drug gangs responsible for county lines activities, leading to increased charges and prosecutions for county lines-related human trafficking.

Modern slavery is a particularly hidden crime, with victims often actively hidden from sight or, for example in cases of forced labour, being forced under the threat of violence to pretend that they are legally employed. The nature of modern slavery makes it difficult to identify and investigate, requiring extensive work to uncover people's living and working arrangements and produce evidence of illegality. The scale of modern slavery operations also creates challenges, with potentially large numbers of victims being exploited across multiple locations (Modern Slavery Helpline, 2019).

The age and nationality of modern slavery victims identified locally continues to be diverse, indicating that a broad demographic is vulnerable to exploitation (Modern Slavery Helpline, 2019). Modern slavery linked to criminal exploitation (which includes county lines) is associated with a significantly younger demographic, with the majority of victims aged 14-17 (MSPTU, 2019). The overall proportion of male victims is consistently higher than female victims (Modern Slavery Helpline, 2019). However, female victims of modern slavery are more likely to encounter multiple forms of exploitation (MSPTU, 2019).

Modern slavery severely impacts on victims' health and wellbeing, with poor living and working conditions and the threat or perpetration of violence creating significant effects on physical and mental health. This is heightened by the length of time over which people can be enslaved, sometimes amounting to years, resulting in significant long-term trauma and health problems. Financial impacts are similarly severe, with victims often left destitute and financially reliant on their captors.

Extensive multi-agency input is typically required to support victims, practically and psychologically. Recovery can be a lengthy process and may require long-term assistance. In addition, cases of modern slavery are becoming increasingly complex, with victims displaying greater vulnerabilities and needs (MSPTU, 2019).

Compared to other forms of exploitation, modern slavery receives limited public attention. This is partly due to its hidden nature, with members of the public unlikely to witness, or be impacted by, its effects. Whilst national and local media coverage of modern slavery has increased, it is much less than that surrounding more visible forms of harm and exploitation. However, there has been consistent government focus on modern slavery, as outlined in the Modern Slavery Act (2015), the Modern Slavery Strategy (2014) and a new Modern Slavery Taskforce.

Partnership responses

As with other forms of exploitation, modern slavery and human trafficking requires a coordinated multi-agency response. Over the past 12 months work has included:

- Increased awareness of modern slavery amongst the public and partner organisations, using tools such as the [Clewes Initiative Carwash App](#) and the [Preventing Exploitation Toolkit](#). Targeted work has also been conducted with housing providers and other key stakeholders to raise awareness of the links between homelessness and modern slavery.
- Strengthening the local response to modern slavery and human trafficking incidents.
- Joint working between police and partner agencies to conduct checks on places and businesses where modern slavery may take place. This is increasing opportunities to collect intelligence and identify victims.
- The delivery of modern slavery training to frontline staff and businesses ~~the~~ through Trading Standards Buy With Confidence scheme. This work includes an online [training video](#).

Radicalisation and violent extremism

Violent extremism relates to beliefs which condone violence for the purposes of furthering an ideological, political, religious or personal cause, with terrorism relating to the use, or threat, of violence to advance these causes (Terrorism Act, 2000; HM Government, 2015). Through the process of radicalisation people may come to adopt extremist views which support the use of violence and terrorist acts (HM Government, 2015).

The local and national threat, risk and harm posed by terrorism and violent extremism has remained broadly consistent over the past 12 months. Although Devon has not experienced a terrorist incident in the last 12 months, the national threat level is 'substantial', meaning that a terrorist incident is likely (Gov.uk, 2019). International terrorism remains the greatest threat, although domestic extremism, including right-wing extremism, and Northern Ireland-related terrorism also present significant concerns, nationally and locally.

The continued threat posed by lone actors and attacks containing limited sophistication and planning is significant. With the internet and social media increasingly comprising key avenues for exposure to, and radicalisation by, online extremist materials, significant opportunity exists for lone individuals to adopt violent extremist views and plan terrorist acts.

Local cases referred into the government's counter-terrorism programme highlight the continued importance of situating radicalisation within the wider context of

vulnerability, complexity, adversity and trauma witnessed across all forms of exploitation.

As witnessed in the 2017 and 2019 attacks in Manchester and London, the expectation remains that a terrorist incident would have severe and long-term effects on individuals and communities. Mass casualties would likely occur, with significant long-term psychological and financial impacts on those affected. Impacts on local communities may be particularly long-lasting and pronounced. Extensive damage would potentially be suffered within the immediate area surrounding the incident, with substantial environmental impacts. Robust and coordinated immediate, medium and long-term multi-agency responses would be required.

Ensuring effective and sustainable partnership responses to the threat of terrorism is important, and is reflected in the statutory duty resting on local authorities and specified partner agencies to have 'due regard to the need to prevent people from being drawn into terrorism' (Counter-Terrorism and Security Act, 2015; CONTEST Strategy, 2018).² This involves working with partners to identify and safeguard people at risk of radicalisation and strengthen the resilience of local communities.

Partnership responses

The Devon and Torbay Prevent Partnership coordinates local work to prevent people from being drawn into violent extremism and terrorism. Over the past 12 months work has included:

- The development of a workforce development strategy to support partner organisations in delivering Prevent training within their organisations.
- Awareness-raising work relating to the [Preventing Exploitation Toolkit](#) which includes reference to radicalisation and violent extremism and has been shared extensively with Prevent and wider partners
- The launch of a [public facing campaign](#) to raise awareness of online radicalisation.

² Specified partners include schools, health, prisons and probation, the police, and higher and further education institutions.

Emerging issues: extra-familial youth risk and vulnerability

Arising from growing concerns over the vulnerability of young people and young adults to harm occurring outside of the family environment, 'extra-familial youth risk and vulnerability' has been included for the first time in the Strategic Assessment. Knowledge and analysis of this issue is evolving so this section will provide a detailed but partial overview of current understandings of the threat, risk and harm facing young people and young adults from outside the family environment.

Adolescence and young adulthood are times of increased vulnerability and exposure to contextual harm. These harms are numerous and significantly more complex and wide-ranging than those experienced by younger age groups (Hanson and Holmes, 2014). They can include exposure to physical, emotional and sexual abuse and violence, harmful behaviours such as substance misuse, exploitation (including criminal or sexual exploitation by gangs and criminal groups) and being exposed to violence and criminality. These experiences can have significant impacts on mental health and harmful practices such as substance misuse, and can lead to involvement in the criminal justice system. These impacts can also extend, and intensify, into adulthood.

Research into adolescent safeguarding indicates that contextual risk stems from a number of sources, including:

- Peers, including peer groups, online peer influences and relationships.
- The wider community, including gangs and criminal networks.
- Changes in personal circumstances, such as leaving education, home, or the care system.

(Hanson and Holmes, 2014)

Adolescents are particularly vulnerable to contextual risks due to the physiological and emotional developments associated with puberty, which can heighten emotional responses to stressors and rewards and increase risk-taking behaviours (Devon and Cornwall Police, 2018). The physiological impacts of substances such as drugs and alcohol are also heightened, increasing the likelihood of longer-term addiction and illness.

Adolescents are also likely to place greater value on peers and social networks, and seek new identities, increasing their likelihood to adopt the appearance, behaviours and attitudes of peer and youth cultures (Devon and Cornwall Police, 2018). Youth cultures have become increasingly associated with violence, abuse and criminality, something underlined by the growth of gang activity across the country and increasing knife and gun crime and homicides (HM Government, 2018; BBC News, 2019). Young people and young adults can also become targets for harm and exploitation, for example sexual abuse and exploitation and criminal exploitation (including county lines).

Young people and young adults as a whole are a vulnerable group. However, specific factors heighten the vulnerability of certain individuals:

Adversity and trauma experienced during childhood, which can affect physical, emotional and social development (Bellis et al., 2014). Impacts on brain development can create difficulties with decision-making, communication and emotional control which can lead to impulsive, high-risk behaviour (Bellis et al., 2014). This can result in issues at home, school and with peers, and isolation from protective environments and relationships.

Special educational needs and disabilities, including speech and language difficulties and Attention Deficit Hyperactivity Disorder (ADHD). Impacting on communication and social functioning, these conditions can lead to challenging behaviour and difficulties with familial and peer relationships, and difficulties at school (Harpin, 2005).

School exclusion and attendance at alternative education establishments, such as pupil referral units. Once removed from mainstream education young people are likely to spend more time outside of education institutions and socialise with others who may be involved in violence and criminality.

Transition into adulthood. This involves significant change, greater independence and new responsibilities, such as starting employment or new forms of education, moving away from home, establishing new social networks and taking greater responsibility for daily living. This transition can be especially difficult for care leavers, and indeed care leavers are overrepresented in the NEET population (Not in Employment, Education or Training) and in the criminal justice system (DfE, 2016; Coyne, 2013).

The transition from child to adult specialist services can be challenging for many young people. Differences in service thresholds and waiting lists can impact on continuity of care and changes in service provisions can affect the support that people receive (Public Health Devon, 2019; Healthcare Safety Investigation Branch, 2018).

The impacts of the above issues are varied and wide-ranging, but are interlinked in terms of their intensity, severity, complexity and long-lasting effects into adulthood. These include poor mental wellbeing, poor physical health, reduced educational attainment and employment prospects, increased likelihood of living in poverty and, for those young people and young adults involved in criminal activities, greater likelihood of continued and increasing criminality and exposure to violence.

The combined effects of these impacts can interact with wider influences on health and wellbeing, leading to poorer long-term health and reduced life expectancy. These impacts can be intergenerational, with the children of parents who experience the above issues exposed to adverse and traumatic experiences which can increase their own vulnerability in childhood, adolescence and adulthood.

Local communities are most impacted by the visible aspects of youth risk and vulnerability, notably youth violence, including aggressive and physically abusive behaviour. Rising levels of youth violence and knife and gun crime have also heightened the visibility of youth vulnerability within the national agenda, resulting in the [2018 Serious Violence Strategy](#), and the planned creation of a new '[public health' duty](#) on public bodies to prevent and tackle serious violence. This will require community safety partnerships to make serious violence an explicit priority (Home Office, 2019). Government funding has also been provided to support local initiatives to tackle youth violence and crime.

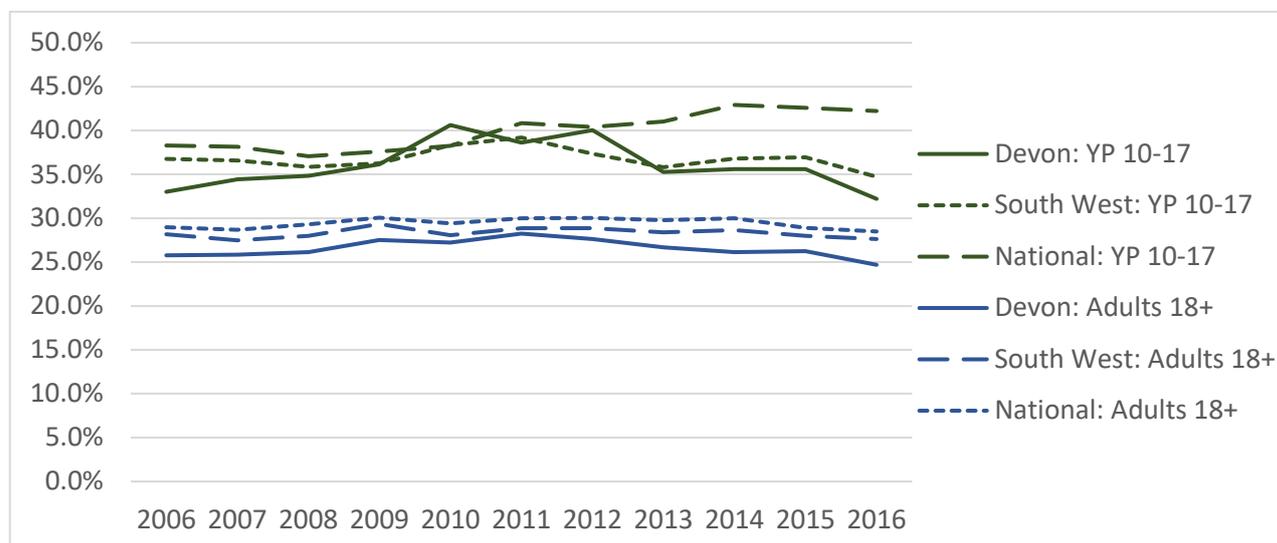
Organisational responses

The increased focus on extra-familial youth risk and vulnerability has led to numerous cross-partner responses, many of which will evolve as intelligence and understanding grows. These supplement existing responses provided by specialist child and youth services, and include the following:

- A review conducted by the Devon Children and Families Partnership to assess current provisions and practices surrounding contextual safeguarding, identify good practice and inform future responses.
- A study into care leavers' experiences which will explore their lived experiences in order to understand how practitioners can support them effectively and build resilience.
- The creation of forums across Devon to share intelligence about threats, vulnerabilities and safeguarding concerns in relation to young people.
- The delivery of a South Devon-based project to support young people drawn into crime, violence and gang-related activities. This project includes street outreach and intervention work; one-to-one support; transition work with primary school students; speech and language interventions; and the creation of parent support groups to engage parents as partners in responses to youth vulnerability.
- The delivery of PSHE and RSE training to schools by Y-Smart to support educational staff in promoting resilience amongst young people.

Analysis: reducing reoffending

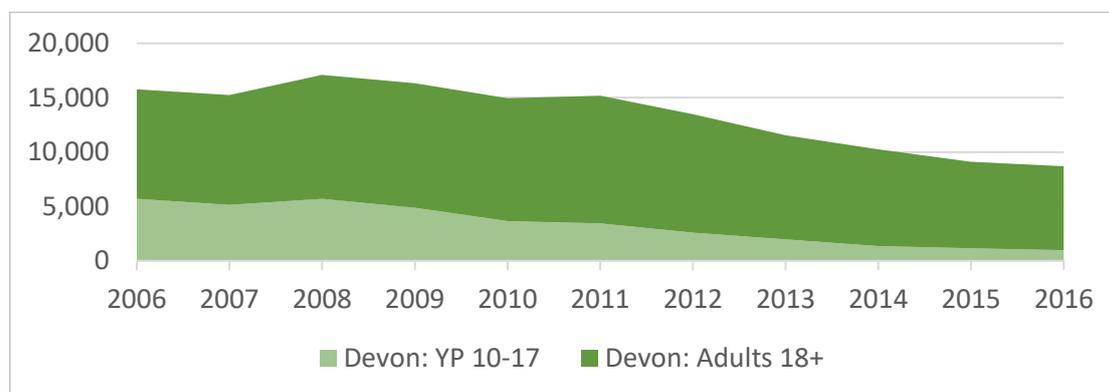
Reoffending rates in Devon continue to be below the South West and national averages, at 32.2% and 24.7% for young people and adults respectively. Long-term trends indicate that reoffending rates amongst both age groups have remained stable, with a slight decrease observed in youth offending rates.



Reoffending rates (Ministry of Justice)

Young people continue to be most likely to reoffend, despite their low overall number within the offender cohort. Males continue to comprise the largest proportion of repeat offenders in both the young person and adult age groups, with reoffending rates of 34.6% and 25.6% within each age group, respectively. Female reoffending rates are lower but still notable, at 22.2% and 20% within young person and adult cohorts. Crimes with the highest reoffending figures include theft (47.7%), public order (31.7%), robbery (27.8%), possession of weapons (23.2%) and drug offences (22.8%). This is broadly in line with previous years.

The total offender cohort has continued to reduce, forming part of a long term trend. The consistency of reoffending rates is thus significant. Moreover, the average number of previous offences per repeat offender has increased over the past five years from 6.4 to 7.4 for female offenders, and from 14.6 to 17.7 for male offenders.



Total number of offenders (Ministry of Justice)

Appendix 1: Selected bibliography

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