



NORTHAMPTON **B O R O U G H C O U N C I L**

Please find enclosed the agenda and supporting papers for **Scrutiny Panel 1 Serious Acquisitive Crime and Violent Crime/ Community Safety**

Date: **Thursday, 10 January 2013**

Time: **6:00 pm**

Place: **The Jeffrey Room, St. Giles Square, Northampton, NN1 1DE.**

If you need any advice or information regarding this agenda please phone Tracy Tiff, Scrutiny Officer, telephone 01604 837408 (direct dial), email ttiff@northampton.gov.uk who will be able to assist with your enquiry. For further information regarding **Scrutiny Panel 1 Serious Acquisitive Crime and Violent Crime/ Community Safety** please visit the website www.northampton.gov.uk/scrutiny

Members of the Panel

Chair	Councillor Danielle Stone
Deputy Chair	Councillor David Palethorpe
Panel Members	Councillor Michael Ford Councillor Brendan Glynane Councillor Dennis Meredith Councillor Christopher Malpas Councillor Brian W Sargeant
Co-opted Member	Sharon Henley, Northamptonshire Police Chief Inspector Max Williams, Northants Police Neil Bartholomey, Chair Northampton Pub watch

Northampton Borough Scrutiny Panel 1 Serious Acquisitive Crime and Violent Crime/ Community Safety

Calendar of meetings

Date	Room
4 February 2013 6:00 pm	All meetings to be held in the Jeffery Room at the Guildhall unless otherwise stated
21 March 2013 6.00pm	
8 April 2013 6.00pm	

Agenda

Item No and Time	Title	Pages	Action required
1.	Apologies		Members to note any apologies and substitutions.
2.	Minutes	4 - 13	Members to approve the minutes of the meeting held on 26 November 2012.
3.	Deputations / Public Addresses		<p>The Chair to note public address requests.</p> <p>The public can speak on any agenda item for a maximum of three minutes per speaker per item. You are not required to register your intention to speak in advance but should arrive at the meeting a few minutes early, complete a Public Address Protocol and notify the Scrutiny Officer of your intention to speak.</p>
4.	Declarations of Interest (Including Whipping)		Members to state any interests.
5.	Witness Evidence		The Scrutiny Panel to receive the responses to its core questions from key witnesses:
5 (a) 6:10 pm 20 mins	Northants Youth Forum	14	The Panel to receive the responses of the Northants Youth Forum to its core questions.
5 (b) 6:30 pm 20 mins	Public Health	15 - 37	Dr Olufunke Adedeji, Consultant in Public Health – Health Protection NHS Northamptonshire

Northampton Borough Scrutiny Panel 1 Serious Acquisitive Crime and Violent Crime/ Community Safety

5 (c) 6:50 pm 20 mins	Victim Support	38 - 39	Christine Thompson, Service Delivery Manager, Victim Support
6. 7:10 pm 20 mins	Neighbourhood Wardens	40 - 53	Ruth Austen, Environmental Health Manager, NBC
7. 7:30 pm 15 mins	Demographics	54 - 57	The Panel to receive : Relevant Census Data
8. 7:45 pm	Background Data	58 - 66	To receive background data on:- <ul style="list-style-type: none"> • Serious Acquisitive Crime (SAC) problem profile

Agenda Item 2

NORTHAMPTON BOROUGH COUNCIL

SCRUTINY PANEL 1 SERIOUS ACQUISITIVE CRIME AND VIOLENT CRIME/ COMMUNITY SAFETY

Monday, 26 November 2012

COUNCILLORS PRESENT: Councillor Danielle Stone (Chair); Councillors Mick Ford, Brendan Glynane and Brian Sargeant

CO-OPTED MEMBERS: Sharon Henley Crime Prevention Design Advisor
Community Team
Northamptonshire Police
Neil Bartholomey Chair Northampton Pub Watch

WITNESSES: Laura Major Northamptonshire Police
Denise Meylan Northamptonshire Probation
Lucy Westley Sunflower Centre
Hassan Shah Northamptonshire Pakinstani
Welfare Trust

OFFICERS: Debbie Ferguson Safer Stronger Partnership
Manager
Will Finn Community Safety Data Analyst
Tracy Tiff Scrutiny Officer
Joanne Birkin Democratic Services Officer

1. APOLOGIES

Apologies for absence from the meeting were received from Councillors Christopher Malpas, David Palethorpe and Chief Inspector Max Williams.

2. MINUTES

The minutes of the meeting held on 10th October 2012 were approved and signed by the Chairman.

3. DEPUTATIONS / PUBLIC ADDRESSES

There were none.

4. DECLARATIONS OF INTEREST (INCLUDING WHIPPING)

There were none.

5. WITNESS EVIDENCE

(A) NORTHANTS POLICE

Laura Major, Acting Deputy Head of Community Safety (substantive post Crime Prevention Manager) attended the Panel to discuss responses to the core questions.

Written responses had already been submitted from other departments within Northants Police. The main points of discussion were as follows:-

Serious Acquisitive Crime

Across the commands of the police, there are different departments addressing different aspects to tackle Serious Acquisitive Crime, including Local Policing teams, the Crime Prevention team within community safety and the Crime Support department.

The main functions of the Crime Support department are:-

- Intelligence Function
- Burglary and Autocrime Teams- two sites
- Integrated Offender Management (IOM)

The prevention of SAC through detection of crime and reducing reoffending is within the remit of the IOM.

Wider preventative strategies sit within District Safer Community Teams and the Community Safety Department, with the Crime Prevention Officers, and Crime Prevention Design Advisors (CPDA). The role of the CPDA is to 'design out crime' at the planning stage in new and regenerated developments.

The District Chief Inspector and Police Crime Prevention Manager attend the Community Safety Partnership (CSP) and take part in identifying priority locations and then target resources accordingly. The police have an analyst team which identify crime patterns and seasonal peaks. Both local policing teams and Crime Prevention Officers work alongside NBC on areas identified for partnership work and prevention of crime.

Under Operation Guardian there are High Impact Days targeting specific SAC crime (burglary/vehicle crime/robbery), these are undertaken on particular areas, and include enforcement activity around offenders as well as prevention and community engagement.

IOM works closely with the probation services to assess offender's needs and potential pathways out of offending as well as enforcement.

There is good engagement with the Council but there needs to be further high level engagement around policies. For example, it is not understood how housing and maintenance prioritise upgrades and continued maintenance programmes and whether these are in line with the priorities set within the CSP. It would also be useful to have more engagement prior to planning application determinations, at the pre application stage.

There have been challenges as both partner organisations have undertaken structure changes, which do highlight gaps. There needs to be work done on how to fill the gap previously covered by Neighbourhood Coordinators.

In addition the police have started an intensive engagement project, with 4 projects Countywide. The Northampton project is looking at community engagement with a view to

improving SAC levels. This work has highlighted a gap with no clear partnership forum available to set community identified prioritised, and to work with partners (including the community) on the necessary solutions.

Reduction of re-offending in Northampton could be helped if it featured as a Borough priority in support of the Community Safety Strategy.

Violence

A written submission has been provided in relation to Operation Challenge, focusing on violent crime.

The Crime Prevention Officers, undertake home surveys of high risk victims of Domestic Abuse and utilise funding as and when available to implement safety measures in the home. In addition to 'target hardening', where the risk is raised further, the installation of Sanctuary's (a safe room) is undertaken. Clarity regarding funding is required.

Last years County Schools Challenge delivered the "One Punch" campaign anti-violence messages, this years County Schools Challenge is focused on the Sophie Lancaster Foundation and will engage the County's secondary schools.

Police Community Safety has reviewed and restructure of Operation Nightsafe, the Force operational response to the policing of the local night time economy.

A "consequences workshop" is being trialled elsewhere in the County, where youngsters who have been convicted off ABH or Common Assault are faced with the consequences of their actions. It is hoped this programme will be rolled out across Northampton.

A key factor to success is information sharing to identify potential key violence triggers.

In response to questions relating to the Community Engagement work.

- There has been some specific work done in certain areas of the County. The South West sectors focus has been on community engagement, with a very intensive canvas of local areas designed to identify community priorities and build upon community assets. In other areas the topics of focus have been Confidence in the Police, Anti-Social Behaviour perception and Violence. The University is engaged with the project, and it is thought an evaluation of each project (what worked, what didn't) will be completed.

Additional Questions:

- There is a need to reduce the impact of the "broken window syndrome" on member of the community; such issues are identified raised through Environmental Audits produced by Crime Prevention Officers for the use of the CSP. Members asked how the Police liaison with the Borough Council could be improved in this area. This is currently done between local policing teams and local wardens. One possible

improvement could be being able to provide an enhanced maintenance service in hotspot areas.

Members of the Panel thanked Laura Major for her response to its core questions.

(B) NORTHANTS PROBATION

Denise Meylan, the Director of Offender Management at Northants Probation attended the meeting to answer the core questions.

The main points were as follows:-

Northants Probation has the overall responsibility for supervising over 3,200 offenders across Northamptonshire, of which approximately 2,300 are in the community.

The fundamental aims of the service are to offer public protection and to reduce the level of re offending by promoting full rehabilitation; they are also involved in the enforcement of community orders as set by Courts and licence requirements for prisoners released from custody.

Serious Acquisitive Crime

Question 1

The starting point is to do a full assessment, using a tool called OASys, this is very effective in profiling the offender and making evaluations The assessment informs the involvement with internal teams and external agencies such as the Police and Drugs and Alcohol teams.

Question2

Prevention of crime is not a statutory requirement of the Probation Service although obviously they work with the Police and will often be able to flag whether an offender is at risk of reoffending.

Question 3

One of the significant issues is that of finding suitable accommodation. It could be a significant problem if those offenders who are most violent cannot be housed as this could put the public at significant risk. Suitable accommodation also assists the chances of those offenders being able to find stable employment and become part of a community. There are also some families where persistent offender behaviour is now being repeated through different generations- this is being tackled through the 'troubled families' initiative.

Question 4

Within NPT , we have dedicated professional and qualified staff who have the key responsibility for discharging offence focused work with offenders and ensuring that requirements of court orders and licences are met. Some of our work is supported by the Reach Project which takes key groups of offenders and the core remit is to assist them in securing training and employment. With police colleagues we also have a team, named Integrated Offender Management (IOM) which seeks to address violent and acquisitive crime with mainly male offenders. The typical age range is 18-30 and many are alcohol and/or drug dependent.

It is also important to maximise information sharing and make sure that all relevant agencies are given information in a timely way.

Question 5

The Police are the organisation most responsible for reducing serious acquisitive crime however the Probation Service are committed to reducing re offending rates.

Question 6

The Police Crime Commissioner should provide a strategic overview. They should also have a good understanding of local issues, hotspots and crime profiling. They need to have regular quality briefings with key partners.

She also felt that if agencies are given funding then they should be required to account for the money spent and be clearer about outcomes to fit and meet local priorities.

Violent Crime

With specific regard to violent crime, the Probation Service runs an integrated domestic violence programme. This is a programme of 18 month duration. with a specific court requirement.

There are Multi Agency (MAPPPA) meetings which are held regularly. Meetings are held weekly for level 2 offenders and monthly for the small number of level 3(more serious) offenders.

There is a very close relationship with the Police and there is a connection into BUDDI which is a real time satellite system tracking offenders. There is also a strong connection with the prison service on the releases and resettlement of offenders.

Members asked how Northampton Borough Council could further support the service.

There was some discussion on how “payment by results” might be effective and it was considered that targets would have to be set locally .The University could be approached to see if there was any research capacity.

Housing remains a major issue, pressure is growing on Council accommodation and the Probation Service has found it harder to find accommodation, particularly for the most violent offenders. They do have one hostel with 22 places. The Local Authority Chief

Executives Group is working to try and coordinate housing protocols throughout the County. The one currently used by South Northants is very good.

There are frustrations with enforcement; people perceive that the majority of resources are concentrated on a minority. The service will always consider issues on a case by case basis, where there are serious protection issues then custody will be preferred as a punishment method.

There may be issues for the service if financial support is withdrawn from support groups etc. and currently the service would not be consulted when funding issues were discussed. For example the service has made a commissioning offer with the (SWAN) group, which may now find itself unable to continue because of lack of funding.

There was also discussion about whether data protection issues had an adverse effect on organisations being willing to provide placements for offenders. There are several issues and it always needs to be considered whether there the placements are suitable as this will vary on a case by case basis assurance was given that all offenders on 'community pay back' are properly screened and any concerns are welcomed.

Members questioned whether there were benefits from having offenders and victims take place in any kind of meeting this is commonly known as Restorative Justice. This must be done carefully in order to make sure that the victim is not revictimised, but it may be a positive step towards the offender being re-integrated back into their community, which is very important in terms of reducing the chances of reoffending.

Members of the Panel thanked Denise Meylan for her very comprehensive and informative response to its core questions.

(C) HASSAN SHAH- NORTHAMPTON PAKISTANI WELFARE TRUST

Hassan Shah from the Pakistani Welfare Trust attended the Panel to discuss answers to the key questions.

The main points of the discussion were as follows:-

The Asian gold thefts were an example where the local community had been instrumental in getting action taken to resolve a problem. The gold thefts were targeting the Asian community as it was known that they kept high value jewellery in their homes. Initially however the Police did not consider that the statistics highlighted that there was a problem. Ultimately there was a good community response and the Police did identify patterns relating to the thefts which did indicate specific targeting. There was a wide spread publicity campaign involving the targeted communities and full investigations leading to some prosecutions.

It was pointed out that currently there were no checks if people went to sell gold, which makes it an easy commodity to dispose of.

Another area of concern was that of violence to taxi drivers. This often started as fare dodging, but had on occasion ended up in a case of serious assault.

As a good number of the Pakistani/Bangladeshi/Muslim community are taxi drivers if they feel that when they are victims of crime not much is done, then this colours the view held of the Police/ Council/ other authorities by the wider Pakistani/Bangladeshi/Muslim communities thereby having a disproportionate effect on the community, if the community feels that appropriate action is not being taken.

There was also a feeling that drivers were being persecuted as there were consultations going on about making the condition policy stricter. Drivers felt that this was an unfair burden at a time when it was hard to make a living. It was emphasised that this was related to work being done on making taxis safer. He also considered that some of the enforcement action undertaken whereby officers flag down private hires vehicles was unfair. If they are caught then it is directly taken to prosecution, leading to fines and at least temporary suspension of a licence. However officers stated that there was now a course which the driver could attend giving an option of avoiding prosecution.

Mr Shah raised installation of CCTV in taxis. This had been looked into in the past, but because of the number of taxis involved it would prove too expensive. He considered that it could be introduced in a small number of vehicles as a pilot.

He felt that the most important issue was for the Police and Council to build trust and confidence with the Pakistani/ Muslim community. Unless that was done then if the perpetrator of crime came from within that community e.g honour based violence, the Police/Council would need to engage with the community but would find it difficult to do so.

Members of the Panel thanked Mr Shah for his attendance.

(D) SUNFLOWER CENTRE

Lucy Westley from the Sunflower Centre gave the Panel responding to the key questions.

The main points of the discussion were as follows:-

The Centre is run for the victims of domestic abuse so she was answering the questions from the violent crime viewpoint only.

She considered that the whole issue of domestic violence was so vast that it could be considered as a separate Scrutiny Review.

Last year there were more than 12,000 reported incidents of domestic abuse in Northamptonshire, 4,997 of which were from the Northampton Borough area. In the first quarter of this year 49% of all of the centre referrals are from the Northampton Borough area. Whilst there are no statistics available locally yet on the impact of the service on repeat victimisation, national statistics provided by CAADA show that in 57% of cases there is no further abuse or violence after intervention.

The Sunflower Centre is an independent domestic violence advisory service. It is a very victim focussed service providing safety advice and support including signposting to housing, criminal and civil matters and support through court. We are strongly linked to the Multi agency risk assessment conferences providing the victim's voice and wishes.

Referrals come largely from the Police (approximately 60%). The service is hosted by Northamptonshire Police therefore all information regarding risk is all directly available to the Police on their systems.

The Centre does a large amount of multi-agency liaison work including with prisoner release, awareness training with other agencies, and education through schools, encouraging reporting and community involvement.

Housing is also an issue for the Centre; it does not have any accommodation itself, but has found in the last year that it is harder to get accommodation both through refuge and housing because of cuts to service. Lucy questioned why the emphasis was on moving the victim out of the family home when they should be looking to move the offender and where possible making the victim safer in their own home as this can be more cost effective. Lucy advised as refuge was cut the pressure on target hardening and civil orders will be greater and these are also facing pressure.

There are often cases involving complex needs such as mental health/ substance misuse where there are multi agency problems and it is difficult to agree who will take the lead. These can be the most difficult cases.

Being in employment may also be a barrier to getting assistance and the victim may not be able to obtain legal aid or to pay for refuge.

There has been an on-going pilot of a Specialist Domestic Abuse Court over the last 5 months regarding getting domestic violence cases into the court system. However, because of the amount of time that it takes to get a case to trial many victims withdraw because of pressures from the offender. Initial hearings progress quickly but follow up trials are a much longer timeframe.

There are a few people who are serial offenders and they move from victim to victim.

The Centre also does work on support for women whose partners are undertaking IDAP with the probation service providing information and reporting breaches.

Suggestions on how NBC can improve their services to victims of domestic abuse and support our service/victims are:-

- A review of housing responses and consideration of perpetrator clauses, ongoing use of target hardening and civil orders.
- Improved communication with our service and other Domestic abuse services
- Consider funding for prevention as well as reaction.
- Support the continuation of the Specialist Domestic Violence Court.
- There is a need to be honest with clients about what can be done. Only realistic options need to be presented and these will differ for each person.

- There is a need to be an understanding and patience that it may take a client some time before they are ready to take certain steps, such as leaving the offender.

There are certain factors that do contribute to the likelihood of violence being committed and in many cases alcohol places a contributory factor. This is not just a case of people drinking in pubs but increasingly frequently drinking at home or drinking at home before going into town.

The work of Operation Challenge scheme had a positive impact on domestic incidents- in particular, the pilot undertaken in the town centre in Northampton.

Countywide approximately 25-40% of cases are repeat, in that they involve the same perpetrator and victim.

In certain parts of the County, such as Corby and Kettering, there are prevention programmes being carried out for perpetrators of domestic abuse. These are undertaking more in depth behaviour analysis, and the results are being examined with a view to rolling that programme out to other parts of the County.

The Community Safety Partnership will also be piloting working with Women's Aid on lower level intervention. This is due to start in the next month.

Funding for the Centre comes from a number of different sources and it was emphasised that should there be cuts in funding then there would be a reduction in the amount of work the centre could carry out.

In response to a question regarding staff training in general it was felt that the Council staff were generally very good and supportive, but that there was always room for more awareness. It was confirmed that there will soon be some training undertaken for all Community Safety Partnership members who work on the frontline.

It was also suggested that there should be some awareness training made available for Councillors. This has already been offered and undertaken in Corby and Kettering.

There have been changes that have been beneficial, for example expanding the definition of domestic abused to include Coercive control. The age range is also being widened to include 16-18 year olds. Also in some cases restraining orders are attached to certain offences which mean that these apply when an offender is released and a victim does not then have to go through an application process.

The Panel thanked Lucy Westley for her very informative presentation.

6. NEIGHBOURHOOD WARDENS

The Panel received a written response on the core questions from the Neighbourhood Wardens.

Previously there had been some concern that with the loss of the Neighbourhood coordinators, there would be more expected of the Neighbourhood Wardens and members

wanted to be sure that there would be sufficient training and support offered to enable to fulfil that role. Members still felt that they wished to be able to ask that question directly.

AGREED: That the supervisor of the Neighbourhood Wardens be invited to attend the next meeting of the Panel.

7. BRIEFING NOTE-SITE VISIT TO SPENCER WARD

The Panel considered a briefing note on the site visit to Spencer and Kings Heath.

The main points of discussion were as follows:

It was thought that there had now been planning applications made on both of the pub sites.

Members felt that were there were “hotspots” where there were identified requirements that may help to prevent further deterioration that there should be some system of being able to provide a quicker response.

AGREED:

1. That the information gathered from the site visit to Spencer and Kings Heath Wards be used to inform the Panel’s evidence base.
2. That the Chair of the Panel contacts Planning Services to ascertain the status of the Morris Man and Silver Cornet sites.
3. There is a need for all service areas involved in community safety to attend meetings of the Community Safety Partnership.

The meeting concluded at 8:45 pm

NORTHAMPTON BOROUGH COUNCIL

Overview and Scrutiny

Scrutiny Panel 1 – Serious Acquisitive Crime & Violent Crime and Community Safety

CORE QUESTIONS – To Youth Forum

Do you think Serious Acquisitive Crime (burglary, robbery, theft from/theft of a vehicle) is a problem for young people? If so what do you think the main impact is upon their quality of life?

What do you feel could be further undertaken in supporting young people around issues of Serious Acquisitive Crime?

Do you think Violent Crime is a problem for young people? If so what do you think the main impact is upon their quality of life?

What do you feel could be further undertaken in supporting young people around issues of Violent Crime?

NORTHAMPTON BOROUGH COUNCIL

Overview and Scrutiny

Scrutiny Panel 1 – Serious Acquisitive Crime & Violent Crime and Community Safety

CORE QUESTIONS – ACCIDENT AND EMERGENCY DEPARTMENT, PUBLIC HEALTH

Serious Acquisitive Crime

1. WHAT ACTIVITY AS AN ORGANISATION/DEPARTMENT DO YOU UNDERTAKE TO ADDRESS/TACKLE ISSUES OF SERIOUS ACQUISITIVE CRIME (BURGLARY, ROBBERY, THEFT FROM/THEFT OF A VEHICLE)?

The A& E department is based within Acute Trusts as Providers, whilst the Public Health department resides within the Commissioner organisation, the Primary Care Trust.

The A& E department is a medical treatment facility that provides initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate life-preservation attention. The A& E department is also an important entry point to specialist, tertiary care, and often serves as the route to NHS-provided health care, and even social care, for those without other means of access to medical care, such as unregistered homeless, problematic drug users.

On arrival to A&E patients are assessed, prioritised, and treated as is appropriate to their clinical need. The A& E department also works to improve the patient experience by aiming to ensure that all patients are seen and treated within 4 hours from arrival.

There is also a dedicated area for children within the A&E department.

The A& E department operates 365 days a year, and is staffed 24 hours a day, thereby constituting a reliable gateway to multiple specialisms of health service provision for the entire community.

Figure 1 :Activity within the Accident and Emergency department



Public Health epidemiologists have increasingly recognised that situational and social crime prevention require multi-agency commitment and an understanding of the complex dynamics that operate within society. Public Health also acknowledges that different types of crime have different causes and it is thus essential to gain a better understanding of the nature and circumstances of the crime in order to begin to tackle it more effectively.

To this end, audit, research, policy formulation and translation, strategy development, implementation planning, monitoring and evaluation are all Public Health skills that can be brought to the table to assist the multi -agency work of successful crime prevention and management.

With regard to SAC i.e. serious acquisitive crime, which is a proxy term used by Police and Community Safety partners for problems relating to the use and abuse of illegal drugs such as Cocaine, Marijuana, Benzodiazepines, “legal highs” etc., some examples of the contribution of the NHS Northamptonshire and the Public Health department, are provided in the following non-exhaustive listed examples :

Public health -Analytical profiling and epidemiological resources, e.g. of hospital activity data, cause of death statistics, surgical activity profiles, all informing service commissioning and delivery and models of care e.g the establishment of the role of the accident and emergency alcohol liaison nurses. On a national level, the establishment of the VIPER database-Violence Indicator Profiles for England Resource, has been informed by significant Public Health input., Evidence-based Health improvement services have also been informed by Public Health, such as Substance misuse needle exchange programmes, and Alcohol awareness-raising campaigns, Fresher’s week initiatives, the development of validated tools for identification of early alcohol misuse, the commissioning of individual brief advice (IBA) in primary care, and the introduction of detection tools and performance measures to encourage practitioners to raise the question of alcohol abuse during routine clinical consultations.

Treatment work-provided across both Acute Trusts of Kettering General Hospital Foundation Trust, and Northampton General Hospital, with gateways to access being the A& E departments, referrals in from GPs, and various speciality Clinics and Outpatient units, such as the Community Drugs’ and Alcohol services within the County, supported by the NHS lead Mental Health providers, Northamptonshire Healthcare Foundation Trust (NHFT). Emergency management of wounds and injuries arising from violence precipitated by the use of these drugs, In-patient management at the Acute and Crisis management by the Response teams of the Mental Health Services’ Trusts, including the provision of clinically managed detoxification services.

Rehabilitation work-Commissioning of services for the Clinical management and of complications such as strokes, liver disease, nutritional conditions, neurological complications such as bipolar mental illness, dental problems, management of blood borne virus infections and other blood infections (septicaemia) associated with injecting drug use, to name a few.

2. WHAT ACTIVITY AS AN ORGANISATION/DEPARTMENT DO YOU UNDERTAKE TO PREVENT ISSUES OF SERIOUS ACQUISITIVE CRIME (BURGLARY, ROBBERY, THEFT FROM/THEFT OF A VEHICLE)?

Prevention work by the Public Health department –This includes the provision of information, education and awareness resources , including those relating to psycho-social diagnosed that present as antisocial behaviour, alcohol-related injury and long term conditions arising from crime and disorder, and youth offending; contribution to school SRE –sex and relationships education-and

PSHE-personal, social health and economic education-which in brief can be described as 'learning to live life well'- curriculum delivery through School Nursing; leadership of designated Theme days such as providing the NHS Health Bus [at Corby] during the Alcohol week of action or the "Stop-tober" month focusing on smoking cessation; provision of school "Drop in" advisory clinics; provision of primary, community and tertiary care including maternity care and specialist drugs' and the design of care pathways and service specifications for alcohol harm prevention services at primary, secondary and tertiary levels of prevention.

We also contribute to activity reports to partners which inform planning and mitigating operations e.g. Minimum Alcohol Unit Pricing, Proxy purchasing, Drug-related death reviews, Prison health services' activity monitoring; National Treatment Agency performance monitoring, quality improvement and drug alerts.

3. WHAT DO YOU SEE AS THE MAIN ISSUES AND BARRIERS TO SUCCESSFULLY ADDRESSING SERIOUS ACQUISITIVE CRIME WITHIN THE BOROUGH OF NORTHAMPTON?

The following are [not listed in any order of priority] some of the key considerations:

- a) Family stability, structures and supports- Promoting stable family relationships and structures so that informal support systems are in place to cushion early problems and highlight issues sooner as problems identified earlier tend to be more amenable to easier or less costly solutions. It is a well-recognised fact that most drug abusers tend to isolate themselves from family, friends and others and may end up surrounded by enablers and toxic peers who are bound by the same addictions and challenges, which make it difficult to break away. Abuse within families may also lead to young household members abandoning the family for the streets. Homelessness and "rough sleeping" could ensue, and these in turn could lead to substance misuse and the downward spiral of a life of serious acquisitive crime.
- b) Educational attainment-Full-time educational or other gainful occupation for children and young persons-Research has shown that truants have a significantly higher incidence of illegal drug use, underage drinking and smoking than non-truanting pupils, and rates of substance misuse increase over time. Also Pupils who have been excluded from school report a significantly higher incidence of illegal drug use, underage drinking and smoking than their non-excluded counterparts. Early intervention targeting health risk behaviours may have some part to play in diminishing truancy rates. However substance misuse is only one part of a complex set of behaviours and adverse circumstances associated with both truancy and exclusion. Gender differences may also be significant as research has found that patterns of truancy vary amongst the sexes, with early i.e. primary school truancy being predominantly a male activity and later truancy i.e. secondary school, principally a female activity.
- c) Healthy neighbourhoods-Young people who come from deprived neighbourhoods are over-represented amongst truancy and school exclusion statistics. A range of community level, multi-agency strategies

aimed more broadly at the promotion of community safety, reducing the problems caused by youth crime, improving parenting skills, supporting families and addressing the problems posed by unemployment and social isolation would contribute to reducing the problem.

- d) Teenage pregnancy reduction, sexual health and contraception initiatives-a drug mis-user with a family is more likely to scale up their “acquisitive” activities to meet the needs of their dependants.
- e) Stemming the availability of drugs on the streets or within the community-which would include a combination of border and customs patrols and vigilance, international co-operation, immigration legislation and controls, police enforcement, specialist rapid response “substance” teams, and community awareness interventions, at least, for success.
- f) Funded, rolling programmes of public education and awareness around substance misuse, particularly targeted at the young (under 25s), and delivering consistent messages about illegal drug use, underage drinking and smoking. Message content should be consistent around the fact that all drugs are “potential poisons”, the safety window is individually variable, and with emphasis on an acknowledgement of the fact that abuse of drugs without apparent ill-effect does not necessarily imply that the abuser has not suffered damage to their tissues and organs because the damage caused may not manifest till later on in life. Furthermore, there is not necessarily a linear relationship between dosage used and resulting harm, and there may be no second chance to first time usage for some individuals who experience fatal initial reactions. Many illicit drugs are frequently taken together as “cocktails,” often in conjunction with alcohol, and these combinations can have complex synergistic interactions, with potentially life-threatening effects. Therefore the “Just say No” message should be marketed as the best message.
- g) Promoting population health and well-being and the availability of supports to ensure that healthy choices are more attractive options and are made easier for the community e.g. needle and syringe exchange and harm reduction services, vaccination against blood borne viruses healthy eating and anti-obesity services especially as low self-esteem and body image concerns have often led young persons to experiment with drugs of addiction; physical activity promoting opportunities of exercise and sport in community infrastructural designs-as these potentially can effectively divert young people from initiating tobacco use and substance misuse; health checks which could lead to the identification of problems at earlier stages that are more amenable to less expensive treatments; and cardiac health services for substance misusers. The latter is important as- in addition to their effects on the central nervous system, many of these agents of abuse induce profound changes in the heart and circulation that are responsible for a significant proportion of drug-related morbidity and mortality; to name a few.

- h) Funding to refresh professional education and achieve skills updates in practitioners, around appropriate prescribing to ensure that iatrogenic drug dependencies are avoided e.g. prescription drug abuse is not uncommon in those suffering from physical pain from car accidents, wartime trauma, cancer or a whole host of physical ailments?
- i) Funding a range of rehabilitation options-For recovering abusers, long-term recovery is greatly assisted or catalysed by the availability of appropriate sheltered jobs or apprenticeships and employment, suitable supervised housing, alternatives to mainstream education such as evening classes, subsidised or cost-free access to legal advice-especially as many of them may be in the process of exiting lives of crime and may have residual obligations. Multi-agency support with transportation and ongoing health care, for instance to deal with the complications of lives of abuse such as blood borne virus infections, need to be available locally to meet existing need

4. WHAT ACTIVITY DO YOU UNDERTAKE IN PARTNERSHIP WITH OTHER ORGANISATIONS/ DEPARTMENTS TO TACKLE ISSUES OF SERIOUS ACQUISITIVE CRIME WITHIN THE BOROUGH OF NORTHAMPTON?

Crime affects the quality of life of every Northamptonshire resident. Therefore, reducing crime and building safer communities must be and is a priority for all public sector agencies in this county.

Public Health contributes in a specialist capacity to a number of multi-agency and multi-disciplinary working and strategic groups dealing with the root causes and consequences of drug and alcohol abuse such as:

- a) Specialist Public Health support to the commissioning, delivery and monitoring of health care delivery in HM Prisons
- b) Contribution to the County's Co-ordinated Community Safety Partnership Board agenda
- c) Specialist support to the Substance Misuse Harm Reduction group, providing public health and infectious disease's control advice to the Drug and Alcohol Action Team (DAAT); informing the annual work programme; and lead the clinical review of the Drug-related Deaths at the periodic Review meetings
- d) Contribution of Strategic NHSN Commissioner input to the Sexual Assault Referral Centre (SARC) –Serenity Commissioning Board
- e) Strategic NHSN Commissioner input to the Interpersonal violence prevention and governance agenda
- f) Provision of specialist Public Health advice to inform Commissioner procurement and various Clinical Provider contracts' specification

- g) Funding and promotion of themed public information, awareness-raising and education events
- h) Commissioning of research and evaluation of pilot projects and development of the local evidence-base.
- i) Provision of regular and periodic public media, primary care and other public health service and policy guidance briefings and communications, proactively and in response to requests.
- j) Provision of expert public health advice to workforce development programmes including research proposals, informing objective definition, research scope and methodologies as relevant to Northamptonshire
- k) Leading different Vaccination and Immunisation programmes and developing, planning and specifying the provider service contracts and health care pathways in line with DH and appropriate guidance
- l) Leading on Sexual Health and STI –sexually transmitted infection-prevention and management programmes and their commissioning, and developing the different agendas and work plans
- m) Leading on Antenatal and Neonatal Screening programmes and infectious diseases in pregnancy screening, and informing contract specification, performance monitoring and service planning and for those at higher due to a “chaotic” lifestyle of substance misuse.
- n) Contributing to the development of the evidence base to inform patient-centred care pathway developments, service improvements e.g. A& E Alcohol liaison work, and integrated partnerships.
- o) Contributing to the overarching quality improvement agenda through service activity monitoring at different tiers of NHS healthcare provision, outcomes evaluation, care pathway reviews, operational research, and feedback to policy makers and Commissioners to deliver patient-centred improvements.

5. HOW CAN NORTHAMPTON BOROUGH COUNCIL FURTHER HELP YOUR ORGANISATION TO TACKLE SERIOUS ACQUISITIVE CRIME AND ADDRESS ANY BARRIERS, IN ORDER TO ACHIEVE POSITIVE REDUCTIONS?

An understanding of the nature of substance addiction is essential to informing positive reductions in SAC in the community.

Drug addiction has been defined (medically) as a condition characterized by an overwhelming desire to continue taking a drug to which one has become habituated through repeated consumption, because it produces a particular effect, usually an alteration of mental status. Addiction is usually accompanied by a compulsion to obtain the drug, a tendency to increase the dose, a psychological or physical dependence, and detrimental consequences for the individual and society.

Common addictive drugs are barbiturates, alcohol, and morphine and other opioids, especially heroin, and identifying the specific drug combinations being abused such as through the commissioning of toxicological laboratory testing provides fundamental insights that will inform the development of effective solutions to the problem.

Based on the above definition, an addict will continue to engage in certain behaviours despite facing potential health risks, financial problems, shattered relationships or even arrest, and these consequences tend to become increasingly more serious.

Importantly, the addict's behaviour is out of their personal control, and unsupervised discontinuation of use of the abused drug in an addict may produce withdrawal symptoms or an abstinence syndrome which is the characteristic of opiate addiction, which require clinical intervention. This raises the question of whether drug addiction is to be considered a **crime** or a **disease**?

From a public health/NHS perspective, the most important actions would be:

- a) Ensuring services and staff are well informed and increasing client awareness through education
- b) Making every contact count and raising Public awareness to encourage and empower every individual and institution to take responsibility to recognise early signs of substance misuse and appropriately manage violence and its different causes.
- c) Addressing lack of staff capacity, service funding gaps, and updating staff skills in line with evolving evidence.
- d) Utilising appropriate technology to bridge manpower gaps or secure enhanced specialist input e.g. telemedicine can be more intimate than the in-person experience and can be used in sexual assault investigations to obtain expert professional opinion.
- e) Investing in the development and strengthening of simple but effective collaborative working e.g. the benefits of four harm reduction strategies are well proven i.e. needle exchange (community pharmacy and shared care GP services), moderate drinking goals (primary and community care), methadone treatment (mental health and addiction services), and provision of free condoms to clients (sexual health services). These delivered in combination by integrated services could potentially achieve synergistic results and improved outcomes.
- f) Being committed to strengthening the connection between the community and the individual through the promotion of community cohesion, e.g. by using intelligence derived from Police or analytical products such as the Vulnerable Localities Index (VLI) to target resources more effectively to

achieve the most impact. A caring, cohesive, healthy community is an important part of crime prevention and individual rehabilitation.

- g) Investing in Innovation- supporting national models with potential for, prevention, treatment, recovery support e.g. the Kettering Dynamic Emergency Care Centre, law enforcement e.g. Integrated Offender Management, social services, healthcare, judicial e.g. Court diversion schemes, education, faith and spiritual support e.g. Street Pastors, and networking to support programmes through shared resources, and skilled staff.
- h) Supporting multi-agency collaboration to implement recovery advocacy by increasing access to research, policy, organisational and technical support; facilitating relationships among local and regional groups; improving access to policymakers and the media; and providing a local and regional rallying point for recovery advocates.
- i) Promoting volunteering especially within the recovery community to foster peer-promoted recovery. Peer-to-peer recovery support services are support from people who've been there and are in a position to share their experience, strength, and hope in many ways, and have been proven by research evidence to be effective.
- j) Improving options for Continuing Care/Personal budgets, and aiming to make available services appropriate to accommodate diversity, accessible regardless of ability to pay, ethnicity, race, gender, age or sexual/gender orientation.
- k) Planning ahead using public health analytical data on trends and evidence, and taking account of the population demographics. For instance, an expanding population of older residents is forecast for the county. Some of these individuals will suffer from addictions which will be compounded by co-morbid conditions such as Diabetes, hypertension, and prostrate problems. These will create the need for much more complex care interventions and new models of service delivery, which would need to be tailored to support the affected individuals in coping with their addictions and chronic conditions. For instance, future service models need to be prepared to deal with increasing conflicts and stress in the elder addict , who may personally be unable to meet health demands aggravated by the addiction such as dementia or mobility problems.

6. WHAT DO YOU SEE THE ROLE OF THE POLICE CRIME COMMISSIONER TO BE IN PREVENTING AND TACKLING SERIOUS ACQUISITIVE CRIME AND VIOLENT CRIME?

- a) Serving as Strategic Champion and leader supporting multi-agency partnership teams working to prevent and manage crime.
- b) Committing financial and other resources to enable the development of measures and interventions that are evidence-based, and cost-effective.

- c) Lending the weight of their support to the development and implementation of a comprehensive violence prevention strategy in the county, which integrates the different types of interventions of proven effectiveness.
- d) Being receptive to and respecting the advice of professional colleagues, and protecting more effective frontline policing, strengthening intelligence and enabling the frontline to work smarter to prevent, as well as tackle, crime and to deliver effective and safe services to the public.
- e) Forging links with the new public sector organisations and architecture, thus leading to the provision of appropriate resource support to achieve the maximum possible gains for the community's health and well being.
- f) Acting as the principal advocate and communicator, responsible for raising the awareness of and securing the commitment of corporate executive leads towards their potential contribution to violence reduction in Northamptonshire.
- g) Serving as county Ambassador to Central government and promoting the work of the county to ensure that funding streams continue to flourish, leading to a thriving community of residents free from the limitations of violence or fear of its consequences to individual residents.
- h) Supporting Public Health professionals especially, as partners in their role of coordinating and leading programmes on violence prevention across all tiers.
- i) Supporting the "Troubled Families" agenda, and prioritising the prevention of gang violence, Violence can be used by gangs, for example, to generate and maintain respect, defend territory, obtain resources and punish transgressions. Gangs tend to be concentrated in areas of high deprivation and attract disadvantaged and excluded youths, many of whom experience problems at home and school. Alcohol and violence can be linked in many ways, and focusing on promoting more responsible use of alcohol at all levels, would minimise the contribution of alcohol to violence in this county, and go along way towards reducing or eliminating different types of violence including domestic, and assault with injury.
- j) Tackling issues such as under-age drinking, minimum price per unit for alcohol, a restriction or ban on the sale of multi-buy alcohol discounting, provision of stronger powers for local areas to control the density of licensed premises, and the piloting of sobriety schemes to challenge alcohol related offending, are examples of interventions of proven effectiveness that come readily to mind.
- k) Addressing social inequalities, which constitute risk factors, not only for youth violence, but for individual and public health.

VIOLENT CRIME

1. WHAT ACTIVITY AS AN ORGANISATION/DEPARTMENT DO YOU UNDERTAKE TO ADDRESS/TACKLE ISSUES OF VIOLENT CRIME?

Some of these have been highlighted in the foregoing sections. Examples of activity are listed below:

- a) **Investment in Analytical public health-** Public Health analyses gathers intelligence about violence and enables us to profile the risks, target effective interventions, and objectively evaluate outcomes.
It cannot be over-emphasized that Violence is a major public health issue that affects millions of people across England.

Several characteristics of violent crime have been revealed by public health enquiry, some of which are enumerated in the following section, and should inform integrated efforts at reducing or preventing violence in the county:

VIPER: the Violence Indicator Profiles for England Resource is an online Public Health resource that provides access to local authority level data on violence, and is hosted by the North West Public Health Observatory. At a local level, the collation and sharing of multiagency data on violence is critical to understanding the impact of violence on local populations, which groups or communities are most at risk, what types of interventions are needed and ultimately how effective they are at preventing violence.

The Department of Health (October 2012) estimated that Violence causes around 35,000 emergency hospital admissions and over 300,000 emergency department attendances in England each year. The burden of violent crime is therefore not an insignificant contributor to health service cost pressures.

The Home Office's Drug Treatment Outcomes' Research study (DTORS) has estimated that a drug user will commit an average of 10.24 crimes per month before entering treatment. In 2010/11, 1780 drug misusers were engaged in effective treatment in Northamptonshire (NCC's BIRT, September 2012). Partners in the Police, Criminal Justice and Probation services will recognise the effects of repeat offending on their workload.

Drug treatment also has a positive impact on criminal conviction rates.

Alcohol misuse often co-travels with substance misuse. Locally in Northamptonshire, analytical work (NCC 's BIRT, September 2012) has revealed that there are an estimated 146,000 binge (over 6/8 drinks per day) drinkers and a further 37,000 higher risk (over 35/50 drinks per week) drinkers in the county with a population of 691,952 individuals. This equates to approximately 1 in every 3.8 individuals in this county!

During 2010/11, there were 2118 Alcohol-related admissions in this county.

For every hospital admission for violence, studies have shown that a further ten assault victims require treatment at accident and emergency departments (A & E).

We also know that A & E assault attendances peak at weekend nights, and are often related to alcohol. It has also been estimated that 35% of all A& E attendances (2003 Cabinet Office MORI poll) were attributable to alcohol consumption.

Rates of both hospital admissions and A & E attendances for violence are highest in young males from deprived communities.

Offender insights also assist prevention efforts. For instance with regard to Homicides, the evidence shows that Child victims were most commonly killed by parents or step parents and adult victims by friends and acquaintances (for male victims) or current or ex-partners (for female victims).

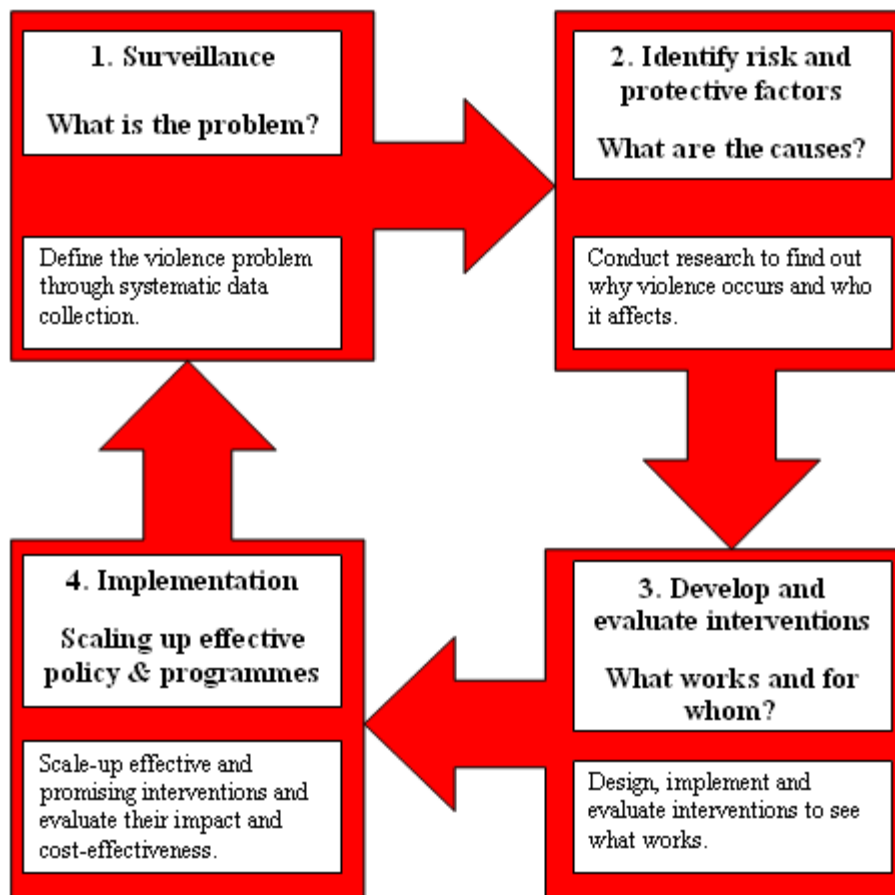
Alcohol costs to the Northamptonshire county have been estimated at £139m a year, collectively to the NHS, Crime, Social services, and the workforce and wider economy. In financially austere times any savings made through effective prevention and management efforts could fund other vitally important services.

The Cabinet Office Strategy Unit estimated in 2011 that alcohol related harm costs every household in England and Wales approximately £925 a year (including costs relating to health, police, fire, un-employment and community cohesion). The opportunity costs per household are likely to include loss of health and well-being.

The above have highlighted some of the principles of public health and provide a useful framework for both continuing to investigate and understand the causes and consequences of violence, and for preventing violence from occurring through primary prevention programmes, specialist clinical screening, diagnostic and therapeutic service input, rehabilitation, policy interventions and advocacy.

The public health department also adopts a stepwise approach to tackling issues such as violent crime.

Figure 2: The stepwise public health approach



Source: WHO-Violence Prevention Alliance.

http://www.who.int/violenceprevention/approach/public_health/en/index.html 5th December 2012

Violent crime is recognised to be a complex subject and its scope and nature is influenced by a broad range of factors, some of which (like the wider determinants of health) are amenable to intervention, whilst others are less so.

The public health input seeks to understand the distribution, determinants and deterrents i.e. epidemiology, to inform effective prevention and management.

Public health recognises that there may be significant overlap between different categories of violence, thus making differentiation, the targeting of effective interventions, and the assessment of successful outcomes quite complicated. Some of these will be teased out in the following sections, and should serve to inform the efforts of partners at effectively mitigating the problems of violent crime in Northamptonshire.

The World Health Organisation defines violence as: *“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”*.

The context of the violence is also of relevance, for instance in Domestic Violence, which has been defined by Women's Aid (Voluntary sector partners) as: "Physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of co-ercive and controlling behaviour"

The term **sexual violence** covers a wide range of abusive acts directed towards an individual's sexuality, including sexual assault, rape, sexual coercion, sexual bullying and female genital mutilation.

Also, adult sex offenders are more likely than non-sex offenders and non-offenders to have suffered childhood sexual abuse themselves. Family and Community structures have a role to play in the aetiology of childhood abuse.

In other instances, the cause of the violence is key and readily presents a number of options for solution, such as alcohol-related violence.

Particularly worrying dimensions of violence also relate to the stages in the life course when they occur e.g. Child and Elder abuse, and these demand specialist and often more intensive supports and remediation.

Child abuse or maltreatment includes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

DH commissioned research has revealed that a significant proportion of children suffer abuse and neglect. Also all forms of child maltreatment are underreported, and only a small proportion of cases are likely to come to the attention of services.

Examples of risk factors for child abuse revealed by Public health profiling include:

- Unplanned pregnancy
- Single parent household
- Young, poor parents
- Socially isolated parents
- Parental alcohol consumption and drug use
- Domestic violence in the home
- Child disability or illness
- Child behavioural problems

A wide range of studies have shown that children who suffer violence and other adverse childhood experiences are at increased risk of further victimisation and of becoming perpetrators of violence in later life.

At the other extreme of life is Elder abuse.

Elder abuse has been defined as a single or repeated act, or lack of appropriate action, occurring in any relationship where there is an expectation of trust, which causes harm or distress to an older person.

- DH research has shown that one in forty older patients seen by the average general practitioner or family physician will be suffering from abuse or neglect.
- The prevalence of maltreatment of older people was highest in those aged 85 and over, at 4.1%.
- Overall, females were more likely to report maltreatment (3.8%) than males (1.1%).
- The most common form of maltreatment reported was neglect (1.1%), followed by financial abuse (0.7%), psychological abuse (0.4%), physical abuse (0.4%) and sexual abuse (0.2%).

Examples of risk factors for elder abuse revealed by Public health profiling include:

- High levels of dependence
- Mental and cognitive disorders
- Carer alcohol consumption and drug use
- Carer financial problems
- Carer burnout
- Social isolation
- Lack of social support
- Age discrimination

Public Health also acknowledges that violence can be categorised in alternative ways which would change the emphasis of the findings, such as under the four broad headings of:

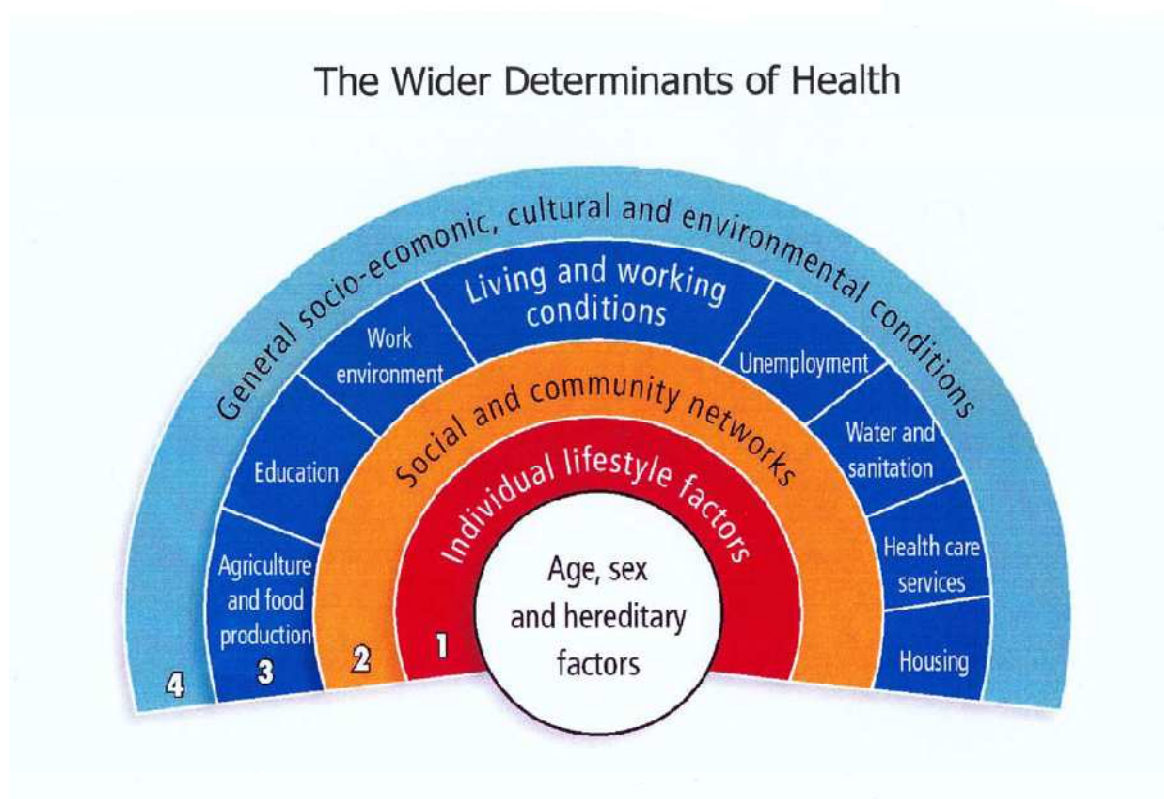
- Physical
- Sexual
- Psychological
- Deprivation

Public health has a major role to play in providing the in-depth analyses that informs the most effective and high-impact interventions, whichever perspectives are being considered across the different categories.

Much in the same way as we recognise the different social determinants at play in the manifestation of “health status” of an individual, violence, as a key Public health concern is also influenced by multi-factorial issues, which in turn could serve to inform efforts to successfully prevent and effectively manage violence.

As evidence in the foregoing, there are wider determinants of violence, much in the same way as there are wider determinants of health:

Figure 3: The Wider determinants of health:



Source: Dahlgren and Whitehead (1991)

The successful prevention of violence requires attention to pertinent community issues such as poverty, inequalities, education, housing, employment and crime. These issues in turn represent determinants of health, strongly contribute to health related societal inequalities, and therefore remain key priorities for public health. Indeed the DH's 2012/13 public health outcomes' framework highlights inequalities as a continuing priority for public health.

From a health service utilisation perspective, research shows that the poorest fifth of society suffer rates of hospital admissions for violence five times higher than those of the most affluent fifth (Source: Protecting people: Promoting Health- A public health approach to violence prevention for England, DH and NW PHO, October 2012).

Disadvantaged groups therefore suffer higher rates of violence, and this can reduce economic participation, social well-being and health outcomes

for people in these groups and contribute to increasing inequalities. Interventions targeted specifically at these groups are therefore likely to achieve greater gains for the wider community.

Research has proved that abuse in childhood increases risks of violence in later life, but also risks of cancer, heart disease, sexually transmitted infections, substance use, and a wide range of health conditions that are currently stretching health care resources..

Safeguarding and Child protection teams bear testament to the cross-cutting problems arising from the different dimensions of violence listed above, and those teams need to be prioritised for resource allocation.

The development and ongoing clinical governance of the county sexual assault referral centre (SARC)-Serenity has been made possible with significant public health contribution.

Psychological violence manifests itself in a number of conditions-ranging from behavioural deviations, lack of mental health and well-being, to different levels of offending behaviour leading in turn to criminal activities, custodial sentences, and sadly, sometimes even homicides/suicides. Again the contribution of health to prevention and management programmes cannot be over-emphasised. These skills will also be required when Domestic Homicide Reviews are being conducted at the request of the Police and Crime Commissioner.

The following non-exhaustive list summarises the Public Health initiatives directed at addressing the issues of alcohol-fuelled violent crime/violence:

- The implementation of year three (£460K) of the alcohol treatment business case, funded by NHS Northamptonshire (NHSN) to provide community based alcohol treatment services. These have been recognised by the National Treatment Agency as high quality evidence based interventions.
- The collection of assault data at Accident and Emergency Departments has supported partnerships in their local planning to mitigate the problems of alcohol and violence.
- The delivery of the alcohol social marketing campaign targeting young people. The alcohol harm reduction campaign, '*Another Night Wasted*' aimed at under 25 year old, binge drinkers involved TV advertising, website development of www.likeadrink.com, outreach activity with young people in clubs/pubs in the county and the production of various merchandise including survival guides and alcohol-test cards.
- The partnership joint approach to dealing with alcohol harm in Northamptonshire supports cost effective community based treatment and advisory services which is contributing to the success of the Northamptonshire Alcohol Harm Reduction Strategy.

Other broader Public health actions directed at tackling crime include the following:

- Working collaboratively with wider partners such as the Police, Criminal Justice, Probation, and Fire and Rescue service, and third sector agencies.
- Informing policy and corporate and partnership strategic plans such as the Joint Strategic Needs' Assessment and the county Health and Wellbeing Strategy.
- Contributing to public education and targeted prevention interventions such as Suicide prevention, Teenage rape prevention, Alcohol awareness, "Choose well", "Right Care" and similar funded/commissioned schemes.
- Commissioning the provision of clinical care including acute surgical intervention, health promotion, and longer-term specialist input e.g. maxillofacial surgery to correct "bottling injuries", delivery of "IBA-Initial Brief Advice" to alcohol mis-users via GP surgeries, and the management of acute intoxication and chronic abuse through specialised substance misuse management services.

2. WHAT ACTIVITY AS AN ORGANISATION/DEPARTMENT DO YOU UNDERTAKE TO PREVENT ISSUES OF VIOLENT CRIME?

Much of this has been covered already in the foregoing sections-understanding the problem and its determinants is essential to effective prevention and management. The below sections further emphasize and summarize the vital contribution of public health to the crime prevention agenda.

a) Understanding patterns and enquiry

Public health as one of its core functions seeks to understand the distribution, determinants and deterrents of conditions or issues of interest to the public health.

All societies experience violence, but its context - the circumstances in which it occurs, its nature and society's attitude towards it - varies greatly from one setting to another. Wherever prevention programmes are planned, public health facilitates an understanding of the context of violence by the application of tools and methods of enquiry which inform policy, strategy, and improve understanding in order to tailor the intervention to the targeted population.

Violence is not something that just happens, nor is it normal or acceptable in our society. Also it is well recognised that a wide range of factors relating to individuals, their relationships, and the communities and societies in which they live can interact to increase or reduce vulnerability to violence.

Public health research has confirmed that many of the key risk factors that make individuals, families or communities vulnerable to violence are changeable.

Understanding these factors means we can develop and adopt new public health based approaches to violence. Such approaches focus on the primary prevention of violence through reducing risk factors and promoting protective factors over the life course.

Some cross-cutting risk factors for violence for individuals, communities, and society at large, have been elaborated upon in foregoing sections, and include but are not limited to:

Cross-cutting risk factors for violence:

- Poverty
- High unemployment
- High crime levels
- Local illicit drug trade
- Inadequate victim care services
- Economic inequality
- Gender inequality
- Cultural norms that support violence
- High firearm availability
- Weak economic safety nets
- Poor parenting practices
- Marital discord
- Violent parental conflict
- Low socioeconomic household
- Delinquent peers or “NEETs”
- Victims of child maltreatment
- Psychological/personality disorder
- Delinquent behaviour
- Alcohol consumption/drug use

The above are discussed in greater depth in the Department of Health’s commissioned publication titled “Protecting people Promoting health -A public health approach to violence prevention for England” .by North West Public Health Observatory at the Centre for Public Health, Liverpool John Moores University (October 2012).

b) Prevention effort

A range of different interventions throughout the life course can reduce individuals’ propensity for violence, lower the chances of those involved in violence being involved again and ensure that those affected by violence get the support they require.

The Adverse Childhood Experiences (ACE) Study in the USA has provided strong evidence of the enduring effects of childhood violence on health. Individuals with ACEs were found to have increased risks of a wide range of harmful behaviours and health conditions.

Public Health has commissioned Home visiting programmes to provide intensive early years support for vulnerable parents whose children are at risk of poor outcomes. This is the Family Nurse Partnership (FNP) programme, whereby visits are conducted by public health nurses or other health professionals and typically start during pregnancy. They promote healthy child development by improving parenting skills and helping parents to find jobs or pursue other opportunities to improve the family's circumstances. The FNP model has also been found in the USA to reduce child maltreatment, criminal behaviour and welfare service use by mothers, as well as serious criminal behaviour by children (particularly girls) in adolescence. Savings are greatest when FNP is targeted at high risk groups.

As stated previously, exposure to violence in childhood also increases individuals' risks of further victimisation and of becoming perpetrators of violence themselves in adolescence and later life.

Sure Start Children's Centres provide preschool children (up to age five) and their families with child education, childcare services, support for parents, family health services and employment support. Broader Sure Start services cover children through adolescence.

Some services are available universally, while others are targeted at disadvantaged families. An evaluation found that three year old children from deprived Sure Start areas had more positive social development and social behaviour than children from equivalent non- Sure Start areas, while their parents had less risk of negative parenting.

c) Integrated and Cross-over services

Violence prevention is a critical element in tackling other public health issues, as Violence impacts on mental wellbeing and quality of life, prevents people using outdoor space and public transport and inhibits the development of community cohesion

Changes to NHS public health systems and other public service organisational structures should help facilitate violence prevention because Public health is being embedded into local government structures, thus allowing stronger connections between Directors of Public Health and local services aimed at addressing poverty, inequalities, education, housing, employment and crime- all determinants of inequalities.

The Public Health approach is also Science-based; Public health policies and activities must be backed by research, and Public Health is also multi-disciplinary.

The NHS provide social marketing and health promotion interventions e.g. provision of University and Further Education students with awareness and resources and signposting to prevent and deal with problems e.g. teenage rape

prevention and alcohol awareness during Fresher's fairs and other designated weeks of intervention.

Public Health commissions Service activity and performance monitoring to provide early warning signals for targeted intervention.. For instance input via Children's Centres, enables family nurses to work closely with other health visitors, midwives and professionals from other agencies where needs are identified.

Clinical care and case management work by specialist teams such as addiction and alcohol misuse services.

Support to low level interventions in primary care such as brief advice and Motivational Interviewing to deal with alcohol problems; Resourcing of staff training and education; Public communication through media briefings and reports e.g. in response to fois or public complaints; and Board and specialist level scrutiny and external quality assurance; are other public health activities directed managing the prevention of violence.

The NHS provide School nursing input to PSHE and SRE curricula and drop-in sessions. Programmes that develop life and social skills in young people can help protect them from violence by building their social and emotional competencies, teaching conflict avoidance skills and providing broader skills to help them find employment and avoid poverty and crime
Funding of Parenting programmes for teenage or young parents such as "Ladz to Dadz", also aim to develop parental skills, improve parenting styles and strengthen relationships between parents and their children, especially when targeted at high risk families and children with conduct disorders, where they can have the greatest benefits..

Prison in-reach work also addresses secondary prevention and contributes to the reduction of re-offending e.g. Health Champion pilos and Pathway projects.

3. WHAT DO YOU SEE AS THE MAIN ISSUES AND BARRIERS TO SUCCESSFULLY ADDRESSING VIOLENT CRIME WITHIN THE BOROUGH OF NORTHAMPTON?

Resourcing, especially as funding has been cut for many support services and projects recently, in a prevailing climate of national austerity.

Sustained capacity and ongoing efforts at profiling, needs' assessment, access to alcohol and drug prevention and treatment, running in parallel with policing and enforcement, and regulatory effort are essential requirements to the successful prevention of violent crime, and must be adequately funded to achieve the desired effects.

There is currently no national system for recording ambulance data, thus its content and availability will vary, yet key data items can include call out location, patient demographics, assault type and outcome, and enrich insights that could inform more effective intervention..

Secondary, non-fatal, or consequential effects of violence also merit more investment. Violence damages physical and emotional health and can have long-lasting negative impacts across a wide range of health, social and economic outcomes. It increases individuals' risks of a broad range of health damaging behaviours – including further violence – and reduces their life prospects in terms of education, employment and social and emotional wellbeing.

Additional resources to commission personalised, longer term, and holistic interventions, directed at not only the victim, but also witnesses, and their wider families, would go along way towards reducing the problems of violence in those individuals and also the associated significant costs to the community and public resources, including health services, criminal justice agencies, education and social services.

4. WHAT ACTIVITY DO YOU UNDERTAKE IN PARTNERSHIP WITH OTHER ORGANISATIONS/ DEPARTMENTS TO TACKLE ISSUES OF VIOLENT CRIME WITHIN THE BOROUGH OF NORTHAMPTON?

Most of these activities have already been discussed in foregoing sections, and include the contribution to Community Safety Partnership Boards including the different agendas relating to Offender Management, Domestic Abuse/Sexual Violence, Violence and Alcohol Harm, Offender Management, and Domestic Abuse/Sexual Violence; ongoing data capture and analyses to profile trends in A& E utilisation, clinical outcomes including maternity reviews, and mortality profiles across the county; informing service development and care pathway resourcing and configuration; and the investigation of serious incidents and contribution in death reviews to learn lessons and share best practice.

5. HOW CAN NORTHAMPTON BOROUGH COUNCIL FURTHER HELP YOUR ORGANISATION TO TACKLE VIOLENT CRIME, AND ADDRESS ANY BARRIERS IN ORDER TO ACHIEVE POSITIVE REDUCTIONS?

- a) By continuing to work collaboratively to identify those at most risk of lacking physical, mental and social health and wellbeing, and supporting measures to assist them through the health and social care system, whilst providing them with available tools to enable them to take more control over, and improve their own health and well-being such as supervised employment and training opportunities and provision of parenting and family support.
- b) Also by actively contributing to surveillance, outcomes' monitoring, governance and the quality improvement agenda, and also supporting timely and relevant public and community information and health promoting efforts. The latter particularly needs to be directed at the most vulnerable i.e. families and children, those NEET, looked after children, young offenders, and those who through physical or social disadvantage/deprivation, learning disability or mental illness, who may find themselves more vulnerable to being victims or perpetrator's of crime.

- c) Investing in the provision of shelter/appropriate Housing and places of safety and long-term care for victims who need it.
- d) Monitoring public places such as Schools, workplaces, and neighbourhoods, and taking steps to prevent or address earlier, any problems that might lead to violence.
- e) Investment in social support, prevention programmes and other services to protect families at risk of violence and reduce stress on caregivers.
- f) Strengthening responses for victims of violence by putting in place policies to positively improve the status of vulnerable individuals such as women, the disabled, and children, and to reduce social discrimination through a range of interventions including legislative and judicial reforms, campaigns aimed at raising public awareness of the problem, training and monitoring of the workforce and supporting educational or economic incentives for disadvantaged groups.
- g) Enhancing collaboration and the exchange of information on violence prevention across stakeholders in the public sector.

To conclude, there is a tendency worldwide for authorities to act only after violence has occurred. But by investing in public health collaboration towards prevention – especially primary prevention activities that operate “upstream” of problems – investments are likely to be more cost-effective and have greater impact and longer- lasting benefits.

NORTHAMPTON BOROUGH COUNCIL

Overview and Scrutiny

Scrutiny Panel 1 – Serious Acquisitive Crime & Violent Crime and Community Safety

CORE QUESTIONS – VICTIM SUPPORT

Serious Acquisitive Crime

What activity as an organisation/department do you undertake to address/tackle issues of Serious Acquisitive Crime (burglary, robbery, theft from/theft of a vehicle)?

What activity as an organisation/department do you undertake to **prevent** issues of Serious Acquisitive Crime (burglary, robbery, theft from/theft of a vehicle)?

What do you see as the main issues and barriers to successfully addressing Serious Acquisitive Crime within the borough of Northampton?

What activity do you undertake in partnership with other organisations/ departments to tackle issues of Serious Acquisitive Crime within the borough of Northampton?

How can Northampton Borough Council further help your organisation to tackle Serious Acquisitive Crime and address any barriers, in order to achieve positive reductions?

What do you see the role of the Police Crime Commissioner to be in preventing and tackling serious acquisitive crime and violent crime?

Violent Crime

What activity as an organisation/department do you undertake to address/tackle issues of violent crime?

What activity as an organisation/department do you undertake to **prevent** issues of violent crime?

What do you see as the main issues and barriers to successfully addressing Violent Crime within the borough of Northampton?

What activity do you undertake in partnership with other organisations/ departments to tackle issues of Violent Crime within the borough of Northampton?

How can Northampton Borough Council further help your organisation to tackle Violent Crime, and address any barriers in order to achieve positive reductions?

What do you see as being the main impact of violent crime on your clients' quality of life?

If achievable, what could Northampton Borough Council do to further support the needs of these clients?

What do you see as being the main impact of serious acquisitive crime on your clients' quality of life?

If achievable, what could Northampton Borough Council do to further support the needs of these clients?



NORTHAMPTON BOROUGH COUNCIL

OVERVIEW AND SCRUTINY

SCRUTINY PANEL 1– SERIOUS ACQUISITIVE CRIME, VIOLENT CRIME AND COMMUNITY SAFETY

26th November 2012

Neighbourhood Wardens response to Scrutiny Panel 1 core questions

Serious acquisitive crime

1. The neighbourhood wardens undertake the following activities which contribute to addressing issues of serious acquisitive crime. Uniformed patrols within their designated areas, acting as a point of contact for the public, relaying any intelligence gathered to the Police.
2. The neighbourhood wardens undertake the following activities that assist in the prevention of serious acquisitive crime. Uniformed patrols within their designated areas, providing reassurance and basic crime prevention advice to residents, acting as a point of contact to refer enquiries to appropriate partner organisations including the Police, participating in various joint operations with partner organisations e.g pre-Christmas operations in town centre with police (Op Trojan etc), practical crime prevention work such as use of anti-climb paint, arranging for overgrown shrubbery to be cut back, joint work in schools including Junior Warden Scheme, have had some involvement in alley clearance and gating schemes. The warden's local knowledge and the fact that they provide a visible recognisable presence has a significant reassuring effect. In the town centre the Wardens work together with the Town Centre Rangers who have a strong focus on retail crime prevention.
3. The main issues and barriers to successfully addressing SAC are reductions in funding and its impact on the resources available in all partner organisations.
4. The majority of work mentioned in point 2 above involve working with partner organisations.

5. Northampton Borough Council can assist in tackling SAC by allowing the neighbourhood wardens to continue to work as at present to address the issues as outlined in item 2 above. They can also continue the programme of installation of security measures in communal areas of NBC owned residential accommodations e.g. CCTV in lifts in flats and ensure that suitable lighting is provided to areas of local authority owned land such as housing areas and parks.
6. It is considered that the Police Crime Commissioner can assist in dealing with the issues of SAC by facilitating the coordination of work undertaken by various partners. The aim should be that resources are targeted effectively to allow for prevention work to be undertaken. It is also recommended that systems for briefing partner organisations are improved to ensure a clear two way flow of information. It is also recommended that the systems for dealing with calls to the 101 number are improved – wardens received a significant amount of feedback about the length of time it takes for calls to this number to be answered.

Violent crime

1. It is considered that the high visibility patrols mentioned in the response above will have some deterrent effect on violent crime. Some of the intelligence gathered and passed on by wardens will relate to violent crime.
2. Some of the activities mentioned in 2 above will also have an impact on the prevention of violent crime, in particular, the frequent presence of a familiar, uniformed officer in an area can act as an effective deterrent to all types of crime. It is hoped that the long term impact of education schemes such as the Junior Warden scheme will also be effective in reducing all types of crime. In the town centre in particular the wardens deal with street drinkers and rough sleepers and it is anticipated that some of the actions taken have an impact on preventing violent crime.
3. Lack of funding is the main barrier to successfully addressing violent crime.
4. See response to no 2 above.
5. See response to no 5 above.



NORTHAMPTON BOROUGH COUNCIL

OVERVIEW AND SCRUTINY

SCRUTINY PANEL 1– SERIOUS ACQUISITIVE CRIME, VIOLENT CRIME AND COMMUNITY SAFETY

26th November 2012

Neighbourhood Wardens response to Scrutiny Panel 1 core questions

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2. Some of the activities mentioned in 2 above will also have an impact on the prevention of violent crime, in particular, the frequent presence of a familiar, uniformed officer in an area can act as an effective deterrent to all types of crime. It is hoped that the long term impact of education schemes such as the Junior Warden scheme will also be effective in reducing all types of crime. In the town centre in particular the wardens deal with street drinkers and rough sleepers and it is anticipated that some of the actions taken have an impact on preventing violent crime.
3. Lack of funding is the main barrier to successfully addressing violent crime.
4. See response to no 2 above.
5. See response to no 5 above.

JOB DESCRIPTION

Job title:	Neighbourhood Warden
Location:	Westbridge Depot
Grade:	Grade 5
Allowances:	Essential Car Allowance
Directorate:	Customers and Communities
Division:	Public Protection
Section:	Environmental Protection
Team:	Environmental Protection
Responsible to:	Environmental Protection Manager
Directly responsible for:	N/A
Indirectly responsible for:	N/A
Total budgetary responsibility:	N/A

JOB PURPOSE

To work as part of a team that is dedicated to improving the quality of life of communities by forging community links and establishing a reliable and targeted response to local needs.

To Act as a signpost to other agencies and council services and monitor progress of referrals.

The role is one that can act as an ambassador for the local area, involve the community and develop its capacity to take action and promote responsibility for improving neighbourhoods.

KEY RESULT AREAS

1. To provide a uniformed high profile presence by patrolling and act as point of contact for local businesses, local residents and the wider community and support their involvement in community ownership.
2. To encourage and engage the community, including local businesses and residents to facilitate positive changes in anti social behaviour, in accordance with agreed Council policies.

3. To educate communities about environmental issues and it's implications to encourage responsible behaviour in issues such as littering or fly tipping.
4. To liaise with local schools and other youth focused services to educate and raise awareness about environmental issues.
5. To provide advice and support to local residents and where necessary direct them to other public bodies or agencies that may be able to assist (if not within NBC).
6. To deal with enquiries/complaints/correspondence from members of the public, assessing the nature and priority of the query and initiating any remedial action, in accordance with agreed Council policies and procedures.
7. To keep up to date with changes in legislation and to implement those that relate to the service provided, in accordance with Council procedures.
8. To liaise with the Police and other agencies and internal services to inform of, or investigate offences and take enforcement action under appropriate legislation, including issuing fixed penalty notices, cautions, supporting the gathering of evidence and compiling reports and statements for Anti-Social Behaviour Orders and Acceptable Behaviour Contracts and other legal action. To ensure that all such action is taken in accordance with the Council's enforcement policy and procedures.
9. To gather evidence in respect of incidents of environmental defacement including fly posting, graffiti and other sources of littering and where possible to take direct action or identify sources for future action by other internal enforcement services or external agencies.
10. To foster and maintain links with community representatives (e.g. local businesses, community leaders etc), external agencies and other representative bodies such as Parish Councils etc in order to represent NBC and share information that contributes to community relations and empowerment and reduce crime and disorder. To work with area partnerships and residents associations in furtherance of these aims and attend meetings as necessary.
11. To positively raise the profile and image of the Council in line with corporate policies.
12. To support emergency response to any emergency that may arise as required.
13. To ensure equality of opportunity is afforded to all persons both internal and external to the Authority, actively seeking to eliminate direct and indirect discriminatory practices or behaviour
14. Ensure that any office databases and other administrative systems and general supplied equipment are maintained serviced and regularly updated, undertake administrative/clerical duties within the office to support the operations of the service.
15. To participate in team working and actively contribute to the development of policy issues to ensure continuous improvement of the service.
16. To undertake training courses as appropriate and provide cover, advice, training and support to new and existing wardens as required.

17. To undertake any other duties from time to time as may be required within the grade for this post.

PEOPLE AND RESOURCES

The jobholder is responsible for the following people and resources:

- Responsible for uniforms and security of equipment that is allocated for personal use.
- Responsible for equipment that is held by the division when in use.

Job-holder's position in relation to their manager, peers and direct reports:

- Work with other members of the multi disciplinary team in particular the Environmental Crime Officers and Environmental Protection Officers.
- Deal with other officers of the Council, Members of the Council, representatives of outside organisations and the public as required.
- Develop Close links with the police to ensure effective procedures for dealing with security and public order issues

JOB DEMANDS

This job entails the following demands:

The post holder will be expected to carry out foot patrols for at least 80% of the programmed time in accordance with a schedule, which will include out of hours working on evenings and weekends in all weathers.

The post holder will be required to undergo training in order to become an accredited person for the purposes of the Police Reform Act 2002. An enhanced security/CRB check will be undertaken through the Police for this purpose. A high standard of personal honesty and integrity is required of the post holder in order to maintain the status as an accredited person (see special conditions).

The post holder is required to contribute to the safe working environment of employees within the division by ensuring that health and safety is effectively planned, organised, controlled, monitored and reviewed within the scope of their responsibilities and to seek appropriate advice from the line manager or health and safety adviser.

The post holder is required to promote measures to eliminate discrimination and disadvantage in service delivery, and to carry out all duties with regard to the Council's policy on equal opportunities.

An official uniform is provided which must be worn at all times when on duty.

The post holder should be aware that whilst enforcement and legislative processes are discussed in the role description the emphasis of the role is upon building relations and empowering the community, to reduce crime and anti-social behaviour and increase feelings of community safety.

Special Conditions

The post holder may be required to work a shift pattern, which includes evening and weekend work.

Exemption for Rehabilitation of Offenders Act

This post will entail substantial contact with children, the elderly, sick or disabled and further training towards accredited status will be provided. NBC and its partners therefore requires that by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 you reveal any criminal convictions, bind over orders or cautions including those which would normally be regarded as spent. The applicant must therefore complete the additional section of the application form headed "Rehabilitation of Offenders Act". Please note that you should use this part of the form to reveal any spent convictions or if you have none please write "NONE". A Police and Counter Terrorism check will be made of all applicants and any subsequent offer of employment is conditional upon the successful completion of this check.

PERSON SPECIFICATION

	Essential/Desirable?		Methods of Assessment			
	E	D	Application Form	References	Interview	Other
KNOWLEDGE						
Experience of working in a community environment and dealing with businesses and members of the public in difficult situations.	✓		✓		✓	
Knowledge of Environmental Crime/Anti Social Behaviour issues	✓		✓		✓	
Knowledge of general and personal health and safety issues.	✓		✓		✓	
A Valid current driving licence	✓		✓			
SKILLS						
Experience of dealing with people in a mediation role. The use of enforcement powers		✓	✓		✓	
Excellent verbal and non-verbal communication /interpersonal skills to forge relationships with the local community and businesses and encourage motivate and enthuse in order to facilitate positive change.	✓		✓		✓	
Good written communication skills to present information accurately, clearly and concisely	✓		✓		✓	
Physically fit to be able to patrol areas	✓		✓		✓	
Public speaking/presentation skills	✓				✓	
The ability to work alone and within a team and to deal with people firmly and fairly	✓		✓		✓	
Prioritising/organising heavy workload and use own initiative to set priorities, meet targets, monitor, evaluate and to review own workload.	✓		✓		✓	
To thoroughly pursue an investigation with a view to taking appropriate and commensurate action	✓		✓		✓	
To be able to deal with difficult situations and resolve conflict	✓		✓		✓	
IT skills/familiarity with word processing/spreadsheets		✓	✓		✓	

ATTRIBUTES	E	D	Application Form	References	Interview	Other
High standard of honesty and integrity in order to achieve status as an accredited person. Note: Offer of appointment would be conditional upon the outcome of the Police and Counter Terrorism check	✓		✓		✓	
Customer focused	✓		✓		✓	
Good Team worker	✓		✓		✓	

REVIEW AND SIGNATURES

This document will be reviewed from time to time to ensure that it continues to reflect our vision, values and priorities.

Prepared by:	Ruth Austen
Job title:	Environmental Protection Manager
Date:	15.3.12

Job evaluation date:	As per Neighbourhood Warden as this is a reporting change only
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Name of job holder:	
Job holder's signature:	
Date:	

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Training Verification Form

<i>Section 1</i>	Powers under the Police Reform Act 2002
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1	Fixed Penalty Notices (F.P.N) - Dog Fouling Litter Riding Bicycle on Footpath (Anti-social Behaviour Act power to stop Bicycle to issue F.P.N)	Yes	No	Date of training
2	Request Name and Address for F.P.N and offences that cause injury, alarm and distress to another person or damage or loss of another's property			
3	Request name and Address of a person acting in an anti-social manner			
4	Alcohol consumption in designated public places			
5	Confiscate Alcohol from Young Persons			
6	Confiscate Cigarettes and Tobacco products from young people			
7	Require the removal of abandoned vehicles			

<i>Section 2</i>	Supporting training/awareness requirements
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Training provided for by the Employer
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1	Role and Responsibilities			
2	Human Rights Act 1998			
3	Diversity and Equal Opportunities			
4	Customer Service/Public Reassurance			
5	Personal Safety/Assessing Risk			
6	Communication Skills/Assertiveness			
7	Data Protection			
8	Health and Safety			

Awareness training to be provided by Northamptonshire Police or approved training provider

*	Training for powers as in <i>Section 1</i>			
1	Understanding National Intelligence Model			
2	Basic Problem Solving Skills			
3	Introduction to Conducting Visual Audits			
4	Basic Intelligence and Evidence gathering, Note/statement writing.			
5	Introduction to Acceptable Behaviour Contracts and Anti Social Behaviour Orders			
6	Any person powers. Citizens arrest			
7	Basic Conflict Management			
8	Introduction to action planning for patrol			

I confirm that, who is to be accredited under the Police Reform Act 2002 is a fit and proper person who has completed the core training as agreed within the scheme as indicated above.

Signed: Print Name Date:

Organisation: Position:

Signed: Print Name Date:

Northamptonshire Police Training Position:



ACCREDITED PERSON

This document outlines the powers conferred on **NAME and COLLAR No.**, as an Accredited Person (AP), by Northamptonshire Police, in the relevant police area.

Powers exercisable by APs under Schedule 5 of Police Reform Act 2002

Powers for:

- Issue of Fixed Penalty Notices in respect of littering and dog fouling
- Confiscation of alcohol in designated public places
- Surrender of alcohol from young persons
- Confiscation of tobacco from young persons
- Removal of abandoned vehicles
- Issue of Fixed Penalty Notices for riding a bicycle on a footpath
- To stop cycles to issue a notice
- Issue Fixed Penalty Notices in respect of offences under dog control orders
- Issue Fixed Penalty Notices for fly-posting and graffiti
- Control traffic for purposes other than escorting a load of exceptional dimensions

Power to require name and address

APs may require a persons name and address in the following circumstances:-

- Fixed Penalty Notices as above mentioned
- When surrender of alcohol from a person aged under 18
- Offences involving injury/alarm/distress to any other persons
- Offences involving loss of/damage to any other persons property
- Reasonable belief a person is acting in an anti-social manner
- Begging
- Road traffic and control of traffic offences

The Ethnic Profile of Northampton & Serious Acquisitive / Violent Crime

Context

Previous analysis of crime and disorder in Northampton has recently shown that certain ethnic groups tend to be disproportionately victims and perpetrators of certain types of crime. These findings have been based upon a comparison of police recorded crime data and mid-year population estimates provided by the Office for National Statistics (ONS). The latest release of Census 2011 data (11/12/12) provides more robust estimates of the ethnic composition of Northampton to verify these findings. This report further illustrates these findings.

General Population

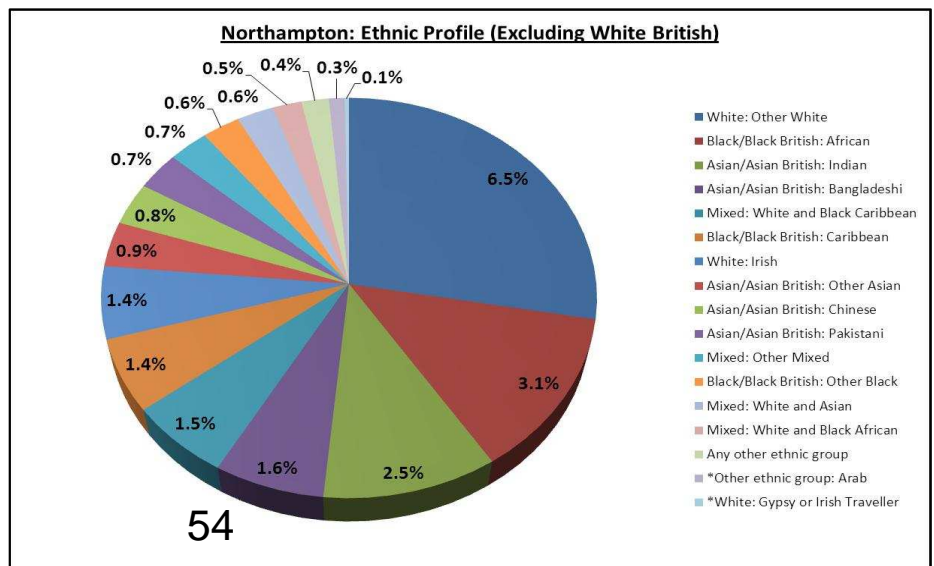
Census 2011: Ethnic Group: Northampton		
Ethnic Group	Count	%
White: British	162,353	76.6
White: Other White	13,825	6.5
Black/Black British: African	6,473	3.1
Asian/Asian British: Indian	5,328	2.5
Asian/Asian British: Bangladeshi	3,367	1.6
Mixed: White and Black Caribbean	3,149	1.5
Black/Black British: Caribbean	2,946	1.4
White: Irish	2,911	1.4
Asian/Asian British: Other Asian	1,815	0.9
Asian/Asian British: Chinese	1,705	0.8
Asian/Asian British: Pakistani	1,536	0.7
Mixed: Other Mixed	1,402	0.7
Black/Black British: Other Black	1,322	0.6
Mixed: White and Asian	1,286	0.6
Mixed: White and Black African	1,012	0.5
Any other ethnic group	947	0.4
*Other ethnic group: Arab	543	0.3
*White: Gypsy or Irish Traveller	149	0.1
Total Population	212,067	

The table to the right shows the ethnic profile of the population of Northampton as per Census 2011 data. The key differences from the previous ONS estimate are:-

- The estimated proportion of **White: British** population **reduced** by 3.8%.
- The estimated proportion of **White: Other** **increased** from 4.2% to 6.5%.
- The estimated proportion of **Black/ Black British African** more than **doubled** from 1.4% to 3.1%.
- The estimated number of **Indians** in Northampton has been **reduced** by over 2,000, whilst **Bangladeshi's** have been **increased** by over 1,500.

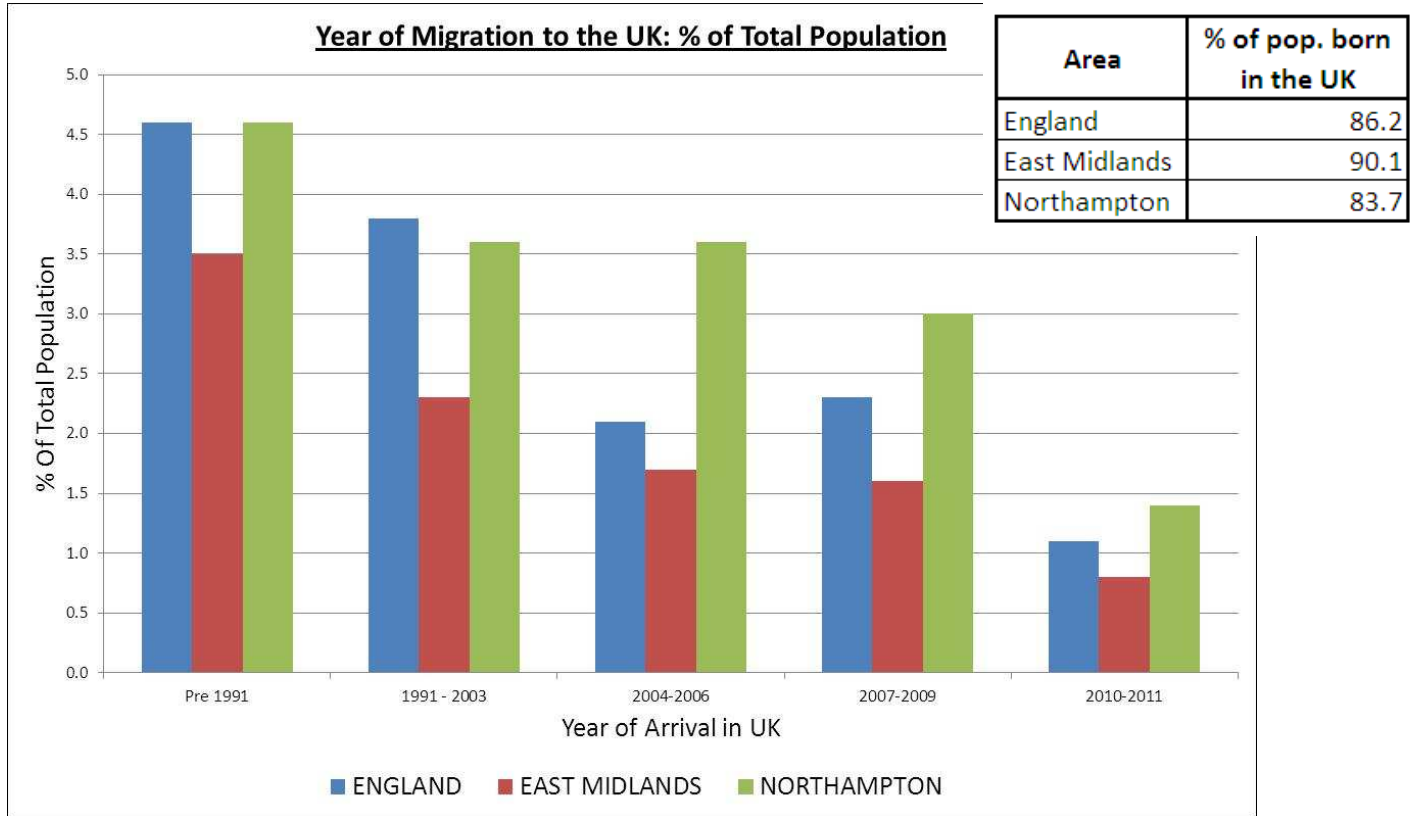
*Newly introduced ethnicity groups for Census 2011

The pie charts to the right shows the ethnic profile of Northampton, *excluding White British*, to provide a better picture of our BME communities.



Migration

The graph below illustrates the accelerated migration of non-UK citizens to Northampton. The graph shows the year residents arrived in the UK by percentage of the general population. As shown, between 2004 – 2011, migration to Northampton has been just under twice the rate of the regional average and 45% greater than the national average.



Victim Profiles

The tables below shows the proportion of victims for serious acquisitive and violent crime types during the previous three years (Aug 2009 – Jul 2012). As shown, Other White Background ethnicity is consistently over-represented across all crimes types analysed excluding serious sexual offences. It is also worth noting the over-representation of Black victims in relation to violent crimes.

General Pop Estimate		ETHNIC GROUP	CRIME TYPE							
			Burg Dwelling	Theft From Vehicle	Theft Of Vehicle	Robbery	Domestic Violence	NTE Violence	Serious Sex Offences	All Violence
Vol	%									
162353	76.6%	White: British	72.1%	68.9%	68.5%	69.0%	71.3%	70.7%	83.6%	72.6%
13825	6.5%	White: Other White	15.2%	15.6%	16.0%	10.2%	12.6%	11.5%	5.9%	10.8%
6473	3.1%	Black/Black British: African	2.0%	2.8%	4.5%	2.4%	3.0%	3.6%	2.0%	3.1%
5328	2.5%	Asian/Asian British: Indian	1.9%	1.5%	1.7%	2.4%	1.3%	1.2%	0.6%	1.3%
3367	1.6%	Asian/Asian British: Bangladeshi	0.7%	2.1%	0.8%	2.0%	1.3%	1.1%	1.0%	1.1%
3149	1.5%	Mixed: White and Black Caribbean	0.5%	0.3%	0.4%	1.7%	1.9%	1.2%	1.6%	1.4%
2946	1.4%	Black/Black British: Caribbean	1.4%	0.8%	1.5%	1.1%	2.2%	1.5%	0.2%	1.5%
2911	1.4%	White: Irish	0.8%	0.8%	0.8%	0.4%	1.1%	0.6%	0.2%	0.9%
1815	0.9%	Asian/Asian British: Other Asian	1.7%	2.5%	1.6%	5.3%	1.3%	2.8%	1.2%	2.4%
1705	0.8%	Asian/Asian British: Chinese	0.9%	0.3%	0.6%	0.4%	0.2%	0.3%	0.0%	0.3%
1536	0.7%	Asian/Asian British: Pakistani	0.6%	1.2%	1.4%	1.8%	0.7%	1.5%	0.6%	1.3%
1490	0.7%	*Any Other Ethnic Group	0.5%	0.5%	0.3%	1.0%	0.4%	0.5%	0.0%	0.4%
1402	0.7%	Mixed: Other Mixed	0.4%	0.5%	0.3%	0.3%	0.7%	0.5%	1.0%	0.7%
1322	0.6%	Black/Black British: Other Black	1.1%	1.7%	1.0%	1.1%	1.6%	2.2%	1.4%	1.8%
1286	0.6%	Mixed: White and Asian	0.2%	0.2%	0.3%	0.4%	0.1%	0.4%	0.0%	0.2%
1012	0.5%	Mixed: White and Black African	0.2%	0.1%	0.3%	0.4%	0.5%	0.2%	0.6%	0.3%
Total Victims			3294	4297	1172	714	2315	2008	493	8438

KEY	
	>1% greater than pop. estimate
	>1% less than pop. estimate

This data should be treated with caution however, due to the low volume of offences in relation to Robbery and Serious Sexual Offences, and also, with the caveat that disproportionately low representation of an ethnicity may indicate a reluctance to report crime, particularly in relation to domestic violence and serious sexual offences. A further caution is that the population data captures only those who completed the census; there may be a particularly low return rate in certain ethnic groups which could lead to an underestimate of the prevalence of certain demographics.

General Pop Estimate		ETHNIC GROUP	CRIME TYPE							
			Burg Dwelling	Theft From Vehicle	Theft Of Vehicle	Robbery	Domestic Violence	NTE Violence	Serious Sex Offences	All Violence
Vol	%									
165264	77.9%	White: British & Irish	73.0%	69.7%	69.3%	69.5%	72.4%	71.4%	83.8%	73.5%
13825	6.5%	White: Other	15.2%	15.6%	16.0%	10.2%	12.6%	11.5%	5.9%	10.8%
13751	6.5%	Asian/ Asian British	5.7%	7.6%	6.1%	11.9%	4.7%	6.9%	3.4%	6.4%
10741	5.1%	Black/ Black British	4.4%	5.4%	7.1%	4.6%	6.8%	7.3%	3.7%	6.4%
6849	3.2%	Mixed Heritage	1.2%	1.2%	1.2%	2.8%	3.1%	2.4%	3.2%	2.6%
1490	0.7%	Other Ethnic Group	0.5%	0.5%	0.3%	1.0%	0.4%	0.5%	0.0%	0.4%
Total Victims			3294	4297	1172	714	2315	2008	493	8438

KEY		>1% greater than pop. estimate
		>1% less than pop. estimate

Offender Profiles

The tables below show the proportion of *police recorded* offenders for serious acquisitive and violent crime types during the previous three years (Aug 2009 – Jul 2012). Similar findings to the victim profile are shown here, with Other White Background being over-represented in various crime types, and Black ethnicity types also being over-represented in relation to violence. It is important to note that this data only accounts for a proportion of offenders, and in some crime types, this proportion is particularly low (e.g. vehicle crime, serious sexual offences)

General Pop Estimate		ETHNIC GROUP	CRIME TYPE							
			Burg Dwelling	Theft From Vehicle	Theft Of Vehicle	Robbery	Domestic Violence	NTE Violence	Serious Sex Offences	All Violence
Vol	%									
162353	76.6%	White: British	70.9%	71.2%	77.1%	60.9%	71.4%	66.3%	Insufficient Data to make inferences	70.3%
13825	6.5%	White: Other White	17.8%	12.3%	6.7%	2.6%	11.4%	12.0%		9.3%
6473	3.1%	Black/Black British: African	0.5%	0.0%	4.2%	3.7%	3.6%	4.7%		3.4%
5328	2.5%	Asian/Asian British: Indian	0.0%	0.0%	0.4%	1.4%	0.2%	0.4%		0.7%
3367	1.6%	Asian/Asian British: Bangladeshi	0.2%	0.0%	3.8%	3.4%	1.2%	1.9%		1.4%
3149	1.5%	Mixed: White and Black Caribbean	2.4%	1.2%	1.3%	6.3%	1.8%	3.5%		3.0%
2946	1.4%	Black/Black British: Caribbean	3.2%	0.4%	2.1%	7.1%	3.5%	3.3%		3.8%
2911	1.4%	White: Irish	0.2%	12.7%	0.4%	0.9%	0.9%	1.4%		1.2%
1815	0.9%	Asian/Asian British: Other Asian	0.2%	0.0%	0.0%	6.3%	0.8%	1.7%		1.8%
1705	0.8%	Asian/Asian British: Chinese	0.0%	0.0%	0.4%	0.0%	0.3%	0.0%		0.1%
1536	0.7%	Asian/Asian British: Pakistani	0.0%	1.2%	0.8%	2.0%	1.2%	0.9%		1.1%
1490	0.7%	*Any Other Ethnic Group	0.0%	0.0%	0.4%	0.0%	0.3%	0.3%		0.2%
1402	0.7%	Mixed: Other Mixed	1.2%	0.0%	0.8%	1.4%	0.8%	1.0%		1.0%
1322	0.6%	Black/Black British: Other Black	1.5%	0.0%	1.7%	2.9%	2.2%	2.2%		2.1%
1286	0.6%	Mixed: White and Asian	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%		0.1%
1012	0.5%	Mixed: White and Black African	1.7%	1.2%	0.0%	1.1%	0.4%	0.4%	0.6%	
Total Offenders			409	260	240	350	1619	1132	151	4726

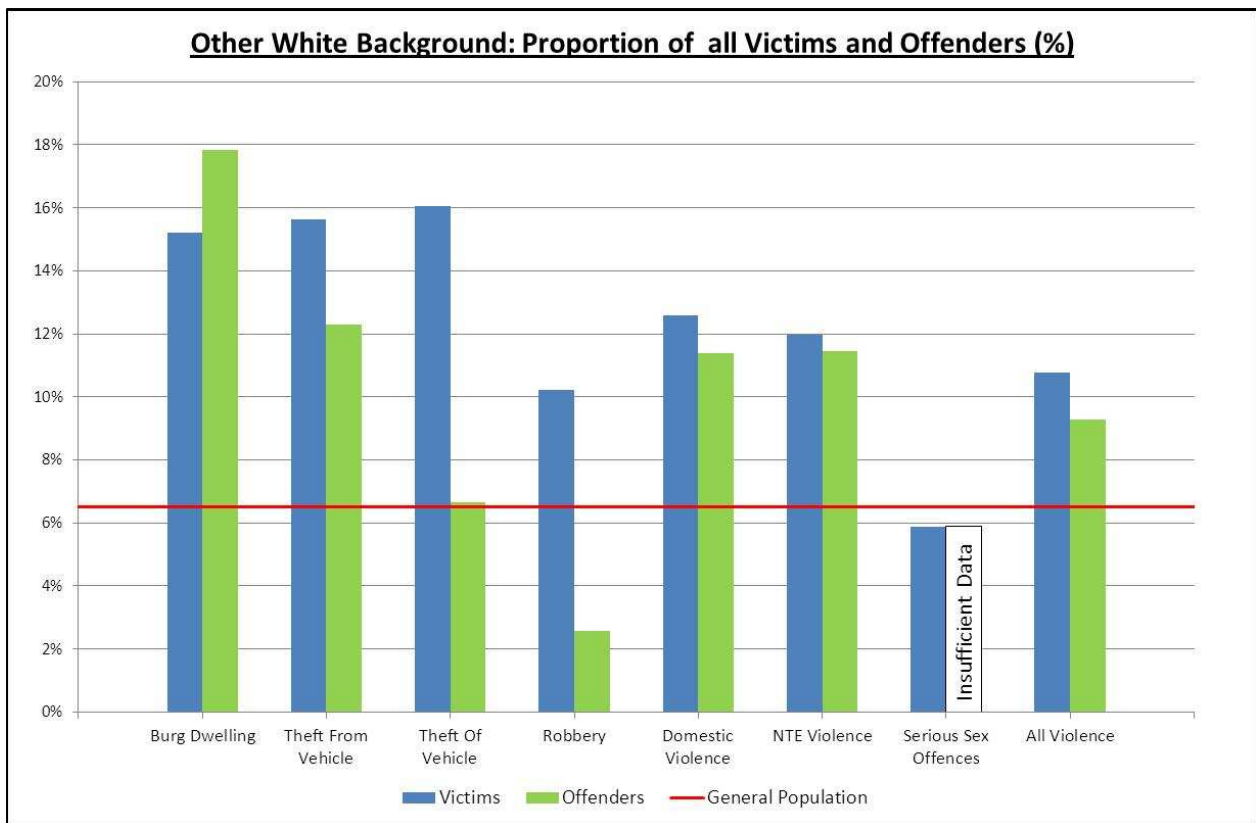
KEY		>1% greater than pop. estimate
		>1% less than pop. estimate

General Pop Estimate		ETHNIC GROUP	CRIME TYPE							Serious Sex Offences	All Violence
			Burg Dwelling	Theft From Vehicle	Theft Of Vehicle	Robbery	Domestic Violence	NTE Violence			
Vol	%										
165264	77.9%	White: British & Irish	71.1%	83.8%	77.5%	61.7%	72.3%	67.7%	Insufficient Data to make inferences	71.5%	
13825	6.5%	White: Other	17.8%	12.3%	6.7%	2.6%	11.4%	12.0%		9.3%	
13751	6.5%	Asian/ Asian British	0.5%	1.2%	5.4%	13.1%	3.7%	4.9%		4.9%	
10741	5.1%	Black/ Black British	5.1%	0.4%	7.9%	13.7%	9.3%	10.2%		9.4%	
6849	3.2%	Mixed Heritage	5.4%	2.3%	2.1%	8.9%	3.1%	4.9%		4.7%	
1490	0.7%	Other Ethnic Group	0.0%	0.0%	0.4%	0.0%	0.3%	0.3%		0.2%	
Total Offenders			409	260	240	350	1619	1132	151	4726	

KEY		>1% greater than pop. estimate
		>1% less than pop. estimate

Other White Background

The graphs below focus specifically upon victims and offenders of Other White Background, illustrating the regular over-representation of this ethnicity in recorded crime data.



Both police recorded crime and Census 2011 data fall short of identifying specific nationalities and first languages amongst the Northampton population. It is recommended that this information is obtained from alternative sources in order to enhance partnership responses to tackling this trend.

Will Finn
Community Safety Analyst
Northampton Borough Council
wfinn@northampton.gov.uk



NORTHAMPTON BOROUGH COUNCIL

Please find enclosed supporting papers for **Scrutiny Panel 1 Serious Acquisitive Crime and Violent Crime/ Community Safety**.

Contents

- Serious Acquisitive Crime Problem Profile.

**Extracted from the 2012 Community Safety Partnership Strategic Assessment.*

Members of the Panel

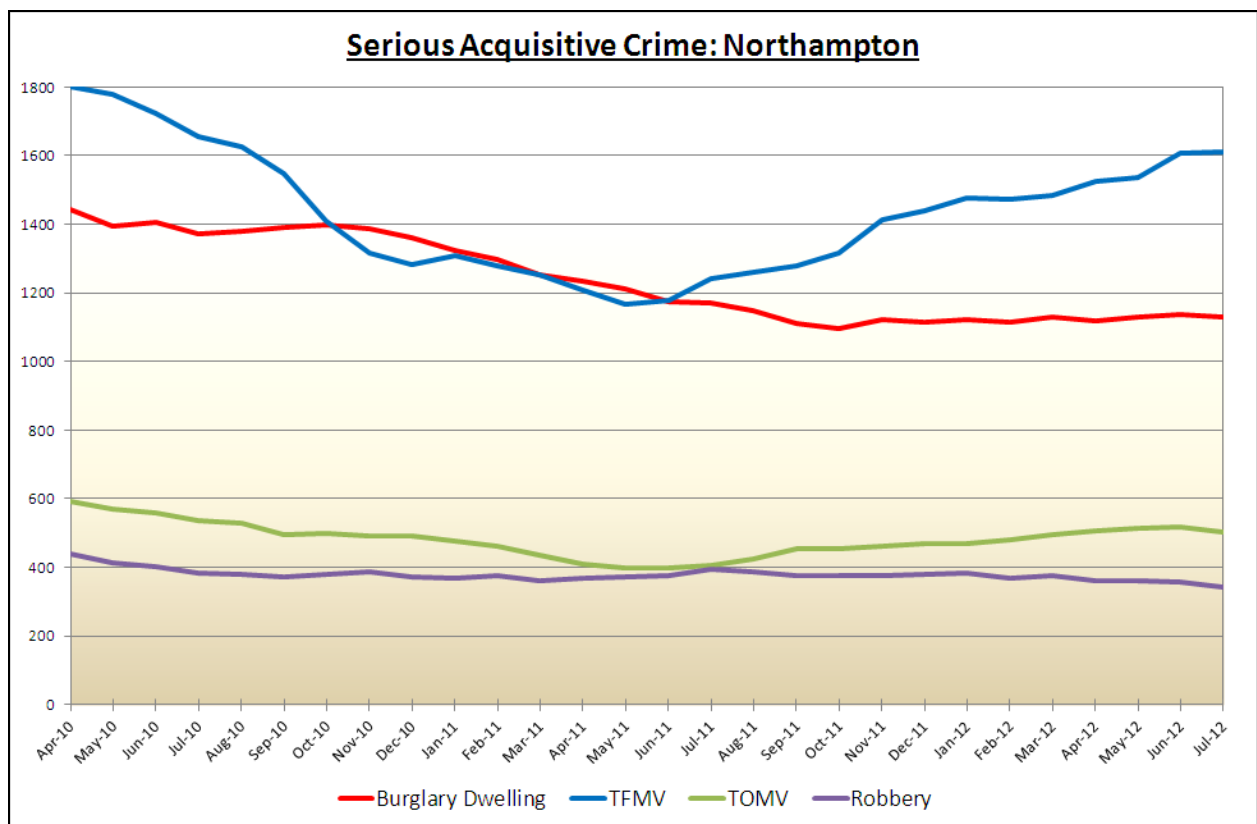
Chair	Councillor Danielle Stone
Deputy Chair	Councillor David Palethorpe
Panel Members	Councillor Michael Ford Councillor Brendan Glynane Councillor Dennis Meredith Councillor Christopher Malpas Councillor Brian W Sargeant
Co-opted Member	Sharon Henley, Northamptonshire Police Chief Inspector Max Williams, Northants Police Neil Bartholomey, Chair Northampton Pub watch

Northampton Borough Scrutiny Panel 1 Serious Acquisitive Crime and Violent Crime/ Community Safety

Serious Acquisitive Crime: Northampton

Performance

SAC has been substantially reduced in Northampton over recent years (by 41.6% between Mar 2008 and Mar 2011); however since then SAC has steadily increased by 8.6%, resulting in the force not achieving similar reductions to recent years. As shown below, this is primarily due to poor performance in tackling vehicle crime (specifically thefts from vehicles) as burglary dwelling and robbery continues to be reduced.



Vehicle Crime

Performance

Over three years, vehicle crime has been reduced by 16.9% in Northampton; TFMV by 10.1% and TOMV by 33.1%. Conversely over the past 12 months this trend has reversed and Northampton has seen a 28.4% increase; TFMV by 29.8% and TOMV by 23.8%. This increase has also been seen across many areas of the county, resulting in 15% countywide increase in vehicle crime in the same period. Northampton has significantly contributed to this given it is the largest urban area of the county with the greatest volume of crime in general. Specifically, the south west sector has caused the greatest issue countywide. However, during 2012/13 vehicle crime performance has also waned in the North and Central sector.

Comparatively, Northampton sit 12th out of 15 when ranked against similar CSPs nationally for vehicle crime, this is a considerable drop from 12 months previous, when the CSP were placed 6th. Contrastingly, the CSP are ranked 6th for TFMV. When compared to the county average, Northampton had 37.6% more vehicle crimes per population; this is across both TFMV and TOMV.

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Thefts From Motor Vehicles

Locations

Shown below are the top LSOAs for TFMV in Northampton in the past 12 months and past three years. Whilst these areas are the most vulnerable to vehicle crime, they only account for around 12% of all TFMV. More generally, analysis shows that 25.3% of TFMV have occurred in Spencer, St James, Castle and St Crispins wards in the past 12 months. This is a slight shift from over a 3 year period, which highlighted Kingsley and Billing as the hotspot wards, not Spencer and St James.

NB: Ward descriptions are based upon ward boundaries used by Northants police, those used by NBC pre 2011 unless stated.

TFMV: AUG 2009 - JUL 2012				
LSOA	DESCRIPTIVE	WARD (Pre 2011/Post 2011)	COUNT	% OF ALL TFMV
E01027150	Spring Boroughs/ Town Centre	Castle	157	4.1%
E01027237	Sixfields/ Weedon Rd	St James/ St James	100	2.6%
E01027140	Bellinge/ Billing Aquadrome	Billing	96	2.5%
E01027251	Upton	West Hunsbury/Upton	89	2.3%
E01027223	Town Centre/ NGH	St Crispin/ Castle	88	2.3%

TFMV: AUG 2011 - JUL 2012					
LSOA	DESCRIPTIVE	WARD (Pre 2011/Post 2011)	COUNT	% OF ALL TFMV	% CHANGE FROM PREV 12 MONTHS
E01027251	Upton	West Hunsbury/ Upton	44	2.8%	12.8%
E01027239	Spencer (Dallington)	Spencer/ Spencer	38	2.4%	58.3%
E01027237	Sixfields/ Weedon Rd	St James/ St James	34	2.2%	0.0%
E01027140	Bellinge/ Billing Aquadrome	Billing	32	2.0%	14.3%
E01027150	Spring Boroughs/ Town Centre	Castle	32	2.0%	60.0%

Below is a breakdown of TFMV by sector, showing the proportion of Northampton's TFMV, the ward with greatest volume and LSOA with greatest volume within each sector. As shown, the South West sector accounts for the most TFMV in both the long and short term, this is expected due to the large geographical space it covers, however the proportion of TFMV in this sector has increased in the past 12 months.

TFMV: AUG 2011 - JUL 2012				
SECTOR	%	TOP WARD	TOP LSOA	
			CODE	DESCRIPTIVE
N'pton South West	35.7%	Spencer	E01027251	Upton
N'pton East	26.6%	Billing	E01027140	Bellinge/ Billing Aquadrome
N'pton North	24.6%	Kingsley	E01027191	Kingsthorpe Rd/ Queens Park
N'pton Central	13.1%	Castle	E01027150	Spring Boroughs/ Town Centre

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TFMV: AUG 2009 - JUL 2012				
SECTOR	%	TOP WARD	TOP LSOA	
			CODE	DESCRIPTIVE
N'pton South West	29.7%	St James	E01027237	Sixfields/ Weedon Rd
N'pton East	27.8%	Billing	E01027140	Bellinge/ Billing Aquadrome
N'pton North	25.4%	Kingsley	E01027191	Kingsthorpe Rd/ Queens Park
N'pton Central	17.1%	Castle	E01027150	Spring Boroughs/ Town Centre

Items Stolen & MO Entry

The table below shows the top ten items stolen in the past 12 months. This has remained relatively unchanged during the past 3 years, excluding a reduction in CDs being stolen, presumably due to the introduction of MP3 car stereos and reduction in resalable value of CDs. The table also shows the % change compared to the prior 12 months, as there was a 36.6% increase in items stolen overall, anything above this indicates a notable increase. Cash stolen has increased significantly; however in only 25% of cases was this the only item stolen, therefore it is unclear whether this is what lured the offender to the vehicle or whether it was a by-product of targeting another item. The fact that all items which have increased >36.6% could be easily removed from the vehicle by the vehicle owner indicates more preventative action can be taken by potential victims to reduce risk of theft.

PROPERTY ITEM DESCRIPTION	COUNT	% OF ALL ITEMS STOLEN	% CHANGE FROM PREV 12 MONTHS
OTHER VEHICLES PARTS AND ACCESSORIES	312	9.4%	27.9%
SATELLITE NAVIGATION SYSTEM (SAT NAV)	290	8.7%	31.2%
CASH	279	8.4%	136.4%
REGISTRATION PLATES	169	5.1%	8.3%
RADIO / CASS / CD / MP3 / DVD (ALL CAR STEREOS)	117	3.5%	-16.4%
MOBILE TELEPHONE	107	3.2%	81.4%
PAYMENT CARD (INC. CREDIT CARD/DEBIT CARD)	106	3.2%	63.1%
DRIVING LICENCE	90	2.7%	91.5%
WALLET	74	2.2%	131.3%
ELECTRIC/CORDLESS DRILLS	66	2.0%	65.0%

MO of entry to vehicles tends to be by breaking glass (46.3%) or vehicles left insecure (22.5%). These methods are increasing in use, indicating methods such as forcing locks or doors with instruments are becoming less successful.

Temporal Analysis

TFMV tend to occur between 22:00 – 06:00, this has remained relatively constant throughout the previous 3 years. These crimes occur every day of the week but show slightly greater risk on Saturdays. TFMV has peaked in April during the past 3 years and in November in 4 of the previous 5 years.

Victim Profiles

In the past 12 months, victims of TFMV were male 2/3rds of the time; the majority of victims were White British (69.3%), followed by Other White Background (12.4%). In broad terms, Asian ethnic groups have been victimised on an increasing basis in the past 12 months (11.3% of victims, compared to 5% during the two years previous). The likelihood of victimisation considerably

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increases at the age of 20 and reduces at 44, accounting for 60% of all victims. When analysing the occupation of victims the most notable trend is the victimisation of taxi drivers. Taxi drivers account for 12.7% of all victims of TFMV and in the past 12 months victimisation of this group has increased by 458%.

Location & Vehicle Types

During the previous 3 years hatchbacks have accounted for 36.8% of all vehicles where items have been stolen, saloons and estates account for 24.1%, vans 16.4% and people carriers 5.9%. This has remained relatively constant during this period. Proportionately taxis/hackneys have seen the greatest increase in TFMVs during the past 12 months; however when this is analysed by volume, the vehicle types listed above account for the majority of the increase in this crime type and whilst it is important to tackle taxi-related thefts, it will not impact hugely on the overall volume of vehicle crime.

The majority of TFMV occur on the street (52.8%), secondly on driveways (22.3%) and thirdly on car parks/parking bays in residential estates (10.4%). The number of thefts occurring on driveways has considerably risen in the past 12 months (+103%, n = 181).

Thefts Of Motor Vehicles

Locations

Shown below are the top LSOAs for TOMV in Northampton in the past 12 months and past three years. This maps similarly to TFMV; with all but one LSOA, both long and short term, in the South West or Central Sector. More generally, analysis shows that 39.9% of all TOMV have occurred in Castle, St Crispin, St James, Spencer and Delapre in the past 3 years. This trend is more profound in the previous 12 months, with 46.9% of TOMV occurring within these wards.

NB: Ward descriptions are based upon ward boundaries used by Northants police, those used by NBC pre 2011 unless stated.

TOMV: AUG 2009 - JUL 2012				
LSOA	DESCRIPTIVE	WARD (Pre 2011/Post 2011)	COUNT	% OF ALL TOMV
E01027140	Bellinge/ Billing Aquadrome	Billing	39	2.7%
E01027157	Cotton End	Delapre/ Delapre & Briar Hill	38	2.6%
E01027150	Spring Boroughs/ Town Centre	Castle	38	2.6%
E01027241	Spencer (South)	Spencer	35	2.4%
E01027238	St James Rd Area	St James	33	2.3%
E01027153	Barrack Rd/ Grafton St	Castle	33	2.3%

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TOMV: AUG 2011 - JUL 2012					
LSOA	DESCRIPTIVE	WARD (Pre 2011/Post 2011)	COUNT	% OF ALL TOMV	% CHANGE FROM PREV 12 MONTHS
E01027150	Spring Boroughs/ Town Centre	Castle	20	4.0%	100.0%
E01027237	Sixfields/ Weedon Rd	St James/ St James	15	3.0%	400.0%
E01027241	Spencer (South)	Spencer	14	2.8%	55.6%
E01027157	Cotton End	Delapre/ Delapre & Briar Hill	14	2.8%	55.6%
E01027238	St James Rd Area	St James	14	2.8%	133.3%
E01027153	Barrack Rd/ Grafton St	Castle	14	2.8%	55.6%

Below is a breakdown of TOMV by sector, showing the proportion of Northampton's TFMV, the ward with greatest volume and LSOA with greatest volume in each sector. As shown, the South West sector accounts for the most TFMV in both the long and short term, this is expected due to the large geographical space it covers, in general terms the locations correspond with top locations for TFMV.

TOMV: AUG 2011 - JUL 2012				
SECTOR	%	TOP WARD	TOP LSOA	
			CODE	DESCRIPTIVE
N'pton South West	34.7%	Spencer	E01027237	Sixfields/ Weedon Rd
N'pton East	24.0%	Lumbertubs	E01027151	Weston Favell Centre/ Lings
N'pton North	21.0%	Kingsley	E01027191	Kingsthorpe Rd/ Queens Park
N'pton Central	20.4%	Castle	E01027150	Spring Boroughs/ Town Centre

TOMV: AUG 2009 - JUL 2012				
SECTOR	%	TOP WARD	TOP LSOA	
			CODE	DESCRIPTIVE
N'pton South West	35.4%	Spencer	E01027157	Cotton End
N'pton North	25.3%	Kingsley	E01027191	Kingsthorpe Rd/ Queens Park
N'pton East	22.8%	Billing	E01027140	Bellinge/ Billing Aquadrome
N'pton Central	16.4%	Castle	E01027150	Spring Boroughs/ Town Centre

Temporal Analysis

TOMV tend to occur between 19:00 – 09:00, with a particular spike between 22:00 and 02:00. However in the past 12 months there has emerged a greater likelihood of TOMVs occurring during the daytime. Specifically, a spike has emerged from 07:00 – 09:00.

TOMVs show equal risk throughout the week until Friday, which displays heightened risk. To a lesser extent, there is also a greater risk on Saturday/ Sunday.

TOMV have peaked during March, April and May for the past 5 years and, similarly to TFMV, has peaked in November in 4 of the past 5 years.

Victim Profiles

Males tend to be victims of TOMV more than females, accounting for 80%. Victims span relatively easily across all ages however there is a peak between 17 – 30 years old (38.3%), which has been more prominent in the past 12 months. As with most crime types, White British accounts for the majority of victims (68.2%) with Other White Background making up 15.7%.

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Location & Vehicle Types

During the past 3 years 33.6% of stolen vehicles have been recorded as motorcycle/moped/scooter/quad, 24.2% of vehicles stolen have been hatchbacks, 16.5% saloons and 7.7% were vans. This has remained relatively constant during this period, although there has been a 69.6% increase in theft from vans, this accounts for 30.2% of the overall increase in TOMV.

TOMVs tend to occur in similar types of locations to TFMVs; on the street (55.5%), on the driveway (21.6%) and in car parks/parking bays (9.2%) in residential estates.

Burglary Dwelling

Performance

Similarly to countywide performance, burglary dwelling in Northampton is on a continuous downward trend, albeit reductions are smaller each year, as shown in the table below.

Whilst performance is strong in this crime type in the previous 5 years, Northampton still has 46.2% more crimes per population than the county average, however this is expected given it is the most urban area of the county.

When compared to most similar CSPs, Northampton is 9th out of 15 and has 12.1% less crimes per population than the average for MSG, this is a marked improvement compared to 3 years ago, when the partnership were 48.1% **above** average.

Locations

Shown below are the top LSOAs for burglary dwelling in Northampton in the past 12 months and past three years. All but one of the top areas in the past 12 months forms a strip of localities across the town centre from St James to Abington. More generally, analysis shows that 37.6% of dwelling burglaries have occurred in Spencer, St James, Castle and St Crispins and Abington wards in the past 12 months, corresponding with hotspots for vehicle crime. This is a slight shift from over a 3 year period, which highlighted Lumbertubs as a key ward for this crime type. The removal of this ward and Cotton end (at LSOA level) indicates a level of success from target hardening operations undertaken in recent years.

NB: Ward descriptions are based upon ward boundaries used by Northants police, those used by NBC pre 2011 unless stated.

Burglary Dwelling: AUG 2009 - JUL 2012				
LSOA	DESCRIPTIVE	WARD (Pre 2011/Post 2011)	COUNT	% OF ALL TFMV
E01027157	Cotton End	Delapre/ Delapre & Briar Hill	79	2.1%
E01027225	The Mounts (Colwyn Rd Area)	St Crispin/ Castle	60	1.6%
E01027198	Weston Favell Centre/ Lings	Lumbertubs/ Brookside	56	1.5%
E01027151	St James (Victoria Park)	St James	53	1.4%
E01027153	Barrack Rd/ Grafton St	Castle	53	1.4%

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Burglary Dwelling: AUG 2011 - JUL 2012					
LSOA	DESCRIPTIVE	WARD (Pre 2011/Post 2011)	COUNT	% OF ALL TFMV	% CHANGE FROM PREV 12 MONTHS
E01027151	St James (Victoria Park)	St James	26	2.3%	85.7%
E01027226	Exter Place/ Artizan Rd	St Crispins/ Castle	25	2.2%	92.3%
E01027189	Kingsley Park	Kingsley	22	2.0%	100.0%
E01027241	Spencer (South)	Spencer	20	1.8%	66.7%
E01027153	Barrack Rd/ Grafton St	Castle	19	1.7%	11.8%
E01027136	Abington Ave Area	Abington	19	1.7%	26.6%
E01027133	Abington South (Barry Rd)	Abington	19	1.7%	171.4%
E01027233	Briar Hill (Hunsbarrow Rd)	Delapre/ Delapre & Briar Hill	19	1.7%	111.1%
E01027225	The Mounts (Colwyn Rd Area)	St Crispins/ Castle	19	1.7%	-13.6%

Below is a breakdown of burglary dwelling by sector, showing the proportion of Northampton's burglary dwelling, the ward with greatest volume and LSOA with greatest volume within each sector. As shown, the South West sector accounts for the most crimes but largely the split of crimes has remained relatively constant.

Burglary Dwelling: AUG 2011 - JUL 2012				
SECTOR	%	TOP WARD	TOP LSOA	
			CODE	DESCRIPTIVE
N'pton South West	33.6%	Spencer	E01027151	St James (Victoria Park)
N'pton East	27.9%	Abington	E01027136	Abington Ave Area
N'pton North	21.5%	Kingsley	E01027189	Kingsley Park
N'pton Central	17.1%	Castle	E01027226	Exter Place/ Artizan Rd

Burglary Dwelling: AUG 2009 - JUL 2012				
SECTOR	%	TOP WARD	TOP LSOA	
			CODE	DESCRIPTIVE
N'pton South West	29.7%	Spencer	E01027157	Cotton End
N'pton East	27.8%	Lumbertubs	E01027198	Weston Favell Centre/ Lings
N'pton North	25.4%	Kingsley	E01027189	Kingsley Park
N'pton Central	17.1%	Castle	E01027225	The Mounts (Colwyn Rd Area)

Temporal Analysis

Over the past 3 years burglary dwelling has peaked from 23:00 – 04:00, however a trend has emerged in the past 12 months showing greater risk during the daytime, with risk increasing as early as 14:00 and staying constant till 04:00, with a particular spike at 01:00 – 03:00. The days of the week when burglaries occur has also shifted; over 3 years Friday and Saturday are the peak days, whereas during the previous 12 months weekdays show almost as equal risk to Saturdays. Over the past 3 years, March and April have shown seasonal peaks, December has also suffered above average number of dwelling burglaries during the past 5 years.

MO Entry & Items Stolen & Property Types

The method of entry has remained relatively unchanged over the past 3 years, with one third of burglaries being due to insecurities. Forced with instrument has remained consistently second most common, with glass broken being 3rd most common, accounting for around 14.2%. It is also worth noting that end terrace houses are proportionately being increasingly targeted.

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The most commonly stolen items have been laptop computers, cash, keys and games consoles throughout the past 3 years and this has remained constant. There has been a notable reduction in mobile phones and payment cards being stolen from properties, presumably due to these being useless once victims have notified their bank or service provider. Jewellery has been increasingly stolen, accounting for 17% of items stolen from homes in the past 12 months, compared to 11.1% in the same period 2 years prior.

Victim Profiles

74.2% of victims of burglary dwelling were White British with the second most common ethnicity being Other White Background (15%). The peak age of victims is 22 – 34 years old (32.3%) over the past 3 years, there is a slight increase in younger householders being victimised; this corresponds with a *slight* increase in student victims of burglary.