

Gloucestershire Community Safety Strategic Needs Assessment

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(Commissioned by Safer Gloucestershire)

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Executive Summary

Introduction

The Community Safety Strategic Needs Assessment is a high level overview of the safety of people in Gloucestershire, providing an understanding of our communities for use by decision makers and commissioners of services. This report was commissioned by Safer Gloucestershire to inform their strategic priorities.

This assessment considers existing strategic priorities as stated in the Police and Crime Commissioner's Plan, Gloucestershire Constabulary's Strategic Threat Assessment and Joint Gloucestershire Health and Wellbeing Strategy 2012-2032. These were combined with data analysis and local intelligence to inform the recommended priorities emerging from this assessment. Unless otherwise stated, data examined is for the financial year 2016/17.

Overview of Crime

- Gloucestershire compared well to the rest of the UK in terms of crime rates and how safe communities feel
- However, Gloucester City experienced greater rates of a number of crime types than the regional and national average, and overall crime rates in the city are higher than the UK average
- Town and city centres generally experienced the highest crime rates, for instance anti-social behaviour, types of theft and violent crime – this particularly applied to Gloucester and Cheltenham
- The most commonly recorded crimes in Gloucestershire are theft, violence against the person and criminal damage
- There have been increases in offences involving firearms and knives/sharp instruments in Gloucestershire over the last two years, with increase of 30% and 37% respectively and Gloucester and Cheltenham being particular areas for concern
- The Gloucester City knife crime rate was higher than all other Local Policing Areas in Gloucestershire, three times as high as the South West rate, and higher than the England and Wales rate.
- Individuals living in deprived areas of Gloucestershire are most likely to become the victims of all types of crime
- There have been increases in all types of hate crime in Gloucestershire, continuing the upward trend since 2012/13, with the largest increase seen in the Forest of Dean
- Race-related hate crime was the most reported strand of hate crime in the county, while disability-related hate crime saw the largest proportional increase in Gloucestershire this year

Key points for further consideration

1. *Local crime hotspots*: Safer Gloucestershire may wish to consider a targeted approach to the areas where the risk for potential victims is greatest.
2. *Link between crime and deprivation*: Individuals living in deprived areas of Gloucestershire were most likely to become the victims of all types of crime. Safer Gloucestershire could consider focussing on our most deprived areas for preventative measures.

3. *Inequalities and vulnerability*: The Partnership could consider how discrimination can be tackled further to reduce the vulnerability of groups and individuals protected under the Equalities Act 2010 and ensure that everyone in Gloucester is protected from crime.

Anti-Social Behaviour

- Anti-Social Behaviour incidents were most common in Cheltenham and Gloucester City, where rates were notably higher than the regional and national averages
- Town and city centres were hotspots for ASB
- The largest proportional increases this year were in Stroud and Cheltenham
- There was a decrease in ASB incidents recorded in Gloucester City
- Most incidents took place in the late afternoon/early evening, and were most common on a Saturday
- Anti-social behaviour incidents in Gloucestershire were more than 5 times more likely to be reported in an area of high deprivation compared to the least deprived areas

Key points for further consideration

1. *Town and city centres*: By targeting preventative or dissuasive interventions at areas experiencing the highest rates of ASB, the Partnership could have an impact on the prevalence of this crime.
2. *Specific times and days*: The Partnership could target intervention at peak times, to ensure that communities feel safer in the evenings and on the weekend.
3. *Link between areas of deprivation and anti-social behaviour*: Our most vulnerable communities are most likely to feel unsafe or threatened by ASB. The Partnership could consider focussing on these areas for preventative or protective measures.

Offender management

- In 2016/17 Gloucester City had the highest number of adult offenders and reoffenders in the county
- Adult reoffending rates in Gloucestershire were lower than the South West and national average, however they were comparatively high in Gloucester City and Cheltenham District where they exceeded the county, regional and national averages
- The reoffending rate for young people in Gloucestershire was higher than the South West and national average

Key points for further consideration

1. *Adult re-offenders in Gloucester and Cheltenham*: Safer Gloucestershire may wish to explore the reasons for high adult re-offending rates in Gloucester and Cheltenham further.
2. *Youth re-offending*: The re-offending rate for young people in Gloucestershire is higher than the South West and national average. Safer Gloucestershire may wish to explore this issue further.

Safeguarding

- In 2017, Gloucestershire Safeguarding Children Board and the Local Authority were inspected by OFSTED and graded as 'requires improvement' and 'inadequate' respectively
- The rate of children who were the subject of a child protection plan in Gloucestershire was below the statistical neighbour and national rate
- The rate of Children in Care increased in 2016/17. It was higher than our statistical neighbour average but lower than the national rate
- The Toxic Trio can have a profound impact upon children's safety – where concerns were raised about children living with all three issues, 40% of these children lived in Gloucester City and 20% lived in Cheltenham
- An increasing area of concern is young people who are in domestically abusive relationships
- The PACT team dealt with just over 100 more instances of CSE this year than last year
- FGM is a nationally emerging and underreported issue and we should be aware that there could be unidentified incidents locally
- The greatest number of Adult Safeguarding concerns occur in Cheltenham and Gloucester City
- More than one in every four risk investigations for Adult Safeguarding was recorded as physical injury and one in five risk investigations was recorded as psychological and/or financial abuse

Key points for further consideration

1. *OFSTED and HMIC recommendations:* Gloucestershire is currently going through a period of improvement with regard's to children's' safeguarding as a result of feedback from the recent OFSTED and HMIC inspections. Safer Gloucestershire should continue to support the ongoing improvement of these services to ensure positive outcomes for our young people.
2. *The Toxic Trio and ACEs:* By working to prevent the issues of mental ill health, substance abuse and domestic abuse, and supporting ongoing work to understand the nature of the impact of ACEs, Safer Gloucestershire can help ensure better outcomes for children.
3. *Hidden abuse* –Safer Gloucestershire should continue to raise awareness of CSE and other underreported forms of abuse such as FGM, to ensure that cases are identified and children are protected as soon as possible.
4. *Safeguarding vulnerable adults* –vulnerable adults can be at greater risk of harm from criminal activity. Safer Gloucestershire should continue to support the work of the Safeguarding Adults to Board to protect those individuals from exploitation and abuse.

Modern Slavery and Human Trafficking

- The nature and scale of this issue in Gloucestershire is unclear as it is underreported and often a hidden crime
- Police activity with regards to modern slavery increased in 2016 compared to 2017 and it is now a force priority

- Sexual exploitation was most commonly found form of exploitation in Gloucestershire, followed by labour exploitation
- Half of recorded crimes concerned British victims

Key points for further consideration

1. *Raising awareness*: there is a need to raise awareness of modern slavery in order to increasing reports of this crime to the police.
2. *Anti-Slavery Partnership*: Safer Gloucestershire can continue to support the work of the Gloucestershire Anti-Slavery Partnership, which works within a South West based network to combat slavery in the region.
3. *Local Profiles*: A Serious and Organised Crime (SOC) local profile has been commissioned by Gloucestershire Constabulary's Strategic Board.

Domestic Violence and Abuse

- Domestic abuse poses a considerable cost to society, both in human and economic terms
- It is a national priority – the national strategy emphasises prevention and working partnership to tackle the issue. This is also reflected in the local strategy, owned by the Health and Wellbeing Board
- GDASS is the main commissioned service providing specialist support for victims of Domestic Abuse
- There is a need to increase confidence to report instances of domestic abuse, as well as to raise awareness and engage with communities about the issue
- There is a growing focus on tackling stalking in the county
- The highest number of MARAC cases in the county were in Gloucester and Cheltenham in 2016/17, although the biggest rise in cases was in Tewkesbury
- There was a notable increase in Domestic Abuse-related crime in the Forest of Dean and Tewkesbury
- Gloucester experienced a considerably higher rate of domestic abuse related crime than the other districts
- Victims of domestic abuse-related crime in Gloucestershire were very likely to live in a deprived area

Key points for further consideration

1. *Implementation of local Domestic Homicide Review protocol*: responsibility for this will be transferred from district community safety partnership to Safer Gloucestershire to improve governance and ensure a county-wide approach.
2. *Re-commissioning of specialist domestic abuse services*: this is currently underway at Gloucestershire County Council and is a process that Safer Gloucestershire should maintain an awareness of

3. *Sign up to the Domestic Abuse and Sexual Violence Concordat*: implementing the new strategy, which emphasises early help, increasing disclosure and a co-ordinated multi-agency approach, will be a priority in the coming year.
4. *Increased focus on stalking*: this is an emerging priority that Safer Gloucestershire should be aware of
5. *Raising awareness and increasing reporting of Domestic Abuse*: communities need to be made aware of this issue and feel confident and able to seek help.
6. *Improve data collection and data sharing*: the DA Data Project is ongoing to collate multi-agency data to better understand the prevalence and impact of this crime in the county.
7. *Target specific areas* – some areas of Gloucestershire seem to experience higher instances of Domestic Abuse. Safer Gloucestershire may wish to consider targeting prevention at specific parts of the county
8. *Inequality and deprivation* – Safer Gloucestershire may wish to target support at our most deprived communities, where a domestic abuse-related crime is most likely to be reported.

Alcohol and Drug Abuse

- Drug and alcohol abuse has a strong societal impact and links with crime and disorder – the human and economic costs can be considerable
- Drugs and alcohol are identified as two of the key drivers of crime and disorder in the Home Office Modern Crime Prevention Strategy (2016)
- Public Health England (PHE) estimates there are approximately 2,800 heroin and crack users in Gloucestershire. Gloucestershire has a 55.5% treatment penetration rate which is higher than the England rate of 51.1%
- Roughly 80% of drug users receiving treatment in Gloucestershire are heroin users
- NICE estimates suggest there are approximately 3,085 individuals in the County with alcohol dependence which would require treatment. Using this estimate Gloucestershire would have a treatment penetration rate of 38%

Key points for further consideration

1. *Persistent alcohol misuse*: A 'Blue Lights' project is in development with Alcohol Concern to work with a small cohort of people with persistent alcohol problems, individuals who are well known to frontline and emergency services and have a history of not engaging with help or treatment services
2. *Protecting substance misuse service users*: substance misuser service users are vulnerable to out of area gangs who want to exploit vulnerable people via 'County lines or dangerous drug networks'. Drug services are working in partnership with the police, where vulnerable users are seeking support and treatment, to protect them from exploitation.
3. *Drug-related deaths*: There has been an increase in drug related deaths nationally and locally, this increase is in the cohort of people using opiates (heroin).

- The geographic distribution of incidents Gloucestershire Fire and Rescue Service (GFRS) attends has a familiar trend year-on-year, with greatest concentrations in urban areas.
- Incident demand peaks during the late afternoon and evening.
- Analysis of incident demand by district supports the finding that the year-on-year distribution of incidents remained fairly static however, they are reducing. For example, the proportion of all GFRS incidents that occurred in the Forest of Dean varies between 10% and 11% over the past five years.
- GFRS sets response standards based on lower super output area (LSOA) risk categories. The categorisation of each LSOA is derived from the Index of Multiple Deprivation together with historical incidents and casualties. GFRS has categorised LSOAs into three categories:
 - Category 1, highest risk
 - Category 2
 - Category 3, lowest risk
- 13% of LSOAs have been classified as Category 1 and account for over 20% of all incidents and 24% of primary dwelling fires.
- Arson activity is an ongoing concern and whilst it is reducing as we address it with partners it still remains above our target and needs to form a fundamental part of CSPs' action plans going forward.

Key points for further consideration

Integrated Risk Management Planning (IRMP) is a modern and flexible process, supported by legislation and guidance, designed to enable a fire and rescue service to identify, measure and mitigate the social and economic impact that fire and other emergencies can be expected to have on individuals, communities, commerce, industry, the environment and heritage.

Gloucestershire Fire and Rescue Service's IRMP is the vision of how it aims to address the challenges faced over the coming years and sets out three key objectives that the Service intends to achieve. It is against these that activities will be set.

- Increased focus on prevention and protection initiatives
- Explore, further develop and maximise opportunities to collaborate with partners and other stakeholders
- Reconfigure and reform our Service

Road Safety

- Data showed that road safety has generally improved, both locally and nationally
- However more people were seriously injured as a result of road accidents in Gloucestershire this year than last year
- The greatest numbers of casualties occurred in Gloucester, the Cotswold District and Tewkesbury

Key points for further consideration

1. Safer Gloucestershire should continue to maintain an awareness of road safety issues, with particular attention to accident hotspots.

Recommendations

1. *Local crime hotspots* – targeting preventative or dissuasive interventions at areas that experience disproportionate levels of crime, the Partnership could have the greatest impact on the prevalence of this crime.
2. *Inequality* – focussing support where it is needed most and tackling the link between deprivation, vulnerability and crime
3. *Safeguarding children* – protecting children from harm, reducing the youth reoffending rate, examining the impact of the toxic trio, working to prevent CSE and supporting HMIC and OFSTED improvement plans
4. *Domestic Violence and Abuse* – contributing to and supporting existing work, raising awareness, targeting support where it is most needed
5. *Alcohol and drug abuse* – protecting vulnerable service users and supporting the services that tackle dependency
6. *Modern Slavery and Human Trafficking* – raising awareness and increasing intelligence to understand the scale of the problem in Gloucestershire

Introduction

The Community Safety Strategic Needs Assessment is a high level overview of the safety of people in Gloucestershire, providing an understanding of our communities for use by decision makers and commissioners of services.

Community safety encompasses more than just crime: it is about how safe communities are and how safe they feel. Road safety, anti-social behaviour and domestic abuse, as well as other issues that affect individual and community health and wellbeing, are just some examples of what is covered by community safety. Therefore, this report includes wider determinants of community safety such as deprivation, substance abuse and vulnerability.

Community safety partnerships (CSPs) were established as statutory bodies under Sections 5-7 of the Crime and Disorder Act 1998. They include representatives from the police, the local authority, and the fire, health and probation services, 'the responsible authorities'. The responsible authorities work together to develop and implement strategies to protect local communities from crime and to help people feel safe. They also deal with issues including antisocial behaviour, drug or alcohol misuse and re-offending and work with others who have a pivotal role, including community groups and registered local landlords.

There are six local CSPs in Gloucestershire, [Cheltenham](#), [Cotswold](#), [Forest of Dean](#), [Gloucester](#), [Stroud](#), [Tewkesbury](#), and a regional partnership, Safer Gloucestershire, which provides overall leadership and a Gloucestershire-wide vision for community safety.

This report was commissioned by Safer Gloucestershire to inform their strategic priorities.

Aligning Priorities

This assessment considers existing strategic priorities as stated in the Police and Crime Commissioner's Plan, Gloucestershire Constabulary's Strategic Threat Assessment and Joint Gloucestershire Health and Wellbeing Strategy 2012-2032, commissioned by Gloucestershire Health and Wellbeing Board. These are presented below and inform the recommended priorities emerging from this assessment.

The police Strategic Threat Assessment identifies five operational priorities for 2017/18:¹

- Child sexual exploitation (CSE) and child sexual abuse (CSA)
- Sextortion – a cyber-enabled crime in which victims are lured to perform sexual acts in front of a web cam which is then used to extort the victims
- Dangerous drugs networks (DDNs)
- Domestic Abuse
- Modern day slavery (MDS) and human trafficking

The Police and Crime Commissioner's Plan identifies the following priorities:²

- Accessibility and accountability – Getting the right resources to the right situation or problem first time, every time, on time and dealing with the matter appropriately and effectively.

¹ Gloucestershire Constabulary, *Strategic Threat Assessment 2017-18*

² Office of the Police and Crime Commissioner, *Gloucestershire, Police and Crime Plan 2013 – 2017*, <https://www.gloucestershire-pcc.gov.uk/media/3037/pcc-plan-2017-2021-web.pdf>, p. 12.

- Older but not overlooked – Older people need to feel and remain an active part of our communities whether they live in their own homes or are in residential care.
- Young people becoming adults – We need sensitive, relevant and effective policing to ensure our young people become law-abiding, productive members of society. The ‘system’ must work for them, not against them
- Safe days and nights for all – Gloucestershire has a strong night-time economy but it needs to be better managed, with alcohol related crime and disorder being reduced. Everyone should be able to go out to our parks, pubs and streets without fear
- Safe & social driving – People should be able move around our communities in safety and with as much ease and convenience as possible. The police will enforce the law when necessary, but we will all work to reduce offending and antisocial driving.
- Safer Cyber - This priority seeks to ensure Gloucestershire is safer as people, commerce and other organisations increasingly live, trade and work on-line.

Gloucestershire Health and Wellbeing Board leads on improving the co-ordination of commissioning across Health, Social Care and Public Health services. Board membership includes elected members, leaders from the NHS, social care, Police and the voluntary and community sector, with the aim of improving the health and wellbeing of the local population and reducing health inequalities.³ The board has identified five priority areas:⁴

- Reducing obesity
- Reducing the harm caused by alcohol
- Improving mental health
- Improving health & wellbeing into older age
- Tackling health inequalities

³ Gloucestershire County Council, *About the Board*, <http://www.gloucestershire.gov.uk/council-and-democracy/gloucestershire-health-and-wellbeing-board/about-the-board/>

⁴ Gloucestershire Health and Wellbeing Board, Gloucestershire Health and Wellbeing Strategy 2012 – 2032, http://www.gloucestershire.gov.uk/media/2941/joint_health_and_wellbeing_strategy-56736.pdf, p. 21

Population

You can find further information and links in the [Population theme](#) of Inform Gloucestershire.

The population of Gloucestershire was estimated to be around 623,100 in 2016, representing a rise of approximately 6,000 people since 2015. This is equivalent to a growth of 1.0% in population from 2015 to 2016, higher than the England and Wales growth of 0.8%.⁵ Gloucester had the largest population in the county and the Forest of Dean had the smallest.⁶

In 2015, 22.6% of the Gloucestershire population were aged 0 to 19, 56.9% were aged 20-64 and 20.6% were aged 65 or over. Gloucestershire had a lower proportion of 0-19 year olds and 20-64 year olds, and a higher proportion of people aged 65 or over, when compared to the figures for England and Wales.⁷

There was considerable variation in age structure at district level. The proportion of 0-19 year olds was highest in Gloucester (24.9%), exceeding the national figure for this age group. The proportion of 20-64 year olds was highest in Cheltenham and Gloucester (59.3% and 59.0% respectively), again exceeding the national figure. Cotswold, Forest of Dean, Stroud and Tewkesbury all had a higher proportion of people aged 65 and over when compared with the national figure; at 24.7% Cotswold had the highest proportion of people aged 65 in the county.⁸

The dominating feature of ONS population projections for 2014 to 2039 is the sharp increase in population in the age group 65 or over, which is projected to increase from 123,800 in 2014 to 206,300 in 2039 (an increase of 66.6%). This increase is sharper than the national trend for England and Wales and means that by 2039, the proportion of people in Gloucestershire in this age group will have risen to 28.9%. At district level, the projected increase in older people is sharpest in Gloucester (rising by 78%) and smallest in Cheltenham (rising by 60.6%).⁹

By comparison, the population of children and young people (aged 0-19) in Gloucestershire is projected to rise by 11.0% over the twenty-five year period which is in line with the trend for England and Wales. At district level, the projected increase in this age group is greatest for Tewkesbury (20.0%) and smallest for the Forest of Dean (3.8%).¹⁰

The working age population (aged 20-64) in Gloucestershire is projected to rise by only 1.4% over the same period. This is slower than the national trend for this group and means that by 2039 the working population in Gloucestershire will have fallen from 57.1% of the population to 49.6% of the population. However there is considerable variation at district level; the working age population is projected to shrink in the rural districts of Cotswold and the Forest of Dean by 4.7% and 8.2%

⁵ Mid-2016 Population Estimates, Office for National Statistics

⁶ *Ibid.*

⁷ Inform Gloucestershire, Current Population, <https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=Population-CurrentPopulation-CountyDistrictData>

⁸ *Ibid.*

⁹ *Ibid.*

¹⁰ *Ibid.*

respectively, whilst little growth is predicted in Stroud (only 0.2%). By comparison, this age group is predicted to grow in Gloucester and Tewkesbury by 6.7% and 8.3% respectively.¹¹

¹¹ Inform Gloucestershire, *Population Projections*,
<https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=PopulationProjections>

*The Equality Act 2010 protects people from discrimination in the workplace and in wider society. The Act identifies nine 'protected characteristics' that are covered by the legislation: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. This section outlines the demographic information on people in Gloucestershire who have these protected characteristics and highlights some of the evidence on inequalities experienced by these groups. You can find further information and links in the [Equality and Diversity theme](#) of Inform Gloucestershire.*¹²

Sex and Gender

The latest population estimates for Gloucestershire show that in 2015, 51% of the population was female and 49% male.¹³ As age increases, women outnumber men by an increasing margin; in Gloucestershire in 2015, 53.0% of people aged 65-84 were female, whilst amongst people aged 85+ women accounted for 65.2% of the population. This is due to the fact that women have a longer life expectancy than men (83.7 years compared with 80.1 years in Gloucestershire).¹⁴

There are no official estimates of gender reassignment at either national or local level. The Gender Identity Research and Education Society (GIRES) estimate that between 300,000 and 500,000 adults in the UK are experiencing some degree of gender variance.¹⁵ These figures are equivalent to between 0.6% and 1% of the UK adult population. By applying the same proportions to Gloucestershire's adult population, we can estimate that there are between 3,000 and 5,100 adults in the county experiencing some degree of gender variance.

In 2011 GIRES reported that approximately 100 children and adolescents are referred annually to the UK's sole specialised gender identity service, compared with 1500 adults. Presentation amongst younger people is growing rapidly and could accelerate if young people feel increasingly able to reveal their gender variation. Evidence shows that when transgender people reveal gender variance, they are exposed to risks of discrimination, bullying and hate crime.¹⁶ Transgender people are more likely to report mental health conditions and to attempt suicide than the general population.¹⁷ Research has also found that transgender people encounter significant difficulties in accessing and using health and social care services due to staffs' lack of knowledge, understanding and sometimes prejudice.

¹² Inform Gloucestershire, *Equality and Diversity*, <https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=EqualityandDiversity>

¹³ Inform Gloucestershire, *Current Population*, <https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=Population-CurrentPopulation-CountyDistrictData>

¹⁴ Public Health England, *Public Health Outcomes Framework*, www.phoutcomes.info/

¹⁵ Gender Identity Research and Education Society, *The Number of Gender Variant People in the UK – Update 2011*, www.gires.org.uk/assets/Research-Assets/Prevalence2011.pdf

¹⁶ Gender Identity Research and Education Society, *Gender Variance in the UK*, <http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf>

¹⁷ House of Commons Women and Equalities Committee, *Transgender Equality*, www.publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf

Sexual Orientation

There is no definitive data on sexual orientation at a local or national level. Estimates used by the Department of Trade and Industry in 2003 suggested around 5-7% of the population aged 16+ are lesbian, gay or bisexual (LGB).¹⁸ If this figure were applied to Gloucestershire it would mean somewhere between 25,400 and 35,500 people in the county are LGB.

A more recent estimate from the 2015 ONS Annual Population Survey (APS) suggests that nationally 1.7% of the population is LGB;¹⁹ if this figure was applied to Gloucestershire it would mean that there are approximately 8,600 LGB people in the county.

National research shows that LGB people experience discrimination and inequalities in health, social care, housing, and education.²⁰ People who are lesbian, gay or bisexual are more likely to have experienced depression or anxiety, attempted suicide or had suicidal thoughts and self-harmed than men and women in general.²¹

Race

The Equality Act states that race includes colour, nationality, ethnic or national origins. The 2011 Census found that 7.7% of Gloucestershire residents (46,100 people) were born outside the UK compared with a national figure of 13.4%; just under half (22,301) were born in another European country and 22% in the Middle East and Asia. More recent assessment estimated that in 2015, 8.4% of Gloucestershire residents were born in another country.²²

With regards to ethnic groups, the 2011 Census found that 91.6% of Gloucestershire residents were White British, 2.1% were Asian/Asian British, 1.5% were from a Mixed Ethnic group, 0.9% were Black/Black British, 0.6% were White Irish, 0.1% were of Gypsy or Irish Traveller origin, and 3.9% were in an 'other White' category. Overall, 4.6% of the population were from Black and Minority Ethnic (BME) backgrounds; this figure increased to 8.4% when the Irish, Gypsy or Irish Traveller and 'other White' categories were included. Some 36% of the people who were not White British were born in the UK.

There is a wide variation at district level in the proportion of the population who are not White British. At the time of the 2011 Census, Gloucester and Cheltenham had the highest proportions at 15.4% and 11.7% respectively, whilst the Forest of Dean had the lowest proportion at 3.3%. 22% of the Gloucestershire Asian/Asian British population lived in Barton and Tredworth ward in Gloucester, and 42% of people who were of Gypsy/Irish Traveller origin lived in Tewkesbury district. People from other BME backgrounds and other White backgrounds were more geographically dispersed.

¹⁸ Department of Trade and Industry, *Final Regulatory Impact Assessment: Civil Partnership Act 2004*, <http://webarchive.nationalarchives.gov.uk/20070603164510/http://www.dti.gov.uk/files/file23829.pdf>

¹⁹ Office for National Statistics, *Sexual identity, UK: 2015*, www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2015

²⁰ Stonewall, *Stonewall Research*, www.stonewall.org.uk/our-work/stonewall-research

²¹ Stonewall, *Mental Health, Stonewall health briefing*, www.stonewall.org.uk/sites/default/files/Mental_Health_Stonewall_Health_Briefing_2012_.pdf

²² Office for National Statistics, *Population of the United Kingdom by Country of Birth and Nationality 2015*, <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/datasets/populationoftheunitedkingdombycountryofbirthandnationality>

At the end of the first quarter of 2016, there were 124 asylum seekers and their dependents living in Gloucestershire, 119 in Gloucester and 5 in Tewkesbury.²³ This figure does not include asylum seekers who were unaccompanied children.

A recent report by the Equality and Human Rights Commission showed that people from BME groups continue to experience discrimination and inequality in education, employment, housing, pay and living standards, health, and the criminal justice system.²⁴

Disability

According to the 2011 Census, 16.8% of the Gloucestershire population had a long-term health problem or disability which limited their day-to-day activities. The Forest of Dean had the highest proportion of people with a long-term health problem/disability (19.6%) and Cheltenham had the lowest proportion (15.1%).²⁵ As age increases, the proportion of people who report a long-term health problem/disability increases. The 2011 Census showed that Gloucestershire residents aged 65 or over were more likely than those under 65 to have a long-term health problem or disability (49.0% of people 65 and over compared with 9.3% of people under 65), to be in poor health (11.9% compared with 2.7%), to be without access to a car (22.0% compared with 9.4%) and to be providing unpaid care (14.0% compared with 9.7%); these are all factors which can contribute to social isolation.²⁶

It is estimated that in 2017 there were approximately 11,600 adults in Gloucestershire who had a learning disability, equating to 2.3% of the adult population; of this group, about 2,400 were estimated to have moderate or severe learning disabilities, equating to 0.5% of the population. With regards to children, 3,346 school pupils in Gloucestershire (3.6% of school pupils) were known to have a learning disability in 2014; of these children, 2,753 had a moderate learning disability and 593 had a severe learning disability.²⁷

Religion

The 2011 Census showed that 63.5% of the Gloucestershire population were Christians, 26.7% had no religion and 7.5% did not state a religion. Of the remaining 2.3% of the population, 5,471 people were Muslim, 2,222 were Hindu, 1,040 were Buddhist, 538 were Jewish, 449 were Sikh, and 2,940 followed another religion. Gloucestershire had a lower proportion of people who follow a religion other than Christianity (2.3%) compared with the figure for England and Wales (8.7%).

The Census showed that at district level, Cheltenham had the lowest proportion of people who were Christian (58.7%) and Cotswold had the highest (68.7%). Cheltenham had the highest proportion of people who were Buddhist (0.4%), Hindu (0.8%) or who had no religion (30.8%). Gloucester had the highest proportion of people who were Muslim (3.2%). Evidence from the 2011

²³ Home Office, *Immigration Statistics, May 2016*, www.gov.uk/government/publications/immigration-statistics-january-to-march-2016/asylum#data-tables

²⁴ Equality and Human Rights Commission, *Healing a Divided Britain: the Need for a Comprehensive Race Equality Strategy*, www.equalityhumanrights.com/en/publication-download/healing-divided-britain-need-comprehensive-race-equality-strategy

²⁵ Public Health England, *Reducing Social Isolation Across the Lifecourse, 2015*, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf

²⁶ Public Health England, *Reducing Social Isolation Across the Lifecourse 2015*, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf

²⁷ PANSI, www.pansi.org.uk

Census shows that amongst people over 65, 26.4% of Muslims, 17.4% of Hindus, and 13.6% of Sikhs said their health was bad or very bad, compared with 11.7% of Christians, 10.9% of Jewish people, 8.9% of Buddhists and 11.0% of those who followed no religion.

Although communities in Gloucestershire generally benefit from a high standard of living, this is not evenly distributed across the county, and pockets of deprivation exist, particularly in the main urban areas and in some of the market towns.

The English Indices of Deprivation 2015 are based on seven distinct domains of deprivation which are combined to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivations experienced by people living in an area and is calculated for every neighbourhood in England. You can find further information and links in the [Deprivation theme of Inform Gloucestershire](#).²⁸

In general, Gloucestershire is not a particularly deprived county. An average IMD rank for each of the six districts in Gloucestershire shows that even the most deprived districts, Gloucester City and the Forest of Dean, fall in the middle quintile (middle 20%) for deprivation out of 326 English authorities. Tewkesbury, Cotswold, and Stroud districts are in the least deprived quintile, with Cheltenham in the second least deprived quintile. Comparing to the 152 upper-tier authorities, Gloucestershire has an IMD rank of 124, putting it in the least deprived quintile for overall deprivation.²⁹ Throughout this section, population figures referenced are the mid 2010,³⁰ and mid 2015³¹ population estimates as relevant.

There are 13 areas of Gloucestershire in the most 10% deprived nationally for the overall IMD, an increase from 8 areas in 2010. These 13 areas account for 20,946 people (3.4% of the county population). 10 of these areas are in Gloucester, and the remaining 3 are in Cheltenham. There has been a slight shift in the distribution of the population towards the more deprived quintiles between 2010 and 2015; however there was no increase or decrease of more than a fifth during this period.

There are 11 areas of Gloucestershire in the most 10% deprived nationally for Income Deprivation, the same number of areas as 2010. These 11 areas account for 17,489 people (2.8% of the county population). 7 of these areas are in Gloucester, and the remaining 4 in Cheltenham. There has been a slight shift in the distribution of the population between 2010 and 2015. The only large proportion change between the two years is in the least deprived quintile, where the proportion of the population in the most deprived quintile has increased by just over a quarter between 2010 and 2015, an absolute increase of 1.9% of the county's population.

There are 12 areas of Gloucestershire in the most 10% deprived nationally for Crime, a decrease from 29 areas in 2010. These 12 areas account for 19,142 people (3.1% of the county population). 7 of these areas are in Gloucester, with the remaining 5 in Cheltenham. There has been a shift in the distribution of the population between 2010 and 2015. Large proportion changes between the two years have occurred in two quintiles: the proportion of the population in the most deprived quintile has decreased by a third, and the proportion in the least deprived quintile has increased by nearly a quarter between 2010 and 2015.

²⁸ Inform Gloucestershire, *Deprivation*, <https://inform.gloucestershire.gov.uk/viewpage.aspx?c=page&page=-Deprivation>

²⁹ Department for Communities and Local Government, *File 11: upper-tier local authority summaries*, <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

³⁰ Office for National Statistics, *Lower Super Output Area Mid-Year Population Estimates*, <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

³¹ Office for National Statistics, *Small Area population estimates in England and Wales: mid-2015*, <http://www.ons.gov.uk/releases/smallareapopulationestimatesinenglandandwalesmid2015>

Overall, in the period examined Gloucestershire crime rates compared well to national and regional rates; however some districts experienced disproportionate levels of crime, particularly the urban centres of Gloucester and Cheltenham.

Gloucester City is the only district that had a higher crime rate than the national crime rate. Cheltenham experienced greater crime than the regional average and 'iQuanta Most Similar Forces'³² average but less than the national average.

The most common recorded crime types in Gloucestershire were Theft, Violence Against the Person and Criminal Damage, making up 88% of all crime recorded by Gloucestershire Constabulary in 2016/17.

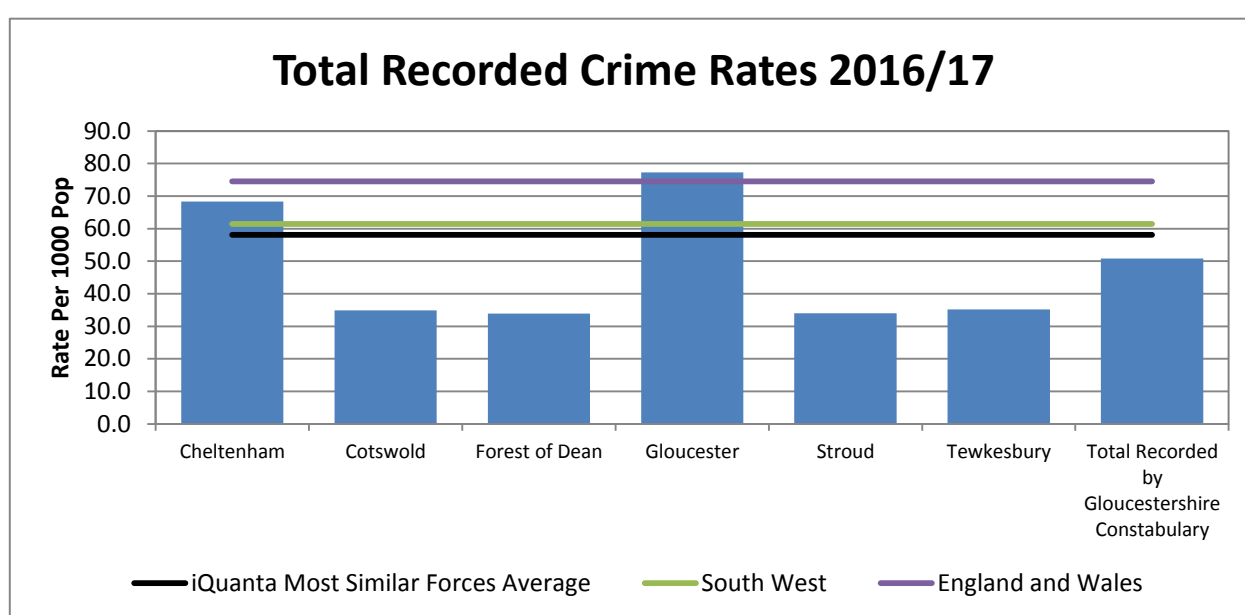


Figure 1 – total recorded crime rates by district 2015/16. Source: Gloucestershire Constabulary
Crimes recorded in force areas most similar to Gloucestershire in terms of demography and socio-economic characteristics are represented by iQuanta Most Similar Forces Average.

Regionally and nationally, there was an 11% increase in recorded crime, whereas in Gloucestershire, recorded crime increased by 4.5% (1348 more crimes) in 2016/17 compared against the previous year.

Crimes of Robbery saw the largest proportional increase locally (38%, or 83 more crimes).

Proportionally, total crime increased the most in the Forest of Dean (23% or 527 crimes); however Cheltenham saw a larger increase in terms of absolute numbers of crimes – a 10% increase amounting to an additional 716 recorded crimes. Gloucester and Tewkesbury experienced small increases in recorded crime (4% and 0.4% respectively). Recorded crime in Cotswold and Stroud decreased (2% and 7% respectively).

³² iQuanta Most Similar Forces Average defines crimes recorded in force areas most similar to Gloucestershire in terms of demography and socio-economic characteristics

Victims of crime in Gloucestershire are far more likely to live in a deprived area; individuals living in the highest deprivation quintile are almost twice as likely to report a crime as an individual living in the second most deprived quintile.

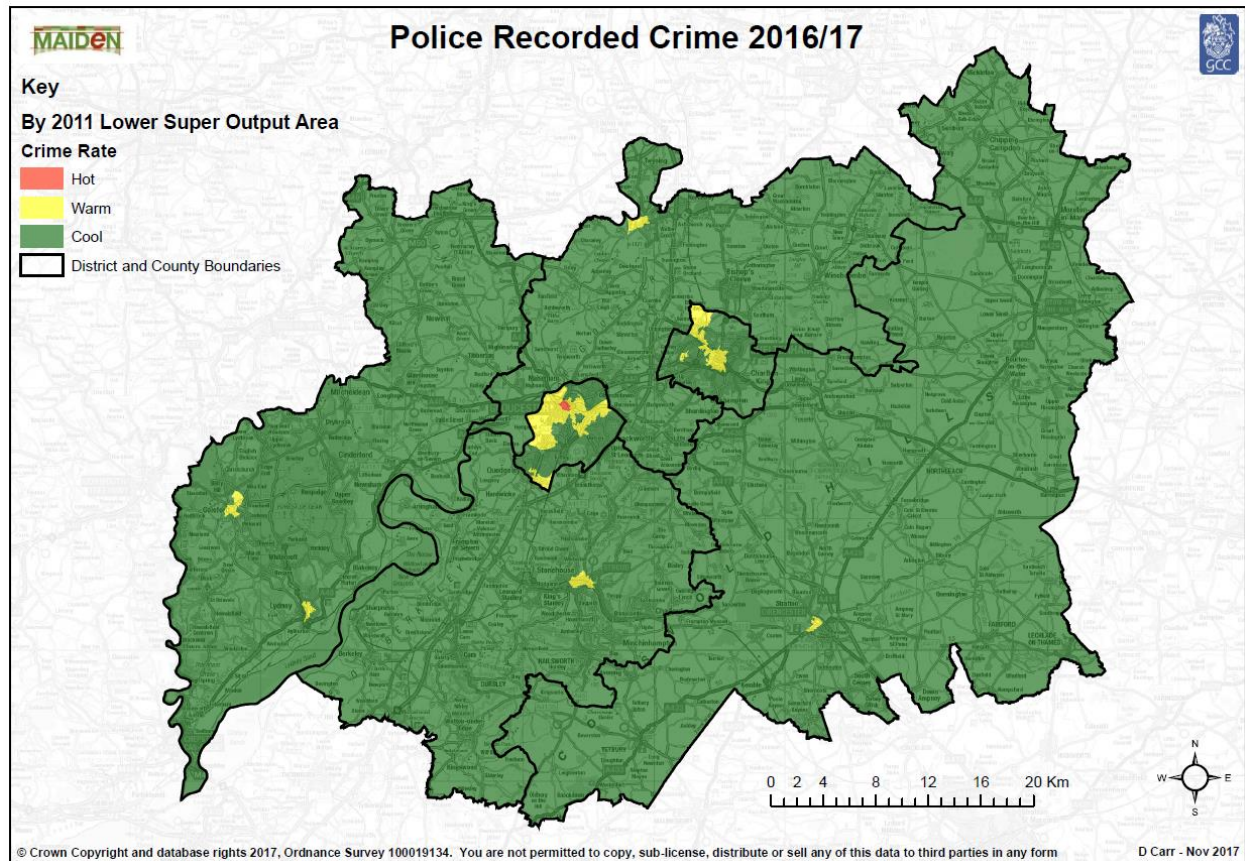


Figure 2 – map of recorded crime 2016/17. Source: Gloucestershire Constabulary

Key: Hot, Warm and Cool ratings are natural break classes are based on natural groupings within the data. Class breaks are identified that most clearly group similar values and that maximizes the differences between classes.

Furthermore, younger people in Gloucestershire are more likely to become a victim of crime.

People aged between 20 and 24 experience the highest rate of crime compared to other age groups, and more than half of all victims of crime are aged between 25 and 54.

Victims of crime aged under 16 years have increased by 27% while victims of crime aged 75 and over have decreased by 14%.

Age of Victims	All Crime Victims 2015/16 Glo'shire	All Crime Victims 2016/17 Glo'shire	Victims per thousand 16/17 based on ONS population mid 2015
Under 16	1182	1495	13.6
16-19	1416	1473	50.3
20-24	2388	2342	68.2
25-39	6413	6669	63.2
40-54	5981	5937	44.5
55-64	2330	2377	30.6
65-74	1513	1403	20.3
75+	956	822	14.2
Unknown	656	693	-
ALL	22835	23211	37.6

Figure 3 – recorded victims of crime by age 2016/17. Source: Gloucestershire Constabulary

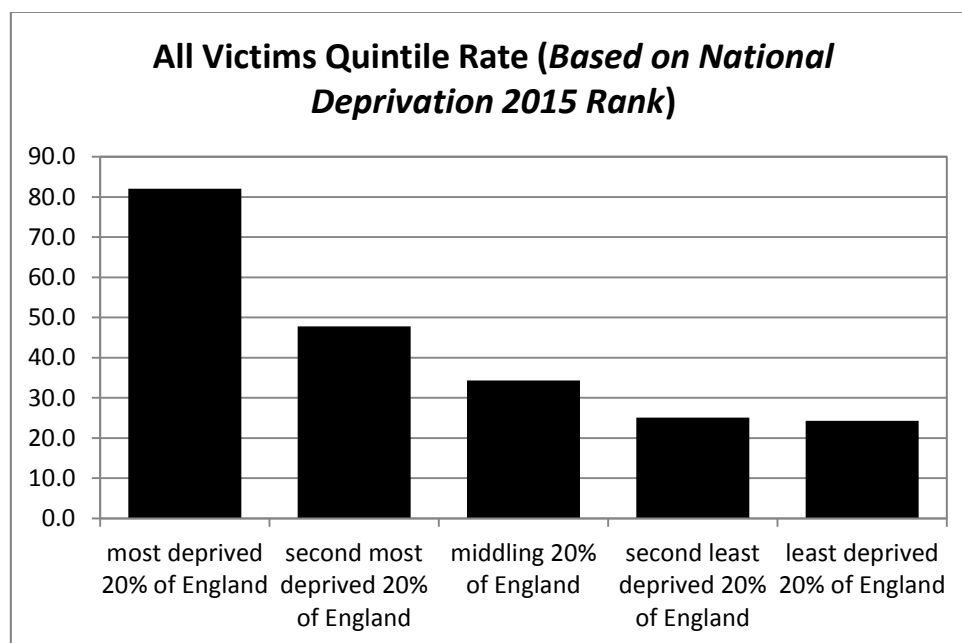


Figure 4 – recorded victims of crime by deprivation. Source: Gloucestershire Constabulary.
This is based on the area in which the victim lives, not necessarily where the crime took place, by National Deprivation 2015 Rank.

The Gloucester city centre area of Westgate 5 (Lower Super Output Area/LSOA code/name - E01032937/Gloucester 004F) stands out as a significant area of high crime and anti-social behaviour. Comparably high prevalence of crime is to be expected in a city centre, however here activity is concentrated in a small area and therefore could present an opportunity to reduce criminal behaviour. For example, placing *crime guardians*³³ in particular areas or times of the day may reduce total recorded crimes.

In 2016/17, crime recorded in Westgate 5 was primarily theft, with shoplifting accounting for 33% of all crimes recorded. One in every six recorded crimes in Westgate 5 is assault.

Most crimes were recorded between 1pm and 4:59pm. There was a spike in activity in the hour after midnight, however this could be the result of data quality issues, for example where the time of a reported crime has been inputted as zero or is unknown.

Anti-Social Behaviour (ASB) incidents in Westgate 5 occurred predominantly between midday and 9pm, peaking at 4 to 4:59pm on Saturdays.

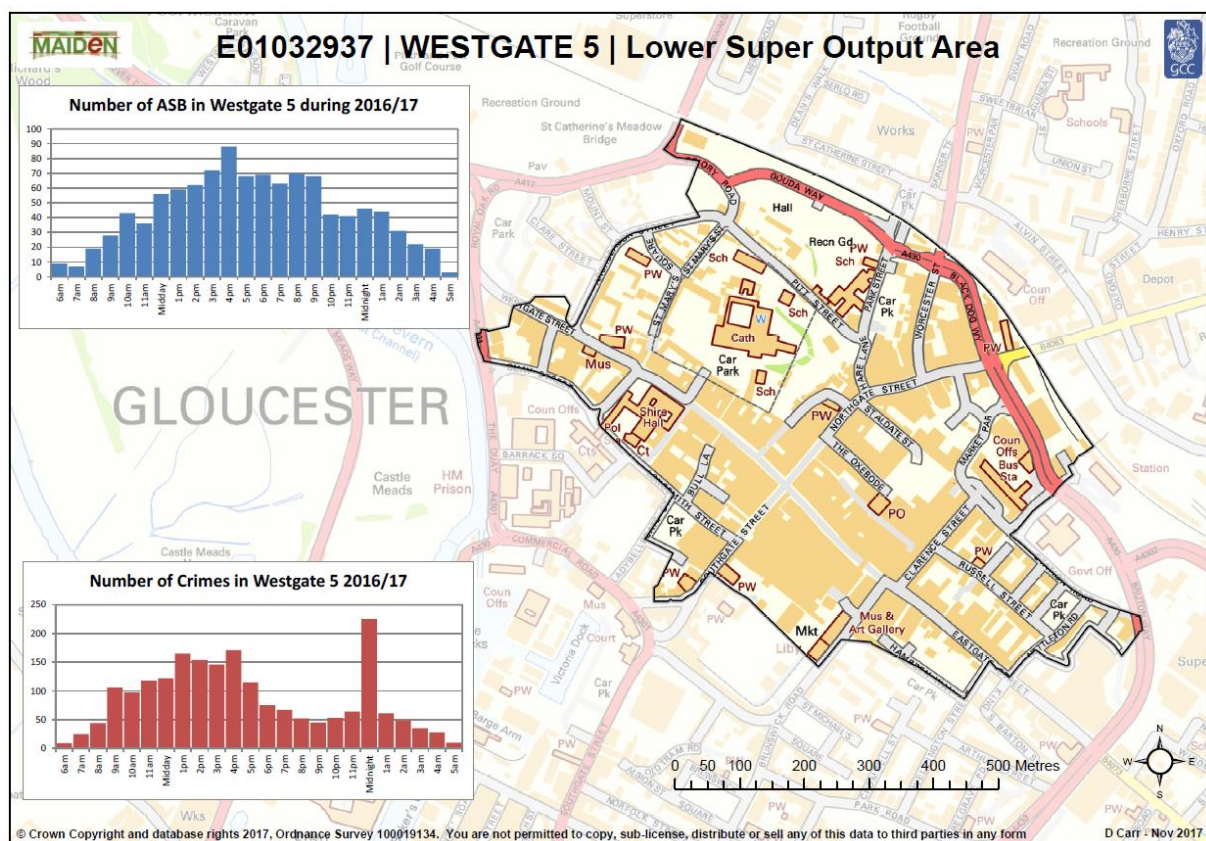


Figure 5 – Westgate 5 LSOA and temporal analysis of crime and incidents. Source: Gloucestershire Constabulary

³³ Formal guardians include the police, security guards, and others whose job is to protect people and property from crime. Informal guardians could include neighbours, friends, parents, teachers or anyone in the same place as the potential target. A target with an effective guardian is less likely to be attacked by a potential offender than a target without a guardian. If the guardian is absent, weak, or corrupt, the protection they offer the victim is compromised. <http://www.popcenter.org/learning/PAM/help/theory.cfm>

Figure 6 compares Westgate ward, where Westgate 5 LSOA is located, to all other wards in the county. The bar chart shows Westgate ward on the far right of the chart with Central ward in Stroud having the next highest crime rate.

The line graph shows that since 2003/4, crime rates have decreased year on year in Westgate and the gap in crime rates compared to the rest of Gloucester City, the South West region and England and Wales is narrowing.

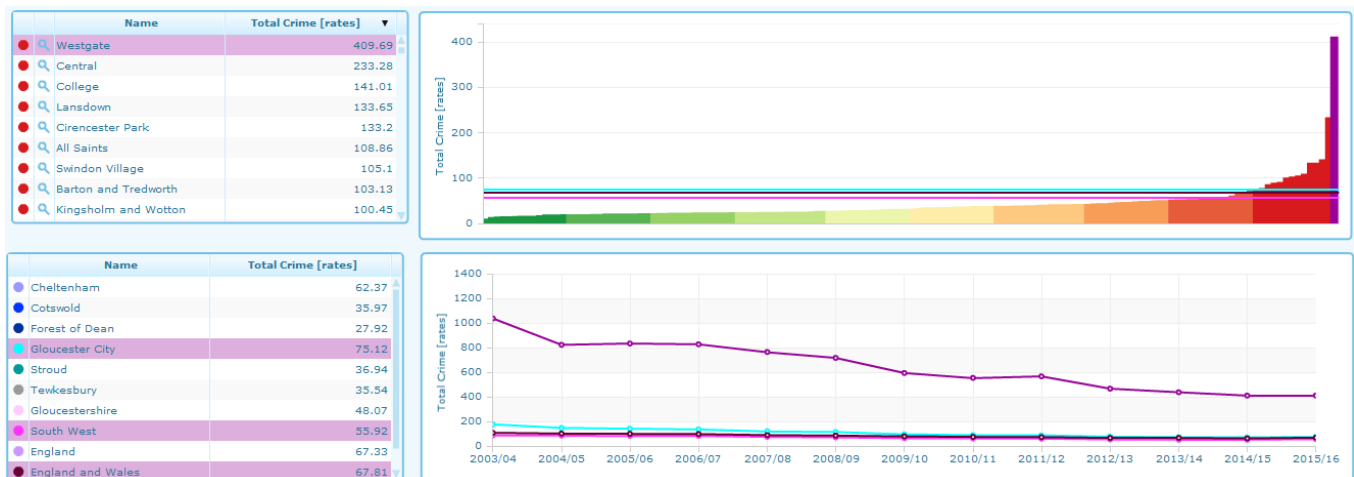


Figure 6 – recorded crime in Westgate compared to other ward rates 2003/4 to 2015/16. Source: Gloucestershire Constabulary.

Domestic Burglary

Burglary is theft, or attempted theft, from premises where access is not authorised.³⁴

In 2016/17, the number of domestic burglaries in Cheltenham and Gloucester was significantly higher than the regional rate and iQuanta Most Similar Forces Average. It was also slightly higher than the national rate.

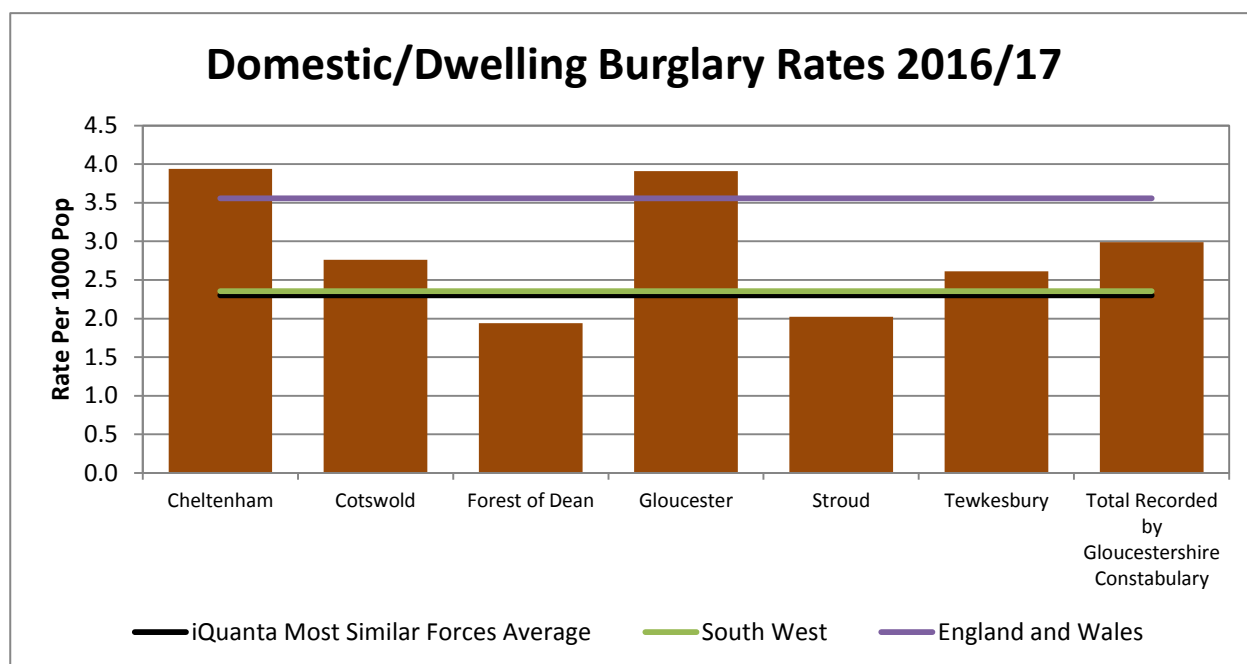


Figure 7 – recorded domestic burglary by district 2016/17. Source: Gloucestershire Constabulary.

Crimes recorded in force areas most similar to Gloucestershire in terms of demography and socio-economic characteristics are represented by iQuanta Most Similar Forces Average.

There was a reduction of 8.3% in domestic burglaries in Gloucestershire, with the largest proportional decreases occurring in Cheltenham and Stroud (23% and 25% respectively – 214 fewer burglaries in total). Figure 7 highlights both urban and rural areas which experienced high rates of domestic burglaries in 2016/17.

³⁴ Metropolitan Police, *Crime type definitions*, <https://www.met.police.uk/stats-and-data/crime-type-definitions/>

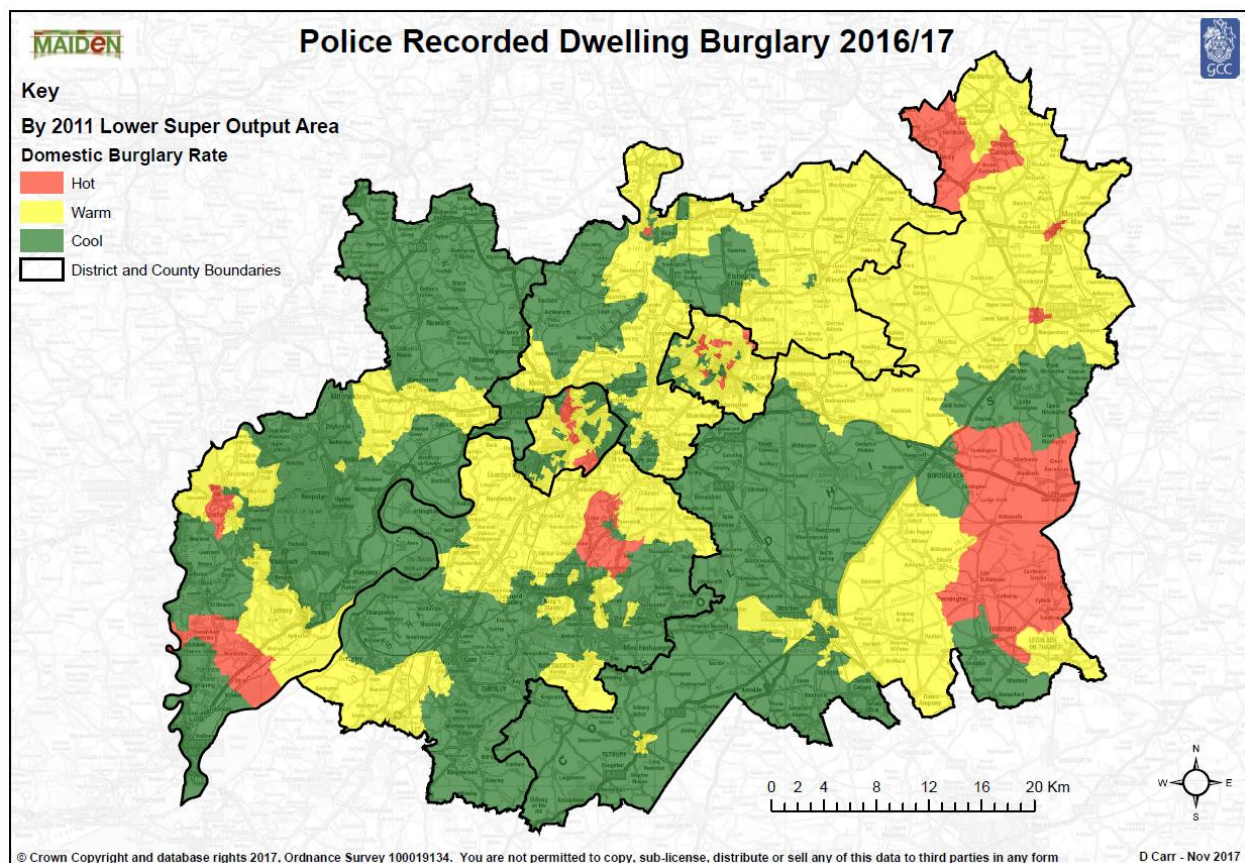


Figure 8 – map of recorded domestic burglary 2016/17. Source: Gloucestershire Constabulary.
 Key: Hot, Warm and Cool ratings are natural break classes are based on natural groupings within the data. Class breaks are identified that most clearly group similar values and that maximize the differences between classes.

There was a smaller gap in terms of victims of burglary by deprivation quintile compared to other crimes. Affluent households may be more likely to be targeted for this type of crime than others; however households in the most deprived areas are still the most likely to be burgled.

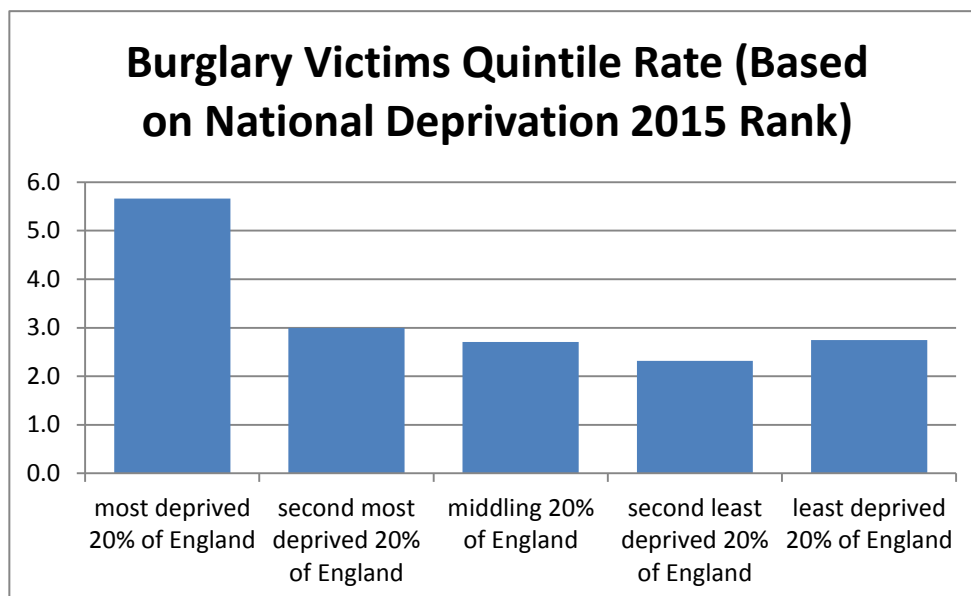


Figure 9 – recorded victims of domestic burglary by deprivation. Source: Gloucestershire Constabulary.
 Due to the nature of this crime, this is both where the victims lives and the location of the crime.

Proportionally, there was a large decrease in domestic burglary victims aged over 65 years and total victims of domestic burglary decreased by over 10% when compared against 2015/16.

Age of Victims	Domestic Burglary Victims 2015/16 Glo'shire	Domestic Burglary Victims 2016/17 Glo'shire	Victims per Thousand 16/17 based on ONS population mid 2015
Under 16	<5	5	0.0
16-19	42	29	1.0
20-24	124	101	2.9
25-39	430	435	4.1
40-54	526	493	3.7
55-64	317	325	4.2
65-74	281	231	3.3
75+	273	200	3.5
Unknown	68	49	-
ALL	2070*	1868	3.0

Figure 10 – recorded victims of domestic burglary by age. Source: Gloucestershire Constabulary.

* *suppressed total*

Overall, in 2016/17 there was a 19% decrease in this crime type in Gloucestershire.

The Cotswold District experienced the highest rate of non-domestic burglaries in 2016/17, which was considerably higher than the regional and national rates, despite a 23% decrease in this crime type in the district from the previous year. The largest proportional decrease in this crime was in Gloucester City where there were 45% fewer crimes in 2016/17 compared with 2015/16 (257 fewer crimes).

Burglaries from sheds and garages will, from the 1st April 2017 onwards, be defined as Residential Burglary; however in Figure 11 they are included as non-domestic (or non-dwelling) burglaries. These changes will have an impact on crime comparison statistics. Non-domestic burglary will be called Business and Community Burglary in future.

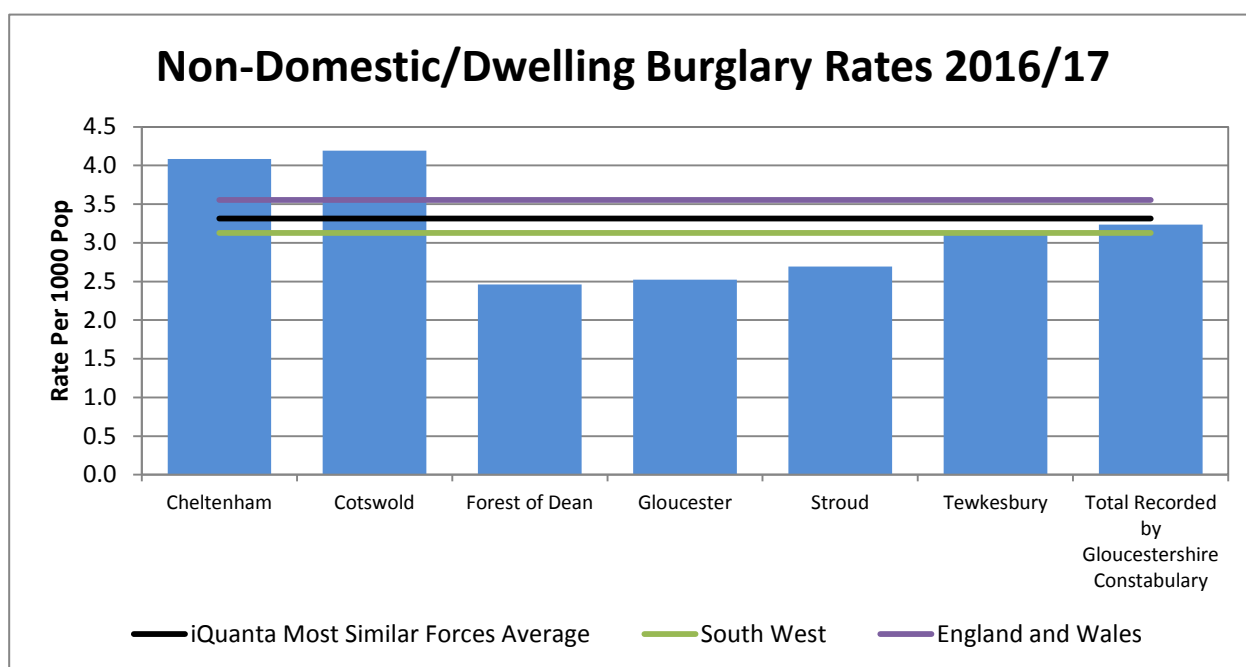


Figure 11 – recorded non-domestic burglary by district 2016/17. Source: Gloucestershire Constabulary.
Crimes recorded in force areas most similar to Gloucestershire in terms of demography and socio-economic characteristics are represented by iQuanta Most Similar Forces Average.

Vehicle offences include thefts of and from vehicles as well as vehicle interference.³⁵

During 2016/17 the largest number of vehicle offences occurred in Cheltenham, at a rate considerably higher than other districts in Gloucestershire.

Cheltenham also experienced the largest increase of the six districts: 410 more vehicle offence crimes were recorded in 2016/17 compared to 2015/16, a 58% increase.

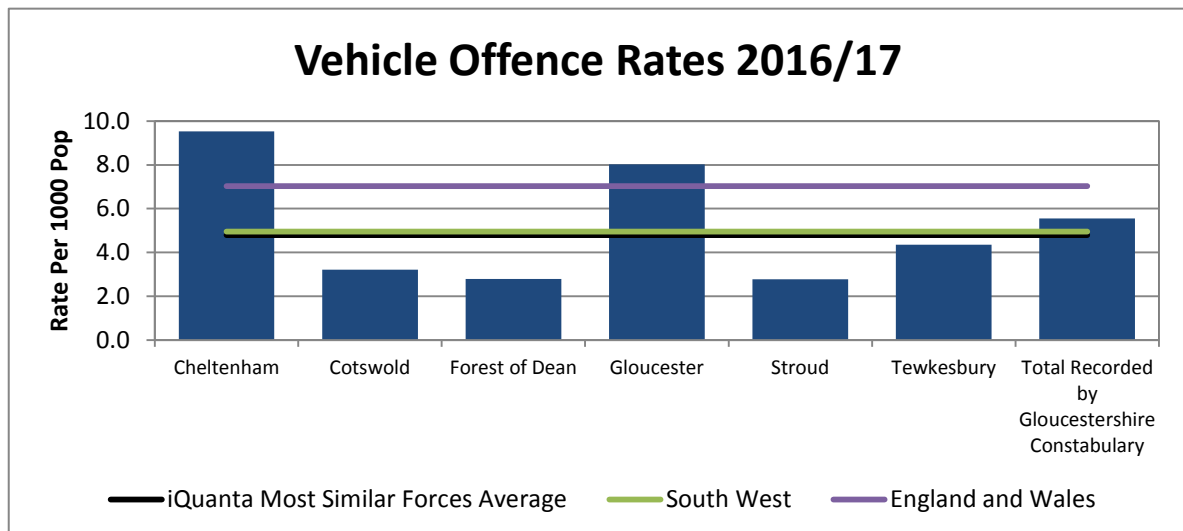


Figure 12 – recorded vehicle offences by district 2016/17. Source: Gloucestershire Constabulary.
Crimes recorded in force areas most similar to Gloucestershire in terms of demography and socio-economic characteristics are represented by iQuanta Most Similar Forces Average.

Both Gloucester and Cheltenham have experienced a higher vehicle offence rate compared against regional and national levels.

As with other crimes, individuals living in the most deprived areas of Gloucestershire are most likely to become victims of vehicle offences.

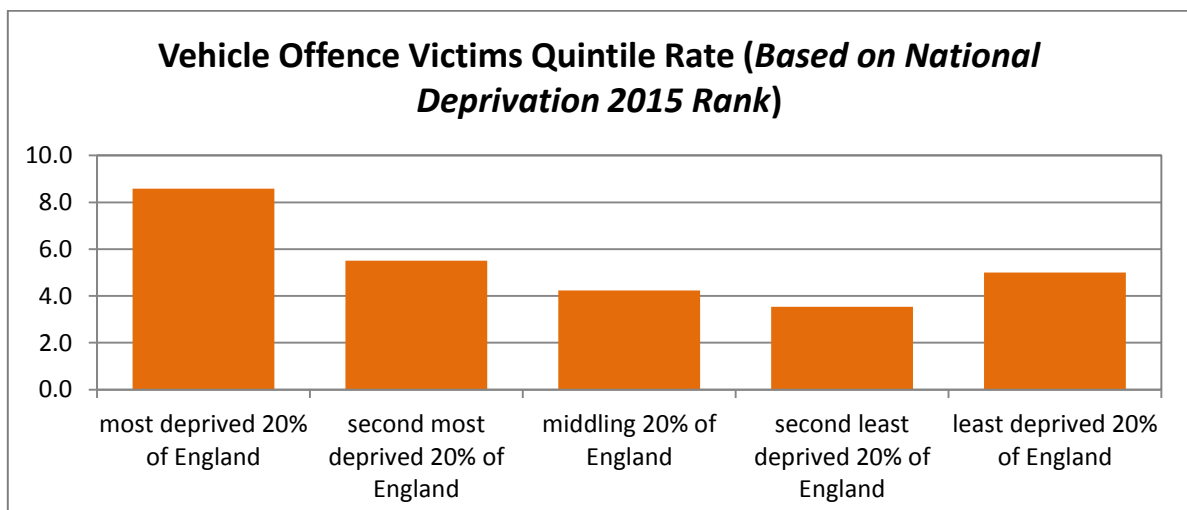


Figure 13 – recorded victims of vehicle offences by deprivation. Source: Gloucestershire Constabulary.
This is based on the area in which the victim lives, not necessarily where the crime took place, by National Deprivation 2015 rank.

³⁵ <https://www.gov.uk/government/publications/counting-rules-for-recorded-crime>

There was an increase of 23% in Vehicle Offence victims compared against the previous year. The 20-24, 25-39 and 40-54 age groups each saw increases in this crime of over a fifth.

Age of Victims	Vehicle Offence Victims 2015/16 Glo'shire	Vehicle Offence Victims 2016/17 Glo'shire	Victims per Thousand 16/17 based on ONS population mid 2015
Under 16	<5	0	0.0
16-19	95	107	3.7
20-24	249	313	9.1
25-39	842	1086	10.3
40-54	818	1029	7.7
55-64	341	391	5.0
65-74	202	202	2.9
75+	64	81	1.4
Unknown	60	69	-
ALL	2670*	3278	5.3

Figure 14 – recorded victims of vehicle offences by age 2016/17. Source: Gloucestershire Constabulary

Robbery is defined as theft with the use of force or the threat of force, including both personal and commercial robbery, but not including snatch theft.³⁶

Robbery is a very common crime nationally, however in Gloucestershire it accounted for only 1% of all recorded crime in Gloucestershire during 2016/17.

The recorded number of robbery incidents increased between 2015/16 and 2016/17 locally, regionally (South West) and nationally. There were 83 more robbery crimes recorded by Gloucestershire Constabulary in 2016/17 than in 2015/16 (relative increase of 38%). Correspondingly, in Gloucestershire recorded victims of robbery increased by 38% (85 more victims in 2017/18 than in 2015/16).

Gloucester City experienced the largest absolute increase in robbery, with two additional crimes recorded each month. Robbery tripled in the Forest of Dean, from 5 crimes recorded in 2015/16 to 16 crimes recorded in 2016/17, however the rate is still low compared with other districts in Gloucestershire.

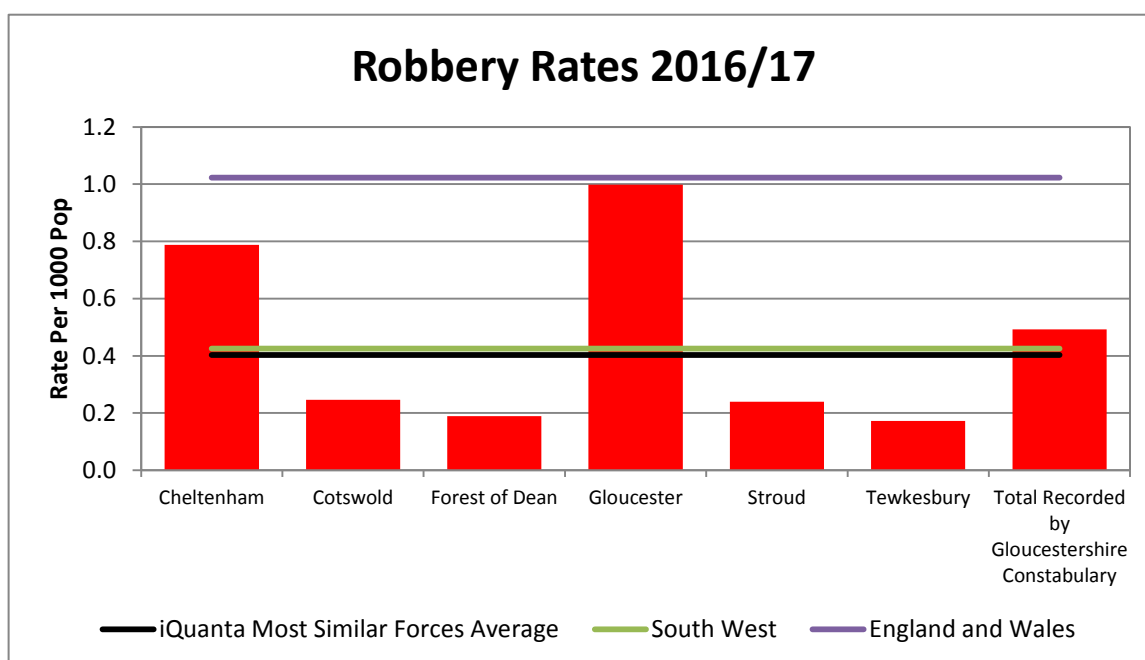


Figure 15 – recorded robbery crimes by district. Source: Gloucestershire Constabulary.
Crimes recorded in force areas most similar to Gloucestershire in terms of demography and socio-economic characteristics are represented by iQuanta Most Similar Forces Average.

³⁶ Metropolitan Police, *Crime Type Definitions*, <https://www.met.police.uk/stats-and-data/crime-type-definitions/>

Numbers of victims of robbery increased in all age groups in 2016/17, with the exception of the 65-74 year age group.

Age of Victims	Robbery Victims 2015/16 Glo'shire	Robbery Victims 2016/17 Glo'shire	Victims per Thousand 16/17 based on ONS population mid 2015
Under 16	11	19	0.2
16-19	29	38	1.3
20-24	34	54	1.6
25-39	65	89	0.8
40-54	43	56	0.4
55-64	18	24	0.3
65-74	13	11	0.2
75+	7	13	0.2
Unknown	<5	<5	-
ALL	220*	310*	0.5

Figure 16 – recorded victims of robbery by age. Source: Gloucestershire Constabulary.

**suppressed total*

Criminal Damage and Arson

Criminal damage is intentional and malicious damage to the home, property or vehicles, including graffiti. Arson is the act of deliberately setting fire to property, including buildings and vehicles.³⁷ The police record incidents as 'Criminal Damage and Arson', whereas Gloucestershire Fire and Rescue Service (GFRS) record arson only.

Over the last decade, arson recorded by GFRS has decreased overall, however since 2014/15 there has been a year on year increase in local arson incidents, rising from 333 in 2015/16 to 446 in 2016/17 – an increase of 113 incidents or 34%.

In 2016/17 the highest rate of criminal damage occurred in Cheltenham. A similar number of crimes were recorded in Gloucester, however when adjusted for population, the prevalence of the crime was greater in Cheltenham.

Criminal damage and arson as recorded by Gloucestershire Constabulary increased this year in Cheltenham and the Forest of Dean (both by 12%), however in the rest of the Gloucestershire this crime has decreased compared to 2015/16. Criminal damage has increased regionally and nationally during the same time period.

Overall, victims of criminal damage and arson have decreased by 5%.

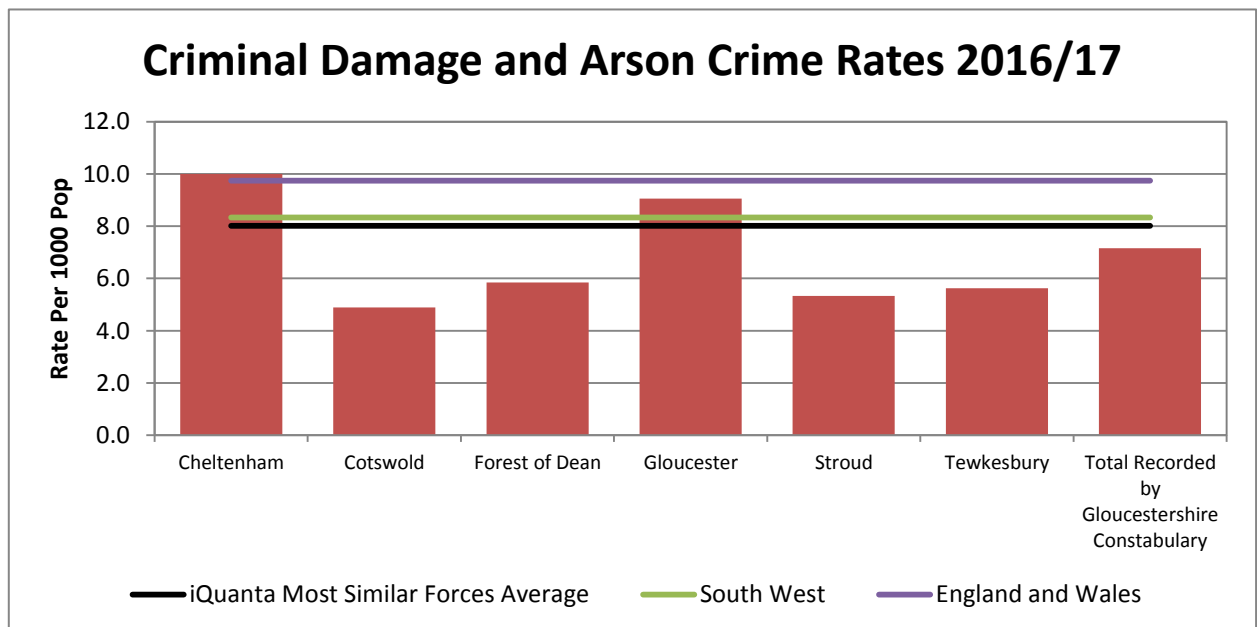


Figure 17 – recorded criminal damage and arson by district 2016/17. Source: Gloucestershire Constabulary. Crimes recorded in force areas most similar to Gloucestershire in terms of demography and socio-economic characteristics are represented by iQuanta Most Similar Forces Average.

In 2016/17, most GFRS recorded arson incidents occurred between 8.00pm and 8:59pm (50 recorded at this time during the year). The peak period for arson incidents was between 5.00pm and 1:59am. The crime was most common at weekends, particularly on Saturdays (78 out of 446 total recorded arson incidents occurred on Saturdays, equating to 17%).³⁸

³⁷ Police.UK, *Crime Prevention Advice*, <https://www.police.uk/crime-prevention-advice/criminal-damage-arson/>

³⁸ Gloucestershire Fire and Rescue Service recorded data

Deliberate fires to rubbish (such as loose refuse, rubbish containers, wheelie bins, scrub land, outdoor areas, etc.) accounted for the majority of recorded arson to Gloucestershire Fire and Rescue Service during 2016/17 (183 incidents, accounting for 41% of total reported arson).³⁹

Reported arson to vehicles increased noticeably between 2015/16 and 2016/17, rising from 70 to 107 incidents. Arson to vehicles accounted for 17% of all arson in 2015/16, increasing to 24% of all arson in 2016/17.⁴⁰

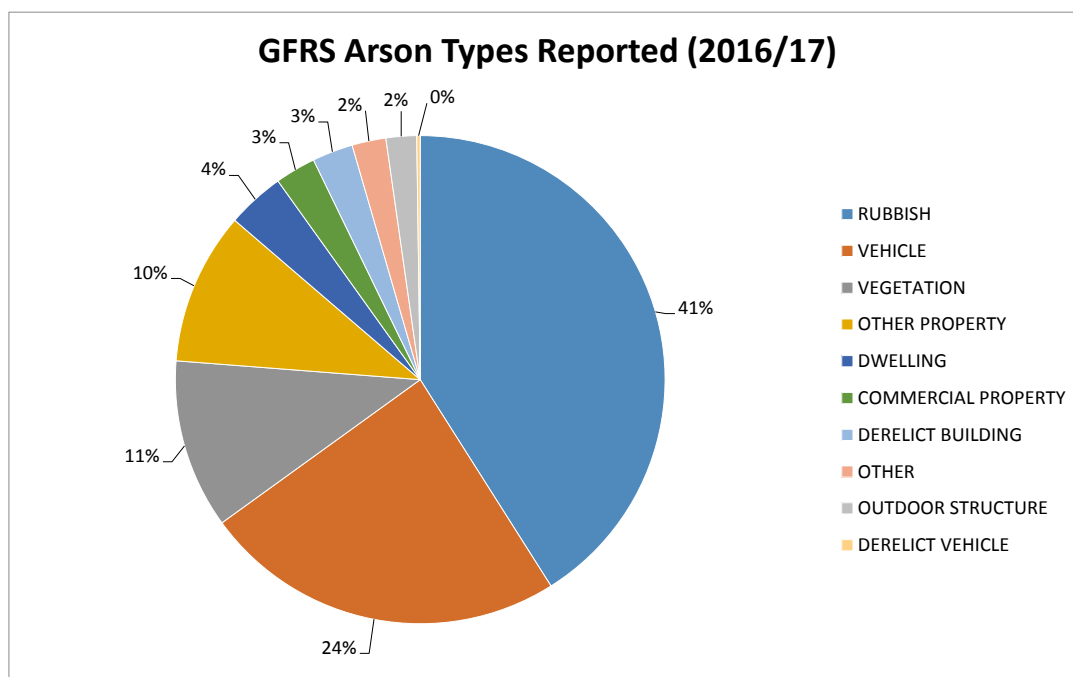


Figure 18 – recorded arson by type 2016/17. Source: Gloucestershire Fire and Rescue Service

³⁹ Gloucestershire Fire and Rescue Service recorded data

⁴⁰ *Ibid.*

Violent Crime

Violence against the person includes a range of offences from harassment and common assault, to more serious offences such as murder, actual bodily harm and grievous bodily harm.⁴¹

In 2016/17, rates of violence against the person were considerably lower in Gloucestershire (with the exception of Gloucester City) than national and regional rates.

There was an 11% increase in violence against the person crimes in 2016/17 from 2015/16 (664 more crimes). This is less than the increase nationally and regionally, where there has been a 17.4% and 17.6% respectively.

The largest proportional increase in violence against the person was in the Forest of Dean where there was a 42% increase. Apart from Stroud, where violence against the person decreased, all other areas in the county experienced increases of less than 11%.

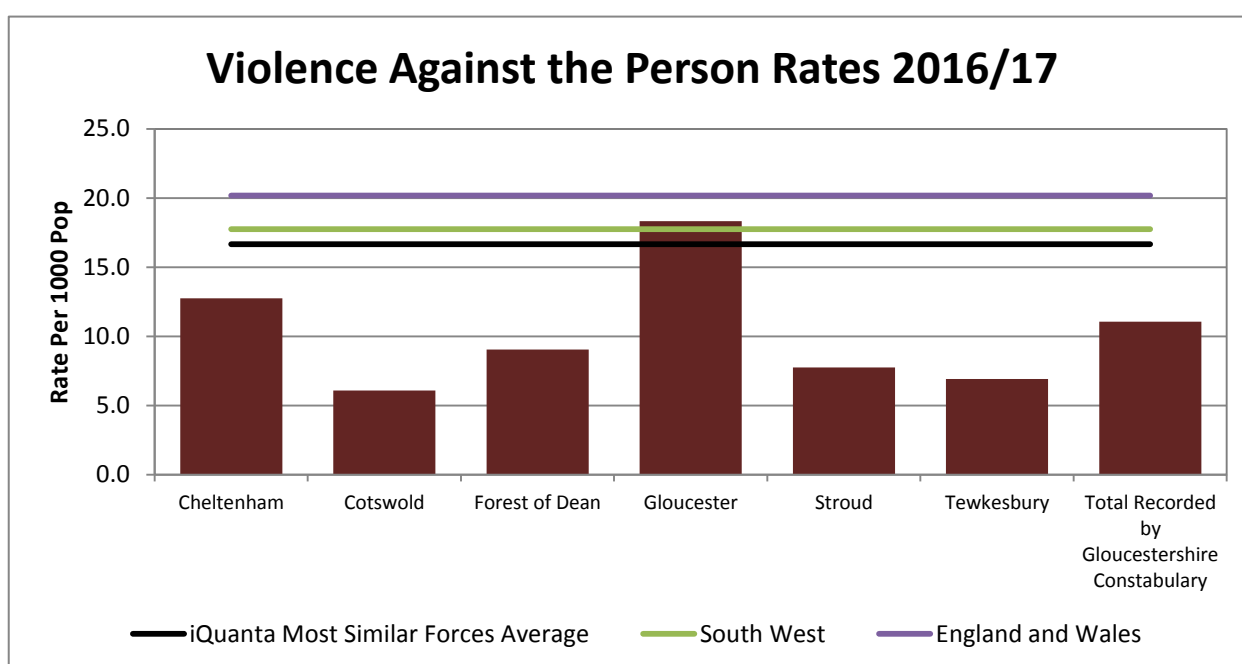


Figure 19 – recorded violence against the person rates 2016/17. Source: Gloucestershire Constabulary. Crimes recorded in force areas most similar to Gloucestershire in terms of demography and socio-economic characteristics are represented by iQuanta Most Similar Forces Average.

Violent crime is more prevalent in town and city centres in Gloucestershire. Figure 20 shows the prevalence of police recorded crimes in Cheltenham and Gloucester city centres during the night time, between 6pm and 6am in 2016/17.

The Home Office use 'Assault with less serious injury' as a proxy for 'alcohol related crime'. The catchment areas are defined by Cheltenham Community Safety Partnership and Safer Gloucester to enable monitoring of night time economy violence and are particularly focussed on the town and city centres where the majority of licensed premises are located.

⁴¹ Metropolitan Police, *Crime Type Definitions*, <https://www.met.police.uk/stats-and-data/crime-type-definitions/>

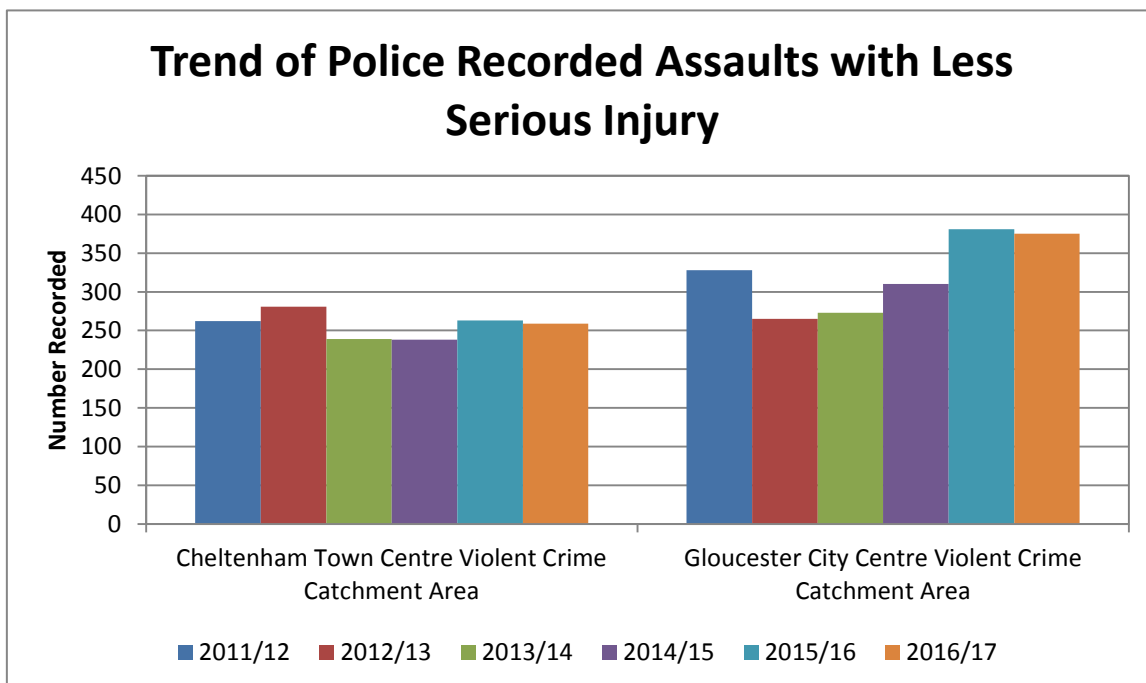


Figure 20 – recorded assaults with less serious injury between 6pm and 6am by year. Source: Gloucestershire Constabulary/MAIDeN

Figure 21 shows the number of hospital recorded attendees at the county's two Emergency Departments – it is important to monitor these numbers as not all violence is recorded by the police. Hospital data on accident and emergency patients attending primarily for assault, combined with Constabulary data, is likely to give a fuller picture of night time economy violence. This will assist licensing managers and the police to improve community safety for those using the night time economy. The discrepancy in the graph between Gloucester and Cheltenham may be explained by the fact that in August 2013, Cheltenham A&E ceased to operate on a 24 hour basis, so that all out of hours (after 8pm) emergencies are taken to Gloucester A&E. Furthermore It is important to note that the dip in the number of recorded incidents in 2016/17 may be due to issues with data quality and should be interpreted with caution. Local intelligence should be used to complement this data.

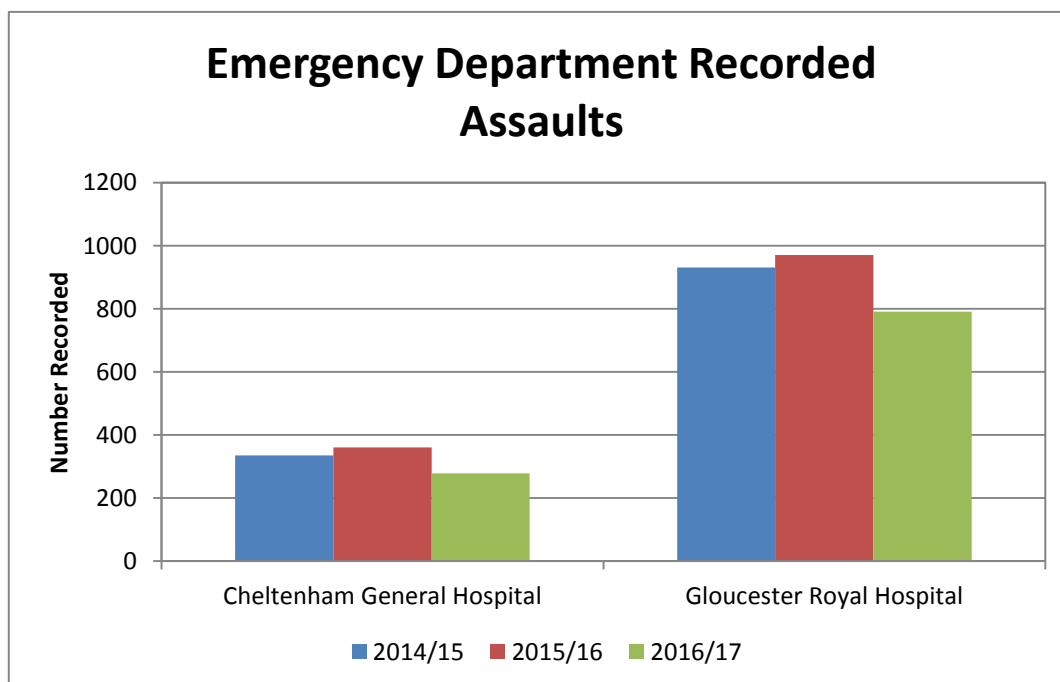


Figure 21 – recorded assault attendees in Cheltenham General and Gloucestershire Royal Hospitals. Source: Gloucestershire Hospitals Trust and MAIDeN

A victim of violent crime in Gloucestershire is six times more likely to live in our most deprived neighbourhoods than our most affluent communities.

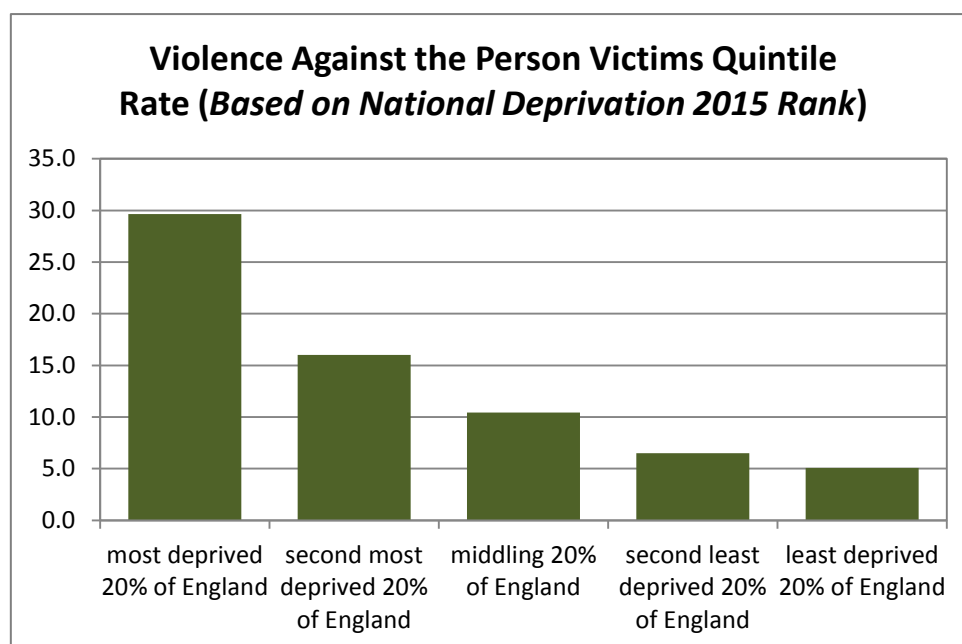


Figure 22 – recorded violence against the person victims by deprivation. Source: Gloucestershire Constabulary.
This is based on the area in which the victim lives, not necessarily where the crime took place, by National Deprivation 2015 Rank.

Crimes involving firearms

'Offences involving firearms' encompass any notifiable offence recorded by the police where a firearm has been fired, used as a blunt instrument or used as a threat.

In England and Wales, up until 2013/14, the number of offences involving firearms (excluding air weapons) had been falling year-on-year. The Violent Crime Reduction Act 2006 may have contributed towards this reduction. There has also been a reduction in numbers of offences involving firearms within Gloucestershire over the same period, but this reduction has been much less pronounced.

However, there have been increases in offences involving firearms over the last two years. These could be due in part to improvements in the police recording of crime. Over these two years, there was a 7% increase in firearms offences in England and Wales (4,856 rising to 5,182). Gloucestershire follows this national pattern, with a larger percentage increase of 30% (27 rising to 35) during the same time period.⁴²

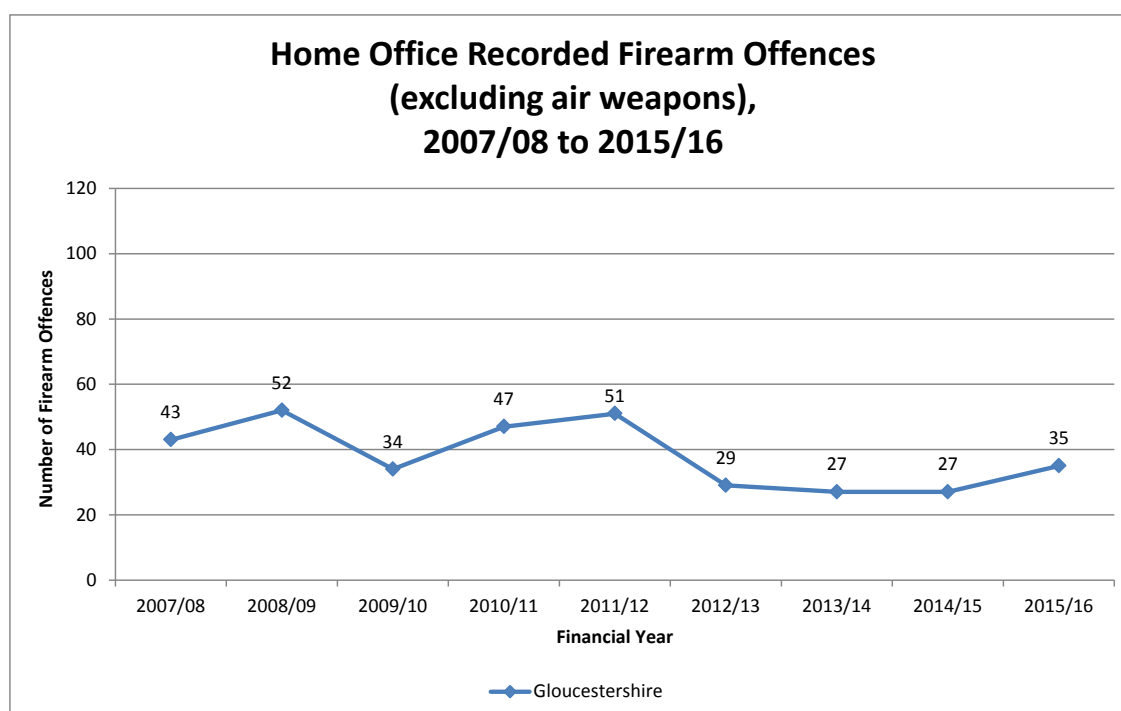


Figure 23 – recorded Firearm Offences (excluding air weapons) in Gloucestershire, 2007/08 to 2015/16.⁴³
Source: Home Office

⁴² ONS:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2016/offencesinvolvingtheuseofweapons>

⁴³ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/appendixtablesfocusonviolentcrimeandsexualoffences>

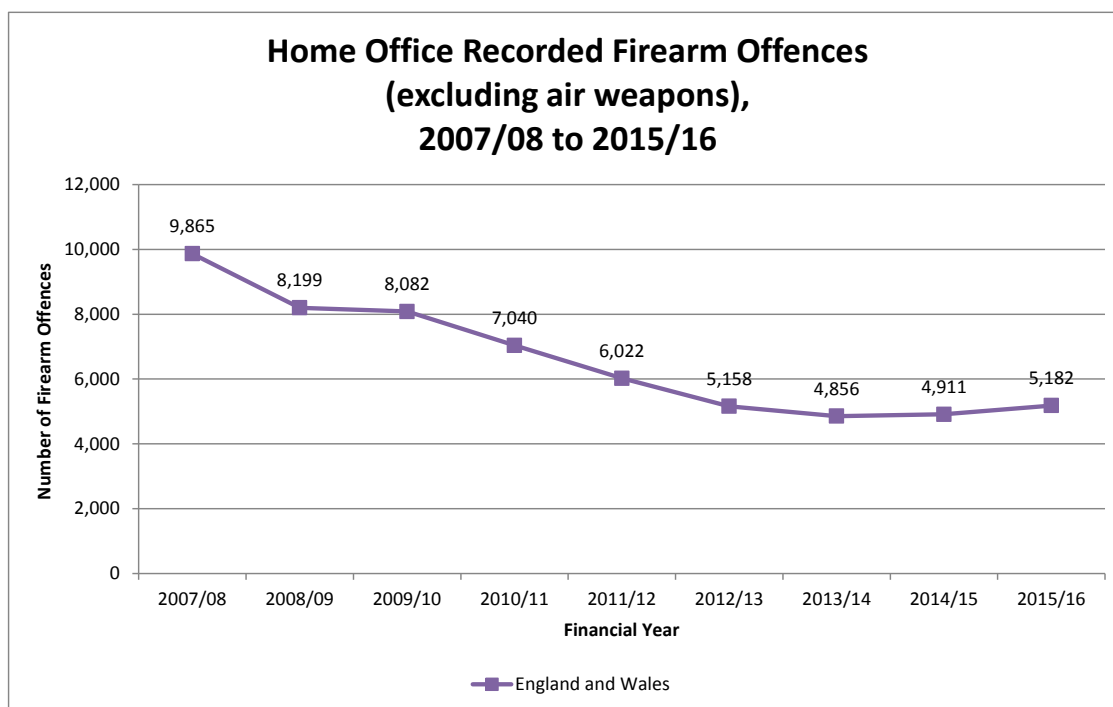


Figure 24 – recorded Firearm Offences (excluding air weapons) in England and Wales, 2007/08 to 2015/16.⁴⁴
Source: Home Office

Data at Local Police Area level is not available nationally. The data used below was collected from Gloucestershire Constabulary at LPA level, and has been amalgamated for the last three years. This data is not comparable with the previously presented national data.

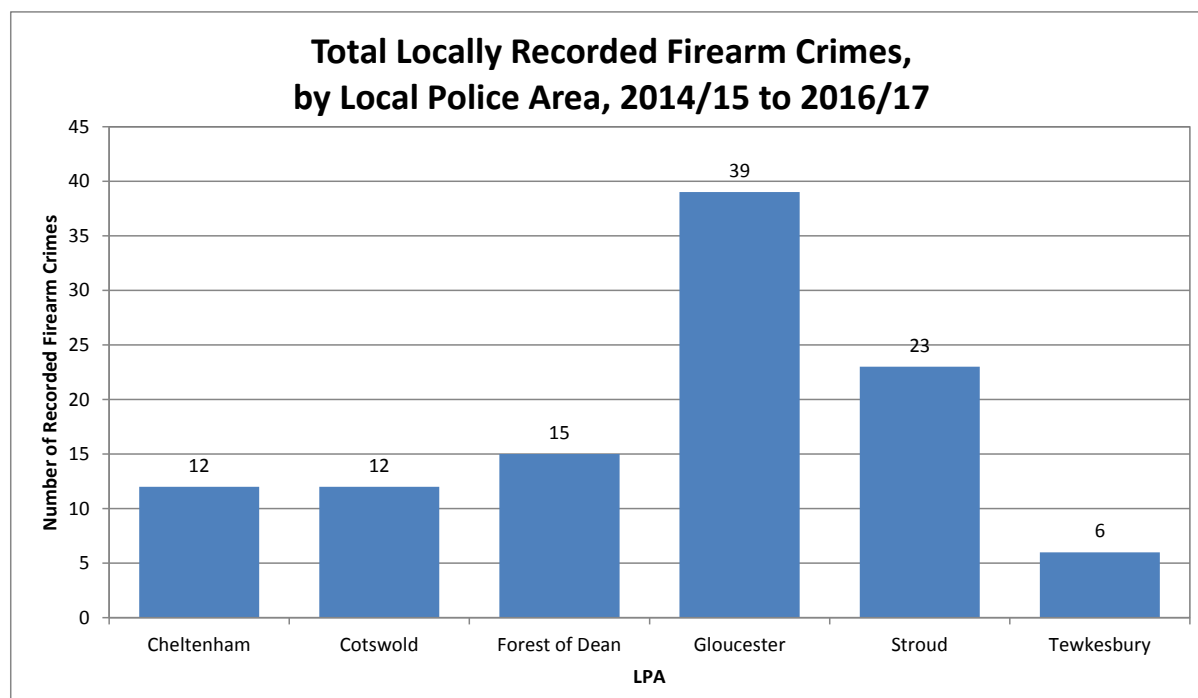


Figure 25 – total locally recorded firearm crimes, by Local Police Area, 2014/15 to 2016/17.
Source: Gloucestershire Constabulary.

Between 2014/15 and 2016/17, firearm crime was highest in Gloucester LPA, with 39 recorded crimes. This accounted for 36% of the total 107 firearm crimes in the county over the three year period.

⁴⁴ *Ibid.*

Crimes involving knives or other sharp instruments

A sharp instrument is any object that pierces the skin (or in the case of a threat, is capable of piercing the skin), for example a broken bottle.

In England and Wales, the police recorded 34,497 offences involving a knife or sharp instrument in 2016/17, a 20% increase compared on the previous year (28,663), and the highest number in the 7-year series (from year ending March 2011), the earliest point for which comparable data is available. This is also reflected in Gloucestershire, where 249 offences involving a knife or sharp instrument were recorded in the latest year, a 37% increase compared with the previous year (182).⁴⁵

The past 3 years have seen a rise in the number of recorded offences involving a knife or sharp instrument, both nationally and locally, following a downward trend in this series since the year ending March 2011. Gloucestershire follows the same general trend pattern as the rest of England and Wales. More recently there have been high profile incidents reported in the local media, heightening the awareness of the general public.⁴⁶

ONS have stated that a change in national reporting in the year ending March 2011, in order to bring two forces in line with the reporting methods of the 41 other forces, may have influenced the volume of recorded knife related offences. As of March 2016 one force was still reporting to a different method and was including a broader range of offences. However, ONS have stated that it is generally thought that offences involving knives are less likely to be influenced by changes in recording practice than less serious violent crime, and therefore the rise is likely to represent a real change from the downward trend seen in recent years. However, improvements in recording are likely to be a factor in the increase.⁴⁷

In terms of knife or sharp instrument possession crimes resulting in a caution or sentence, Gloucestershire reported lower than the England and Wales rate every year from 2009 to 2017.⁴⁸

⁴⁵ ONS: Crime in England and Wales: Police Force Area Data Tables.

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

⁴⁶ <http://www.bbc.co.uk/news/uk-england-gloucestershire-37483910>;
<http://www.gloucestershirelive.co.uk/news/gloucester-news/barton-street-stabbing-closed-643105>;
<http://www.gloucestershirelive.co.uk/news/cheltenham-news/london-man-guilty-taking-part-766740>

⁴⁷ ONS:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2016/offencesinvolvingtheuseofweapons>

⁴⁸ <https://www.gov.uk/government/statistics/knife-possession-sentencing-quarterly-brief-april-to-june-2017>

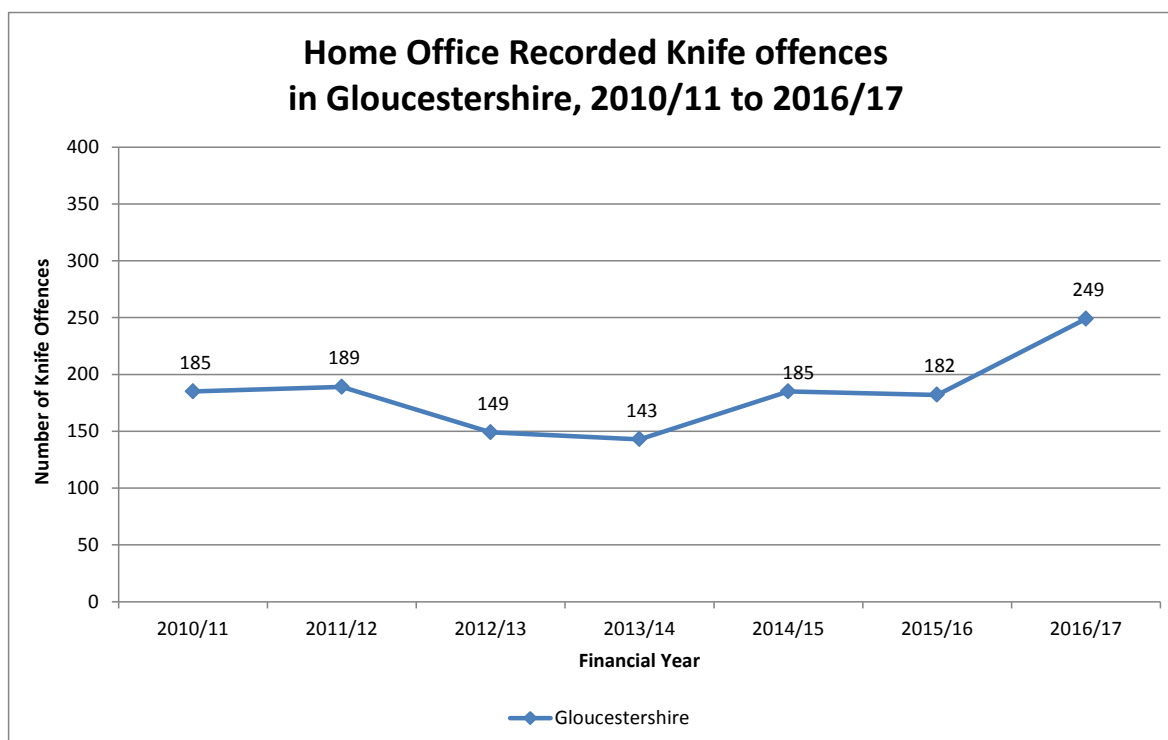


Figure 26 – recorded crimes involving knives or other sharp instruments in Gloucestershire, 2010/11 to 2016/17.⁴⁹
Source: Home Office

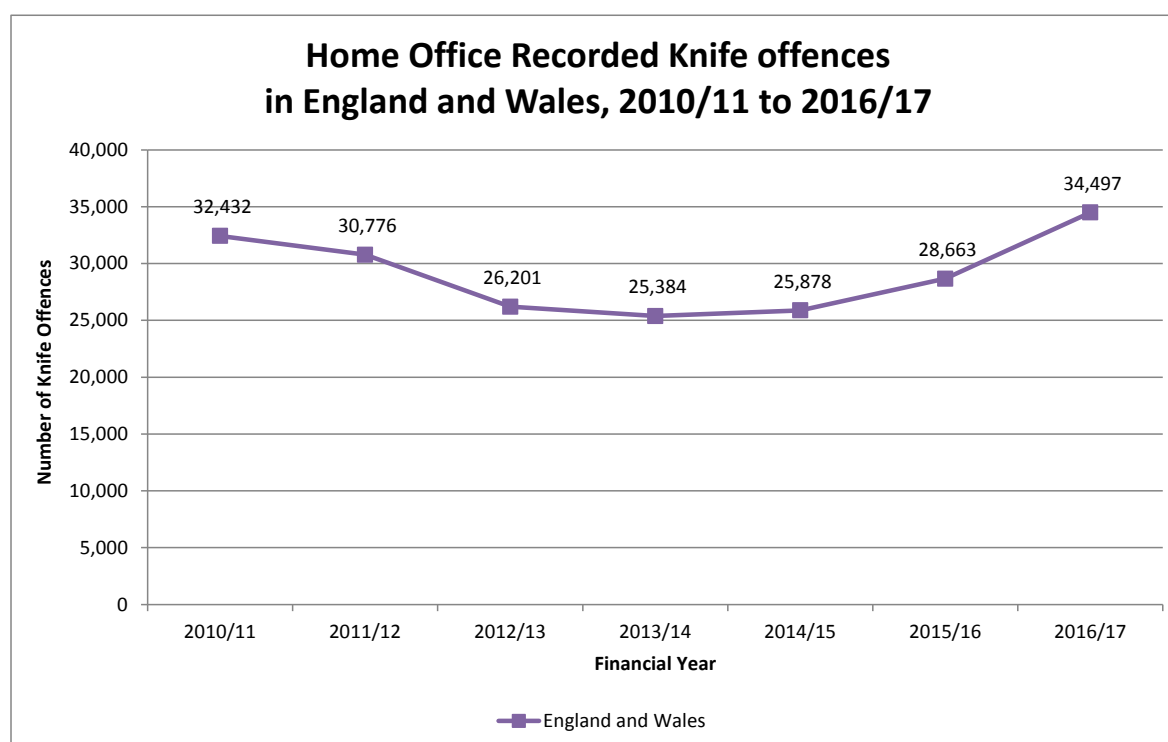


Figure 27 – recorded crimes involving knives or other sharp instruments in England and Wales, 2010/11 to 2016/17.⁵⁰
Source: Home Office

⁴⁹ Regional and England and Wales averages: ONS: Crime in England and Wales: Police Force Area Data Tables.
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/policeforceareadatatables>

⁵⁰ *Ibid.*

In 2016/17 the knife crime rate in the county was 0.4 per 1,000 population. This was higher than the Home Office reported South West average of 0.3, but lower than the Home Office reported England and Wales average of 0.6 per 1,000 population.

The Gloucester LPA knife crime rate was higher than all other LPAs at 0.9 per 1,000 population. This was three times as high as the South West rate of 0.3, and higher than the England and Wales rate of 0.6 per 1,000 population.

The Cheltenham LPA knife crime rate of 0.5 per 1,000 population also exceeded the regional level, but remained lower than the national rate.

Forest of Dean and Tewkesbury LPAs have seen the largest increase in the number of knife crimes since 2015/16. In both of these LPAs, knife crimes have doubled over the last year (111% increase in Forest of Dean, and 100% increase in Tewkesbury).

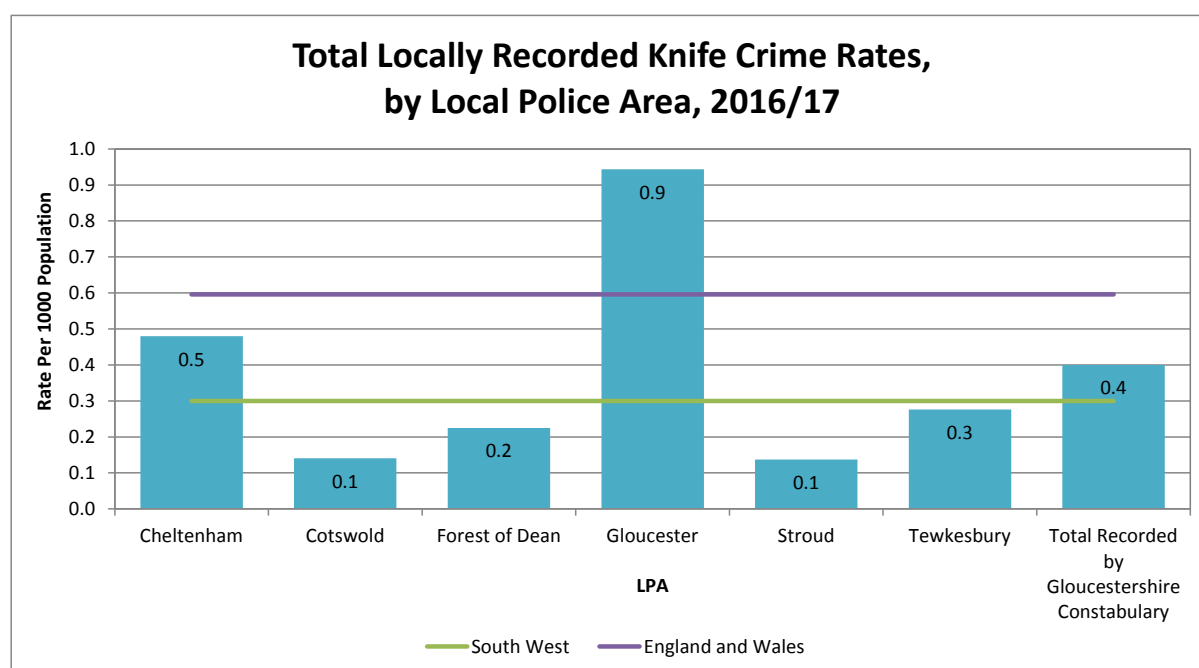


Figure 28 – total locally recorded knife crime rates, by Local Police Area, 2016/17.⁵¹ Source: Gloucestershire Constabulary

Gloucestershire Constabulary has recently conducted a review of knife and sharp implement offences focusing on incidents between 01 June 2017 and 30 September 2017. This was in response to a perceived increase in knife and sharp implement offences.

Searches were conducted across all Home Office crime bands to ensure that all offences which incorporated a knife or similar bladed implement were included. It was felt that narrowing the offences to purely traditional knife based offences would exclude crimes such as sexual assaults which may have incorporated a bladed implement and would facilitate a greater understanding of the threat. The crime range reviewed was broader than that used by the Home Office; each crime was then individually reviewed and categorized to allow a deeper understanding of the picture of knife crime.

⁵¹ Gloucestershire District figures: Gloucestershire Constabulary data;

Regional and England and Wales averages: ONS: Crime in England and Wales: Police Force Area Data Tables.

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

A summary of the 01 June 2017 to 30 September 2017 Gloucestershire knife and sharp implements crimes found:⁵²

- The increase in events, and specifically a cluster of offences committed by rival gangs, has raised the public's awareness and concern around knife crime offending in the county.
- While there was an increase in knife crime offences the majority of these were verbal threats.
- Knife crime is believed to be connected to the night-time economy. A small proportion of offences were committed inside the night-time venues but a large proportion of crimes occur in the hours of 2300-0100hrs.
- In the majority of cases offenders were known to the victim, either through the form of acquaintance or domestic incidents. Stranger attacks comprised fewer instances, but still present a challenge in identification.
- Arrest data from June-September 2017 found the offender profile to be predominantly 31-44 year olds with a sub pattern of 18-21 years.
- Knives and glass were found to be the main form of weapons, along with a small number of crimes involving machetes.
- County Lines activity (defined as a group or individual who exploits the vulnerable to sell drugs across county borders)⁵⁴ was found to contribute to threat and possession offences where knives are being carried as part of intimidation tactics.

⁵² Gloucestershire Constabulary

⁵⁴ NCA Intelligence Assessment: County Lines, Gangs and Safeguarding, 2015 and Operation Holdcroft CL Definition

Hate crime is defined as ‘Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; disability or perceived disability and any crime motivated by hostility or prejudice against a person who is transgender or perceived to be transgender.’⁵⁵

The five monitored strands are race, religion/faith, sexual orientation, disability, and gender-identity. Crimes based on hostility to age, gender, or appearance, for example, can also be hate crimes, although they are not part of the five centrally monitored strands.⁵⁶

“There were increases in all five of the centrally monitored strands between 2015/16 and 2016/17, continuing the upward trend in all strands of hate crime since 2012/13. These increases since 2012/13 are likely to have been driven by improvements in crime recording by the police and the police improving their identification of which offences are hate crime related. Although improvements in police recording has continued to be a factor over the last year, part of the increase since 2015/16 is due to a genuine increase in hate crime, particularly around the time of the EU Referendum in June 2016. There was also an increase in hate crime following the Westminster bridge terrorist attack on 22 March 2017”.⁵⁷

In England and Wales a hate crime occurred on average every seven minutes in 2016/17, with a total of a total of 80,393 crimes reported across the year.

Recorded hate crime rates in Gloucestershire were lower than those in the South West which, in turn, were lower than those seen nationally across England and Wales. However incidents of hate crime have been steadily increasing countywide, regionally, and nationally in England and Wales over the past few years.

⁵⁵ Crown Prosecution Service, *Hate Crime and Crimes Against Older People*, http://www.cps.gov.uk/publications/equality/hate_crime/index.html

⁵⁶ GOV.UK Official Statistics: *An overview of hate crime in England and Wales*, <https://www.gov.uk/government/statistics/an-overview-of-hate-crime-in-england-and-wales>

⁵⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/652136/hate-crime-1617-hosb1717.pdf

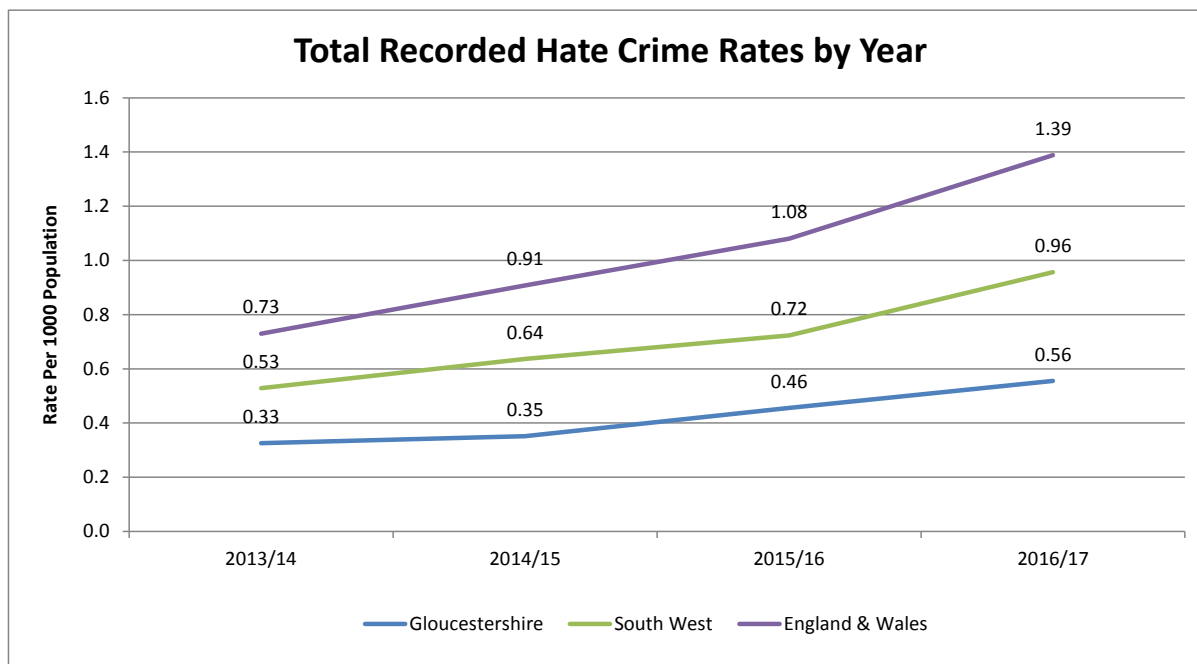


Figure 29 – total recorded hate crime rates by year. Source: Gloucestershire Constabulary

In Gloucestershire, the highest rate of hate crimes occurred in Gloucester City in 2016/17, at a rate of 1.10 per 1000 population. This was higher than the South West average of 0.96, but lower than the England and Wales average of 1.39 per 1000 population.

On average, Gloucestershire's recorded hate crime rate was lower than both the South West, and England and Wales rates in 2016/17.

Since the previous financial year, Forest of Dean district has seen the largest increase in hate crime, rising from 5 crimes in 2015/16 to 23 in 2016/17.

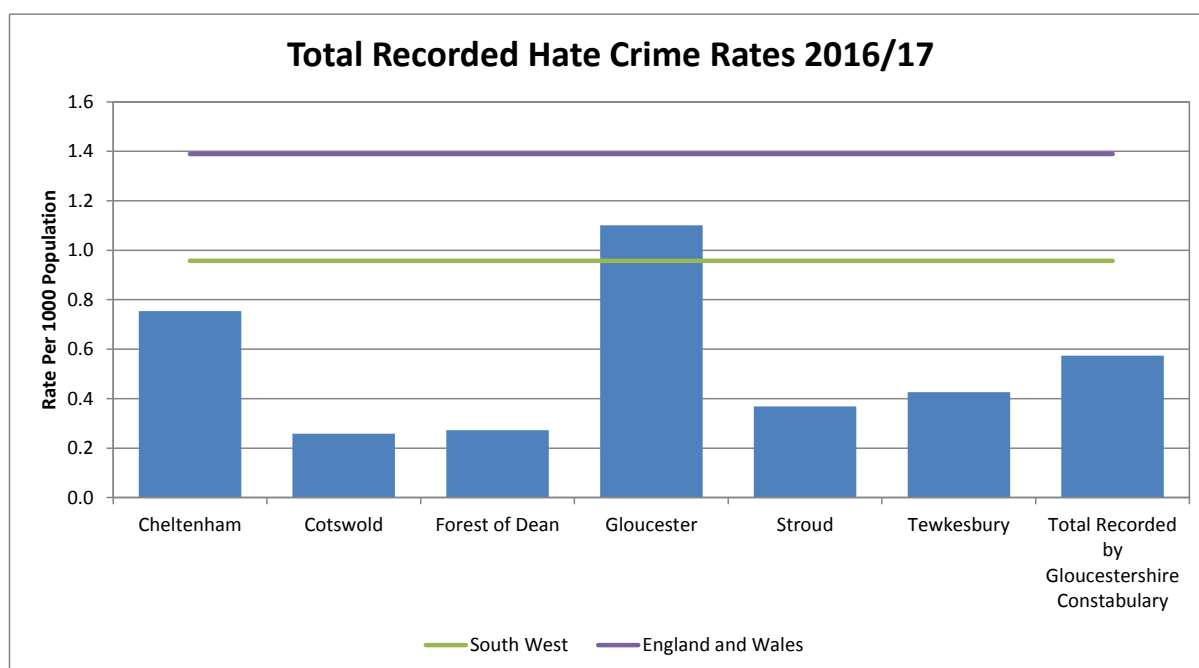


Figure 30 – total recorded hate crimes by district 2016/17. Source: Gloucestershire Constabulary

Race-related hate crime was the most reported strand of hate crime in the county during 2016/17, amounting to 77% (263 cases) of all reported hate crime in the county, compared to 73% (3,835 cases) in the South West, and 78% (62,685 cases) nationally.

Since 2013/14, disability-related hate crime has seen the largest proportional increase in Gloucestershire, rising from 4 to 26 reported cases, an increase of 22. This increase in reporting may be linked to greater confidence in the police and other responsible authorities, as hate crime is frequently underreported. The more hate crime is reported, the more agencies will understand the scale of the problem and how to support the victim going forward.

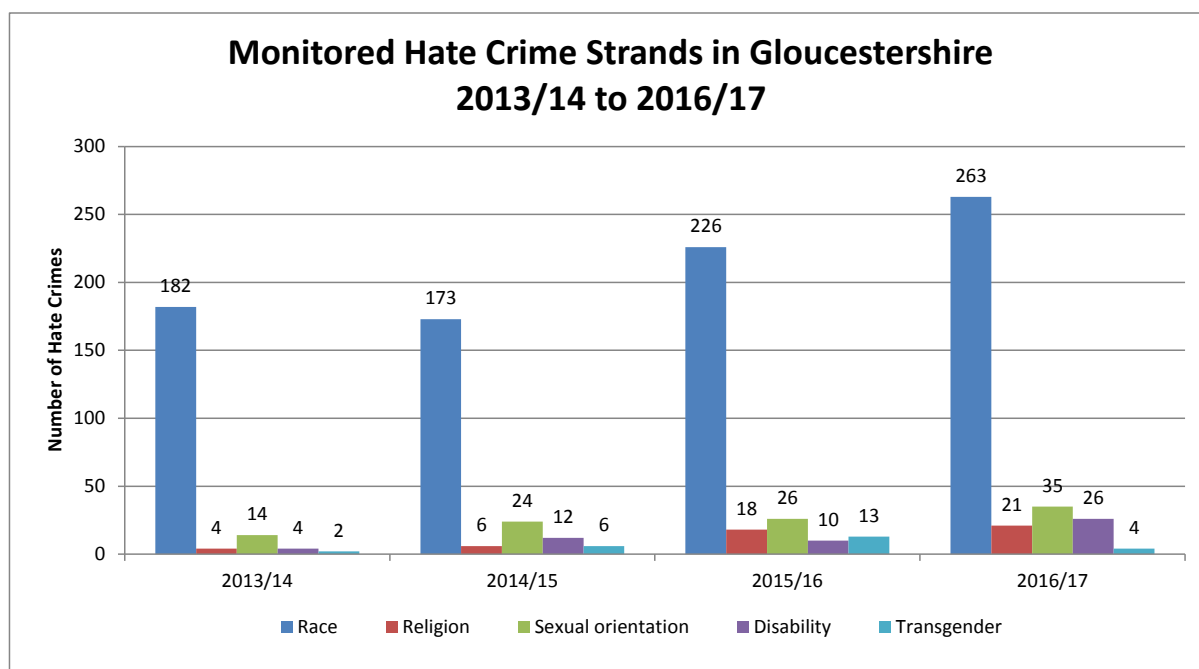


Figure 31 – total recorded hate crime by type. Source: Gloucestershire Constabulary

Since Community Safety encompasses how safe people feel in Gloucestershire, it is important to take into account the perception of crime and safety in the county. How safe people feel can have a significant impact on wellbeing and people's willingness to engage with their community. This information also examines how communities feel about the role of the police.

When levels of cohesion, satisfaction and wellbeing are high, perceptions of the police, chance of reporting and fear of crime tend to be correspondingly high and vice versa.

Police action and activity can have a strong impact on community cohesion, for example through officers attending community events, enhancing the idea that the police are proactive as opposed to reactive. Paradoxically, seeing police officers dealing with crime can have a detrimental impact on how safe communities feel, as it creates the perception that crime is high and neighbourhoods are unsafe. Interacting with communities in a positive way may help to overcome this.

This information is taken from the Crime Survey for England and Wales (CSEW, formerly British Crime Survey) and compares perception of crime in Gloucestershire with other police forces in the South West region; however there are limitations in terms of how much we can deduce from this data.

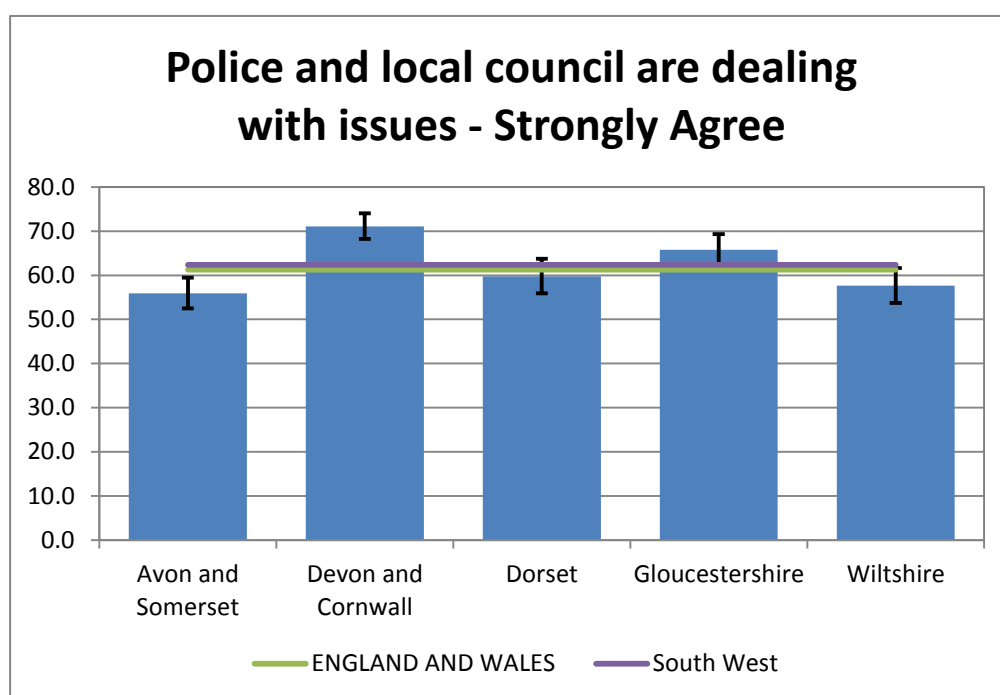


Figure 32 – number of respondents who strongly agree with the statement that police and local councils are dealing with criminal issues. Source: Crime in England & Wales, year ending March 2017 - Crime Statistics and Analysis, Office for National Statistics

In the absence of confidence intervals being provided with the published results, a 95% confidence interval has been added to illustrate how reliable CSEW estimates may be at a local level. Using confidence or error bars shows that most local areas are similar to each other and with 95% confidence it can be said that perceptions of crime in Gloucestershire are not significantly different to the rest of the South West region.

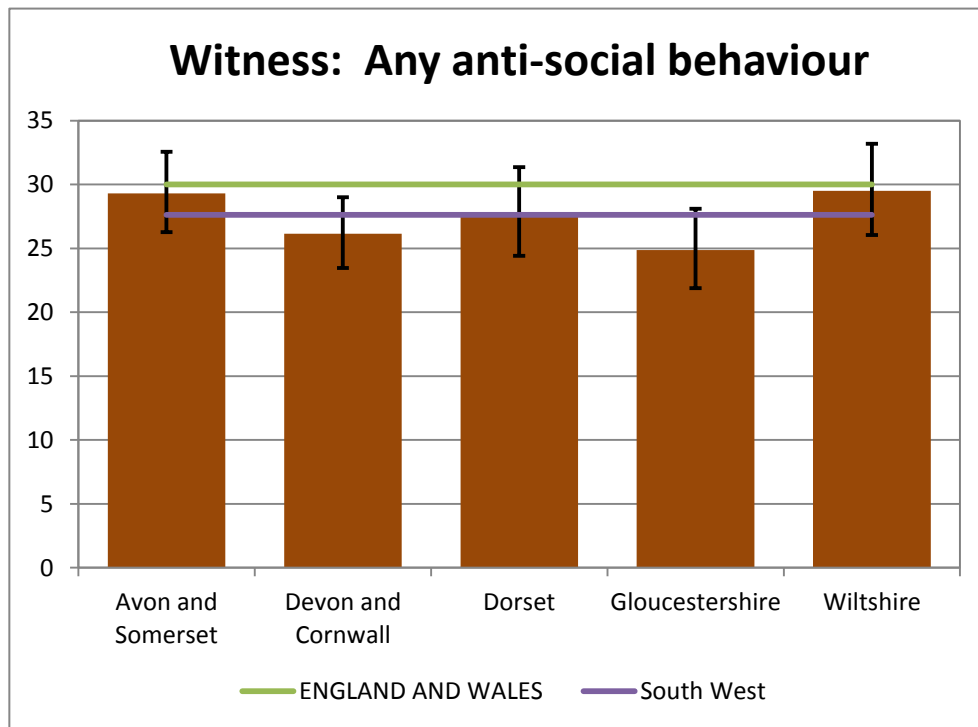


Figure 33 – number of respondents who have witnessed any anti-social behaviour. Source: Crime in England & Wales, year ending March 2017 - Crime Statistics and Analysis, Office for National Statistics

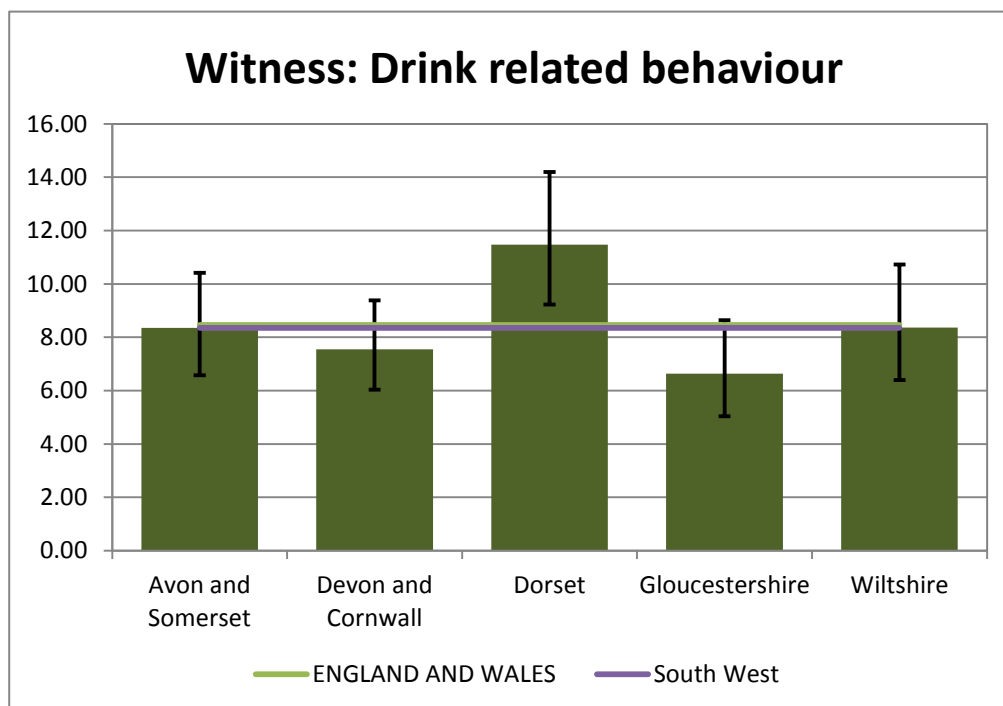


Figure 34 – number of respondents who have witnessed drink-related criminal behaviour. Source: Crime in England & Wales, year ending March 2017 - Crime Statistics and Analysis, Office for National Statistics

Gloucestershire compares well to the rest of the UK in terms of crime rates and how safe communities feel, however there are a few areas where the county could improve by targeting activity where it is needed most.

1. *Local crime hotspots*: Gloucester City experiences higher rates of a number of crime types than the regional and national average, with knife crime becoming a particular concern, and overall crime rates in the city are higher than the UK average. Town and city centres are crime hotspots, for instance for anti-social behaviour, types of theft and violent crime – this particularly applies to Gloucester and Cheltenham. Therefore Safer Gloucestershire may wish to consider a targeted approach to the areas where the risk for potential victims is greatest.
2. *Link between crime and deprivation*: Individuals living in deprived areas of Gloucestershire are most likely to become the victims of all types of crime, which can emphasise inequalities in other areas and perpetuate a negative cycle of poor outcomes. Safer Gloucestershire could consider focussing on our most deprived areas in particular for preventative measures.
3. *Inequalities and vulnerability*: As well as living in an area of deprivation, there are other factors that can make individuals more vulnerable to crime. For example, for most types of crime, young people are most likely to become victims. Furthermore, there was an increase all types of hate crime in Gloucestershire in 2016/17, continuing the upward trend since 2012/13, with the largest increase seen in the Forest of Dean. Race-related hate crime was the most reported strand of hate crime in the county, while disability-related hate crime saw the largest proportional increase in Gloucestershire this year. The Partnership should consider how discrimination can be tackled further to reduce the vulnerability of groups and individuals protected under the Equalities Act 2010 and ensure that everyone in Gloucester is protected from crime.

Anti-social behaviour covers a wide range of unacceptable activity that causes harm to an individual, to their community or to their environment that could leave others feeling alarmed, harassed or distressed. It also includes fear of crime or concern for public safety, public disorder or public nuisance.

Examples of anti-social behaviour include:

- Vandalism, graffiti and fly-posting
- Street drinking
- Environmental damage including littering, dumping of rubbish
- Begging and vagrancy

The police, local authorities and other community safety partner agencies, such as Fire & Rescue and social housing landlords, all have a responsibility to deal with anti-social behaviour and to help people who are suffering from it.⁵⁸

In 2016/16, rates of Anti-Social Behaviour (ASB) incidents were highest in the urban authorities of Cheltenham and Gloucester City, and were notably higher than the most similar average, regional and national rates.

Town and city centres were hotspots for this kind of activity. One particular Lower Super Output Area – Westgate 5, E01032937 – in central Gloucester has a far higher rate of ASB offences than anywhere else in Gloucestershire. The same can also be said of this area in regard to crime numbers and rates recorded in 2016/17. A focus on Westgate 5 can be found [here](#).

⁵⁸ Police. UK, *Crime Prevention Advice*, <https://www.police.uk/crime-prevention-advice/anti-social-behaviour/>

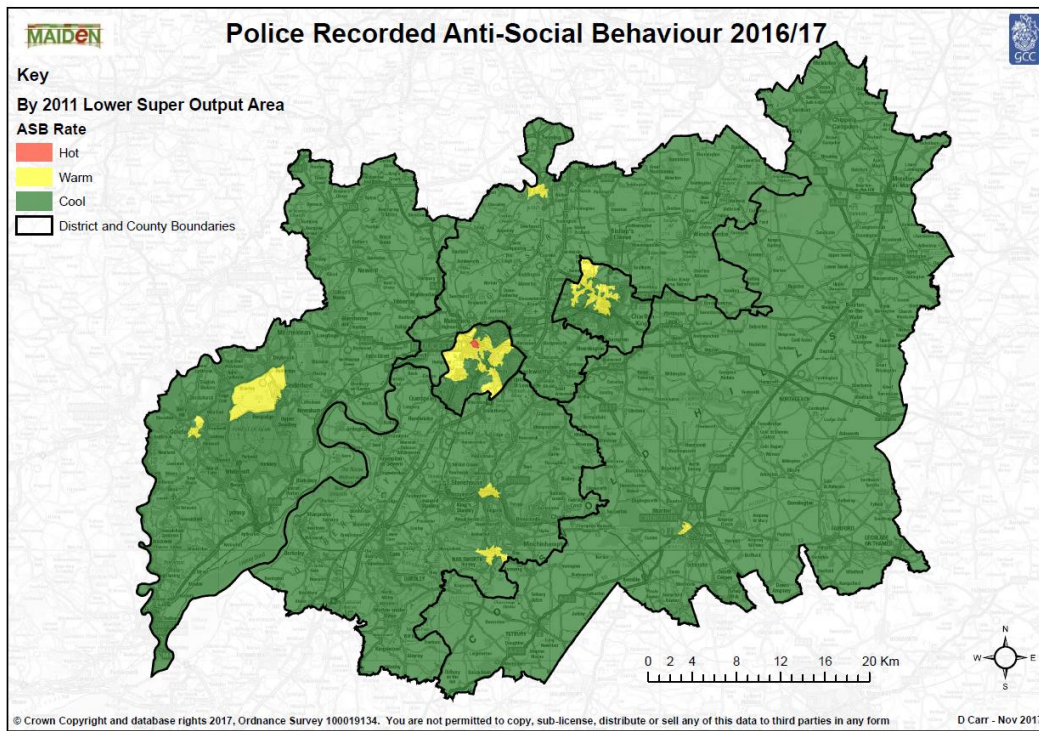


Figure 35 – map of recorded anti-social behaviour incidents 2016/17. Source: Gloucestershire Constabulary.
Key: Hot, Warm and Cool ratings are natural break classes are based on natural groupings within the data. Class breaks are identified that most clearly group similar values and that maximize the differences between classes.

There was a small increase in the number of ASB incidents in 2016/17 compared with the previous year – 2.5% (or 632 more incidents). The largest proportional increases occurred in Stroud (19% / 548 more incidents) and Cheltenham (13% / 681 more incidents). There was a decrease in ASB incidents recorded in Gloucester City - 7% decrease / 562 fewer incidents than in 2015/16.

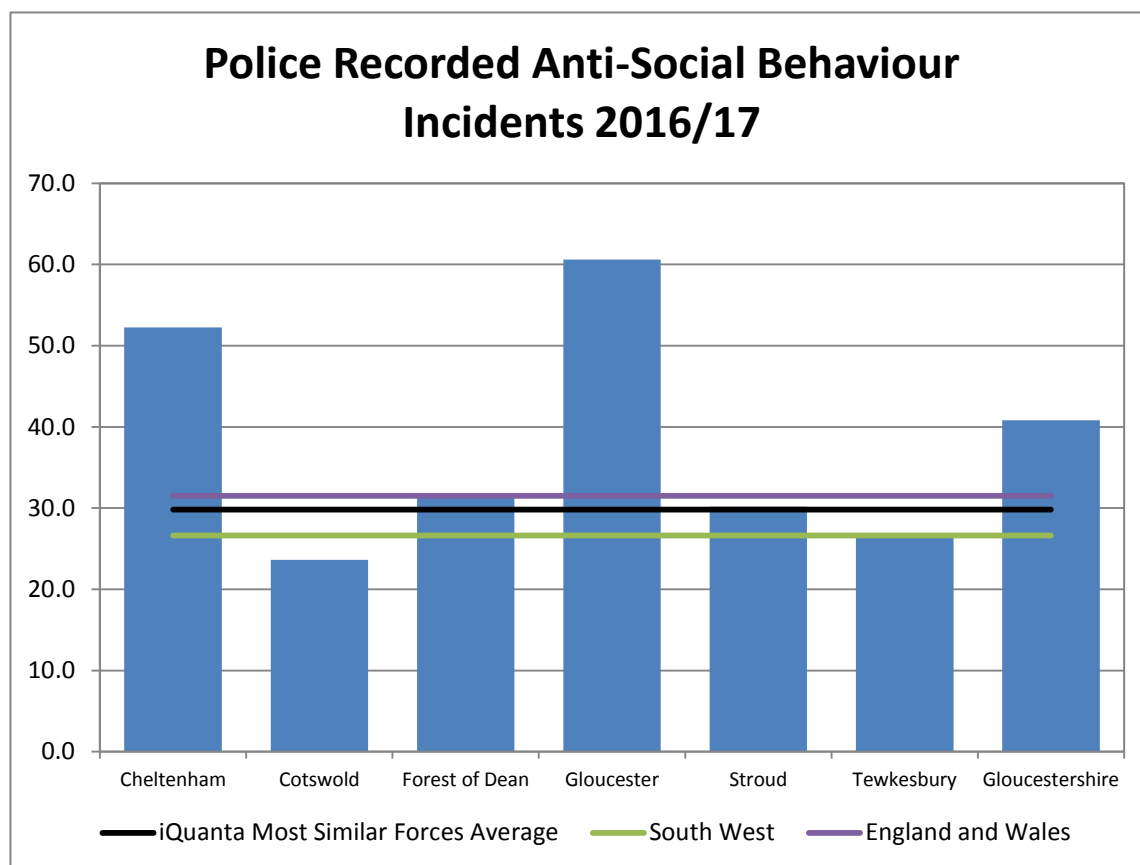


Figure 36 – total recorded anti-social behaviour incidents by district 2015/16. Source: Gloucestershire Constabulary. *Crimes recorded in force areas most similar to Gloucestershire in terms of demography and socio-economic characteristics are represented by iQuanta Most Similar Forces Average.*

In Gloucestershire during 2016/17, most ASB incidents took place between 4pm and 8pm and were most common on a Saturday.

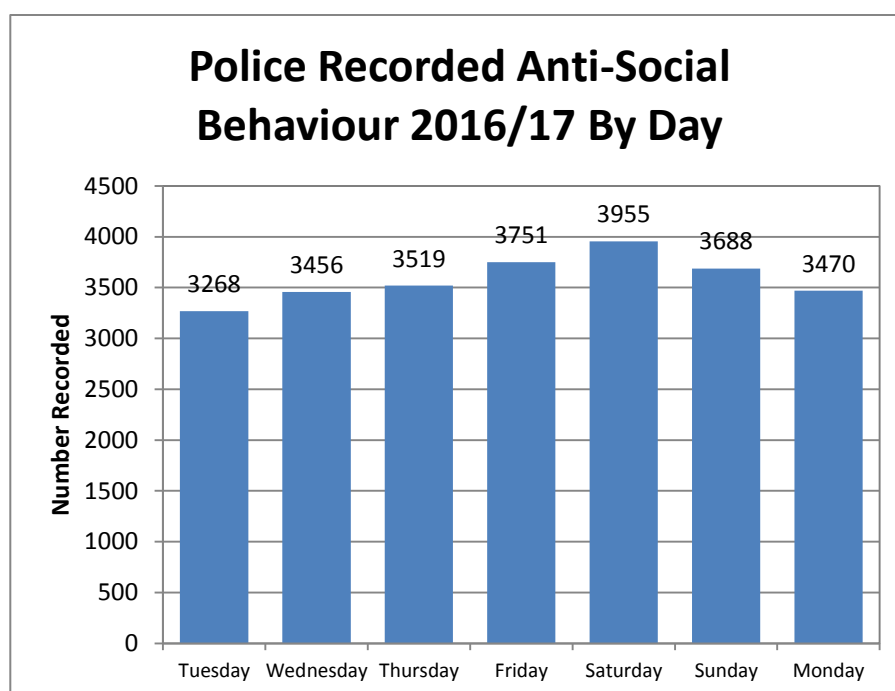


Figure 37 – total recorded ASB incidents by day 2016/17. Source: Gloucestershire Constabulary

Anti-social behaviour incidents were more than 5 times more likely to be reported in an area of high deprivation when compared to the least deprived areas.

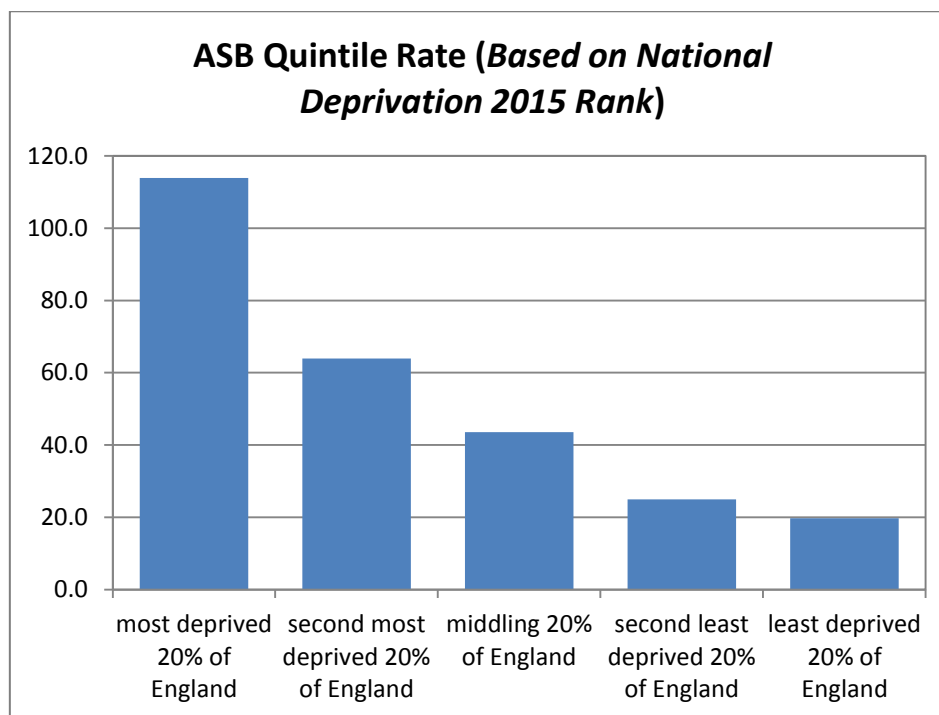


Figure 38 – total recorded ASB incidents by deprivation. Source: Gloucestershire Constabulary.
This is based on the area in which the victim lives, not necessarily where the crime took place, by National Deprivation 2015 Rank.

Key points for further consideration

In most areas of Gloucestershire, levels of anti-social behaviour compare well to regional and national rates, however similarly to other types of crime, there are areas where targeted intervention could lead to a significant improvement.

1. *Town and city centres*: Town and city centres are hotspots for ASB in Gloucestershire. Incidents are most common in Cheltenham and Gloucester City, where rates were notably higher than the regional and national averages, whilst the largest proportional increases this year were in Stroud and Cheltenham. By targeting preventative or dissuasive interventions at these areas, the Partnership could have an impact on the prevalence of this crime.
2. *Specific times and days*: We know that in 2016/17, most incidents took place in the late afternoon/early evening, and were most common on a Saturday. The Partnership could target intervention at these particular times, to ensure that communities feel safer in the evenings and on the weekend.
3. *Link between areas of deprivation and anti-social behaviour*: Anti-social behaviour incidents in Gloucestershire are more than 5 times more likely to be reported in an area of high deprivation when compared to the least deprived areas, so that our most vulnerable communities are also most likely to feel unsafe or threatened. The Partnership should consider focussing on these areas for preventative or protective measures.

Adult Offending

The most recent Government proven reoffending figures, at the time of writing, was for the quarter October to December 2015. A change in data source in October 2015 means that any comparison between the October to December 2015 cohort and earlier cohorts should be undertaken with caution. For this reason, previous data has not been used in this report.

An offender enters the cohort if they are released from custody, received a non-custodial conviction at court or received a reprimand or warning in a three month period. A proven re-offence is defined as any offence committed in a one year follow-up period that leads to a court conviction, caution, reprimand or warning in the one year follow-up or within a further six month waiting period to allow the offence to be proven in court.⁵⁹

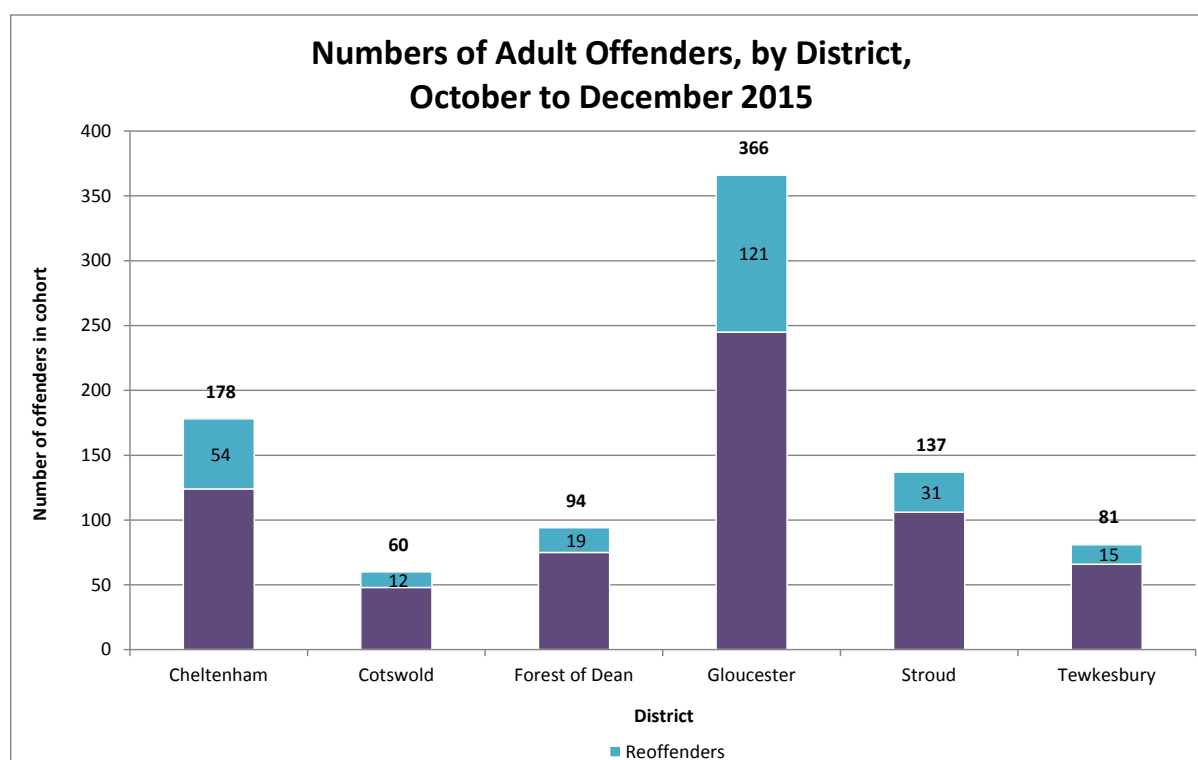


Figure 39 – numbers of adult offenders in Gloucestershire, by district, October to December 2015.⁶⁰ Source: Ministry of Justice

Gloucester City had the highest number of adult offenders in the county during October to December 2015. Of the 916 offenders in this cohort in the county, around 40% of these were from Gloucester City (366 adult offenders).

Gloucester City also had the highest number of adult reoffenders in the county during October to December 2015. Of the 252 reoffenders in the county, around 48% of these were from Gloucester City (121 adult reoffenders).

⁵⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/658379/proven-reoffending-bulletin-oct15-dec15.pdf

⁶⁰ <https://www.gov.uk/government/statistics/proven-reoffending-statistics-october-2015-to-december-2015>

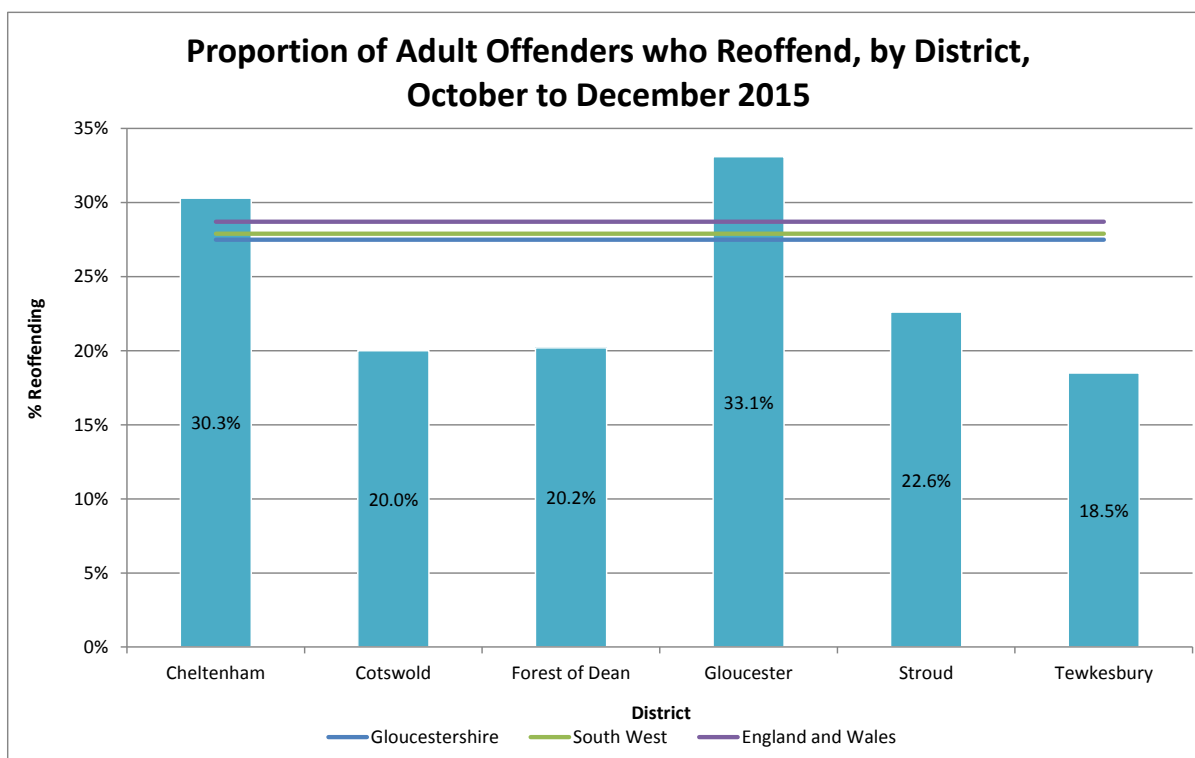


Figure 40 – proportion of adult offenders in Gloucestershire who reoffend, by district, October to December 2015⁶¹

The most recent Government proven reoffending figures (October to December 2015) suggest that the reoffending rate of adult offenders in Gloucestershire was lower than that of the South West which, in turn, was lower than across England and Wales. During this period, 27.5% of Gloucestershire's adult offenders reoffended, compared to 27.9% in the South West, and 28.7% in England and Wales.

However, Gloucester City and Cheltenham Borough showed higher than average reoffending rates, exceeding the county, regional and national averages. The reoffending rate in Gloucester City was 33.1%, and the Cheltenham Borough rate was 30.3% during this period.

There was an average of 4.15 re-offences per reoffender in Gloucestershire during this period – higher than the South West and England and Wales rates of 3.86 and 3.82 respectively.

The recorded index offence for just over half of those who reoffended in Gloucestershire was theft. This was similar to the proportions in the South West and in England and Wales.⁶²

Integrated Offender Management

Integrated Offender Management (IOM) is a specialist service bringing a cross-agency response to the crime and reoffending threats faced by local communities. The most persistent and problematic offenders are identified and managed jointly by partner agencies working together. IOM helps to improve the quality of life in communities by reducing the negative impact of crime and reoffending, reducing the number of people who become victims of crime and helping to improve the public's confidence in the criminal justice system.

⁶¹ *Ibid.*

⁶² *Ibid.*

Locally, Gloucestershire's IOM service were managing 124 offenders during Quarter 2 2017/18. The majority of cases within this cohort have a medium to high risk of reoffending tag with a smaller proportion deemed to have a high risk of harm. 31% of offenders in the IOM cohort are known to have committed an offence during Quarter 2 meaning that 85 offenders (69% of total) were not known to have committed an offence during the Quarter 2 timeframe with just 3 offenders committed 25% of total IOM recorded crime. Issues currently facing IOM are that settled accommodation upon release of IOM managed offenders continues to be a challenge, and that offences have increased during Quarter 2 when compared against Quarter 1 even though there is a slight reduction in the number of offenders in the cohort during Quarter 2. The most prevalent crime committed by this cohort is Shoplifting (35 crimes), the next most prevalent crimes committed by this cohort are Assault With Injury (11 crimes), Theft from Vehicle (8 crimes) and Public Fear/Alarm/Distress (7 crimes). Domestic Burglary accounted for less than 5 crimes during this time period.⁶³

⁶³ Further information on IOM can be found in the IOM Handbook, available on request

The Youth Justice System (YJS) in England and Wales works to prevent offending and reoffending by young people aged 10-17. The system is different to the adult system and is structured to address the needs of young people. The YJS is far smaller in terms of volume of people than the adult system.⁶⁴

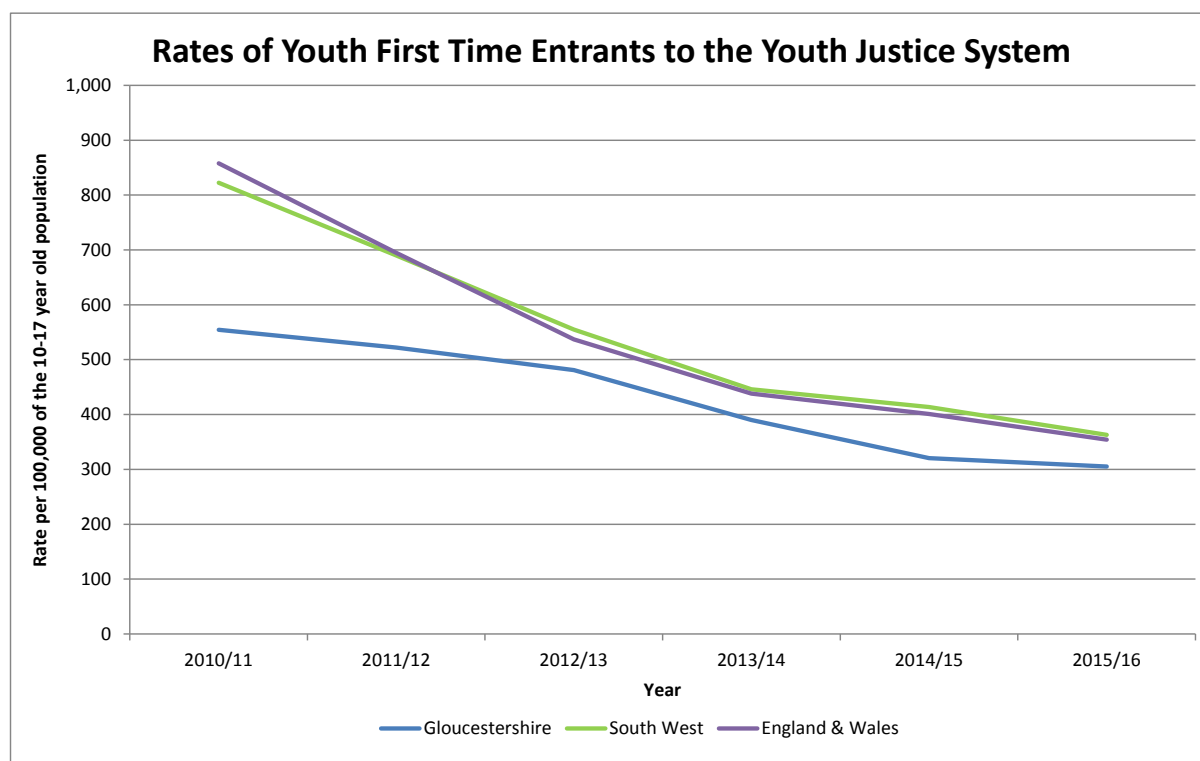


Figure 41 – rates of youth First Time Entrants to the Youth Justice System.⁶⁵ Source: Ministry of Justice

Over the last five years, there have been reductions in the number of young people cautioned or convicted for the first time (First Time Entrants, FTEs) across Gloucestershire, the South West region, and England and Wales.

Gloucestershire saw 168 FTEs in 2015/16, which was a reduction of 153 (48%) since 2010/11 when there were 321. By comparison, FTE numbers in the South West reduced by 58% over the same period, and England and Wales reduced by 60%.

The rates of FTEs in Gloucestershire have remained consistently lower than those in both the South West and England and Wales over the last five years. However, the gap between Gloucestershire's rates and the regional and national rates narrowed in 2012/13 and have remained at a similar level ever since.

⁶⁴ Ministry of Justice, *Youth Justice Statistics 2015/16 England and Wales*, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585897/youth-justice-statistics-2015-2016.pdf

⁶⁵ Ministry of Justice, *Youth Justice Statistics 2015/16 England and Wales*, <https://www.gov.uk/government/statistics/youth-justice-statistics-2015-to-2016>

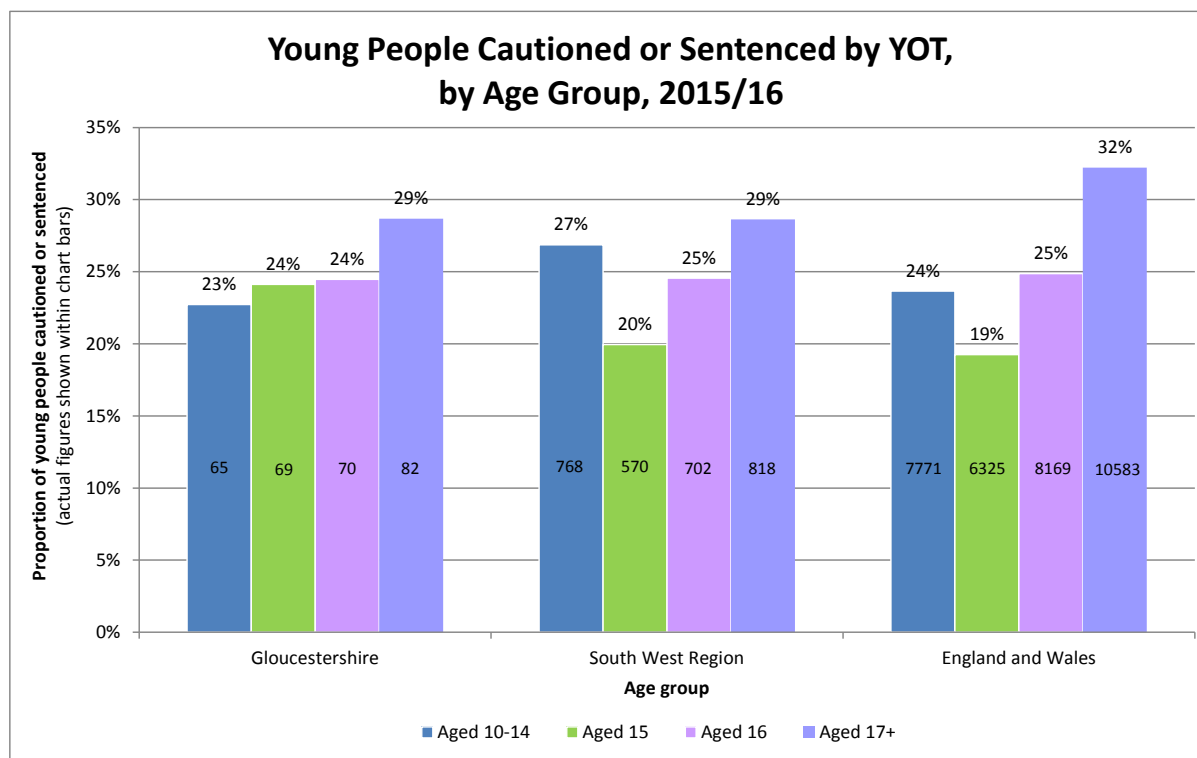


Figure 42 – young people cautioned or sentenced by YOT by age group, 2015/16.⁶⁶ Source: Ministry of Justice.

Young people who were cautioned or sentenced in 2015/16 were most commonly in the 17+ age group (throughout Gloucestershire, the South West, and England and Wales).

In Gloucestershire, 82 (29%) young people who were cautioned or sentenced were in the 17+ age group; the remaining 71% were split fairly evenly across the other age groups, with slightly fewer in the 10-14 age group (65 young people; 23%).

The gender split of young people who were cautioned or sentenced in Gloucestershire in 2015/16 was the same as in the South West region, with 78% male and 22% female.

England and Wales had a higher proportion of males who were cautioned or sentenced than locally, with 82% male and 18% female.

⁶⁶ *Ibid.*

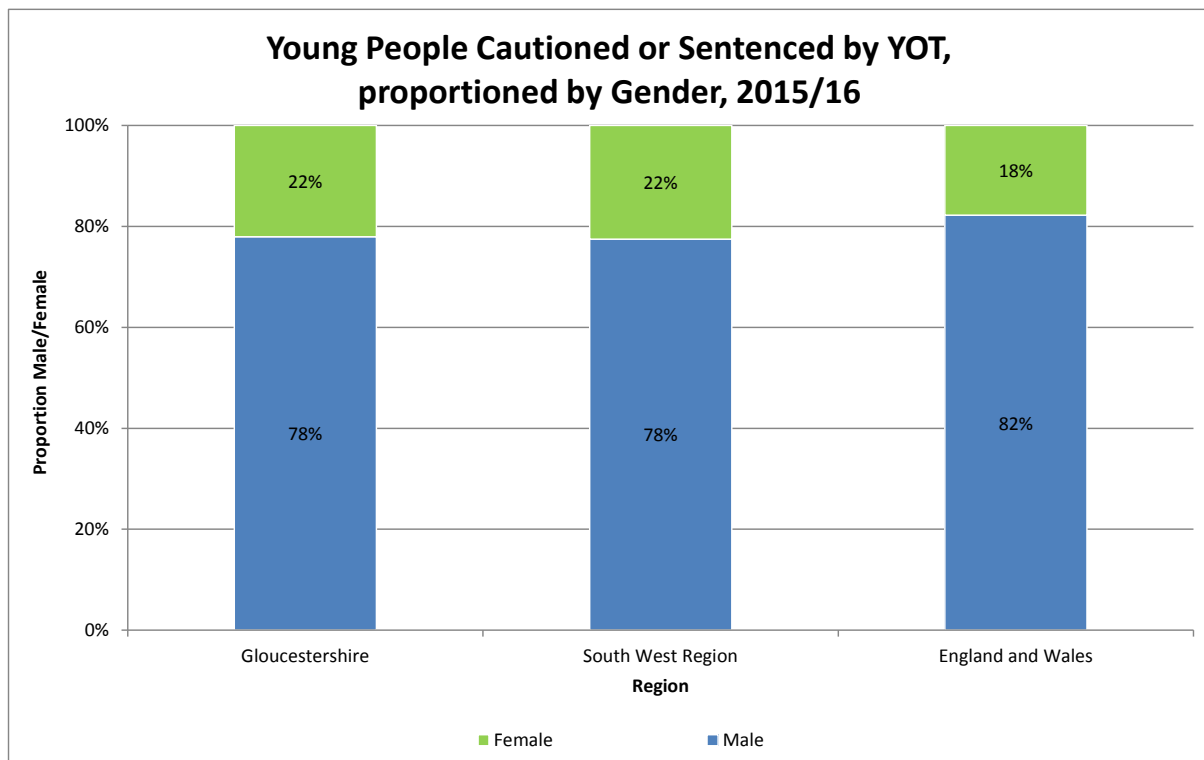


Figure 43 – young people cautioned or sentenced by YOT, proportioned by gender, 2015/16.⁶⁷
Source: Ministry of Justice.

Proven offences by young people in 2015/16, as reported by Gloucestershire Youth Offending Team, were highest for “Violence against the person”. These accounted for a quarter of proven offences committed by young people in Gloucestershire (123 out of a total of 496 offences).

The most common offences across most age groups were “Violence against the person”, “Theft and handling stolen goods” and “Criminal damage”; however there was a difference in the 17+ age group where the second and third most common offences were “Drugs” and “Motoring offences”.

⁶⁷ *Ibid.*

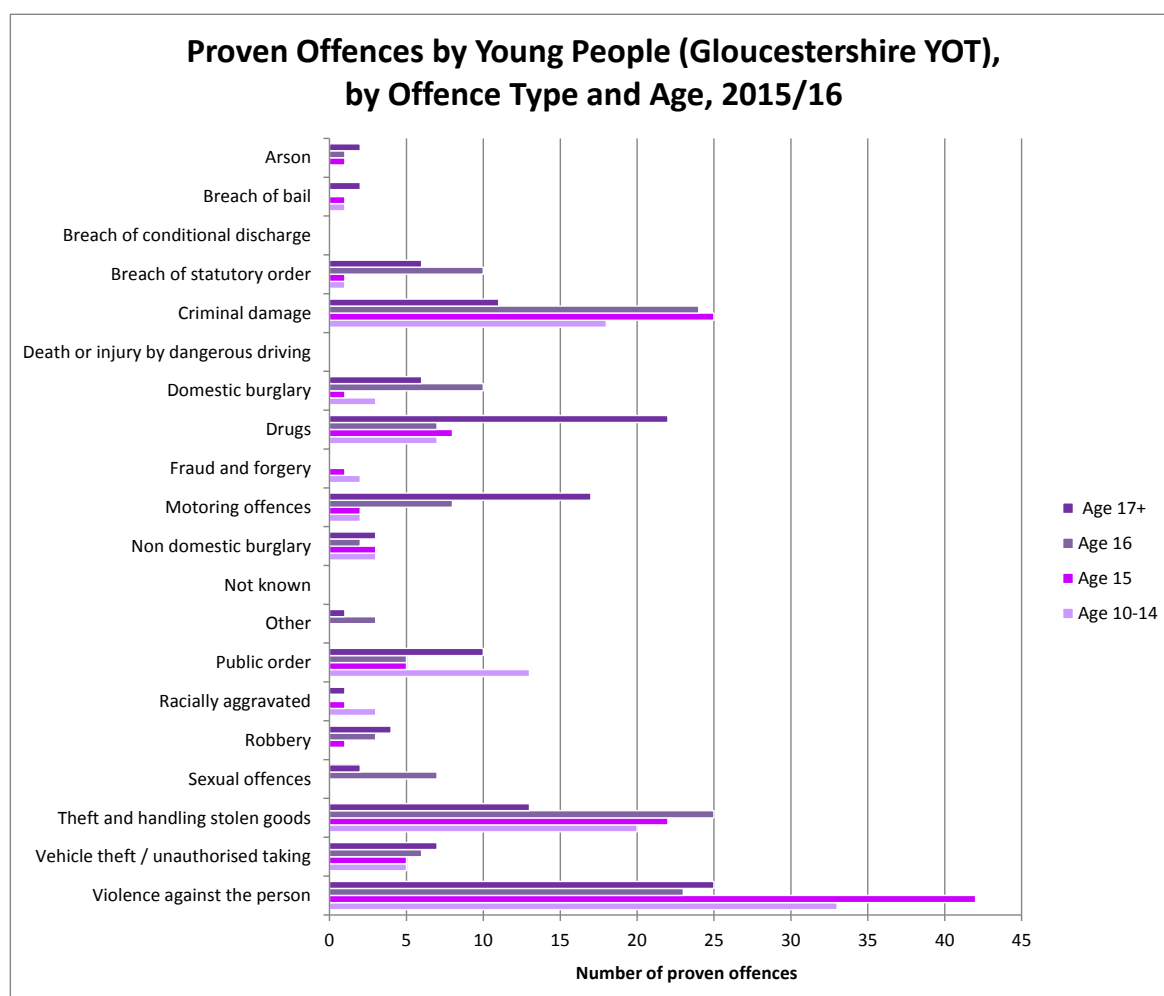


Figure 44 – Proven offences by YOT, by offence type and age, 2015/16.⁶⁸
Source: Bespoke analysis of the Youth Justice Application Framework (YJAF).

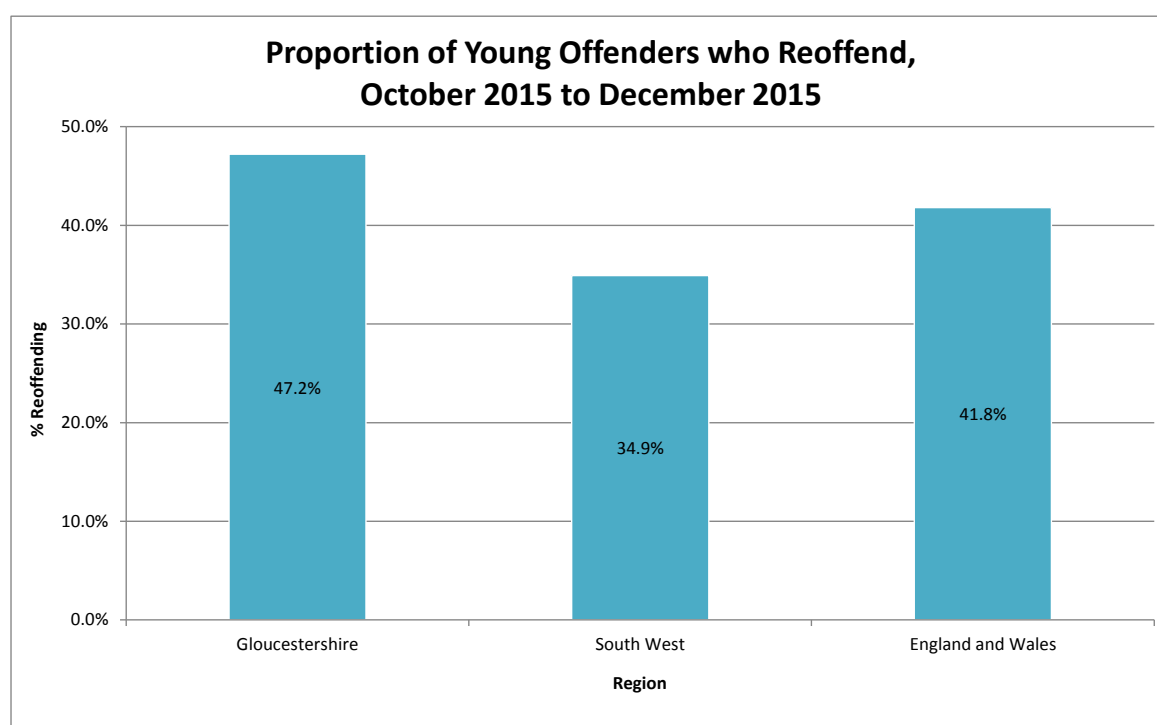


Figure 45 – proportion of young offenders who reoffend, Oct 2015 - Dec 2015.⁶⁹ Source: Ministry of Justice.

⁶⁸ *Ibid.*

⁶⁹ <https://www.gov.uk/government/statistics/proven-reoffending-statistics-october-2015-to-december-2015>

The most recent Government proven reoffending figures (for the quarter October 2015 to December 2015) suggest that the reoffending rate of young offenders in Gloucestershire was higher than those in the South West, and across England and Wales. During this period, 47.2% of young offenders reoffended, compared to 34.9% in the South West, and 41.8% in England and Wales.

There were 72 young people in Gloucestershire who received a caution, a non-custodial conviction at court or who were released from custody in the period October 2015 to December 2015. This was the number of young people in the cohort used to calculate reoffending statistics. Of this cohort, 34 committed a proven re-offence within the one year follow-up period.

There was an average of 3.91 reoffences per reoffender in Gloucestershire during this period – higher than the South West and England and Wales rates of 3.85 and 3.88 respectively.

A breakdown of reoffending rates by age group reveals very little difference in Gloucestershire between young offenders aged 10 to 14 who reoffend (47.4%) and those aged 15 to 17 (47.2%).

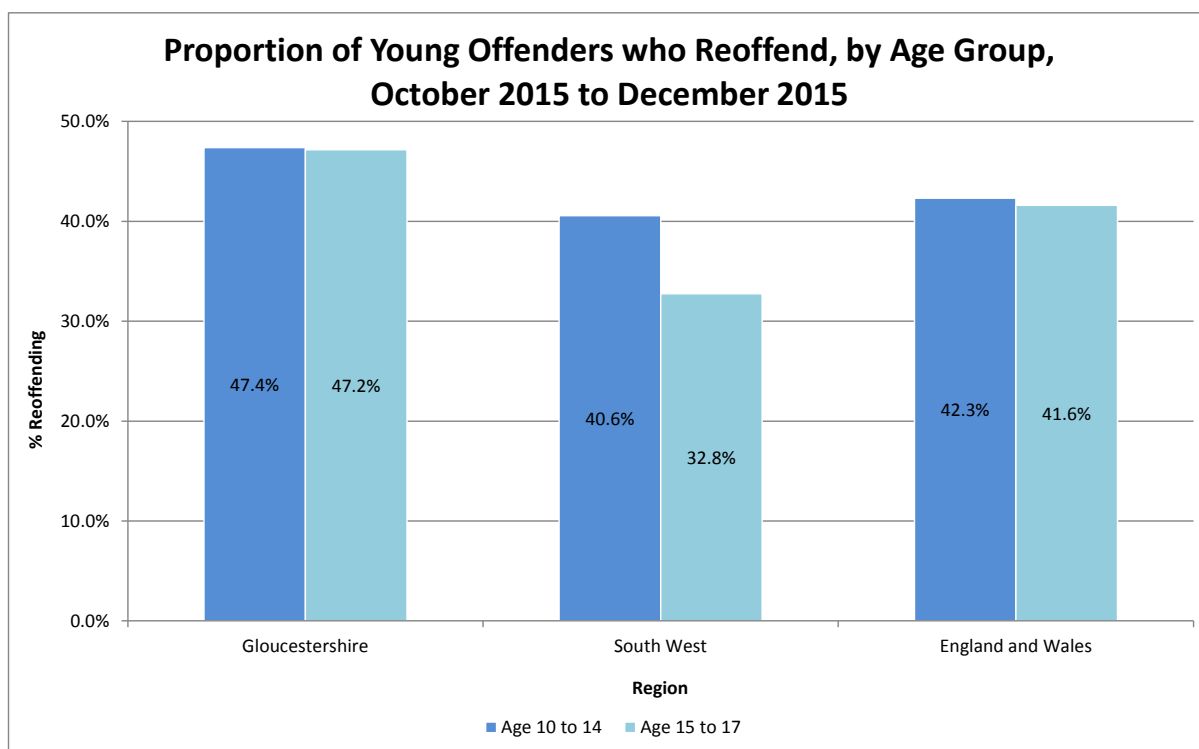


Figure 46 – proportion of young offenders who reoffend, by age group Oct 2015 - Dec 2015.⁷⁰
Source: Ministry of Justice.

⁷⁰ *Ibid.*

Key points for further consideration

In general Gloucestershire's numbers of offenders and re-offenders compare well regionally and nationally, however, there are two areas Safer Gloucestershire may wish to explore further.

1. *Adult re-offenders in Gloucester and Cheltenham*: Adult reoffending rates in Gloucestershire are lower than the South West and national average; however they are comparatively high in Gloucester City and Cheltenham Borough and exceed the county, regional and national averages.
2. *Youth re-offending*: The re-offending rate for young people in Gloucestershire is higher than the South West and national average, which will have a damaging effect on the long-term wellbeing and safety of both the young people themselves and those around them.

Safeguarding Children

Safeguarding is a term which is broader than child protection and relates to the action taken to promote the welfare of children and protect them from harm. For the purposes of child protection legislation the term 'child' refers to anyone up to the age of 18 years.

Safeguarding is defined in Working Together to Safeguard Children 2013 as:

- protecting children from maltreatment
- preventing impairment of children's health and development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.⁷¹

For the most part, Gloucestershire is a safe county for our children to grow up in; however, the welfare of some of our children is compromised for a variety of reasons. Some are exposed to domestic abuse, neglect and other forms of sexual, physical and emotional abuse. All partner safeguarding organisations are actively responding to these children.

Every local authority area must have a Local Safeguarding Children Board. This is a requirement through Section 13 of the Children Act 2004 and Working Together to Safeguard Children 2015.⁷²

All partners have a responsibility under statutory guidance to work together to protect children, centred around the family. Gloucestershire Safeguarding Children Board (GSCB) is responsible for coordinating what is done by each person or organisation represented on the Board for the purposes of safeguarding and promoting the welfare of children in Gloucestershire, and for making sure that what they do is effective.⁷³ The GSCB is also part of wider partnership arrangements in Gloucestershire.

The GSCB is made up of senior representatives from many organisations, including the County Council, District Councils, Police, 2gether Trust, Gloucestershire Care Services, Gloucestershire Hospitals Trust, Gloucestershire Clinical Commissioning Group (CCG) and education settings.⁷⁴

In the last year, Gloucestershire's child protections arrangements have been scrutinised by two independent reviews. The Gloucestershire Safeguarding Children Board and the Local Authority have been inspected by OFSTED, whilst the Police were inspected by Her Majesty's Inspectorate of Constabulary (HMIC). Although they have highlighted areas of good practice, the inspections showed that there are significant improvements to be made in the quality of our collective child protection practice to reach the standard to which we aspire.⁷⁵

⁷¹ Charity Commission for England and Wales, *Policy Paper: Safeguarding Children and Young People*, <https://www.gov.uk/government/publications/safeguarding-children-and-young-people/safeguarding-children-and-young-people>

⁷² Gloucestershire Safeguarding Children Board, *Annual Report 2016/17 and Business Plan 2017/18*, p. 6, <http://www.gscb.org.uk/media/16609/gscb-annual-report-2016-17-10-final-040717.pdf>

⁷³ *Ibid.*

⁷⁴ *Ibid.*

⁷⁵ *Ibid.*, p. 3

Gloucestershire has 1246 (as of 31st March 2017) children supported through a Child in Need (CiN) plan. A 'Child in Need' is defined by the Section 17 Children Act 1989 and refers to young people who need the services of the Local Authority to reach reasonable health and wellbeing outcomes – this may be a child who has a disability. A CiN plan is produced after a Section 17 assessment and details the support to be provided to a child and/or family by Children's Services.

As of March 2017, there were 457 children who were the subject of a child protection plan in Gloucestershire, a rate of 36.9 out of every 10,000 children. This is below the most recently published statistical neighbour rate of 40.7 and the national rate of 43.1. The overall number is significantly decreased on the same point in the previous year when 580 children were subject of a child protection plan.

The numbers of children who have been subject of a child protection plan for more than two years increased during the year 2016/17. There are currently 14 children who have been subject of a Child Protection Plan for over 2 years, which has risen from 7 at the end of 2015/16.

At the end of March 2017, there were 614 Children in Care compared to 561 at the end of March 2016. The current numbers equate to approximately 49.2 out of every 10,000 children and young people in Gloucestershire. This is higher than our statistical neighbour average (45.9) but lower than the national rate (60 per 10,000 average).

During a six week period over summer 2016, the Director of Safeguarding and Care reviewed every new admission of children into Care. This process did not identify any children coming inappropriately into care. Analysis suggests a number of drivers for the increase in children in care:

- A rise in admissions compared to discharges from care
- Large sibling groups coming into care together due to risks relating to neglect
- Young girls at risk of exploitation/self harm, and young people with complex needs and challenging behaviour
- Complexity related to children and young people with disabilities
- Responses to Court proceedings
- Quality of planning reflecting workforce issues

The term 'Toxic Trio' is used to describe the issues of domestic abuse, mental ill health and substance misuse (including alcoholism) in the home.

In an NSPCC commissioned analysis of 139 serious case reviews that occurred between 2009 and 2011,⁷⁶ investigations showed that in over three quarters of incidents (86%) where children were seriously harmed or died, one or more of the Toxic Trio played a significant part. Living with one or more of these issues has been identified as a common feature of families where harm to women and children occurs.

In Gloucestershire, social workers visiting homes carry out initial assessments, part of which records concerns raised by the social worker. Concerns around domestic abuse, mental ill health and substance misuse are particularly recorded to enable a greater understanding of how many children may be at significant risk locally.

Figure 31 is taken from our Children Social Care database where an initial assessment has taken place. The count represents every child where a concern flag has been raised for all three Toxic Trio issues; some children may be counted in both years. In 2016/17, 40% of children lived in Gloucester City and 20% lived in Cheltenham.

District	2015/16	2016/17
Cheltenham	102	121
Cotswold	32	63
Forest of Dean	67	45
Gloucester	259	253
Stroud	75	74
Tewkesbury	33	63
Unknown	31	19
Total Recorded by GCC	599	638

Figure 47 – number of children assessed to have all three factors of the toxic trio raised as social care concerns. Source: Gloucestershire County Council's Children's Services

The following two maps take 2 years of data, with duplicate child records removed, to show the total number of children in each Lower Super Output area at high risk due to the combination of all three elements of the Toxic Trio present in their home.

⁷⁶ Brandon et al, *Neglect and Serious Case Reviews* (2012)

<https://www.nspcc.org.uk/globalassets/documents/research-reports/neglect-serious-case-reviews-report.pdf>

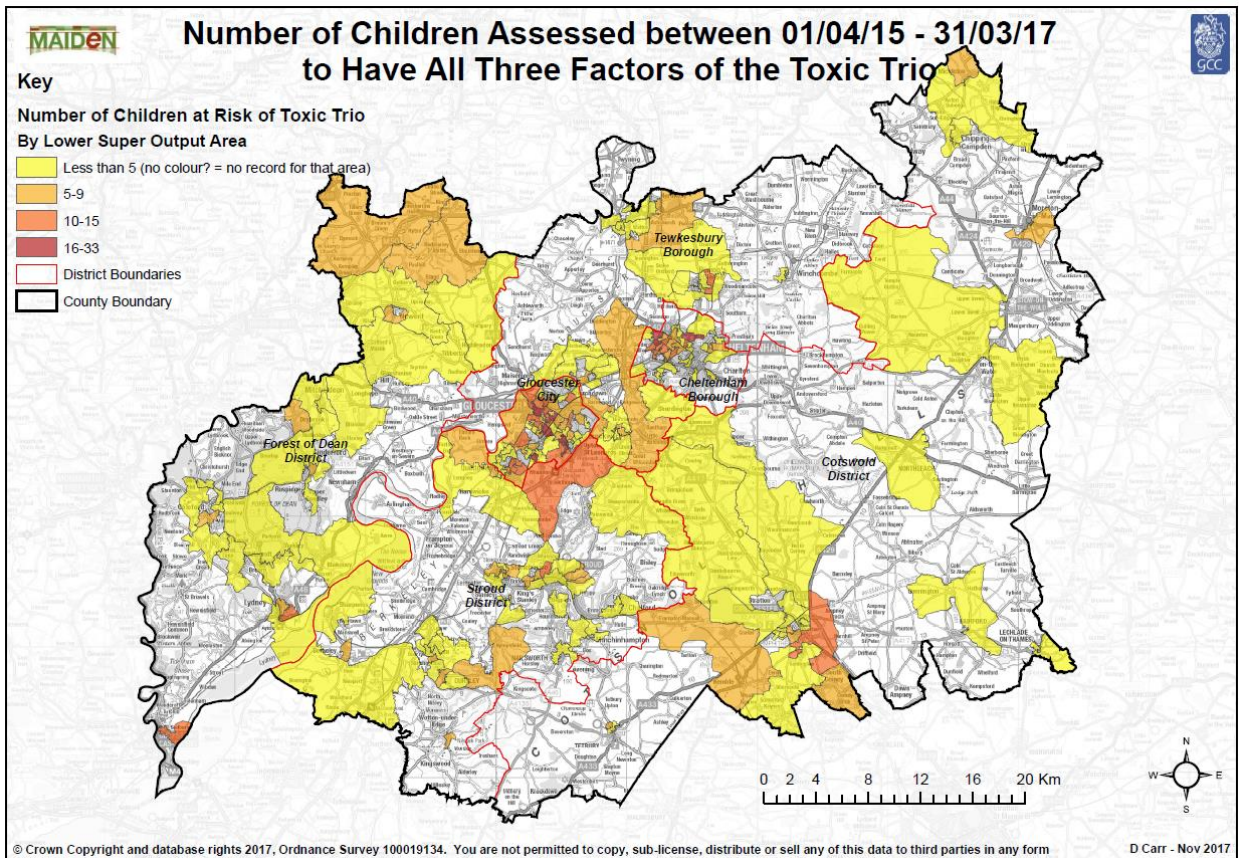


Figure 48 – map showing the number of children who have all three of the Toxic Trio present in their home. Source: Gloucestershire Children's Services.

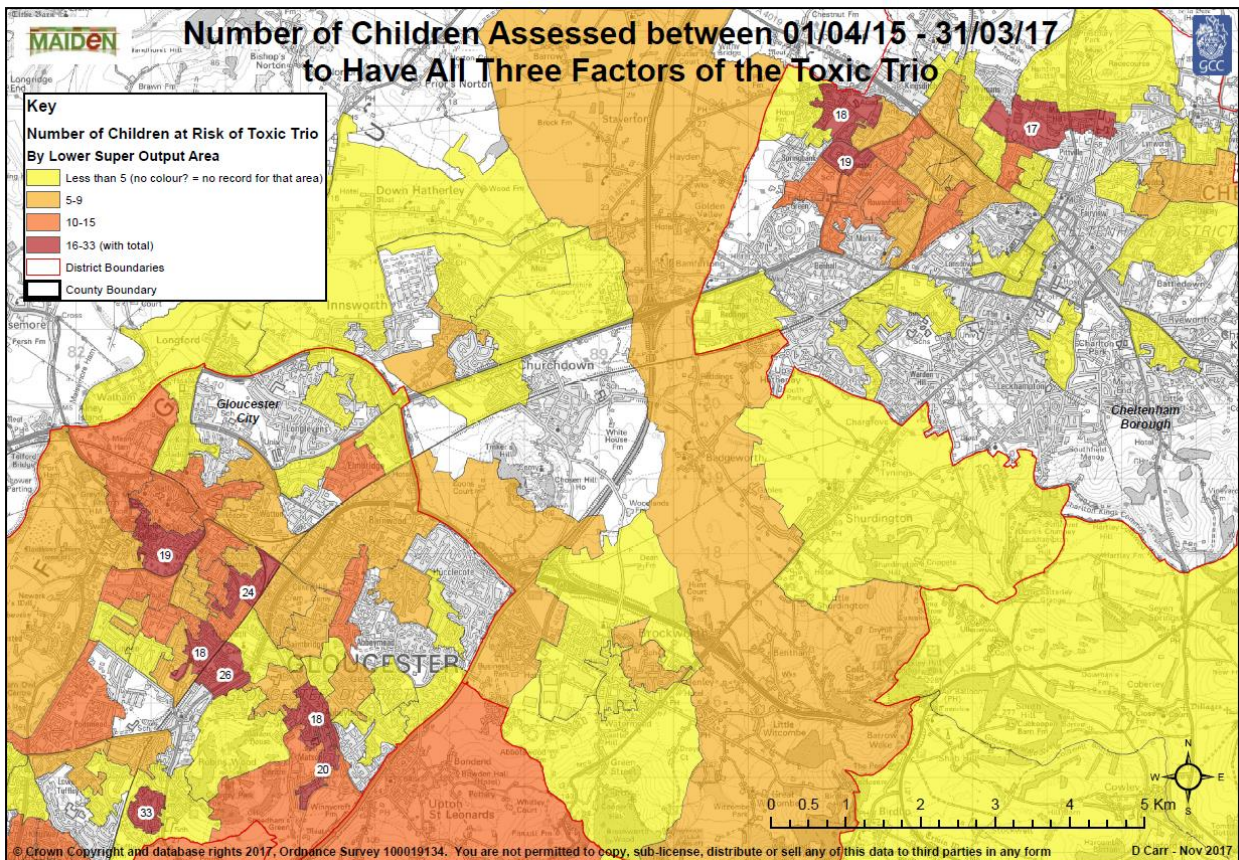


Figure 49 – zoom in of Map of figure 32 showing numbers of children affected by the Toxic Trio in each red area. Source: Gloucestershire Children's Services

There is now a robust evidence base linking adverse childhood experiences (ACEs) to severe negative health and social outcomes across the life course, including the leading causes of illness and death in the UK. This evidence came initially from large population studies in the US (Felitti et al., 1998), and has been replicated in studies in many different countries all over the world, including England (Bellis et al., 2014) and Wales (Bellis et al., 2015).

Adverse Childhood Experiences (ACEs) are traumatic events occurring before the age of 18.

There are ten ACEs; five which relate directly to the child and five which relate to the parents / household.

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mother treated violently
- Household substance misuse
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

Evidence shows that ACEs can increase an individual's risks of developing health harming behaviours. These behaviours then lead to an increased risk of poor physical and mental health later in life (including cancer, heart disease, diabetes, depression and anxiety) as well as negative social outcomes, such as domestic violence, low levels of education, incarceration, and ultimately early death. Where ACEs occur in family settings, there is a high risk of intergenerational transmission, contributing to a cycle of disadvantage and health inequity.

National and local prevalence

National studies of the prevalence and impact of ACEs have been conducted in England and Wales, supported by a number of smaller regional studies. Around 50% of the UK population experience at least one ACE, with around 12% experiencing four or more ACEs (Bellis et al., 2014 and 2015). A dose – response relationship exists where the more types of abuse and adversity a person experiences, the higher the risk of harmful health and social outcomes later in life, with individuals experiencing four or more ACEs at highest risk of poor health and social outcomes, dying on average 20 years younger than individuals with no ACEs (Felitti et al., 1998).

While Gloucestershire is often considered as a population with better health outcomes than average, distinct pockets of deprivation and poor health prevail across the County. It is likely that the prevalence of ACEs in Gloucestershire is similar the UK figures in the paragraph above. An initial audit of the prevalence of ACEs has been conducted by Gloucestershire Police in a small cohort (42) of high risk young people engaged in the Great Expectations and Aston Projects.⁷⁸ This found that:

⁷⁷ Gloucestershire Health and Wellbeing Board, Adverse Childhood Experiences (ACEs): Considering an 'ACEs Informed Approach' for Gloucestershire (2017)
<http://glostext.gloucestershire.gov.uk/ieListDocuments.aspx?CId=653&MId=8343&Ver=4>

⁷⁸ Police-led multi-agency projects to improve outcomes for at risk young people in Gloucestershire.

- 69% of the cohort had experienced 4 or more ACEs;
- 29% of the cohort had experienced 8 or more ACEs; and
- the average number of ACEs experienced across the cohort was 5.3.

This audit was conducted on the basis of what professionals knew already rather than directly asking the young people, and so in reality it is likely that there are young people who experienced more, undisclosed, ACEs.

Preventing and addressing the impact of ACEs

While individuals that suffer ACEs have an increased risk of poor outcomes as adults, many individuals who experience ACEs do not encounter these effects. An individual's ability to avoid harmful behavioural and psychological changes in response to chronic stress is known as resilience. Having a strong relationship with a trusted adult throughout childhood has been found to reduce the long-term negative impacts of childhood adversity (Ford et al., 2016).

Research shows that the key to addressing the impacts of ACEs is early identification; with evidence suggesting that people rarely disclose issues of childhood adversity or trauma voluntarily. It is estimated that if not asked directly by professionals, it can take individuals nine to sixteen years to disclose a history of adversity (Read et al., 2006).

The importance of building 'routine enquiry'⁷⁹ into childhood adversity in order to facilitate early intervention has been highlighted in a number of national policy documents. Both the Future in Mind report (NHS England, 2015) and the Tackling child sexual exploitation report (HM Government, 2015) included specific recommendations calling for the development of routine enquiry by health and social care services for childhood adversity.

Based on the evidence that routine enquiry about ACEs can improve outcomes, a number of models have been developed to support public and voluntary services to adopt routine enquiry. An example developed in the UK is the 'REACH' model, developed by Lancashire Care NHS Foundation Trust as a training programme designed to offer a practical framework for organisations and services to develop and adopt routine ACE enquiry. The 'REACH' model has been rolled out across the health and care system in Lancashire including health visiting, substance misuse, domestic abuse, children's services, early help and mental health services. Qualitative evaluations of the model have shown that:

- Professionals, when adequately trained and supported, are confident in holding difficult conversations around ACEs, and feel the approach is valuable and can deliver improved outcomes.
- Routine enquiry does not appear to increase demand on services, but instead allow individuals already accessing support to have their needs more effectively met (Real Life Research, 2015).

Local context: relevant work already going on in Gloucestershire

ACEs are highly relevant for a wide range of organisations working to improve the lives of people across Gloucestershire. These include children and families' services, education, health services, police, fire, third sector and many more. These organisations have the power to both prevent ACEs as well as ameliorate their effects by adopting an 'ACEs Informed Approach.'

The robust evidence base for ACEs has the potential to complement and support much of the work already being undertaken by the County Council and its partners in Gloucestershire, particularly restorative practice and asset-based community development. Both approaches focus

⁷⁹ 'Routine enquiry' refers to asking direct questions about somebody's adverse childhood experiences when they present to services, rather than waiting for a disclosure.

on building positive relationships, social capital and resilience, all of which have been shown to prevent, reduce and ameliorate the impact of ACEs (Centers for Disease Control and Prevention, 2017). In the USA, a number of areas are using the additional insights of ACEs to deliver more effective asset-based and restorative practice, specifically working with children.

Figure 46 includes some early indications of work already going on in Gloucestershire that an 'ACEs Informed Approach' could build on. Clearly there would also be specific population groups to consider who are already known to have suffered ACEs, for example children in need, children on child protection plans, and children in care. There could potentially be links to the Ofsted Improvement Plan.

Life stage and focus	Relevant local context and/or opportunities
Preconception (focus on prevention and building protective factors)	Better Births Local Maternity system working groups 2017-2022. Build into public health / preventive action including maternal mental health work streams and improvements in community midwife and health visitor transition. Asset Based Community development to develop community resilience and protective factors.
Early years (focus on prevention and building protective factors)	Focus on attachment and school readiness. Working with public health nursing, children and families centres, early years, maternal mental health, early help, VIG/NBO provision, acute and community paediatrics. Using ACE-informed practice to support parenting programmes.
School years (focus on building protective factors and ameliorating effects)	Developing trauma informed schools. Building resilience. Working alongside 'restorative practice' programmes. Working with Virtual School. Pulling in work streams around neglect, missing children, school exclusions and truancy. Working with GHLL, public health nursing, education, school governors. Re-commissioning of the Online Pupil Survey to identify burden and impact of risk and protective factors.
Young people (focus on ameliorating effects)	Working with Police colleagues around Great Expectations / Aston Project. Widen to influence young person's substance misuse and other services supporting young people exhibiting risk-taking behaviour. Youth Support / Youth Justice
Adults (focus on ameliorating effects)	Family focus in specialist services (mental health, substance misuse). Health services (GPs, hospitals). Voluntary sector.

Note: this list is not intended to be exhaustive

Figure 50 - A Potential Life Course ACEs Informed Approach for Gloucestershire

Initial conversations have already been held with a range of key stakeholders across the County, and the approach is being further considered by the Gloucestershire Health and Wellbeing Board.

The government definition of domestic abuse is 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.' This can include psychological, physical, sexual or emotional abuse, among others.⁸⁰

The negative impact of domestic abuse, and associated issues, on children is widely accepted and it is recognised that domestic abuse can often overlap with other crimes and forms of abuse. For example, being affected by domestic abuse is a factor strongly associated with young offenders who go on to offend as adults, and in homes where domestic abuse occurs, it is more likely that other damaging behaviours also occur. In terms of the long-term prevention and wellbeing agenda, it is therefore essential to consider the impact of domestic abuse on young people.⁸¹

An increasing area of concern is young people who are in domestically abuse relationships themselves, rather than a witness. There are a number of activities taking place to raise awareness, prevent young people from entering this situation and protect those who may be suffering from domestic abuse. It should be noted that this will be recorded as child abuse rather than domestic abuse.

Gloucestershire Healthy Living and Learning (GHLL) provide resources as part of the [PiNK Curriculum](#) to enable schools to address these issues as part of the PSHE curriculum.⁸² The CRUSH programme provides group support and empowerment for young people in the age range 13-19 that are at risk of, or affected by, domestic abuse.⁸³

Gloucestershire Domestic Abuse Support Services (GDASS) is commissioned by Gloucestershire County Council to provide support to men and women over 16 years old experiencing Domestic Abuse. For more information, see the section on [Domestic Violence and Abuse](#). For children under the age of 16, support is provided via the parent or guardian accessing the service.⁸⁴

A multi-agency guidance document in relation to identifying and responding to violence and abuse in teenage relationships is currently being produced.⁸⁵

⁸⁰ GOV.UK Guidance: *Domestic violence and abuse*, <https://www.gov.uk/guidance/domestic-violence-and-abuse>

⁸¹ Radford, L. et al. (2011) *Child abuse and neglect in the UK today*. London: NSPCC., <https://www.nspcc.org.uk/globalassets/documents/research-reports/child-abuse-neglect-uk-today-research-report.pdf>

⁸² Gloucestershire Safeguarding Children Board, *Annual Report 2016/17 and Business Plan 2017/18*, p. 28, <http://www.gscb.org.uk/media/16609/gscb-annual-report-2016-17-10-final-040717.pdf>

⁸³ *Ibid.*

⁸⁴ *Ibid.*

⁸⁵ *Ibid.*

Child Sexual Exploitation (CSE)

Child sexual exploitation is a crime with devastating and long lasting consequences for its victims and their families.⁸⁶ The legal definition of the crime is as follows:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.⁸⁷

To help tackle this issue in Gloucestershire, the CSE PACT Team has been established. This is a multi-agency team including representatives from Children's Social Care, the Police and the Youth Support Team, with the aim of providing a coordinated response to concerns that children and young people are at risk of CSE and support to young people both at risk of and victims of CSE.

During 2016/17, the team dealt with 524 CSE referrals, compared to 422 referrals in 2015/16. This increase is in line with the national trend and should be regarded as positive in the sense that work to raise awareness and identify more children at risk has had an impact.⁸⁸

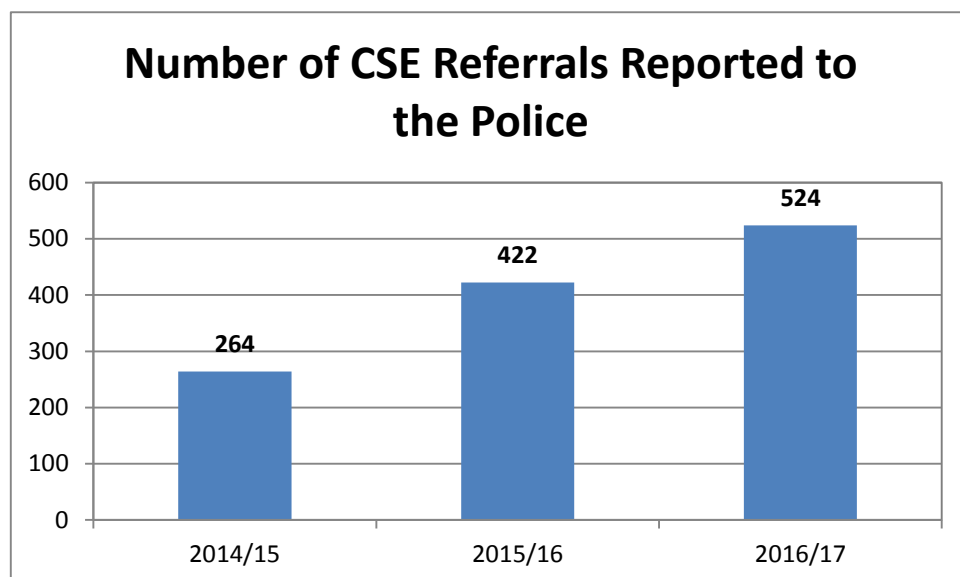


Figure 51 – number of CSE referrals reported to the police in Gloucestershire. Source: Gloucestershire Constabulary

Children and young people who go missing can be at risk of CSE. Children and young people go missing for a variety of reasons. There may have been a misunderstanding about what time they were due back or they may have been the victim of a serious crime. The job of the authorities is to record and investigate missing person reports in order to work to prevent children and young

⁸⁶ Department for Education, *Child sexual exploitation* (2017), p. 3., https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

⁸⁷ *Ibid.*, p. 5.

⁸⁸ Gloucestershire Safeguarding Children Board, *Annual Report 2016/17 and Business Plan 2017/18*, p. 29, <http://www.gscb.org.uk/media/16609/gscb-annual-report-2016-17-10-final-040717.pdf>

people from being harmed and/or exploited. The following is what we know about children who went missing in 2016:

- There are on average 4 missing episodes every day
- 58% of the cohort only go missing once
- 28% have attendance levels at school of less than 90%
- 33% are thought to be at risk of CSE

FGM (Female Genital Mutilation)

Female genital mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, where there's no medical reason for this to be done. It usually carried out on girls between infancy and the age of 15, before the onset of puberty. It is illegal in the UK under the Female Genital Mutilation Act 2003 and is a form of child abuse.⁸⁹

Communities that perform FGM are found in many parts of Africa, the Middle East and Asia. The practice is carried out for various cultural, religious and social reasons within these communities, often in the belief that it will benefit the girl. Girls are sometimes taken abroad for FGM, but may not know that this is why they are travelling. Girls are more at risk of FGM being carried out during the summer holidays, as this allows more time for them to heal before they return to school.⁹⁰

UNICEF has estimated that more than 125 million girls and women globally have undergone FGM,⁹¹ and increasingly, women who have undergone the procedure are found in the UK. It is a nationally developing issue that has yet to fully emerge in Gloucestershire. However, it is often a secretive practice that is underreported hence there may be unidentified incidents locally.

⁸⁹ NHS, *Female Genital Mutilation (FGM)*, <https://www.nhs.uk/conditions/female-genital-mutilation-fgm/>

⁹⁰ *Ibid.*

⁹¹ UNICEF, *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change* (2013), https://www.unicef.org/publications/index_69875.html

Key points for further consideration

While Gloucestershire is a comparatively safe place for children to grow up, there are areas for improvement that could provide a focus for Safer Gloucestershire's activity.

1. *OFSTED and HMIC recommendations*: Gloucestershire is currently going through a period of improvement with regard's to children's' safeguarding as a result of feedback from the recent OFSTED and HMIC inspections. This will certainly have a wider impact upon Community Safety with regards to young people in Gloucestershire. Safer Gloucestershire should continue to support the ongoing improvement of these services to ensure positive outcomes for our young people.
2. *The Toxic Trio and ACEs*: The Toxic Trio can have a profound impact upon children's safety and a number of risks are being recorded across the county, while adverse childhood experiences (ACEs) are linked to severe negative health and social outcomes for children. By working to prevent the trio of mental ill health, substance abuse and domestic abuse, and supporting work to improve understanding of the impact of ACEs on young people in the county, Safer Gloucestershire can help to ensure better long-term outcomes for children.
3. *Hidden abuse* – Year on year, more instances of CSE are being reported and dealt with, in line with the national trend, as we become more and more aware of the issue and the signs that it is occurring. Safer Gloucestershire should work to continue to raise awareness of CSE and other underreported forms of abuse such as FGM, to ensure that cases are identified and children are protected as soon as possible.

Safeguarding Adults

Safeguarding adults means protecting an adult's right to live in safety, free from abuse and neglect.⁹²

Gloucestershire Safeguarding Adults Board has a statutory responsibility to safeguard and promote the safeguarding of adults in Gloucestershire. The Board's vision is as follows:

"Gloucestershire Safeguarding Adults Board seeks to empower and protect adults with care and support needs who are at risk of abuse and neglect, as defined in legislation and statutory guidance".⁹³

An adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and or support.⁹⁴

The objectives of the GSAB are:

- Prevent abuse and neglect from happening;
- Identify and report abuse and neglect;
- Respond to any abuse and neglect that is occurring;
- Support people who have suffered abuse or neglect to recover and to regain trust in those around them; and
- Raise awareness of safeguarding adults and the role everyone can play in responding to, and preventing abuse and neglect.⁹⁵

In the 12 months leading up to 31st March 2017, Gloucestershire County Council (GCC) investigated 2,051 adult safeguarding concerns – almost 6 concerns per day.

30% of concerns were regarding physical support, 14% of concerns were around learning disability support and 1 in 10 concerns relate to support with memory and cognition. 38% of concerns (782 concerns) did not record the reason for concern at the time of the investigation.

Cheltenham and Gloucester City experienced a combined total of 47.6% of all adult safeguarding concerns during the 2016/17 financial year.

Cotswold District, Forest of Dean District, Stroud District and Tewkesbury Borough experienced a total of 48.6% of all adult safeguarding concerns with the remaining proportion of adults living out of Gloucestershire (3.8% or 77 concerns) adults living out of Gloucestershire (3.8% or 77 concerns).

⁹² NHS England, *Safeguarding Adults*, <https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>

⁹³ Gloucestershire Safeguarding Adults Board, *Annual Report 2016/17*, p. 5, <http://www.gloucestershire.gov.uk/media/17080/gsab-annual-report-2016-17-final-v2.pdf>

⁹⁴ NHS England, *Safeguarding Adults*, <https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>

⁹⁵ Gloucestershire Safeguarding Adults Board, *Annual Report 2016/17*, p. 5, <http://www.gloucestershire.gov.uk/media/17080/gsab-annual-report-2016-17-final-v2.pdf>

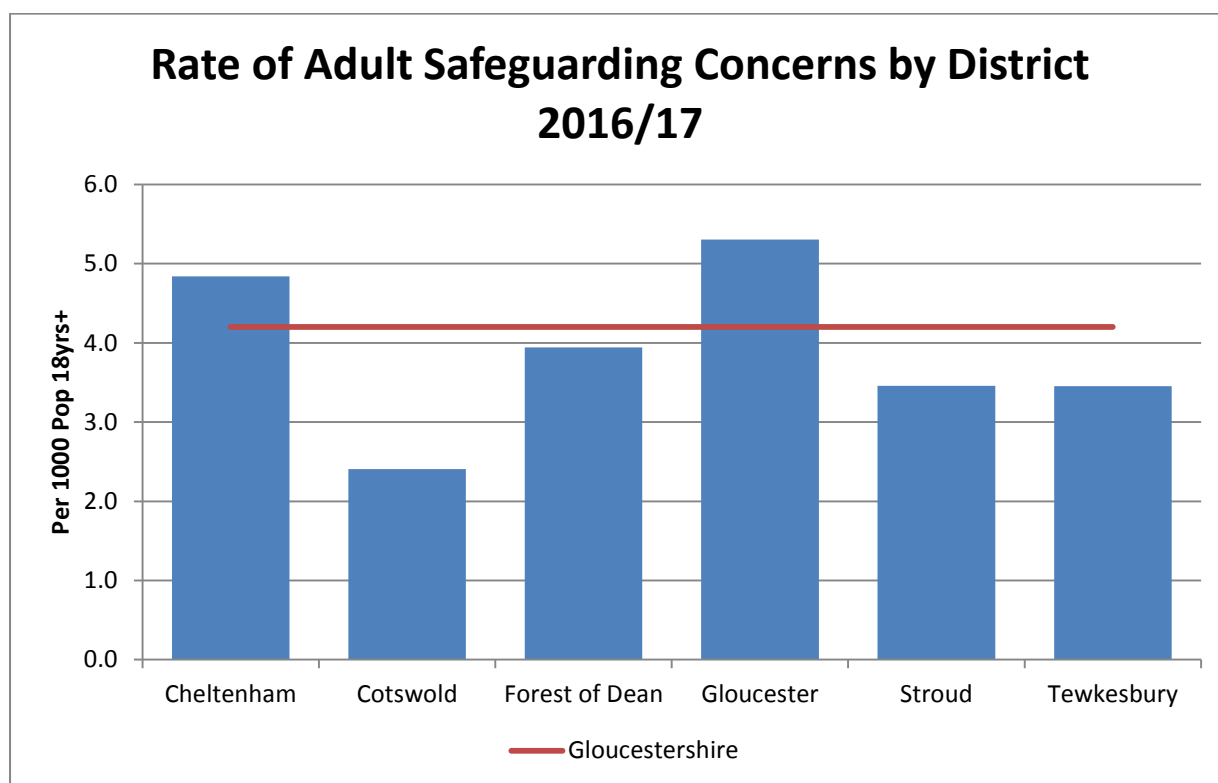


Figure 52 – recorded adult safeguarding concerns by district. Source: Gloucestershire County Council Adult Services

There have been 3,351 further investigations in the same timeframe (although there may have multiple investigations for the same concern) with more than one in every four recorded as *physical injury* and almost one in five recorded as *psychological and/or financial abuse*.

Further Investigation by Risk	Number Recorded 2016/17	% of Total
Physical Injury	877	26.2
Psychological Abuse	655	19.5
Financial Abuse	649	19.4
Neglect	596	17.8
Sexual Abuse	232	6.9
Self Neglect	172	5.1
Domestic	93	2.8
Institutional Abuse	41	1.2
Organisational	27	0.8
Discriminatory Abuse	5	0.1
Slavery	<5	-
Exploitation	<5	-

Figure 53 – recorded adult safeguarding risks identified by further investigation 2016/17. Source: Gloucestershire County Council Adults Services

Key points for further consideration

We know from looking at crime statistics that vulnerable adults can be at greater risk of harm from criminal activity. Safer Gloucestershire should continue to support the work of the Safeguarding Adults to Board to protect those individuals from exploitation and abuse.

Human Trafficking and Modern Slavery

The Modern Slavery Act 2015 categorises offences of slavery, servitude and forced labour and human trafficking. Although human trafficking may involve crossing an international border, it is also possible to be a victim of modern slavery or trafficking within your own country.

There are several types of exploitation covered by this crime including:

- Sexual exploitation
- Forced labour
- Domestic servitude
- Organ harvesting
- Forced criminality or begging⁹⁶

Modern Slavery is a national priority and currently has a high profile within central government.

In 2016, Gloucestershire created the Anti-Slavery Partnership board, which made a commitment to help raise awareness of the issue across agencies. In 2017, in recognition of the impact it can have on the vulnerable, Modern Slavery and Human Trafficking became a Force Operational priority for Gloucestershire Constabulary.

This year, the Force recorded more crimes, incidences and intelligence concerning Modern Slavery and Human Trafficking compared to 2016, with some notably successful operational activity. This is not suggestive of increased criminality, but an improvement in awareness and response across the county.

It is apparent that of all slavery types identified, sexual exploitation has featured in highest numbers (54%), followed by Labour exploitation (25%), criminal exploitation (9%), financial exploitation (7%) and Domestic servitude (5%). However, this only reflects cases the police are aware of, either as a result of reports by partners or the public, or by intelligence development.

Half of recorded crimes concerned British victims. Non- British victims were noted to have originated from Africa, Albania, the Caribbean, China, Czech Republic, India, Kenya and Romania. The proportions of female to male victims were reasonably balanced and, perhaps unsurprisingly, female victims were linked more commonly to sex work and male victims to labour exploitation. Approximately half of all female victims were children under the age of 18, which is indicative of the links with CSE, whilst in comparison only five males were under the age of 18.

The National Referral Mechanism (NRM) provides victims of slavery and trafficking with many forms support. The number of Gloucestershire NRM referrals made this year accounts for 56% of all referrals made in the county since the Modern Slavery Act came in to being.

Whilst these facts may correlate with the patterns advertised nationally, there is still a pressing requirement to work towards better identification of victims and offenders, along with establishing how and why victims become victims, how the offenders operate, the true volume and types of slavery prevalent in Gloucestershire and importantly if there are geographical differences.

Our awareness of Modern Slavery and Trafficking issues in the county is growing, however the Force needs to enhance its knowledge of what is occurring in other Local Policing Areas and it is with this in mind, that external agencies and the general public can assist in combating slavery and trafficking throughout the county. In reality, whilst Gloucestershire Constabulary endeavours to respond positively to this criminality, we are aware that the true nature and scale of the issue is unclear, which is consistent with the national position.

⁹⁶ GOV.UK, *Modern Slavery*, <https://www.gov.uk/government/collections/modern-slavery>

Going forward, in order to identify more victims and bring more offenders to justice for such heinous crimes, a continued dynamic multi agency approach, with the assistance and vigilance from the public in reporting related information and incidences, is required to make our focus even more successful. Tackling slavery and trafficking is everyone's responsibility.

Key points for further consideration

The nature and scale of this issue in Gloucestershire is unclear as it is a hidden crime and therefore underreported. There are a few ways that Safer Gloucestershire could work to prevent Modern Slavery in the county.

1. *Raise awareness*: there is a need to raise awareness of modern slavery in order to increasing reports of this crime to the police, and to dispel stereotypes about victims and perpetrators, as well as inform the public about trends we know about.
2. *Anti-Slavery Partnership*: Safer Gloucestershire can continue to support the work of the Gloucestershire Anti-Slavery Partnership, which works within a South West based network to combat slavery in the region.
3. *Local Profiles*: A Serious and Organised Crime (SOC) local profile has been commissioned by Gloucestershire Constabulary's Strategic Board.

Domestic Violence and Abuse

The government definition of domestic abuse is 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.' This can include psychological, physical, sexual or emotional abuse, among others.⁹⁷

The impact of Domestic Abuse

Each year nearly 2 million people in the UK suffer some form of domestic abuse; 1.3 million female victims (8.2% of the population) and 600,000 male victims (4% of the population).⁹⁸ Alongside this, each year more than 100,000 people in the UK are at high risk or imminent risk of being murdered or seriously injured as a result of domestic abuse⁹⁹.

Local projections estimate that there are almost 13,200 female victims and 7,500 male victims of domestic abuse in Gloucestershire.¹⁰⁰ This is therefore a considerable threat that should be tackled as a community safety, health, criminal justice and social priority, estimated to cost the system £3.1 billion each year,¹⁰¹ and an additional £2.7 billion cost to the economy.¹⁰²

Domestic abuse not only has a monetary cost to services and the economy, but comes with a high personal cost to those affected. Domestic abuse is widely considered to be a human rights violation, impacting on the physical and mental wellbeing of victims, as well as financial stability and ability to feel settled, safe and secure within their communities.

National Strategies and Expectations

Domestic abuse remains a key priority nationally, with the Government releasing its 'Ending Violence Against Women and Girls (VAWG) Strategy 2016-2020'.¹⁰³ This strategy aims to reduce the prevalence of domestic abuse whilst increasing reports. It also aims to place greater emphasis on prevention and early intervention, so that fewer victims reach crisis point, and to ensure there are interventions to address the behaviour of perpetrators.

The VAWG Strategy is clear that in order to address the complexities of domestic abuse, no single agency can work in isolation. In order to work effectively to tackle domestic abuse and other forms of violence against women and girls, agencies must work together, strategically, operationally and through commissioning, ensuring effective first response and provision of specialist services. Strong Community Safety Partnerships are in an ideal position to lead on the response to domestic abuse locally and provide local accountability.

The Government's National Statement of Expectations (NSE) supports the ethos of partnership working, by detailing what local areas need to put in place to ensure robust and effective collaborative working to provide victims and survivors with the support they need.

The NSE details that local strategies and services should:

⁹⁷ GOV.UK, *Domestic Violence and Abuse*, <https://www.gov.uk/guidance/domestic-violence-and-abuse>

⁹⁸ ONS (2016), *March 2015 Crime Survey for England and Wales* (CSEW)

⁹⁹ SafeLives (2015), *Getting it right first time: policy report*. Bristol: SafeLives.

¹⁰⁰ Domestic Abuse Data Project, Feb 2017. Available at www.glostakeastand.com

¹⁰¹ Police, Criminal Justice, Health, Housing, Social Care, legal/civil etc

¹⁰² Walby (2004) *The cost of domestic violence*

¹⁰³ Government Ending Violence Against Women and Girls Strategy 2016-2020: available [here](#).

- Put the victim at the centre of service delivery;
- Have a clear focus on perpetrators in order to keep victims safe;
- Take a strategic, system-wide approach to commissioning, acknowledging the gendered nature of VAWG;
- Be locally-led and safeguard individuals at every point;
- Raise local awareness of the issue and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.

Gloucestershire's Domestic Abuse Strategy

Locally, the priorities of the VAWG Strategy and NSE are reflected in the Domestic Abuse and Sexual Violence commissioning strategy and outcomes framework 2014 – 2018. The vision for this local, multi-agency strategy is:

Individuals, families and communities who are at risk of or exposed to domestic abuse and/or sexual violence are able to access information and support to minimise harm, and to maintain healthy relationships. Our commitment is to ensuring a zero-tolerance approach.

The local strategy aims to bring agencies together by setting 3 strategic priorities to tackle domestic abuse and sexual violence:

- Focus on early help programmes (alongside specialist services for victims) for individuals and the whole family affected by DASV, taking a risk reduction and recovery-led approach to improving health and wellbeing, and reducing crime and disorder.
- Ensure health, social care and other professionals who are in contact with families vulnerable to DASV are confident and competent in their response to support them, creating environments for disclosure at all levels of contact.
- Provide a co-ordinated approach across partner agencies, aligning the commissioning and delivery of DASV services to ensure effective and efficient use of resources
- Gloucestershire's DASV Strategy is owned by the Health and Wellbeing Board and is monitored and implemented by the multi-agency DASV Commissioning Group and DASV Implementation Group.

The implementation of this local strategy has seen ongoing activities to improve the local response to DASV such as:

- *DA Data Project:* collating multi-agency data on DA in order to understand the impact and prevalence in Gloucestershire. The data captured in this report allows partnerships to explore demand within agencies in terms of their response to domestic abuse, and offers them support in understanding the pattern of provision in the county.
- *Pathway Mapping:* exploring the different agencies that respond to DA locally and how victims and perpetrators can access these services. Providing a greater understanding of the provision of services available.
- *Training mapping:* exploring the training available to each organisation to upskill professionals with the plan to develop a countywide training plan; ensuring all frontline staff can access appropriate training to feel confident and competent in identifying and responding to DA.

- *Concordat*: Development of a countywide DASV Concordat/overarching policy statement to ensure a coordinated approach to DASV across all organisations, ensuring professionals are confident and competent in their response, and outcomes are improved for adults and children affected by DASV. This will be supported by template policies and various guidance documents to support organisations in their commitment to tackle DASV.
- *MARAC review and ongoing development*: aiming to ensure the Multi-Agency Risk Assessment Conference is robust in its risk management, has good agency buy in, and a clear governance process. This review has included the development of a MARAC protocol and guide, refreshing the information sharing agreement and re-establishing the MARAC Steering Group.
- *Countywide DASV Communications plan*: development each year to agree and set the key priorities and messages for raising awareness. Awareness activities and campaigns have included: coercive control campaign, UK SAYS NO MORE campaign, ASK Angela and online dating campaign and awareness of stalking and harassment. The further development of www.glostakeastand.com has been key to communications and will continue to be developed, making it the hub for all DASV information in the county.

Domestic Homicide Reviews (DHRs)

The statutory duty to conduct DHRs has been in place since 2011, with Community Safety Partnerships (CSPs) responsible for their commissioning, implementation and governance.

Gloucestershire has had 5 DHRs since 2011, which have been coordinated and run through districts CSPs. However, since the initiation of Safer Gloucestershire, the districts have come together to agree a more countywide approach to funding DHRs and improving the governance of the process.

CSPs are central to the DHR process and are duty bound by the Home Office to coordinate the process and hold agencies to account for their lessons learnt and subsequent changes to services to prevent such deaths in the future.

Local protocols are in the process of being developed to ensure a consistent approach to DHRs across the county and ensure all agencies are aware of their role and responsibilities.

Current specialist service provision in Gloucestershire

The Gloucestershire Domestic Abuse Support Service (GDASS) is the main commissioned service in the county to provide specialist support to victims of domestic abuse. The service currently provides:

- *Helpdesk*: Phone line for victims and professionals to seek advice and support
- *Floating Support*: specialist DA support for those risk assessed as Standard/Medium Risk
- *Independent Domestic Violence Advisors (IDVA) Support*: specialist DA support for high risk victims
- *Court IDVA*: support for victims going through the court process
- *Young Persons IDVA*: specialist support to young people aged 16+
- *Facilitation of access to places of safety*: individual properties in each district to provide safe accommodation to victims who can no longer stay at home

- *Facilitation of access to target hardening services*: security measures added to victims properties to keep them safe in their own home
- *CRUSH Programme*: group work programme for young people
- Group work programmes
- *Mackenzie Friend*: Legal advice support

GDASS are also currently funded to run pilot projects within health settings, with health IDVAs based within A&E and specialist provision to engage with GP services.

GDASS are also currently hosting the Gloucestershire Stalking Support Service (GSAS).

As well as GDASS services, Gloucestershire also has services such as Stroud Beresford Refuge, providing specialist refuge provision in the county; The Nelson Trust Women's Centre, providing specialist support to women in the criminal justice system and with multiple and complex needs including DA. Furthermore, GCC, the PCC and CCG jointly commission Turnaround, a voluntary domestic abuse programme to change the behaviour of male perpetrators.

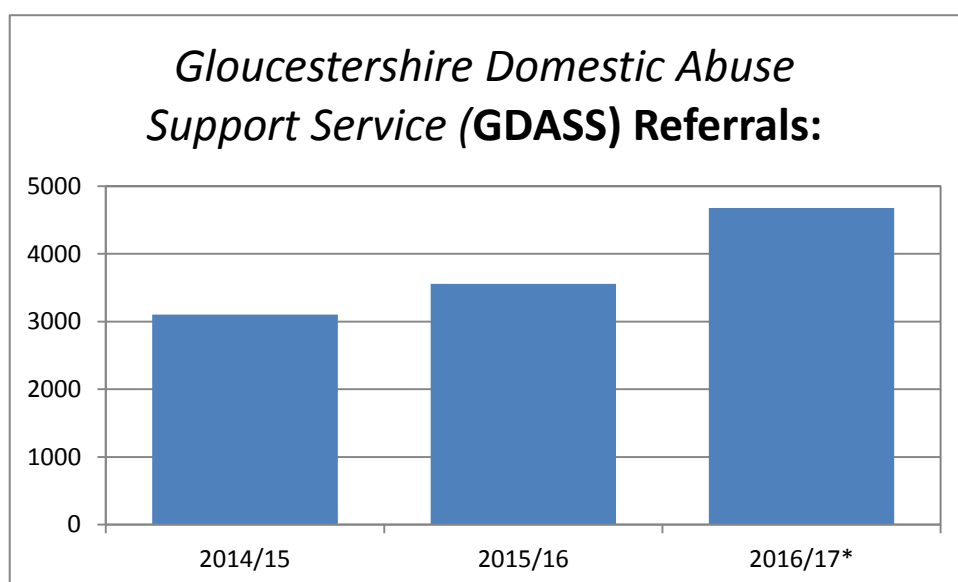


Figure 54 – GDASS referrals by year. Source: Gloucestershire County Council.

**The figure presented for referrals in 2016/17 has been adjusted. A proportioned reduction has been made to the actual number of referrals received (5906) by GDASS this is to reflect a large increase in police referrals which resulted from the introduction of the Vulnerability identification Screening Tool (VIST). The introduction of a more automated/ direct referral to GDASS has generated a number of inappropriate or unwanted referrals to GDASS, consequently the actual number of referrals received by the service is not a true reflection of required activity, so this figure has been revised.*

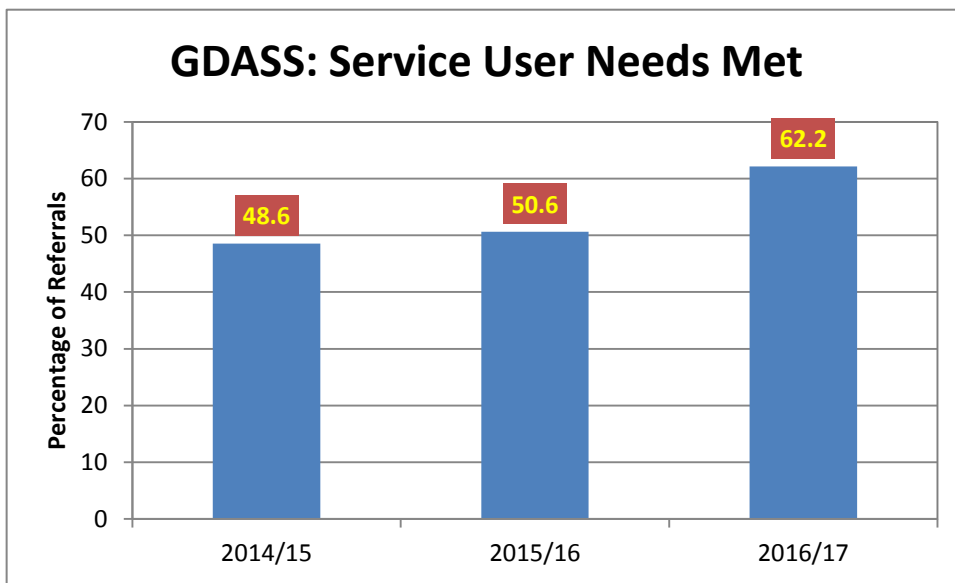


Figure 55 – service user needs met through GDASS. Source: Gloucestershire County Council

Key issues and priorities for the future:

- Implementation of local DHR protocol with key responsibilities placed on Safer Gloucestershire.
- Implementation of learning from DHRs locally and ensuring accountability of all agencies.
- Ensuring the DHR process can appropriately identify suicide cases that meet DHR criteria as per statutory guidance.
- Re-commissioning of specialist domestic abuse services in the county is currently being undertaken by Gloucestershire County Council to include:
 - support for victims
 - places of safety
 - addressing perpetrator behaviour
 - support to young people (13+)
 - early identification and workforce development
 - support for victims of stalking
- Sign up to the DASV Concordat and monitoring its implementation; including the local training pathway for professionals and implementation of the guidance and template policies.
- Increased focus on stalking and the evaluation of the current stalking clinic pilot; including how to continue an appropriate response to stalking and stalking offenders.
- Increasing reports of domestic abuse in the county and ensuring services can respond to local demand; developing a place based approach.
- Improvements to data collection and data sharing as identified in the DA data project work.
- Increased awareness and engagement with the community; ensuring a community response to DASV.

A Multi-Agency Risk Assessment Conference (MARAC) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors.

After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and use this to create a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator.¹⁰⁴

Gloucester LPA had the highest number of MARAC cases in 2016/17 compared with other LPAs in Gloucestershire, amounting to 282 out of a total of 789 countywide. It also had the highest number of children in households of MARAC cases, totalling 323 in 2016/17.

Cheltenham LPA had the highest proportion of repeat MARAC cases in 2016/17 (33%).

	No. of MARAC Cases	No. of Repeat Cases	% of Repeat Cases	No. of Children in Household
Cheltenham LPA	183	61	33%	147
Cotswold LPA	46	5	11%	57
Forest of Dean	85	22	26%	88
Gloucester LPA	282	75	27%	323
Stroud LPA	108	20	19%	128
Tewkesbury LPA	80	23	29%	88
Gloucestershire Total *	789	208	26%	836

Figure 56 – MARAC Statistics by Local Policing Area, 2016/17. Source: Gloucestershire Constabulary.

* Force/County totals may not match totals of all LPAs due to out of county cases or cases where address is not known/supplied.

¹⁰⁴ Safe Lives: Ending Domestic Abuse:

<http://www.safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf>

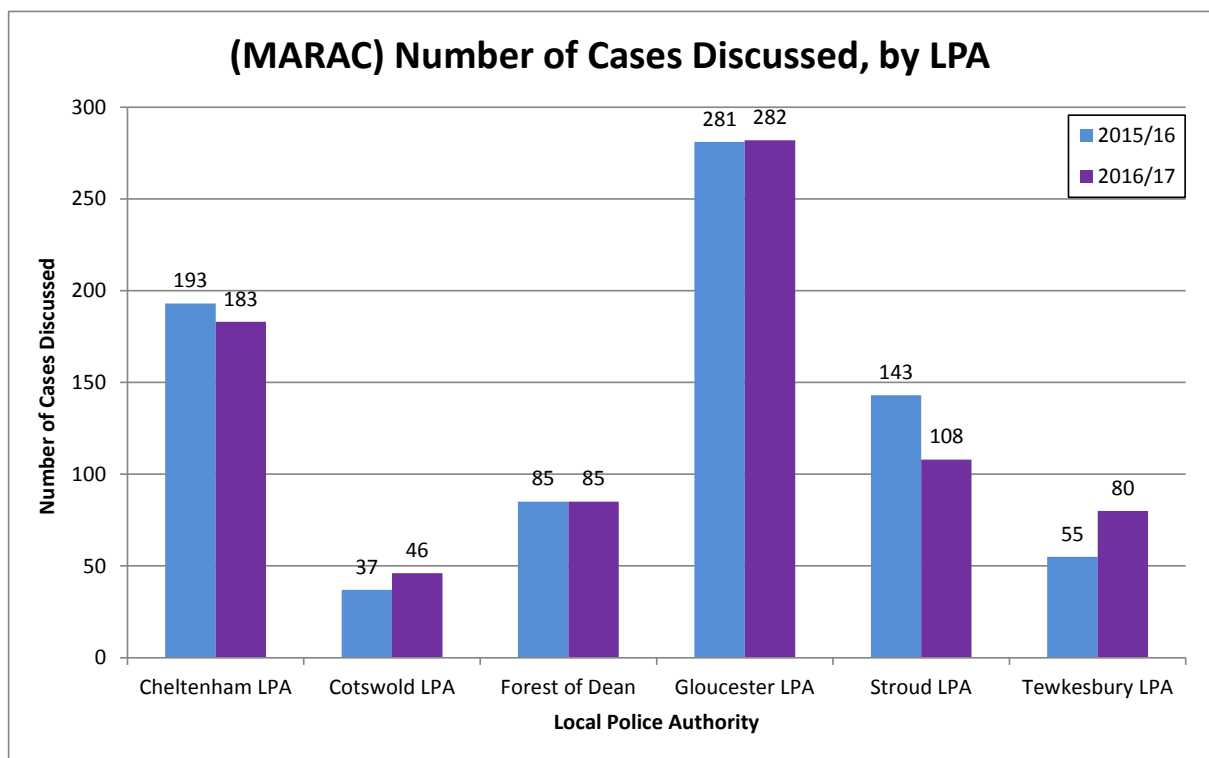


Figure 57 – number of MARAC Cases Discussed, by Local Police Authority, 2015/16 and 2016/17. Source: Gloucestershire Constabulary

Comparing LPAs, Tewkesbury saw the largest increase in repeat MARAC cases, rising from 6 repeat cases in 2015/16 to 23 repeat cases in 2016/17. This equated to a rate of 11% in 2015/16 and 29% in 2016/17.

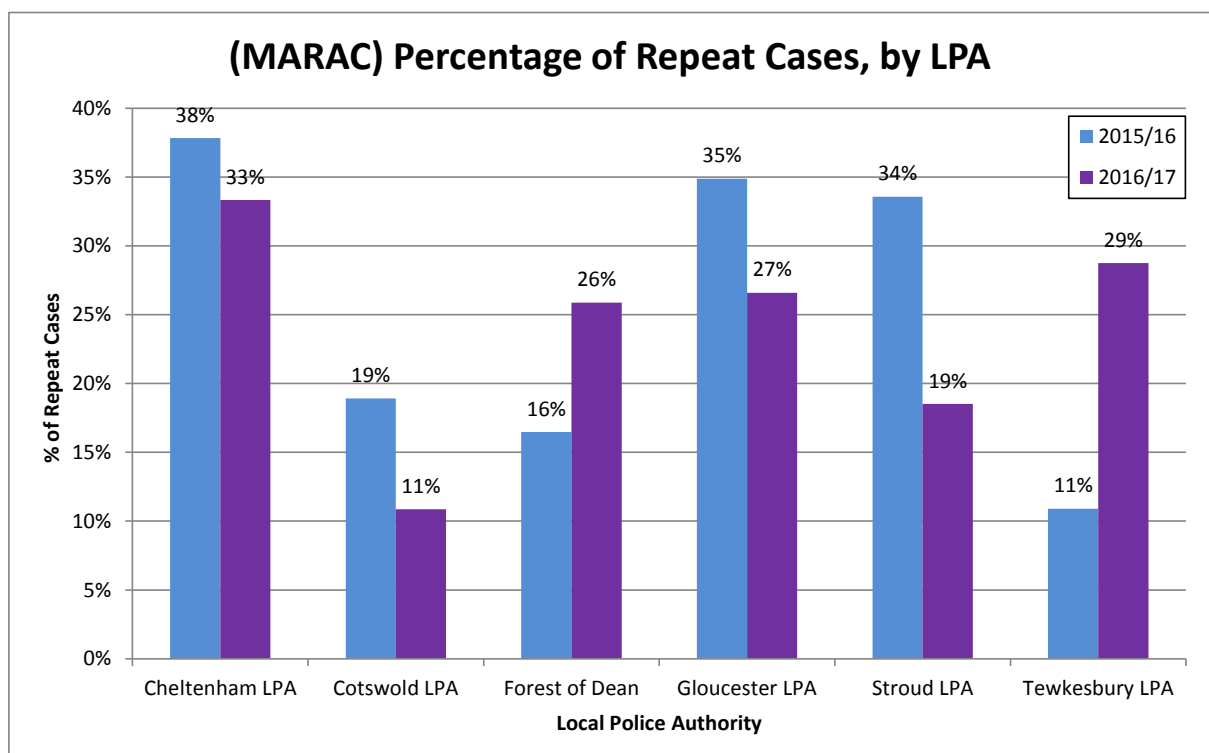


Figure 58 – percentage of repeat MARAC cases by Local Police Authority, 2015/16 and 2016/17. Source: Gloucestershire Constabulary.

Cheltenham, Gloucester and Stroud LPAs all saw an overall reduction in the number of children in households of MARAC cases from 2015/16 to 2016/17. All other LPAs saw an increase during this period.

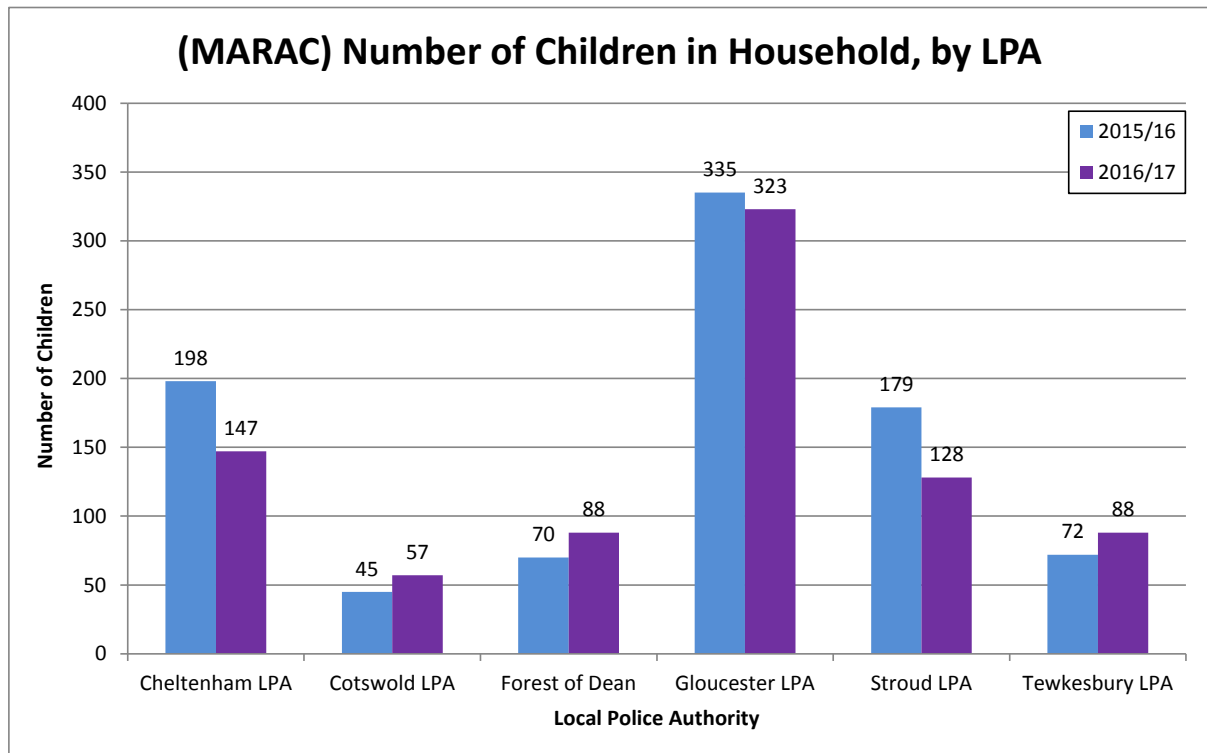


Figure 59 – (MARAC) number of children in household, by Local Police Authority, 2015/16 and 2016/17. Source: Gloucestershire Constabulary

Domestic Abuse related crime

Victims of domestic abuse are less likely than victims of other forms of violent crimes to report their experiences to the authorities, because of the perception that their abuse is not a matter for police or other services' involvement or that their experiences are too trivial.

Many fear not being believed by statutory agencies or the reprisal that may be the result of reporting. As a result, there is significant under-reporting of domestic abuse to the police and other services. It is therefore acknowledged that data on reported incidents and cases prosecuted represent a small proportion of what might be occurring.

There was a small increase in the number of domestic abuse related crimes in Gloucestershire (4% increase from 2015/16 to 2016/17). There were notable increases in the Forest of Dean (109 more crimes / 34% increase) and Tewkesbury (58 more crimes / 19% increase). When compared to Gloucestershire's most similar areas, the rate of domestic abuse related crime is higher only in Gloucester City.

Over half of all domestic abuse related crime occurred in Gloucester (35%) or Cheltenham (18%).

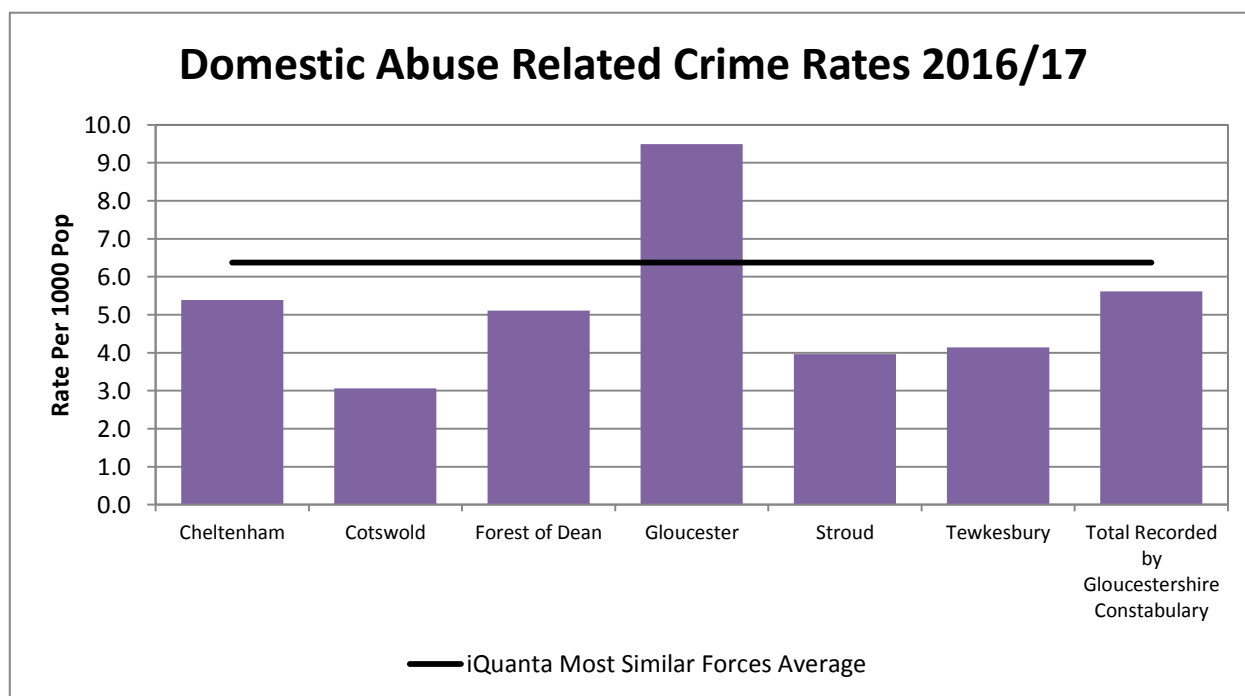


Figure 60 – recorded domestic abuse related crime rates by district 2016/17. Source: Gloucestershire Constabulary. Crimes recorded in force areas most similar to Gloucestershire in terms of demography and socio-economic characteristics are represented by iQuanta Most Similar Forces Average.

There were almost double the number of victims of domestic abuse related crimes in the most deprived areas of Gloucestershire when compared against the second most deprived areas of the county, and victims were almost 8 times more likely to live in a deprived area than one of the least deprived areas.

One possible explanation for this is that high density housing stock can lead to neighbours reporting in on behalf of the victim, whereas in the least deprived areas, housing stock tend to be made up of detached houses with neighbours less likely to hear domestic disturbances.

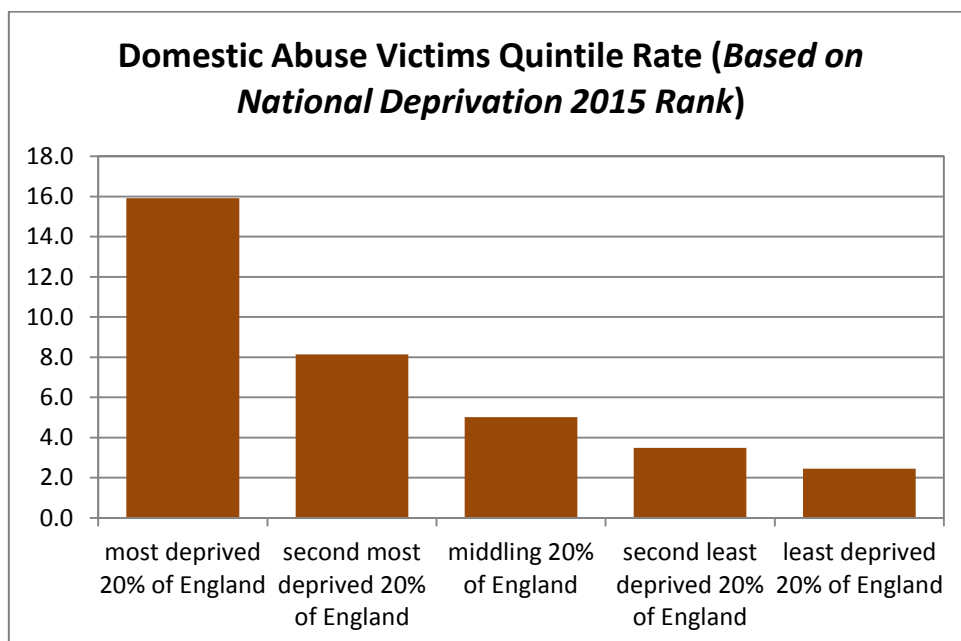


Figure 61 – recorded victims of domestic abuse related crimes by deprivation. Source: Gloucestershire Constabulary.
This is based on the area in which the victim lives, not necessarily where the crime took place, by National Deprivation 2015 Rank.

Victims of domestic abuse related crime aged under 16 have increased by 9% (27 victims). There is more information about children affected by domestic abuse [here](#).

There were 100 more victims in the 40-54 age group (an increase of 14%)

Age of Victims	Domestic Abuse Related Crime Victims* 2015/16 Glo'shire	Domestic Abuse Related Crime Victims* 2016/17 Glo'shire	Victims per Thousand 16/17 based on ONS population mid 2015
Under 16	311	338	3.1
16-19	288	271	9.3
20-24	499	439	12.8
25-39	1217	1223	11.6
40-54	699	799	6.0
55-64	179	179	2.3
65-74	63	61	0.9
75+	22	24	0.4
Unknown	36	36	-
ALL	3314	3370	5.5

Figure 62 – recorded victims of domestic abuse related crimes by age 2016/17. Source: Gloucestershire Constabulary

Key points for further consideration

Domestic abuse poses a considerable cost to society, both in human and economic terms. Not only does it affect victims directly, but it can also have a negative and long-lasting impact on any children who might witness the abuse, forming part of the [Toxic Trio](#). Both national and local strategies emphasise the importance of focussing on prevention, working in partnership and taking a victim centred-approach, which the Partnership should bear in mind when considering future action. There are a number of issues that the Partnership should be aware of and areas for improvement:

1. *Implementation of local Domestic Homicide Review protocol*: moving forward, responsibility for this will be transferred from district community safety partnership to Safer Gloucestershire to improve governance and ensure a county-wide approach. This will involve the implementation of learning from DHRs locally and ensuring accountability of all agencies.
2. *Re-commissioning of specialist domestic abuse services*: This is currently underway at Gloucestershire County Council and is something that Safer Gloucestershire should maintain an awareness of
3. *Sign up to the Domestic Abuse and Sexual Violence Concordat*: implementing the new strategy will be a priority in the coming year. The strategy emphasises early help, encouraging disclosure at all levels of contact and making sure that the approach is co-ordinated across agencies.
4. *Increased focus on stalking*: This is an emerging priority that Safer Gloucestershire should be aware of – a pilot is currently underway to assess how to continue an appropriate response to stalking and stalking offenders.
5. *Raising awareness and increasing reporting of Domestic Abuse*: communities need to be made aware of this issue and feel confident and able to seek help.
6. *Improve data collection and sharing*: The DA Data Project is ongoing to collate multi-agency data to better understand the prevalence and impact of this crime in the county. This work will be essential for planning future response to Domestic Abuse.
7. *Target specific areas* – As with other issues identified in this report, certain areas of Gloucestershire seem to experience higher instances of Domestic Abuse. Safer Gloucestershire may wish to consider targeting prevention at specific areas, for example Gloucester had the most MARAC cases and domestic abuse related crime in 2016/17, while Tewkesbury saw the biggest increase.
8. *Inequality and deprivation* – Once again, the most deprived communities in Gloucestershire are the most likely to be vulnerable. There were almost double the amount of victims of domestic abuse related crimes in the most deprived areas of Gloucestershire when compared against the second most deprived areas of the county, and victims were almost 8 times more likely to live in a deprived area than one of the least deprived areas.

Sexual Violence and Abuse

The Impact of Sexual Violence and Abuse

Sexual violence (SV) and abuse can be defined as any behaviour perceived to be of a sexual nature which is unwanted and takes place without consent or understanding.¹⁰⁶

Figures from the Crime Survey of England and Wales¹⁰⁷ (CSEW) indicate that 3.1% of women aged between 16-59, and 0.8% of men, will have experienced sexual assaults (including attempts) in the last year.

For Gloucestershire this equates to an estimated 5,542 female and 1,198 male victims of sexual assaults in the last 12 months.

In addition to this, the CSEW details that 20% of women and 4% of men will have experienced sexual assault (including attempts) at some stage since the age of 16; equating to an estimated 34,639 females and 6,845 males in Gloucestershire.

Alongside this, 0.9% of women and 0.1% of men are estimated to have experienced rape or assault by penetration (including attempts) since the age of 16; equating to an estimated 1,559 females and 171 males in Gloucestershire.

National Strategy

The VAWG Strategy, mentioned in the previous section, should be taken into account when considering the national approach to sexual violence and abuse. The national strategy has resulted in work being developed with the PSHE Association to develop and ensure school based education on sex and healthy relationships, followed by national campaigns to raise awareness of consent.

Alongside the national strategy, the profile of sexual abuse has increased with the ongoing independent inquiry into child sexual abuse¹⁰⁸ holding agencies to account for their lack of action in reporting sexual abuse at an institutional level. International campaigns such as the #MeToo and Times Up movement have also increased the profile of sexual violence and abuse and encouraged victims to come forward.

The Governments National Statement of Expectations (NSE) as details in the previous section is also key to sexual violence and abuse. The NSE makes it clear that partnership and system-wide approaches are the best method of tackling sexual violence and abuse and ensuring victims receive the correct response and services.

Gloucestershire's Strategy and Approach

The countywide DASV commissioning strategy and outcomes framework detailed in the previous section outlines the county approach to sexual violence and abuse.

In addition, a sexual violence task group has been developed to develop the county response. The main objective of Gloucestershire's Sexual Violence Task and Finish group is to develop a county implementation plan for SV in line with the DASV Strategy 2014-2018, ensuring specific responses to SV outside of the context of domestic abuse.

In line with the overall objective, the Sexual Violence Task and Finish group will look to:

¹⁰⁶ <https://www.nidirect.gov.uk/articles/sexual-violence-and-abuse-definition>

¹⁰⁷ ONS year ending March 2017

¹⁰⁸ <https://www.iicsa.org.uk/>

- Review current need and provision for SV services
- Raise the profile and increase awareness of SV across the county
- Review training of SV to all professionals
- Identify preventative initiatives and options for delivery
- Collate and review multi-agency data to better illustrate the prevalence of SV in the county
- Promote the need for ongoing strategic direction for the SV agenda

Members of this group have delivered on local campaigns and initiatives including 'Ask Angela'¹⁰⁹, Tinder based campaign to promote consent and GRASAC have developed sexual violence and abuse training for professionals that will be rolled out in conjunction with the GSCB.

Specialist Service Provision in Gloucestershire

Current services within Gloucestershire are provided by Gloucestershire Rape and Sexual Assault Centre (GRASAC) and the Sexual Assault Referral Centre (SARC).

GRASAC provides information, advice and support, including counselling services to female victims of sexual violence and abuse. They also run a range of workshops, training for professionals and consent workshops in schools, notably 'give and get'.

The SARC operates from Hope House in Gloucester. The service currently offers forensic medical examinations for rape and sexual assault, emotional support and advice, support in reporting to police, emergency contraception and pre and post-trial counselling. The Independent Sexual Violence Advisor Service (ISVA) also currently operates from the SARC.

Additional counselling services are currently provided by Teens in Crisis and Gloucestershire Counselling Services to provide counselling for young people and male victims.

NHS England has recently completed a commissioning process for SARCs across the South West. From October 2018 Gloucestershire SARC will focus on adult services, whilst paediatric provision will be provided by a centre of excellence in Bristol.

The Office of the Police Crime Commissioner is currently undergoing a commissioning process for the Independent Sexual Violence Advisor (ISVA) service. This service will provide support for female and male SV victims and for child and adult victims.

Gloucestershire CCG (Clinical Commissioning Group) is currently in the process of commissioning a counselling service for victims of sexual violence and abuse. This service is expected to be an all gender, all age service.

Sexual Offence Crimes

During 2016/17, Gloucestershire Constabulary recorded 970 victims of a sexual offence (rounded figure, including repeat victims). This demonstrates a year on year increase in the number of sexual offence crimes recorded, with almost a 25% increase from 2015/16 to 2016/17.

¹⁰⁹ Details available at www.glostakeastand.com

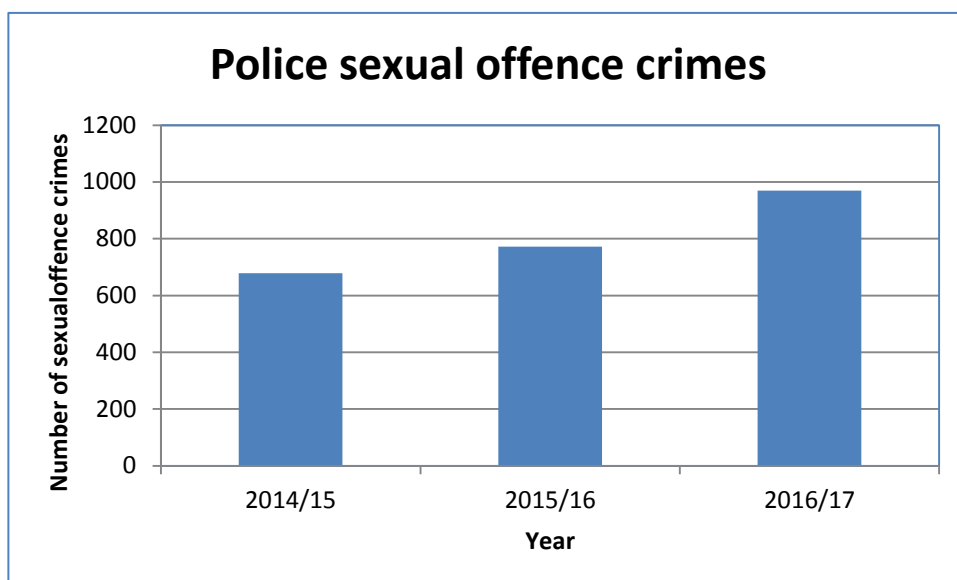


Figure 63 – recorded sexual offence crimes per financial year. Source: Gloucestershire Constabulary

Out of the 43 police forces in England and Wales, Gloucestershire has the sixth lowest recorded rate for sexual offences in 2016/17.¹¹⁰

The majority of victims recorded by police are female, with 815 female and 150 male (some records are unknown gender a.k.a “other”). The percentage difference remains relatively consistent when compared to previous years, with a slight increase in male victims.

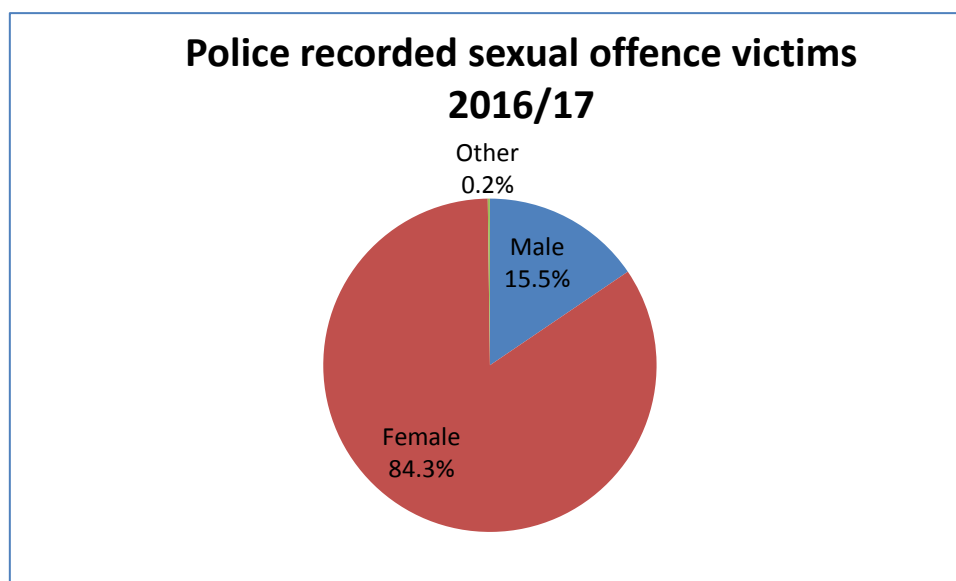


Figure 64 – recorded victims of sexual offences by gender. Source: Gloucestershire Constabulary

The gender split for offenders¹¹¹ and suspects is more skewed towards males, making up 95% of offenders and suspects in 2016/17.

¹¹⁰ *ibid*

¹¹¹ Offenders referred to those where there has been a sanctioned detection i.e. charge/caution

Age of Victims	Sexual Offence Victims 2015/16 Glo'shire	Sexual Offence Victims 2016/17 Glo'shire	Victims per Thousand 16/17 based on ONS population mid 2015
Under 16	291	409	3.7
16-19	145	160	5.5
20-24	98	97	2.8
25-39	159	174	1.6
40-54	75	88	0.7
55-64	19	15	0.2
65-74	<5	6	0.1
75+	<5	8	0.1
Unknown	21	13	-
ALL	820*	970*	1.6

Figure 65 – recorded victims of sexual offence crimes by age 2015/16 and 2016/17. Source: Gloucestershire Constabulary (* Suppressed)

The Under 16 age group has increased by 41%. More than half of the Under 16 victims of sexual offences that Gloucestershire Constabulary recorded in 2016/17 are historical offences dating back, in some cases, to the 1950s, 1960s and 1970s.

The most commonly recorded sexual offence crimes recorded during 2016/17 have been *Rape of Female Aged 13+* (accounting for 26% of the sexual offence crime total) and *Sexual Assault on a Female Aged 16+* (accounting for just over 24% of the sexual offence crime total) therefore meaning that one out of every two sexual offence crimes reporting during this year are either of these particular types.

Almost one in every ten sexual offence crimes is recorded as *Sexual Activity Involving A Child Aged Less Than 16*. Four out of ten crimes in 2015/16 and 2016/17 have been recorded as rape.

Recorded Sexual Offence Crimes	2016/17	% of Total
Sexual assault on female aged 13+	253	26.0
Rape of female aged 16+	241	24.8
Sexual activity involving child aged less than 16	94	9.6
Sexual activity involving child aged less than 13	60	6.1
Rape of female aged less than 16	50	5.2
Exposure and Voyeurism	42	4.3
Sexual assault on female aged less than 13	42	4.3
Rape of male All Ages	38	3.9
Sexual Assault on a male aged 13+	35	3.6
Sexual Assault on a male aged less than 13	33	3.4
Rape of female aged less than 13	32	3.2
Incest or Familial sexual offences	14	1.4
Sexual grooming	11	1.1
Other Sexual Offence Crimes (where count is <10)	25	2.5
Total Recorded by Gloucestershire Constabulary	970*	-

Figure 66 - recorded sexual offence crimes by category 2016/17. Source: Gloucestershire Constabulary

Despite what the data shows, it may be concluded that incidence of sexual violence has not necessarily increased, but the reporting of it has.¹¹² Due to high profile media cases in recent years, the IICSA (Independent Inquiry into Child Sexual Abuse) inquiry is holding organisations to account for failing to report sexual abuse and protect victims and a number of campaigns have aimed to increase the reporting of sexual offences.

There is a need to be aware however that sexual offences remain under-reported and also a need to continue to increase confidence in victims coming forward; particularly following media reports of rape and serious sexual assault cases having to be reviewed following concerns around evidence disclosure¹¹³.

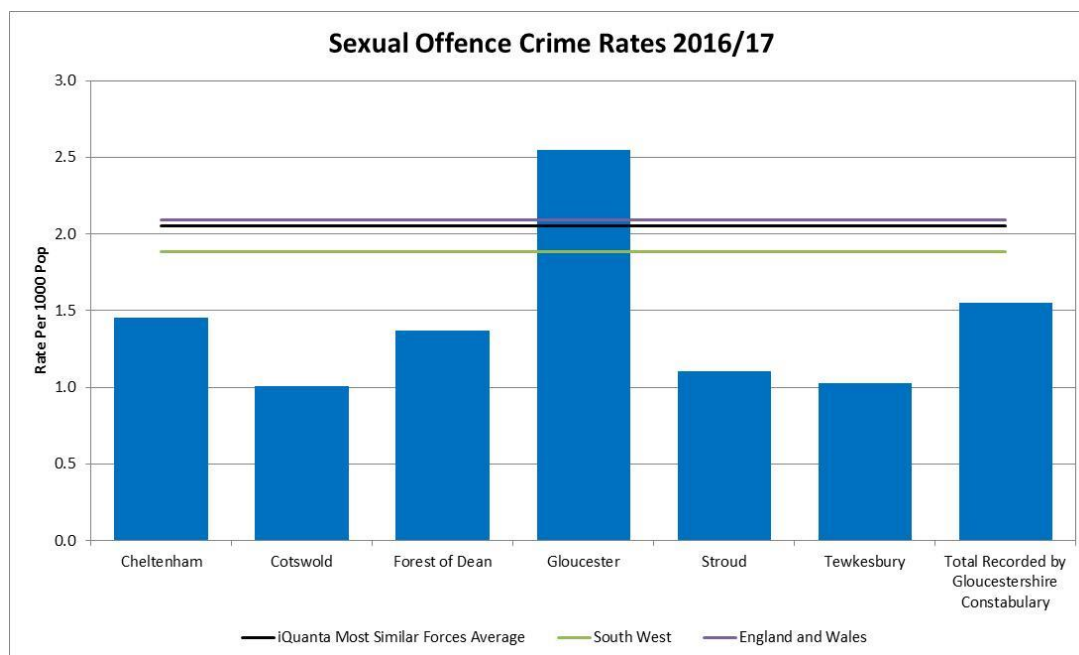


Figure 67 - recorded sexual offence crime rates by Local Authority 2016/17. Source: Gloucestershire Constabulary

Reports to Specialist Services

Gloucestershire Rape and Sexual Abuse Centre (GRASAC) has seen an increase of around 27% in calls to its helpdesk from 2015/16 to 2016/17. GRASAC has indicated that they are currently experiencing the direct impact from widespread news reporting on sexual violence and abuse and as such, women are feeling more confident and compelled to come forward and tell their story.

There are a number of societal issues that might prevent people reporting incidents of sexual violence, for example the social stigma attached to victims and harmful stereotypes about the kind of people who commit sexual offences. Work is ongoing at a national and international level to address and reduce these issues; locally GRASAC works towards awareness raising and training to support this.

GRASAC has seen a large increase of women coming forward to report incidents of non-recent sexual abuse, for example individuals aged between 20 and 40 reporting abuse that occurred in childhood. 56% of GRASAC clients are individuals who suffered sexual abuse as children and

112

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexualoffencesinenglandandwales/yearendingmarch2017>

113 <http://www.bbc.co.uk/news/uk-42841346>

who have become victims again in adolescence or adulthood. This is in keeping with the statistic that children who are sexually abused are four times more likely than those who are not to become victims of sexual abuse later in life. 20% of those supported by GRASAC have also been in an abusive relationship.

This link to domestic abuse is also demonstrated through the Gloucestershire Domestic Abuse Support Service (GDASS) who estimate that around 87% of their clients have experienced sexual violence within their abusive relationship.

Of all the women seen by GRASAC, only 2.6% report no mental health conditions or issues meaning that the remaining 97.4% of the individuals supported by GRASAC report mental health issues or conditions, such as anxiety, depression, PTSD, self-harm, eating disorders, agoraphobia and around 15% have a drug and/or alcohol dependency. The impact of sexual violence and abuse on a survivors' mental health is significant, but it is also important to consider that those with existing mental health conditions may also be more vulnerable to experiencing sexual violence and abuse.

75% of individuals supported by GRASAC report an improvement in their mental health as a result. GRASAC has recently launched a new therapy service for children aged three and over who have been sexually abused and have begun to see positive outcomes.

The recent health needs assessment for the SARCs in the South West¹¹⁴ indicated that the Gloucestershire SARC sees on average 24 clients per month. Of these attendances, around 48% are for forensic examinations and 76% for ISVA support (with some clients receiving both services). Of those cases referred for Forensic medical examination, 32% were paediatric cases. The SARC needs assessment also highlighted that only around 8% of referrals were self-referrals.

Key points for further consideration

1. As with the domestic violence and abuse section, sign up to the Domestic Abuse and Sexual Violence Concordat: Implementing the new strategy will be a priority in the coming year and there is a need to ensure that sexual violence is given the same level of strategic input as domestic abuse.
2. Support for the continuation of the sexual violence task group, with consideration to be given to making this a formal strategic group to drive forward the sexual violence agenda.
3. As a partnership, be aware of new draft regulations and guidance on positive relationships and sex education to be published in 2018,¹¹⁵ and how best to integrate into Safer Gloucestershire activity such as Cyber4Schools¹¹⁶.
4. To support and develop the continued roll out of workshops such as 'give and get' to promote awareness of sexual consent amongst young people and healthy relationships.

¹¹⁴ Health needs assessment for the South West SARCs, Richard Tamlyn 2017.

¹¹⁵ <http://www.bbc.co.uk/news/education-39116783> and <http://www.bbc.co.uk/news/uk-politics-41836303>

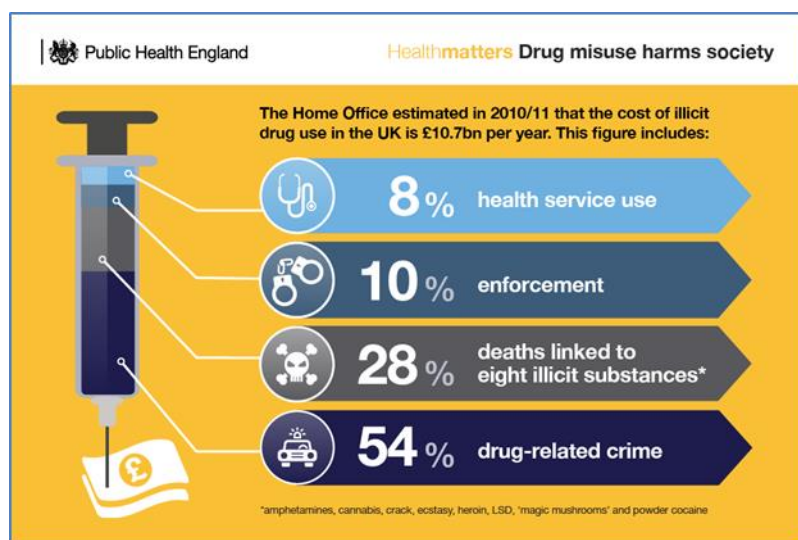
¹¹⁶ <https://www.gloucestershire-pcc.gov.uk/latest-news-media-martins-blog/cyber4schools-a-lesson-in-how-to-keep-safe-online/>

5. There is a need to continue to raise awareness, provide education and information to the general public about sexual violence and abuse, encouraging them to report incidents and suspicions.
6. Raise awareness of new service provision for victims of sexual violence and abuse once in place. Developing and promoting clear referral pathways with victims and professionals to ensure victims receive the best possible support as quickly as possible.
7. To promote self-referral into services such as the SARC.
8. Roll out and promotion of sexual violence and abuse awareness training for professionals via GRASAC and GSCB.

Overview

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

Drugs and alcohol are identified as two of the key drivers of crime and disorder in the Home Office Modern Crime Prevention Strategy (2016).¹¹⁷



Individuals dependent on opioids and/or crack cocaine (OCUs) are responsible for an estimated 45% of acquisitive crime (shoplifting, burglary, vehicle crime and robbery), equating to the commission of more than 2,000,000 offences. Around 40% of all violent crimes are alcohol-related, which translates into almost 500,000 violent incidences per year. Drug and alcohol misuse are related to other issues such as child protection, impaired driving, anti-social behaviour and domestic abuse. Alcohol and drug-related offending are estimated to cost £11 billion and £13.9 billion, respectively.

The evidence shows that being in treatment itself reduces levels of offending, so the Modern Crime Prevention Strategy highlights the need for prevention and treatment, to mitigate the impact of drug-related crime. Evidence-based drug and alcohol treatment can help health improvements, reduced drug and/or alcohol related deaths, lower levels of blood-borne infection and wider social harm.

The national Drugs Strategy (2017) has four key strands: Reducing demand; Restricting supply; Building recovery; and Global action.

Gloucestershire Community Drug and Alcohol services, for individuals and families wishing to access support and treatment for their drug and alcohol use, have been delivered by Change Grow Live (CGL) since January 2017. These integrated services are delivered from hubs in Gloucester, Cheltenham and Stroud and a range of community based venues across the county.

¹¹⁷ Home Office, *Policy Paper: Modern Crime Prevention Strategy*,
<https://www.gov.uk/government/publications/modern-crime-prevention-strategy>

The criminal justice services provided in the county include:

- Alcohol and Drug Arrest Referral schemes in Police custody suite (co-commissioned with Police and Crime Commissioner)
- Treatment for Drug Rehabilitation Requirements (DRR) and Alcohol Treatment Requirements (ATR), in partnership with the National Probation Service (NPS) and Community Rehabilitation Company (CRC)
- Provision of engagement and treatment for Integrated Offender Management (IOM), in partnership with Gloucestershire Constabulary, the NPS and CRC.

There are many other services who contribute to reducing harms and promoting recovery from alcohol and drug misuse, including the Nelson Trust and 2Gether Foundation mental health trust.

This section concentrates on building recovery and the governments renewed and stated commitment to treatment. This is set out by the need to support people to address their dependence in order to reduce the risk of reoffending. Drug treatment has prevented approximately 4.9m offences in 2010-11. For drug-related crime, reducing the number of heroin and crack users is likely to have the largest impact on volume crime levels.¹¹⁸

Public Health England (PHE) estimates there are approximately 2,800 heroin and crack users in Gloucestershire. Gloucestershire has a 55.5% treatment penetration rate which is higher than the England rate of 51.1%.¹¹⁹

In 2014/15, the total number of drug users in treatment in Gloucestershire was 1,763, and in 2015/16 it was 1,824.¹²⁰

Roughly 80% of drug users receiving treatment in Gloucestershire are heroin users.

Treatment Population distribution by district	Chelt	Glos	Stroud	Tewks	FOD	Cots
Drug users in treatment 2014-15	22.2 %	37.1 %	16.7 %	5.5 %	12.5 %	6.1 %
Drug users in treatment 2015-16	23.5 %	37.2 %	17.8 %	5.0 %	11.0 %	6.2 %

Figure 68 – drug user treatment population in Gloucestershire by district 2014-6. Source: Gloucestershire County Council

The total number of alcohol users in treatment in 2014-15 was 845 and in 2015-16 it was 992.¹²¹

NICE estimates suggest there are approximately 3,085 individuals in the County with alcohol dependence which would require treatment. Using this estimate Gloucestershire would have a treatment penetration rate of 38%

Alcohol treatment population distribution by district	Chelt	Glos	Stroud	Tewks	FOD	Cots
Individuals in alcohol treatment 2014-15	22.8 %	31.3 %	8.3 %	6.6 %	11.9 %	9.2 %
Individuals in alcohol treatment 2015-16	22.4 %	33.8 %	18.0 %	6.1 %	7.9 %	11.8 %

Figure 69 – alcohol treatment population by district 2014–6. Source: Gloucestershire County Council.

¹¹⁸ Home Office, *Policy Paper: Drug Strategy*, <https://www.gov.uk/government/publications/drug-strategy-2017>

¹¹⁹ Public Health England: *Estimates of the prevalence of opiate use and/or crack cocaine use (2014/15)*; G. Hay et al, Public Health Institute, Liverpool John Moores University <http://www.nta.nhs.uk/facts-prevalence.aspx>

¹²⁰ National Drug Treatment Monitoring System, <https://www.ndtms.net/default.aspx>

¹²¹ *Ibid.*

1. *Protecting substance misuse service users:* Although Gloucestershire does not have a higher than average number of drug users, the county, like many other parts of the country, is vulnerable to out of area gangs who want to exploit vulnerable people via 'County lines or dangerous drug networks'. Drug services are working in partnership with the police, where vulnerable users are seeking support and treatment, to protect them from exploitation.
2. *Drug-related deaths:* There has been an increase in drug related deaths nationally and locally, this increase is in the cohort of people using opiates (heroin).¹²² There are local and national concerns about the use of the synthetic opioid fentanyl.

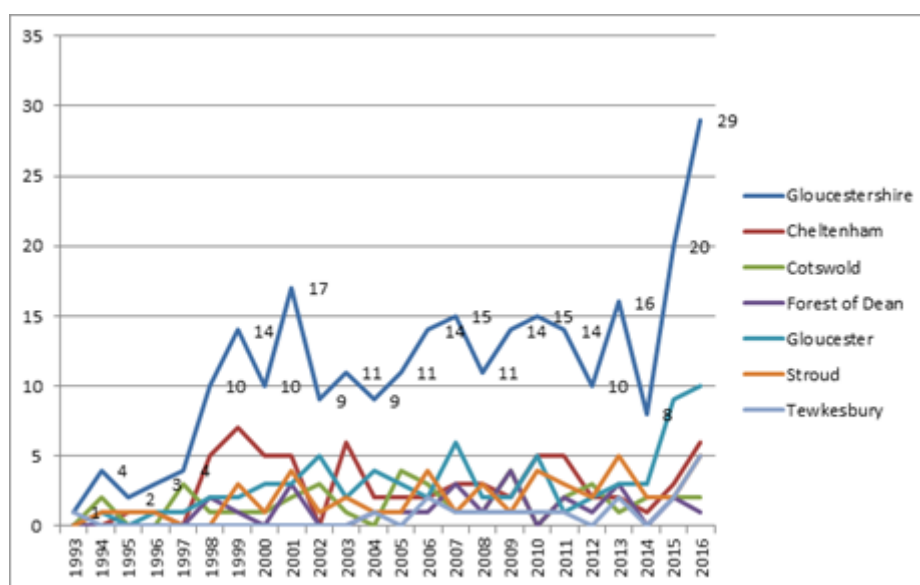


Figure 70 – deaths by drug poisoning where any opiates were mentioned on the death certificate, local authorities in England & Wales, 1993 – 2016

3. *Persistent alcohol misuse:* A 'Blue Lights' project is in development with Alcohol Concern to work with a small cohort of people with persistent alcohol problems.¹²³ The priority cohort for this approach are those who are well known to frontline and emergency services and have a history of not engaging with help or treatment services. Gloucestershire County Council, Clinical Commissioning Group, Police and Probation are working in partnership the NHS and other provider services to implement this project locally.

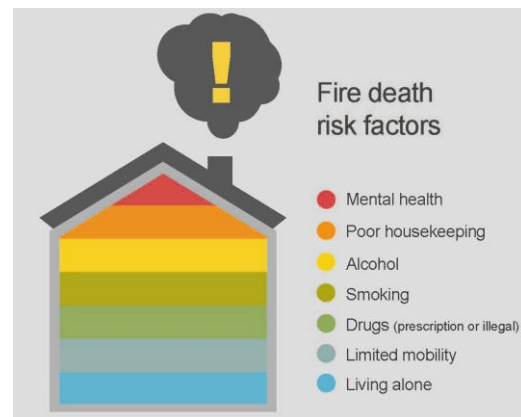
¹²² Office of National Statistics, *Deaths by drug poisoning where any opiates were mentioned on the death certificate, local authorities in England and Wales, 1993 to 2016*, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/007446deathsbydrugpoisoningwhereanyopiateswerementionedonthedeathcertificatelocalauthoritiesinenglandandwales1993to2016>

¹²³ Alcohol Concern, *Blue Light Project*, <https://www.alcoholconcern.org.uk/blue-light-project>

Fire does discriminate, however it is now widely accepted that there are behaviours or lifestyle choices that can make people more vulnerable to having a fire and the subsequent impacts of fire.

Gloucestershire Fire and Rescue Service took part in a regional study that looked at 88 fire deaths in the South West region. The report identified common factors present in incidents that resulted in fire fatalities. The study identified the presence of 7 lifestyle or behavioural factors as key influences:

- victim lived alone
- alcohol
- housekeeping and housing concerns
- limited mobility
- mental health needs
- drugs (both prescription and illegal)
- Smoking



In addition, GFRS target activities to age (over 65 years of age) and deprivation based on local intelligence and national evidence that highlights these groups of people are more at risk from fire.

Gloucestershire's own fire fatality story reflects this and clearly demonstrates the need for us to work with partners that provide services to these risk groups. By working with our partner organisations, we are able to improve our performance and help deliver a wide range of activities for safer and stronger communities. Our Strategy naturally aligns itself to many other external strategies and policies including:

- The Care Act
- The Clinical Commissioning Group's five year strategy: *'Joining up your Care'* and Sustainability Transformation Plan
- The Mental Health Crisis Care Concordat
- Gloucestershire's Police and Crime Plan
- Gloucestershire County Council's *'Meeting the Challenge: Together we can'* key document and way of working

The challenges faced are not unique to the fire and rescue service. Many societal demands are shared with colleagues in Health and Social Care, Housing and Police. Given that we have shared objectives with a range of agencies across Gloucestershire, there is a clear need to work together in an efficient and co-ordinated way.

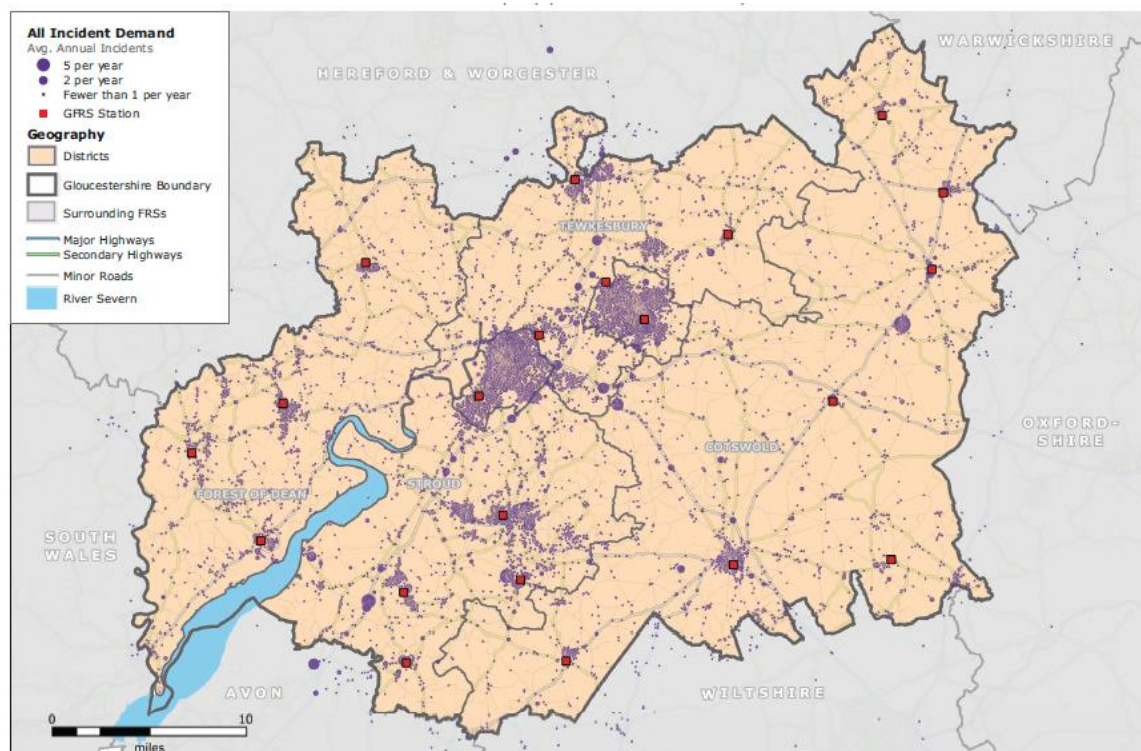


Figure 71 - Geographical location of demand: all incidents, 5-year sample (April 2012 - 2017). Source: Gloucestershire Fire and Rescue Service

Primary fires are generally more serious fires that harm people or cause damage to property. Primary fires are defined as fires that cause damage and meet at least one of the following conditions:

- any fire that occurred in a (non-derelict) building, vehicle or (some) outdoor structures
- any fire involving fatalities, casualties or rescues

The graph below shows a breakdown by type of primary fires this year to date.

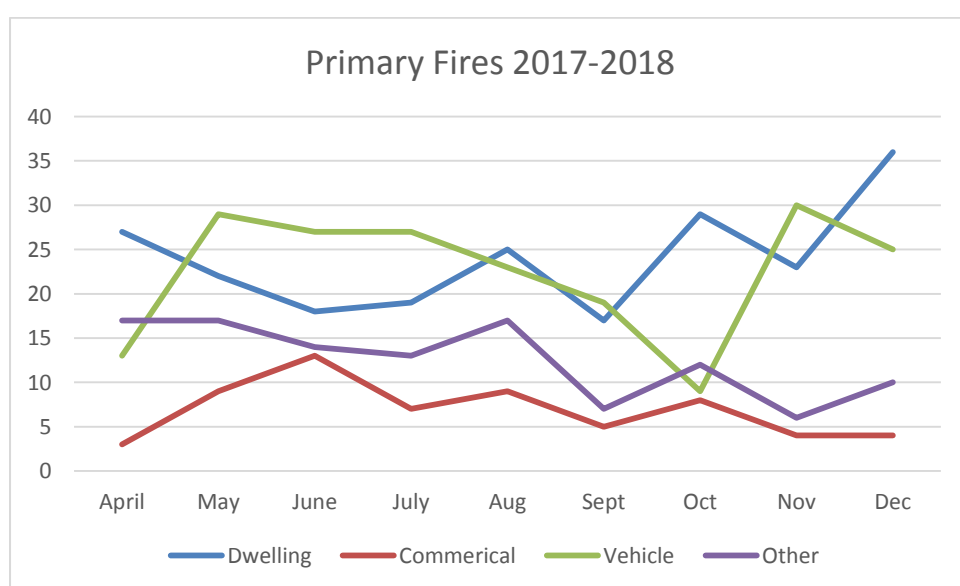


Figure 72 – Number of primary fires in Gloucestershire by month, 2017 – 18. Source: Gloucestershire Fire and Rescue Service.

Arson

Arson activity is an ongoing concern and, whilst it is reducing as we address it with partners, it still remains above our target and needs to form a fundamental part of CSPs' action plans going forward. The graph below compares arson incidents from 2016/2017 and 2017/2018 (to date) against our target. Further information on arson can be found [here](#).

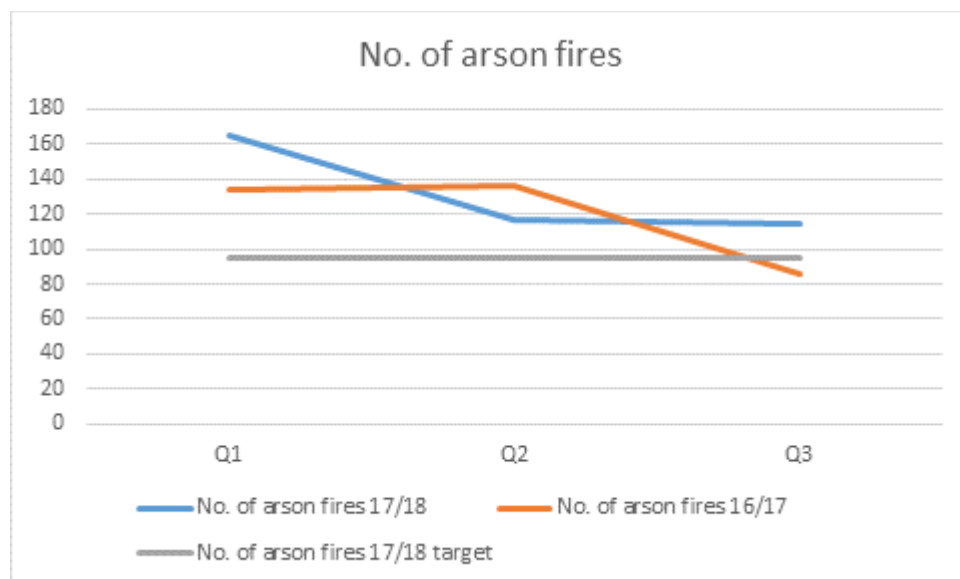


Figure 73 - Number of arson fires, 2016/17 and 2017/18, against GFRS target. Source: Gloucestershire Fire and Rescue Service

Prevention Strategy

GFRS' Prevention Strategy 2017 - 2020 sets out our priorities over the next three years and how we will achieve our outcomes. Our Team Plan provides the methodology for delivery of initiatives that will help us to build safer communities.

The Fire and Rescue Services Act 2004 provides the legal basis for a range of statutory duties and powers. Section 6(1) of the Act places a duty on GFRS to promote fire safety.

In addition to this primary piece of legislation, the Fire and Rescue Authority must take account of other legislation, including White Papers, Bills and national guidance, including:

- Civil Contingencies Act 2004
- Equality Act 2010
- Regulatory Reform (Fire Safety) Order 2005
- Crime and Disorder Act 1998
- The Police Reform Act 2002
- Localism Act 2011
- Open Public Services 2014
- Healthy Lives, Healthy People 2010
- Health and Social Care Act 2012
- Fire and Rescue Service National Framework
- Health and Safety at Work Act 1974
- Policing and Crime Act 2017

Current Activities aimed at reducing fire incidents

Safe and Well Checks

Our home visits no longer focus purely on fire safety. We have adopted the principles of a Safe and Well checks as agreed by NHSE, PHE, LGA and CFOA and whilst we still address fire risk and provide appropriate equipment to help people stay safe, we also carry out basic assessments in a number of areas and may refer directly into specialist services.

Areas covered by our 'Safe and Well' checks include:

- Fire
- Social Isolation
- Cold homes
- Flu vaccination signposting
- Fall Assessments

Through our partners, we signpost to a number of services and can request further assessments including care assessments, carer assessments, village agent assistance and occupational therapy assessments. We also refer through to social prescribing and community groups to help people re-engage with their communities.

Last year (2016/2017) GFRS carried out 7,146 safe and well checks, 75% of which were delivered to our 'risk groups'.

Youth Engagement

Community safety education to children and young people is a key prevention activity. Over the last decade, a safety agenda delivered to specific age groups at the correct time of year, has proved a successful strategy. Engagement activities for children and young people currently fall into two broad categories.

The first are those activities that are clearly aligned to our core responsibilities as a Fire and Rescue Service, aimed at protecting children and young people from the risks associated with fire and fire related crime. Most of these interactions take place at SkillZONE. One of 12 Safety Education Centres in the UK which deliver a core programme of interactive, realistic and memorable injury prevention programmes. The centre aims to increase the awareness and understanding of the risks both at home and out in the community, so that people can make safer choices and be empowered to live independent lives.

The second category can be defined as diversionary activities and include Firescape, Fire Cadets, Firesetters, Fired-up to name but a few. These programmes/activities are delivered through varying methods across Gloucestershire, either centrally by the Children and Young People's Team or through local fire stations. The objectives of these activities are:-

- To prevent children, young people and their families being harmed or killed in fires or causing fires
- To prevent children and young people becoming involved in fire crime, anti-social behaviour and social exclusion
- To prepare and support young people into education, training and/or employment
- To equip young people with skills for life.

More intensive partnership work covers anti-social behaviour and offending, to delay the age of entry into the formal criminal justice system. We work with Gloucestershire Constabulary, other local authorities, health and children's services to tackle challenging behaviour such as weapon use, theft, child sexual exploitation and vandalism.

Fire Safety Development Sub-Group of the Adult Safeguarding Board

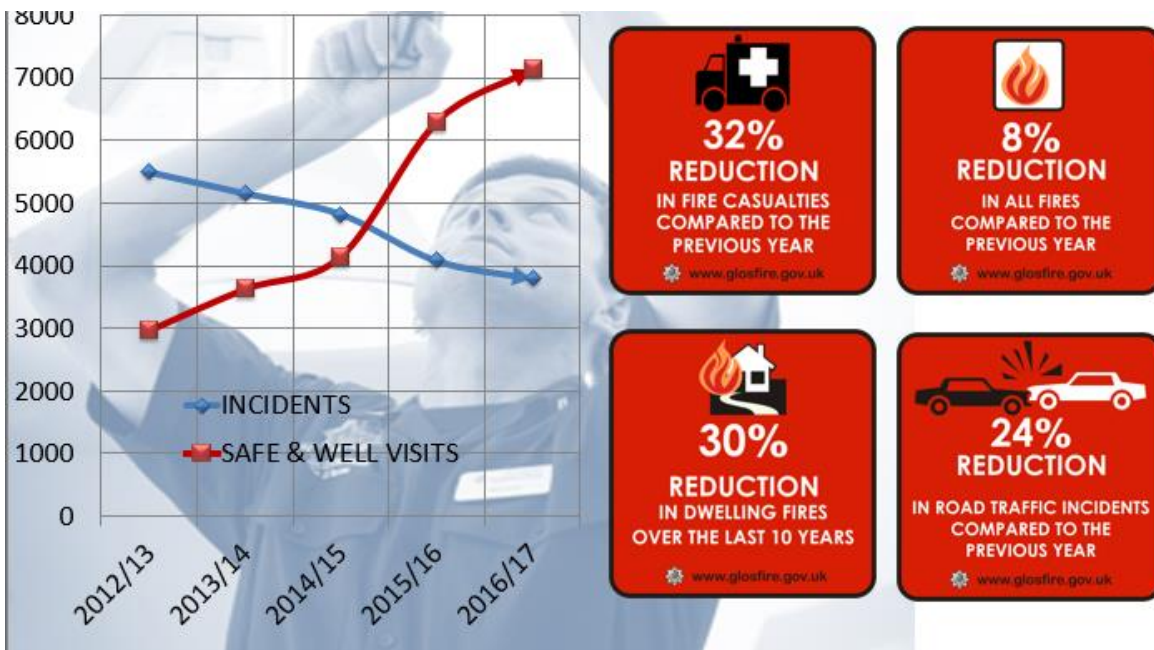
The Fire Safety Development Sub Group (FSDG) of Gloucestershire's Adult Safeguarding Board aims to develop a Fire Safety Framework outlining how partner agencies will work together effectively to safeguarding adults who are at risk of fire. It is a partnership led by GFRS, to develop a risk management process to respond to people whose fire safety is significantly compromised. The group is responsible for implementing Fire Safety Action Plans following fire fatalities or near misses as a means of reducing avoidable such incidents.

The FSDG aims to bring together representatives from the Board Partner Agencies and others to develop opportunities that reduce fire risk, improve health outcomes, reduce demand for fire, health and social care services and provide value for money through innovation and integrated approaches.

This year's action plan has four priority areas of focus:

- Safeguarding Adults Review recommendations
- Communications and Engagement
- Training
- Risk Identification/stratification and Referral Pathways

- Results



In order to build on previous success, the Prevention Strategy lays out 8 key priority areas:

1. Partnership working
2. Home safety
3. Health and Social Care
4. Tackling Arson and anti-social behaviour
5. Community Safety Campaigns and Communications
6. Training our staff and partners
7. Children and Young People
8. Road Safety

In order to meet the objectives laid out in this strategy and the strategic objectives within the IRMP it is imperative we work collaboratively with partners on the CSPs. We are all looking at supporting with the same people doing it in a collaborative way provides a more effective and efficient service, ensuring communities get the right service at the right time.

Key points for further consideration

Integrated Risk Management Planning (IRMP) is a modern and flexible process, supported by legislation and guidance, designed to enable a fire and rescue service to identify, measure and mitigate the social and economic impact that fire and other emergencies can be expected to have on individuals, communities, commerce, industry, the environment and heritage.

Gloucestershire Fire and Rescue Service's IRMP is the vision of how it aims to address the challenges faced over the coming years and sets out three key objectives that the Service intends to achieve. It is against these that activities will be set:

- Increased focus on prevention and protection initiatives
- Explore, further develop and maximise opportunities to collaborate with partners and other stakeholders
- Reconfigure and reform our Service

Road Safety

Further information and data about road safety in Gloucestershire can be found [here](#).

The safety of our roads can have a profound impact on how safe communities feel and on keeping them healthy and happy. Confidence in using our roads can result in greater wellbeing, for example through ability to exercise and travel to access services and visit friends and family, while injuries sustained on an unsafe road can be life threatening. We should therefore consider Road Safety as part of an assessment of community safety in Gloucestershire.

This chart compares road safety figures from 2005 and 2015. This shows that road safety has generally improved, both locally and nationally, with the exception of people seriously injured as a result of road accidents in Gloucestershire. Improving road safety at a local level is often a long term investment, for example by educating schools and young drivers or investing in engineering safety schemes where the return on investment is shown over a longer time period.

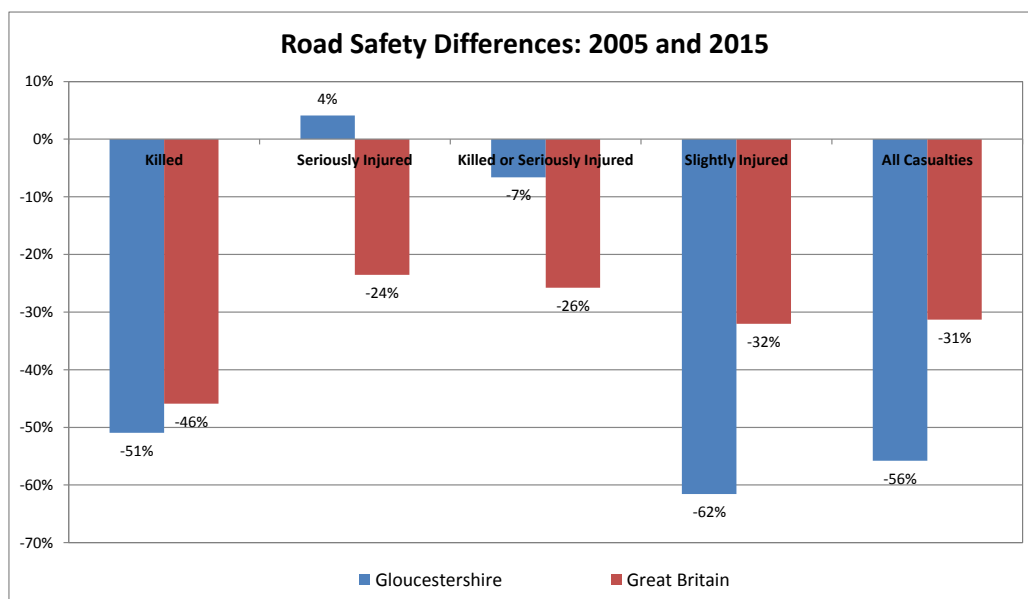


Figure 74 – road safety percentage change between 2005 and 2015. Source: Gloucestershire County Council

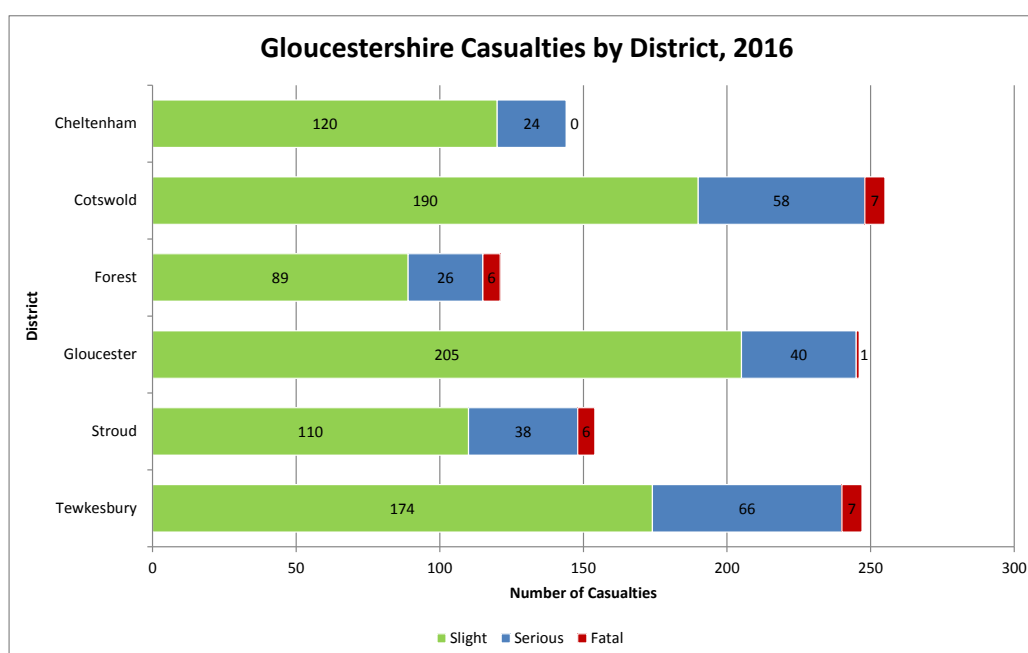


Figure 75 – road casualties in Gloucestershire by district 2016. Source: Gloucestershire County Council

Reported Road Casualties in Gloucestershire 2016 Summary

The number of casualties in 2016 compared to the average casualties between 2013 and 2015

27

Killed

7%

252

Serious

25%

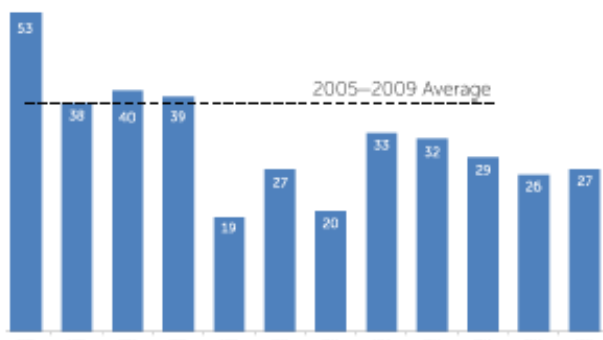
886

Slight

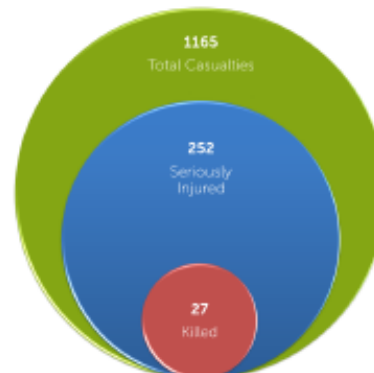
1%

Please note that a change in the method of reporting injury collisions has resulted in an increase in the number of serious casualties in Gloucestershire. The Department of Transport is investigating nationally the effect of this change. Until the results of the investigation is known the quarterly reporting of all killed and serious injury (KSI) figures should be viewed with caution.

Fatalities are the **4th** lowest since records began and **36%** below the 2005 to 2009 average



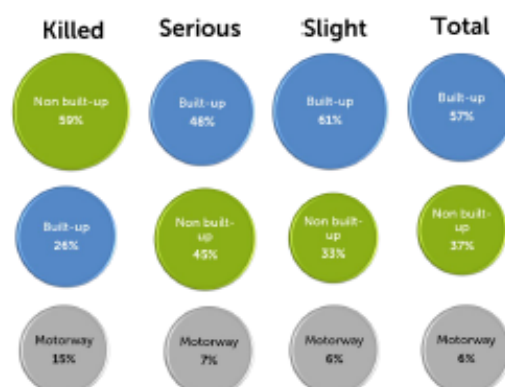
Killed or Seriously injured casualties accounted for **24%** of all casualties



A three year average shows that **21** people are killed or seriously injured and **75** slight injuries occur per month



The majority of fatal injury collision occurred on **non built-up** roads. **Built-up** roads accounted for the most serious, slight and overall collisions.



16 fatalities were vehicle occupants (**59%** of all fatalities)



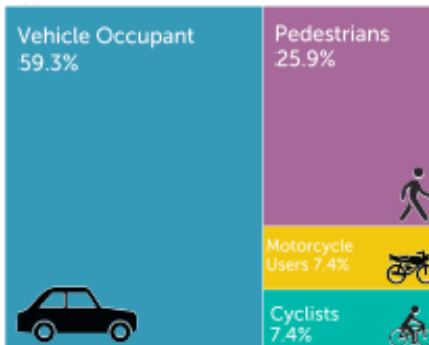
Annual Change (Fatalities)

No Change

No Change

-5

+4



Key points for further consideration

In general, road safety has improved in Gloucestershire, in line with the national trend. Safer Gloucestershire should continue to maintain an awareness of road safety issues, with particular attention to accident hotspots.

Conclusion and Recommendations

In conclusion, although Gloucestershire is a comparatively safe place to live, there are areas for improvement. This assessment has identified 6 areas that Safer Gloucestershire may wish to consider as priorities in the coming year, which should be augmented by local intelligence and information from the partnership agencies.

Local Crime Hotspots

Some communities in Gloucestershire disproportionately experience threats to their safety. In particular, rates in Gloucester and Cheltenham are high for a number of community safety issues, some interrelated. Rising knife crime in Gloucester City may be considered as a particularly area for concern. Furthermore, town and city centres often experience greater levels of certain community safety issues than more rural or residential areas. By targeting preventative or dissuasive interventions at these areas, the Partnership could have the greatest impact on the safety of our communities.

Deprivation, Vulnerability and Hate Crime

See full analysis on Hate Crime [here](#).

The most deprived communities in Gloucestershire are the most likely to experience a number of community safety concerns, which can emphasize inequalities and perpetuate a negative cycle of poor outcomes. The Partnership should consider focusing on these areas in particular for prevention.

As well as living in an area of deprivation, there are other factors that can make individuals vulnerable to crime, for example being from a BME background, defining as LGBT+, having a disability or being a certain age. It is important to consider how we ensure the safety of our most vulnerable communities, some of whom may be at risk of being targeted for Hate Crime due to protected characteristics.

Safeguarding Children

See full analysis [here](#).

All partners have a responsibility to work together to protect children, centered around the family. Although most children in Gloucestershire grow up safely, there are undoubtedly areas for improvement. The Gloucestershire Safeguarding Children Board and the Local Authority have been inspected by OFSTED and have been graded as 'requires improvement' and 'inadequate' respectively, leaving children at greater risk of harm. Many of the community safety issues affecting adults are interrelated with children's issues and will themselves have an impact on children and their wellbeing.

As a priority, this corresponds with 3 of the operational priorities identified by Gloucestershire Constabulary: Child Sexual Exploitation and Abuse; Sextortion, in which adolescents are often targeted; and Domestic Abuse, which can have a serious impact on the wellbeing of children. It also complements the PCC priority of 'Young people becoming adults' and will impact the priorities of the Health and Wellbeing Board of tackling health inequalities and improving mental health, as adverse experiences in childhood can have a profound effect on both physical and mental health into adulthood.

This report has identified a number of areas where Safer Gloucestershire could contribute to ongoing work to protect children and young people:

- *Youth reoffending*: The reoffending rate for young people in Gloucestershire is higher than the South West and national average, which could suggest that we should be handling young offenders differently, as this will have a damaging effect on the long-term wellbeing and safety of both the young people themselves and those around them.
- *OFSTED and HMIC recommendations*: Gloucestershire is currently going through a period of improvement with regard's to children's safeguarding as a result of feedback from the recent OFSTED and HMIC inspections. This will certainly have a wider impact on Community Safety with regards to young people in Gloucestershire. Safer Gloucestershire should continue to support the ongoing improvement of these services to ensure positive outcomes for our young people.
- *The Toxic Trio and ACEs*: The Toxic Trio can have a profound impact upon children's safety and a number of risks are being recorded across the county, while adverse childhood experiences (ACEs) are linked to severe negative health and social outcomes for children. By working to prevent the trio of mental ill health, substance abuse and domestic abuse, and supporting work to improve understanding of the impact of ACEs on young people in the county, Safer Gloucestershire can help to ensure better long-term outcomes for children.
- *CSE* : Year on year, more instances of CSE are being reported and dealt with, in line with the national trend, as we become increasingly aware of the issue and the signs that it is occurring. Safer Gloucestershire should to continue to raise awareness of CSE and other underreported forms of child abuse such as FGM, to ensure that cases are identified and children are protected as soon as possible.

Domestic Violence and Abuse

See full analysis [here](#).

Domestic abuse describes controlling, coercive, threatening behaviour, violence or abuse between intimate partners or family members. Domestic abuse poses a considerable cost to society, both in human and economic terms. Not only does it affect victims directly, but it can also have a negative and long-lasting impact on any children who might witness the abuse, forming part of the Toxic Trio.

It has been identified as an operational priority by Gloucestershire Constabulary's Strategic Threat Assessment for 2017/18. This will also impact upon Gloucestershire Health and Wellbeing Board priorities by contributing to improving mental health and wellbeing, as well as health inequalities, and the Safeguarding Children priority.

This report has identified a number of areas where Safer Gloucestershire could contribute to ongoing work to protect communities from domestic abuse:

- *Implementation of local Domestic Homicide Review protocol*: moving forward, responsibility for this will be transferred from district community safety partnership to Safer Gloucestershire to improve governance and initiate a county-wide approach. This will involve the implementation of learning from DHRs locally and ensuring accountability of all agencies.
- *Re-commissioning of specialist domestic abuse services*: This is currently underway at Gloucestershire County Council and is something that Safer Gloucestershire should maintain an awareness of

- *Sign up to the Domestic Abuse and Sexual Violence Concordat:* implementing the new strategy will be a priority in the coming year. The strategy emphasises early help, encouraging disclosure at all levels of contact and making sure that the approach is co-ordinated across agencies.
- *Increased focus on stalking:* This is an emerging priority that Safer Gloucestershire should be aware of – a pilot is currently underway to assess how to continue an appropriate response to stalking and stalking offenders.
- *Raising awareness and increasing reporting of Domestic Abuse:* communities need to be made aware of this issue and feel confident and able to seek help.
- *Improving data collection and data sharing:* The DA Data Project is ongoing to collate multi-agency data to better understand the prevalence and impact of this crime in the county. This work will be essential for planning future response to Domestic Abuse.
- *Targeting specific areas:* As with other issues identified in this report, certain areas of Gloucestershire seem to experience higher instances of Domestic Abuse. Safer Gloucestershire may wish to consider targeting prevention at specific areas, for example Gloucester had the most MARAC cases and domestic abuse related crime in 2016/17, while Tewkesbury saw the biggest increase.
- *Inequality and deprivation:* Once again, the most deprived communities in Gloucestershire are the most likely to be vulnerable to this issue. There is almost double the amount of victims of domestic abuse related crimes in the most deprived areas of Gloucestershire when compared against the second most deprived areas of the county, and victims are almost 8 times more likely to live in a deprived area than one of the least deprived areas.

Alcohol and Drug Abuse

See full analysis [here](#).

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

This priority will complement a number of existing strategic priorities. The PCC's Plan includes 'Safe days and nights for all', part of which focuses on alcohol-related crime and disorder, and Dangerous Drugs Networks, a serious threat to vulnerable users, has been identified by Gloucestershire Constabulary as a priority threat for 17/18. It will also complement Gloucestershire Health and Wellbeing Board's priorities of 'reducing the harm caused by alcohol', 'improving mental health', 'improving health and wellbeing into older age', and 'tackling health inequalities.'

This analysis has identified a number of actions for potential action:

- *Protecting substance misuse service users:* Although Gloucestershire does not have a higher than average number of drug users, the county, like many other parts of the country, is vulnerable to out of area gangs who want to exploit vulnerable people via 'County lines or dangerous drug networks'. Drug services are working in partnership with the police to protect vulnerable individuals from exploitation.

- *Drug-related deaths*: There has been an increase in drug related deaths nationally and locally, this increase is in the cohort of people using opiates (heroin).¹²⁴ There are local and national concerns about the use of the synthetic opioid fentanyl.
- *Persistent alcohol misuse*: A 'Blue Lights' project is in development with Alcohol Concern to work with a small cohort of people with persistent alcohol problems.¹²⁵ The priority cohort for this approach are those who are well known to frontline and emergency services and have a history of not engaging with help or treatment services. Gloucestershire County Council, Clinical Commissioning Group, Police and Probation are working in partnership the NHS and other provider services to implement this project locally.

Modern Slavery and Human Trafficking

See full analysis [here](#).

Modern slavery is an emerging crime in Gloucestershire that is chronically underreported. It has been identified as an operational priority by Gloucestershire Constabulary's Strategic Threat Assessment for 2017/18 and is a priority threat nationally. Furthermore, it will align with Gloucestershire Health and Wellbeing Board's priorities of improving wellbeing and reducing inequalities in the county.

This analysis has identified a number of actions for potential action:

5. *Raise awareness and ensure intelligence from partner agencies is reported*: There is a need to raise awareness of modern slavery in order to increasing reports of this crime to the police, and to dispel stereotypes about victims and perpetrators, as well as inform the public about trends we know about.
6. *Anti-Slavery Partnership*: Safer Gloucestershire can continue to support the work of the Gloucestershire Anti-Slavery Partnership, which works within a South West based network to combat slavery in the region.
7. *Local Profiles*: A Serious and Organised Crime (SOC) local profile has been commissioned by Gloucestershire Constabulary's Strategic Board.

¹²⁴ Office of National Statistics, *Deaths by drug poisoning where any opiates were mentioned on the death certificate, local authorities in England and Wales, 1993 to 2016*, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/007446deathsbydrugpoisoningwhereanyopiateswerementionedonthedeathcertificatelocalauthoritiesinenglandandwales1993to2016>

¹²⁵ Alcohol Concern, *Blue Light Project*, <https://www.alcoholconcern.org.uk/blue-light-project>

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