



Health and Wellbeing Together

21 October 2020

Time 1.20 pm **Public Meeting?** YES **Type of meeting** Partnership Boards
Venue MS Teams

Membership

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Public Health and Wellbeing
Craig Alford	Third Sector Partnership
Chief Superintendent Andy Beard	West Midlands Police
Emma Bennett	Director of Children's Services
Katherine Birch	University of Wolverhampton
Katrina Boffey	NHS England & NHS Improvement - Midlands
Councillor Ian Brookfield	Leader of the Council
Tracy Cresswell	Healthwatch Wolverhampton
John Denley	Director of Public Health
Marsha Foster	Black Country Healthcare NHSFT
Professor Steve Field CBE	Royal Wolverhampton NHS Trust
Lynsey Kelly	Head of Community Safety
Councillor Linda Leach	Cabinet Member for Adults
Professor David Loughton CBE	Royal Wolverhampton Hospital NHS Trust
Juliet Malone	West Midlands Fire Service
Councillor John C Reynolds	Cabinet Member for Children and Young People
Sally Roberts	Wolverhampton Safeguarding Board
Councillor Wendy Thompson	Shadow Cabinet Member for Public Health and Wellbeing
Paul Tulley	Wolverhampton CCG
David Watts	Director of Adult Services

Information

If you have any queries about this meeting, please contact the democratic support team:

Contact Shelley Humphries
Tel/Email Tel: 01902 554070 email:shelley.humphries@wolverhampton.gov.uk

Agenda

PART 1 – Items open to all attendees

Item No. *Title*

MEETING BUSINESS ITEMS - PART 1

- 1 **Apologies for absence**
- 2 **Notification of substitute members**
- 3 **Declarations of interest**
- 4 **Minutes of the previous meeting** (Pages 3 - 10)
[To approve the minutes of the previous meeting as a correct record.]
- 5 **Matters arising**
[To consider any matters arising from the minutes of the previous meeting.]
- 6 **Health and Wellbeing Together Forward Plan 2020 - 2021** (Pages 11 - 16)
[To receive the Health and Wellbeing Together Forward Plan 2020 - 2021.]

ITEMS FOR DECISION - PART 2

- 7 **Outcomes from Joint Health and Wellbeing Strategy Review Development Workshop**
[To agree the priorities to take forward following the Joint Health and Wellbeing Strategy Review Development Workshop.]
- 8 **Local Outbreak Engagement Board Update**
[To receive a verbal update on the work of the Local Outbreak Engagement Board.]
- 9 **City of Wolverhampton Council – Homeless Services Provision** (Pages 17 - 24)
[To receive an evaluation of the 'Everyone In' programme.]
- 10 **City of Wolverhampton Winter Plan - (To Follow)**
[To receive the City of Wolverhampton Winter Plan.]
- 11 **Safer Wolverhampton Community Safety and Harm Reduction Strategy (2020-2023)** (Pages 25 - 72)
[To endorse the Safer Wolverhampton Community Safety and Harm Reduction Strategy (2020-2023).]
- 12 **Other Urgent Business**
[To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.]



Health and Wellbeing Together

Minutes - 8 July 2020

Agenda Item No. 4

Attendance

Members of the Health and Wellbeing Together

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Public Health and Wellbeing
Craig Alford	Citizens Advice Bureau
Chief Superintendent Andy Beard	West Midlands Police
Emma Bennett	Director of Children's Services
Katherine Birch	Faculty of Education, Health and Wellbeing
Councillor Ian Brookfield	Leader of the Council
Tracy Cresswell	Healthwatch Wolverhampton
John Denley	Director of Public Health
Lynsey Kelly	Head of Community Safety
Professor David Loughton CBE	Chief Executive - Royal Wolverhampton Hospital NHS Trust
Juliet Malone	Operations Commander, West Midland Fire Service
Councillor John C Reynolds	Cabinet Member for Children and Young People
Sally Roberts	Wolverhampton Safeguarding Board
Councillor Wendy Thompson	Shadow Cabinet Member for Public Health and Wellbeing
Paul Tulley	Managing Director, Wolverhampton CCG
David Watts	Director of Adult Services

In Attendance

Jamie Annakin	Principal Public Health Specialist
Sukhmiinder Chahal	Employability Brokerage Officer
Claire Dickens	Chair of the Suicide Prevention Stakeholder Forum
Alan Duffell	Royal Wolverhampton NHS TRust
Joanna Grocott	Systems Development Manager
Shelley Humphries	Democratic Services Officer
Sue Lindup	Skills and Employability Manager (Adults)
Parpinder Singh	Principal Public Health Specialist
Anthony Walker	Homelessness Strategy and External Relationships Manager
Dr. Kate Warren	Consultant in Public Health
Becky Wilkinson	Head of Adult Improvement

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies for absence**
Apologies were received from Councillor Linda Leach and Professor Steve Field CBE.

2 **Notification of substitute members**

There were no notifications of substitute members.

3 **Declarations of interest**

There were no declarations of interest made.

4 **One Minute's Silence**

A minute's silence was observed to honour all those who had lost their lives or provided essential care and services since the start of the pandemic. The Chair also offered sincere thanks to all partners for their hard work throughout the pandemic which embodied the ethos of Health and Wellbeing Together.

5 **Minutes of the previous meeting**

Resolved:

That the minutes of the meeting of 22 January 2020 be approved as a correct record.

6 **Matters arising**

Minute 8

In respect of Minute 8, it was noted that the City quadrant map for the colour-coded needles had been provided to West Midlands Fire Service as requested.

7 **Health and Wellbeing Together Forward Plan 2020 - 2021**

Madeleine Freewood, Development Manager presented the Health and Wellbeing Together Forward Plan 2020 – 2021 and outlined future agenda items. It was noted that the next full board meeting was scheduled for 21 October.

It was agreed that the next Executive meeting scheduled for 2 September 2020 would include a review of the Joint Health and Wellbeing Strategy 2018 - 2023 priorities in light of work taking place to understand the local impact of COVID-19. This work would then further inform the agenda for the October meeting of the full Board.

It was noted that, as is usual practice, the board microsite - wellbeingwolves.co.uk – provided information on how partner members of Health and Wellbeing Together can submit items for future meetings as well as how members of the public can submit a question.

Resolved:

1. That a review of the Joint Health and Wellbeing Strategy 2018 – 2023 in light of COVID-19 be undertaken at the next Health and Wellbeing Together Executive meeting.
2. That the Health and Wellbeing Together Forward Plan 2020 – 2021 be noted.

8 **Outbreak Control Plan**

John Denley, Director of Public Health delivered a presentation on the Wolverhampton COVID-19 Outbreak Control Plan. The presentation outlined the two key aims of the Plan being:

- to reduce the spread of COVID-19 infection and save lives;

- to help as many people as possible return to normal life, in a way that is safe, protects our health and care systems and supports our economy to recover.

It was noted that Wolverhampton had entered the emergency situation with pre-existing health inequalities however, following extensive work and forging strong, local partnerships, it was reported that the outcome in the City had been felt but had been less impactful than anticipated.

The approach included the continuation and building on the existing partnership work and was underpinned by a set of three key outbreak management principles: Prevention first; Early recognition and Swift response. This was supported by a set of additional principles: Scale; Capacity; Communication and Engagement; Integration and Delivery and Stakeholders.

The plan provided a framework for the local response to outbreaks and incidents and was structured around the seven themes as set out by the Local Government Association and Department of Health and Social Care. It was noted that the seventh theme outlined the need for a local Board to be established and it was noted that the Local Outbreak Engagement Board would be created for Wolverhampton with local stakeholders.

It was noted that communications and engagement plans had been built in with the Director of Public Health to lead with communications in the event of an outbreak and local communication led by City of Wolverhampton Council, NHS Communications Team and other partners.

The communications plans were welcomed as it was highlighted that ensuring the Outbreak Plan was clear and accessible to residents was beneficial and inspired trust.

It was noted that grants provided by the Government had been hugely beneficial for educational settings and childminders and it was suggested that this be communicated. It was clarified that communications from the Children's Services area were due to be released that day around how settings could recover, protect children and young people and minimise spread of the virus. It was agreed that joint communications would be key.

It was noted that adult health and social care had been heavily hit by the effects of the pandemic and tribute was paid to colleagues from the Council, NHS and acute hospital trusts for their dedicated work and response to the emergency.

Resolved:

That the Outbreak Control Plan be received.

9

COVID-19 and Black, Asian, Minority and Ethnic (BAME) Update

Dr Kate Warren presented the briefing note on COVID-19 and BAME which provided an outline of the pandemic had impacted on BAME communities and the City response to understanding this impact.

It was stated that there had been a disproportionate number of BAME admissions to hospital with COVID-19 and an extensive programme of work was being undertaken to establish the factors that may have caused this.

It was reported that research so far had found contributing causes to be complex in nature and included social, cultural or biological factors. It was noted that age still remained the most defining factor and that being of a particular background did not automatically mean that a person was more likely to be at risk of exposure or death. It had also been found that BAME communities were more likely to feel the indirect effects of the pandemic such as deprivation and unemployment.

It was agreed that work would continue to progress and that an update on any significant developments would be provided at future meetings of Health and Wellbeing Together.

Resolved:

1. That the evidence is kept under review and any significant developments in understanding would be provided at future Health and Wellbeing Together meetings.
2. That the partner agencies provide updates on specific action taken in response and the findings of any equity audits or participatory research are provided at future Health and Wellbeing Together meetings.

10 **Developing a Place-based Approach**

Joanna Grocott, Systems Development Manager and James Amphlett, Head of Insight and Performance delivered the presentation on Developing a Place-based Approach. It was noted that when analysing deprivation data ward-by-ward, small 'pockets' of deprivation were being identified in otherwise affluent wards. When taken as an average, this could skew data and 'mask' these smaller areas of deprivation when decisions were being made on where to focus resources. The place-based approach was intended to delve deeper into the analysis to identify these particular areas of deprivation so that work could be undertaken with the communities and their existing resources to reduce the inequalities in these areas.

It was noted that the full impact of COVID-19 had not yet been seen and this may mean that new areas of deprivation may emerge as the impact on businesses during lockdown began to affect unemployment.

It was noted that all wards had seen an increase in benefit claims around the time that lockdown started and already deprived areas had been showing signs of becoming more deprived. A risk assessment had been carried out on vulnerable children and young people which concluded that the majority of vulnerable children came from deprived areas and there had been an increase in young people (aged 18-24) becoming classed as vulnerable, especially if they were young parents.

The fine-detail work on identifying the areas of deprivation was commended as this would ensure these areas were not overlooked. It was noted that COVID-19 and social distancing had prevented face-to-face engagement and it was reassuring that the work was still continuing despite this. The focus on areas and building strong relationships with communities to ensure they would thrive was also commended.

It was noted that the maps provided as part of the presentation offered a helpful bird's eye view of the City and highlighted the areas in need of focus to make a difference to people's quality of life.

Resolved:

That Health and Wellbeing Together endorse the work undertaken towards the Place-based Approach.

11

Joint Health and Wellbeing Strategy: Workforce Priority Update

Sue Lindup, Skills and Employability Manager and Sukhminder Chahal, Employability Brokerage Officer delivered the Wolves at Work presentation. The presentation provided an overview of the programme which had been established to support adults aged 18 and above with physical and mental health conditions into positive outcomes, whether it be volunteering, apprenticeships or employment.

It was stated that support packages had been developed including Work Coaches to help support this as well as four bespoke employability programmes delivered by Learning Communities. It was noted that the journey into work was sometimes more complex for some people than for others and the programme aimed to support that.

It was noted that the services face-to-face offer had been affected throughout lockdown, although the service had adapted their services by contacting clients online or over the phone to continue with their support packages.

It was agreed that the Wolves at Work programme had been especially beneficial to the groups of people who were in need of extra support and the work was commended.

Alan Duffell, Royal Wolverhampton NHS Trust presented the Health and Wellbeing Workforce Resourcing report and highlighted salient points. The report outlined the measures taken by the Royal Wolverhampton NHS Trust to support the health and wellbeing of its workforce. A strategic approach had been implemented with five primary elements: Career Wellbeing; Mental and Emotional Wellbeing; Physical Wellbeing; Financial Wellbeing and Community and Social Wellbeing.

The report detailed steps taken to provide staff with ways to improve their health and wellbeing in these areas in order to attract new staff and retain the existing workforce.

The pandemic situation had prevented much of the face-to-face support offered, however where possible, telephone contact links and support via virtual platforms had been established to keep the workforce connected to support networks.

Resolved:

That the Joint Health and Wellbeing Strategy: Workforce Priority Update be received.

12

Joint Mental Wellbeing and Suicide Prevention Forum Update

Jamie Annakin, Principal Public Health Specialist presented the briefing note on Public Mental Health During the COVID-19 Pandemic (Adults) and highlighted salient points. The briefing note provided an update on public mental health approaches by City of Wolverhampton Council and strategic partners to promote adult population mental wellbeing and provide support pathways for adults experiencing mental health problems during the COVID-19 pandemic. The briefing note also outlined future workstreams, including a review of digital support to ensure services continued to deliver throughout the City.

It was noted that there had been limitations on face-to-face meetings, however the service had adapted to offer support where it was needed the most, ensuring targeted mental health support for at risk groups.

It was reported that there had been mental health campaigns across the City and involving all stakeholders from Health and Wellbeing Together, particularly around Mental Health Awareness week.

It was noted that service providers had been mindful of the fact that digital services were not accessible to everyone, therefore initiatives had been introduced, such as literature included in the food parcels distributed by volunteers to clinically and financially vulnerable residents which outlined the 10 steps to wellbeing and provided contact details to access services.

There had been a number of radio broadcasts addressing issues such as fear and apprehension, anxiety and sleep difficulties which included information signposting listeners to access services. This was held in conjunction with many local stations, including several community stations to ensure outreach to minority communities as well.

A telephone line had been established and run by volunteers as part of the City's Stay Safe, Be Kind campaign to support residents who were experiencing low mood with clear pathways to signpost to further support if required. Mental health support had also been offered to call handlers who had been affected by distressing conversations with callers.

A number of other initiatives had been introduced such as self-referral routes into mental health services.

Clare Dickens, Chair of the Suicide Prevention Stakeholder Forum provided a verbal update on the work of the Forum. It was outlined that stakeholders had come together to establish the Forum and form an action plan around suicide prevention that aligned with the public health spectrum. It was stated that the Forum operated on the ethos that suicide is not inevitable and everyone deserves to keep themselves safe.

It was noted that many people who had died by suicide had not always been known to mental health services; a person did not necessarily have to have a mental health issue to be thinking of suicide. It was reported that gathering and analysing data had proved a challenge as there had been a lag from the Office of National Statistics, often meaning information arrived too late, therefore work around data surveillance was being undertaken.

It was noted that there had been joint working with media colleagues at local newspaper the Express and Star around ensuring safe and sensitive suicide-related reporting. This was also to ensure readers who were at risk were not exposed to triggers.

It was highlighted that suicide prevention was not only talking someone out of suicide but enabling them to build a future that was worth living for. It was noted that an awareness of the numbers of suicides, work around understanding suicide attempts and pre-emptive planning were key.

Major events had been organised to raise awareness of the topic, such as the Hope Walk where residents joined together to visit partners and distributing literature created in conjunction with suicide prevention charity Papyrus to provide contact information to access services.

Special thanks were offered to the Mayor for making the Forum a chosen charity to enable the Forum to not just influence but deliver outcomes. It was planned for the Forum to become a registered charity to generate more income to deliver on these outcomes.

It was highlighted that the Forum were fully committed to their work to prevent suicide as it was stated that any death by suicide was one too many. Suicide was often the ultimate consequence of inequalities such as unemployment or other factors and, although the full impact of the pandemic was not yet understood, it was thought the stress triggers caused by the current situation were likely to raise the risk of suicidal thoughts.

It was highlighted that suicides had reduced in the City which was encouraging, however it was noted that work still needed to be continued as it was reiterated that each death was one too many. It was noted that three out of four deaths were men in the 45 – 59 age range, therefore there had been a maintained focus on this demographic.

The work around mental wellbeing and the work of the Forum were both commended.

Resolved:

That the Joint Mental Wellbeing and Suicide Prevention Forum Update be received.

13

Mental Health Services - Impact of COVID - 19 and Learning So Far

Marsha Foster, Black Country Healthcare NHS Foundation Trust delivered the presentation on Mental Health Services – Impact of COVID-19 and Learning So Far.

It was reported that the Black Country Healthcare NHS Foundation Trust had undergone a merger from 1 April 2020 in the early days of lockdown into a larger trust to incorporate Wolverhampton, Dudley, Walsall and Sandwell. It was noted that Wolverhampton was the most diverse of the boroughs and faced many challenges.

The presentation outlined that the Black Country had entered the COVID-19 emergency with a number of pre-existing mental health inequalities that had been caused and exacerbated during the pandemic, as well as the many significant challenges that had been faced nationally by residents and services due to the effects of the pandemic and lockdown.

It was reported that the Trust had responded by operating in ‘major Incident Mode’ and ensuring adaption of services to facilitate remote working wherever possible, increasing and ensuring safety measures including personal protection equipment (PPE), a focus on clear communication channels and establishing strong partnerships across the Black Country.

It was noted that the adaptations of services and behaviours which have added value to the service would be incorporated into future working and work would be undertaken in addressing challenges such as workforce shortages.

All partners were invited to join stake holder discussions.

Resolved:

That the Mental Health Services – Impact of COVID-19 and Learning So Far presentation be received.

14

Homelessness Strategy and Update on 'Everyone In'

Anthony Walker, Homelessness Strategy and External Relationships Manager provided a verbal update on the Homelessness Strategy and 'Everyone In' initiative. It was reported that the Homelessness Strategy that had been published last year was in the process of being refreshed with the learning from the 'Everyone In' programme which had launched three months ago.

The programme's main aim was to support everyone who was homeless or at risk of being homeless into appropriate housing during the pandemic. This work initially began with rough sleepers but grew to include people using the night shelter. It was reported that one hotel was being used as a hostel which had expanded to encompass further 'satellite' establishments. Partner agencies such as West Midlands Police, Public Health colleagues, voluntary sector had all mobilised rapidly to provide support.

150 people had made use of the hostel either as residents or to access services or treatment. 60 people had been placed in either accommodation or into a supportive environment with family or friends, for example.

Resolved:

That the verbal update on the Homelessness Strategy and 'Everyone In' be received.

	<h2>Health and Wellbeing Together</h2> <p>21 October 2020</p>
---	---

Report title	Health and Wellbeing Together Forward Plan 2020 - 2021	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Public Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley, Director of Public Health	
Originating service	Governance	
Accountable employee	Shelley Humphries Tel Email	Democratic Services Officer 01902 554070 shelley.humphries@wolverhampton.gov.uk

Recommendation for noting:

Health and Wellbeing Together is recommended to note:

1. The items on the Health and Wellbeing Together Forward Plan 2020 – 2021.

1.0 Purpose

- 1.1 To present the Forward Plan to Health and Wellbeing Together for comment and discussion in order to jointly plan and prioritise future agenda items for the Executive Group and Full Board.
- 1.2 The Forward Plan will be a dynamic document and continually presented in order to support a key aim of the Health and Wellbeing Together Full Board and Executive Group – to promote integration and partnership working between the National Health Service (NHS), social care, public health and other commissioning organisations.

2.0 Background

- 2.1 As agreed at the meeting of the Full Board in October 2016, the attached Forward Plan document seeks to enable a fluid, rolling programme of item for partners to manage.

3.0 Financial implications

- 3.1 There are no direct financial implications arising from this report.

4.0 Legal implications

- 4.1 There are no direct legal implications arising from this report.

5.0 Equalities implications

- 5.1 None arising directly from this report.

6.0 Climate Change and Environmental implications

- 6.1 None arising directly from this report.

7.0 Human resources implications

- 7.1 None arising directly from this report.

8.0 Corporate Landlord implications

- 8.1 None arising directly from this report.

9.0 Health and Wellbeing implications

- 9.1 The health and wellbeing implications of each matter will be detailed in each individual report submitted to the Group.

10.0 COVID - 19 Implications

- 10.1 The COVID - 19 implications of each matter will be detailed in each individual report submitted to the Group.

11.0 Schedule of background papers

- 11.1 Minutes of previous meetings of the Health and Wellbeing Together Full Board and Executive Group regarding the forward planning of agenda items.
- 11.2 Agenda Item Request Forms.



Health and Wellbeing Together: Forward Plan

Last updated: 7 October 2020

Health and Wellbeing Together is comprised of a Full Board and an Executive.

Full Board meetings are structured to shift focus from service silos to system outcomes by adopting a thematic approach to addressing the priorities identified in the Joint Health and Wellbeing Strategy. The primary focus of the Executive group is to sign off statutory documents and provide a strategic forum for the Council and health partners to drive health and social care integration.

KEY

Items in red are new or amended from the previous version.

Items in **bold** are regular or standing items.

Thematic areas: Growing Well, Living Well, Ageing Well, System Leadership

Joint Health and Wellbeing Strategy (JHWBS) priority areas:

1. Early Years
2. Children and young people's mental wellbeing and resilience
3. Workforce
4. City Centre
5. Embedding prevention across the system
6. Integrated Care; Frailty and End of Life
7. Dementia Friendly City

[E] Executive

[FB] Full Board meeting

Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
FB 21 October 2020	System Leadership		Outcomes from Joint Health and Wellbeing Strategy Review Development Workshop	Madeleine Freewood (CWC)	Verbal	Agreed at HWT Executive Group on 2 September 2020.
	COVID-19		Local Outbreak Engagement Board Update	Dr. Kate Warren (CWC/ RWT)	Plan-on-a-Page Slide	Agreed at HWT Executive Group on 2 September 2020.
	Living Well	City	City of Wolverhampton Council – Homeless Services Provision	Anthony Walker (CWC)	Presentation	To receive an update on the outcomes of the lessons learnt.
	System Leadership	Ageing Well	City of Wolverhampton Council Winter Plan	Becky Wilkinson (CWC)	Report	
	Living Well/ System Leadership	City	Safer Wolverhampton Community Safety and Harm Reduction Strategy (2020-2023)	Lynsey Kelly (CWC)	Report	
E 9 December 2020	Growing Well		Black Country Strategic Child Death Overview Panel Development Update	John Denley (CWC)	Implementation and progress update	Agreed at Executive Group on 20 February 2019 for progress update to be presented back to Exec once agreed changes implemented.

[This report is PUBLIC –
NOT PROTECTIVELY MARKED.]

	System Leadership		Health and Wellbeing Together Long-term Plan	Madeleine Freewood (CWC)	Briefing Note	
			Better Care Fund Quarter 4 Report	Becky Wilkinson (CWC)		
	System Leadership		Mental Health Services – Engaging with Partners to Develop Clinical Strategy (final title tbc)	Marsha Foster (BCHC)		
FB 13 January 2021	System Leadership		Public Health Annual Report	John Denley (CWC)		Annual Report
	System Leadership		Maximising Digital Opportunities for Health and Wellbeing in Wolverhampton	Charlotte Johns (CWC)		Deferred from 8 April 2020
	System Leadership		Healthwatch Wolverhampton Annual Report	Tracy Cresswell (Healthwatch Wolverhampton)		Annual Report
E 10 February 2021						
FB 28 April 2021						
To be scheduled...						

City of Wolverhampton Council – Homeless Services Provision

2 October 2020

Anthony Walker, Homeless Strategy & External
Relationships Manager

Page 17
CITY OF
WOLVERHAMPTON
COUNCIL

Our mission:
Working as one to
serve our city



Agenda Item No: 9

‘Everyone In’

- On 26 March 2020, Central Government announced a requirement for Local Authorities to house all rough sleepers and homeless individuals.
- CWC established emergency COVID-19 accommodation in a City Centre location, within the Redwings Hotel.
- Co-ordinated support was provided by CWC staff, Wolverhampton Homes, treatment services, statutory partners and third sector organisations.
- Accommodation and support was provided from Redwings to over **160** single people over this period. 27 people were without access to public funds.

‘Everyone In’

- The City’s 16 most entrenched rough sleepers were accommodated and 25% of the total cohort accommodated had previously slept rough or had a history of rough sleeping.

Page 19

- The service engaged some of the City’s most complex and challenging individuals, with referrals coming from Probation, Police, treatment services, mental health services, hospitals and other support providers.
- Over one third of the residents accommodated at Redwings were supported into treatment services.

Case Studies from Redwings

- An 18-year-old male had been sleeping rough in a garden for several months. He had fled from gang violence in London and was attempting to locate his only remaining contact in the UK, here in Wolverhampton. Unfortunately this contact was no longer living in the City. After months of sleeping in the back of a shed, the young person reached out for help due to COVID. He is now accommodated with Hope Into Action, is engaged on a training programme and is working to rebuild his life and gain his independence.

Page 20

A young female who had been in and out of custody since the age of 13, with a history of rough sleeping and sex working, was referred into Redwings. She was deemed to be too high risk for female only provision and would be at risk herself in traditional hostel provision. She had previously disengaged with partners but was supported to build trusting relationships with treatment services, Probation Services and Changing Lives whilst accommodated in Redwings. She now has her own tenancy and is hoping to withdraw from her dependency from Methadone so she can start to volunteer at the Good Shepherd.

- One of Wolverhampton's most entrenched rough sleepers, who had been rough sleeping for over 10 years and had previously refused all intervention and offers for housing, accepted a room at Redwings. He would leave daily but return at set meal times and trusted the team enough to ask for assistance if and when needed.

Learning from the Pandemic

- Night Shelters and many forms of shared accommodation are deemed to be unsafe under COVID guidelines. The demand for self-contained accommodation is now greater than ever.
- CWC has recognised the work undertaken during the pandemic provides the City with a real opportunity to refocus homeless services in Wolverhampton to provide individuals with the best possible support and ensure that resources are best placed.
- From the learning obtained during the pandemic, CWC has determined that there is a need for a service for 'roof less' vulnerable single people in Wolverhampton. This service would comprise of an Assessment Centre staffed by partners and accommodation.

Partnership Working

Strong partnership working was the key to the success of the work undertaken to support rough sleepers and homeless individuals in Wolverhampton during the 'Everyone In' programme.

Page 22

How can the City Inclusion Board support this work?

How can individual organisations support this work?

wolverhampton.gov.uk

This page is intentionally left blank

	<h2>Health and Wellbeing Together</h2> <p>21 October 2020</p>
---	---

Report title	Safer Wolverhampton Community Safety and Harm Reduction Strategy (2020-2023)	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Cabinet Member for Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley, Director of Public Health	
Originating service	Public Health	
Accountable employee	Lynsey Kelly Tel Email	Head of Communities 01902 5550042 Lynsey.Kelly@wolverhampton.gov.uk
Report has been considered by	Public Health Leadership Team Scrutiny Board Senior Executive Board Safer Wolverhampton Partnership Board Full Council	5 November 2019 28 January 2020 5 February 2020 22 May 2020 16 September 2020

Recommendations for action:

Health and Wellbeing Together is recommended to:

1. Endorse the Safer Wolverhampton Partnership (SWP) Community Safety and Harm Reduction Strategy (2020-2023).
2. Collaborate with SWP where possible to strengthen the City response to crime and harm reduction.

1.0 Purpose

- 1.1 This report will outline the SWP Community Safety and Harm Reduction Strategy (2020-2023) for endorsement.

2.0 Background

- 2.1 Safer Wolverhampton Partnership (SWP), acts as the local Police and Crime Board for Wolverhampton. The strategic board develops and delivers (in partnership with the voluntary and community sector) strategic plans for Wolverhampton; working to reduce crime and disorder across the City and to ensure the robust implementation of section 17 of the Crime and Disorder Act 1998. The Act places a duty on all statutory partners to consider issues of community safety at the centre of their delivery.
- 2.2 SWP Board is a partnership board and membership make up includes statutory members from regulatory authorities; West Midlands Police, West Midlands Fire and Rescue Service, National Probation Service, Community Rehabilitation Company, Clinical Commissioning Group and the Local Authority. To ensure balance on the board, five voluntary sector organisations are invited to sit on the board and three resident representatives.
- 2.3 The Board refresh the Community Safety Strategy every three years to ensure that it remains relevant and fit for purpose. The previous strategy ended on 31 March 2020.
- 2.4 The final Community Safety and Harm Reduction Strategy 2020-2023 (Appendix 1) outlines successes of the previous strategy (2017-2020) and outlines the agreed priorities for the next three years of delivery.

3.0 Agreeing Priorities

- 3.1 Priorities for 2020-2023 were determined during an independently facilitated workshop held in June 2019. The workshop was attended by board members, statutory partners and a number of third sector representatives who deliver specialist interventions to reduce crime and disorder across the City.
- 3.2 A number of priorities were discussed at the workshop; partners were asked to consider their importance against a number of indicators and were informed by qualitative and quantitative data from a range of sources including Wolverhampton's annual strategic assessment, local crime data, thematic trends, public health data and local community concerns.
- 3.3 The following overarching priorities were agreed:
- Reducing offending
 - Preventing violence
 - Reducing harm
 - Building community capacity

- 3.4 Following the success of the 2017-2020 strategy; broad overarching priorities were selected to allow flexibility to respond to any emerging crime trends or risks and focus delivery according to demand and need. Delivery will be monitored by an annually refreshed action plan which will outline specific actions sitting underneath each outcome, action owners and timescales.
- 3.5 An overarching performance framework is monitored by SWP Board and partners are held to account and supported to achieve delivery outcomes.

4.0 Overarching Priorities - Reducing Offending

- 4.1 The priority of reducing offending is slightly broader than in the previous strategy, which was reducing reoffending. This allows an increased focus on early intervention and prevention. Agencies can support people from the earliest possible point to stop them from offending in the first instance, as well as working with those who have already entered the criminal justice system to reduce the risk of them reoffending.
- 4.2 Over the duration of the 2017-2020 SWP strategy, Wolverhampton's Community Safety Partnership (CSP) led on the delivery of the Black Country Reducing Reoffending Strategy in collaboration with CSPs from Dudley, Sandwell and Walsall. This joint strategy will allow the Black Country to attract additional resources to address offending and assists in strengthening our collective capacity and partnership working arrangements.
- 4.3 The Community Safety and Harm Reduction Strategy outlines what SWP, as a partnership, hope to achieve in Wolverhampton:
- Reduce adult and youth offending
 - Earlier identification of those in need of support
 - Work effectively with the partnership to utilise appropriate enforcement and implement interventions to change the behaviour of offenders and prevent reoffending
 - Effective management of high volume/risk offenders
 - Improved use of pathways to change offender attitudes and behaviours

5.0 Overarching Priorities - Preventing Violence

- 5.1 Identifying those in need of support at an early stage to prevent escalation of violence and reduce crime continues to be a focus for SWP Board. There is a commitment to continue to deliver robust preventative work using a multi-agency approach to ensure that those in need of specialist services receive them at a much earlier point to reduce risk to themselves and the wider community.
- 5.2 Wolverhampton's Tackling Violence and Exploitation Strategy outlines SWP's commitment to tackling all forms of exploitation and violence in a holistic manner with a particular focus on contextual safeguarding, whilst the Interpersonal Violence Strategy continues to deliver

against the priority to tackle domestic abuse, sexual violence, female genital mutilation, honour-based violence, forced marriage and stalking and harassment across all genders.

- 5.3 This strand will also complement the work and aims of #YES – Youth Engagement Strategy. SWP recognises the need for targeted specialist services for those young people most at risk as well as universal outreach support and activities. These will be commissioned in consultation with young people so that they are engaging and relevant for young people across the City.
- 5.4 The SWP Strategy (2020-2023) aims to:
- Promote a shared understanding that all forms of violence are unacceptable, therefore increasing confidence in reporting and help seeking
 - Reduce the prevalence of violent crime across all age groups
 - Ensure Wolverhampton is a safe place to live, work and visit
 - Work effectively with the partnership to support offenders and utilise appropriate enforcement when necessary
 - Influence implementation and delivery of the West Midlands Violence Reduction Unit to ensure that it meets local need.

6.0 Overarching Priorities – Harm Reduction

- 6.1 Reducing the harm caused by victimisation and repeat victimisation will ensure those who are most vulnerable are more effectively safeguarded and supported to reduce the risk that they continue to suffer harm.
- 6.2 The Community Safety and Harm Reduction Strategy (2017-2020) named reducing victimisation as a priority and progressed many workstreams relating to harm reduction. This included the development of a modern slavery pathway, hate crime microsite and the progression of the Wolverhampton and Walsall Anti-Slavery Partnership.
- 6.3 The SWP Strategy (2020-2023) aims to:
- Increase reporting of under-reported crimes
 - Earlier identification of those at risk of harm
 - Recognition that reducing harm is everyone's business
 - Empower residents to build a community response

7.0 Overarching Priorities - Building Community Capacity

- 7.1 Whilst community empowerment and engagement have been strong themes in previous strategies, building community capacity has been identified as a priority in the 2020-2023 strategy to reflect the vital role which communities can play in helping to reduce crime and disorder, supporting victims of crime and reducing harm and victimisation.
- 7.2 The Community Safety and Harm Reduction Strategy 2020-2023 sets out a commitment from the partnership to work with communities and partners to support

people to become active within their local communities and to co-produce proactive solutions to the problems they may face.

- 7.3 Using a place-based approach, the ambition is to understand specific area issues and to empower communities to identify how they can work together to make small improvements in their local area.
- 7.4 This strand will also link with the ambition of Public Health and Wellbeing, to reduce deprivation and health inequalities by empowering communities and vulnerable residents to seek support, assistance and build resilience through support networks.
- 7.5. The partnership aims to:
- Encourage and enable residents to become more involved in their local area and take pride in it
 - Build on trust and confidence within communities to increase reporting of crime
 - Enable residents to take responsibility for appropriate issues within their communities and support each other
 - Strengthen community cohesion

8.0 Consultation

- 8.1 The strategy was developed following analysis of current data trends and intelligence, and from gathering the views from organisations across the partnership through ongoing consultation. SWP sought wider views of stakeholders, residents and the communities of Wolverhampton during the consultation period.
- 8.2 Consultation for the draft strategy ran for a 12-week period to comply with Wolverhampton's compact agreement.
- 8.3 Consultation responses were received from;
- An online survey
 - Community Partners and Communities Together (PACT) meetings across all Wards
 - Wolverhampton Health and Wellbeing Together
 - Youth Offending Team (YOT) Board
 - Safer Wolverhampton Delivery Group
 - St George's Hub
 - Youth Council
 - Wolverhampton Domestic Violence Forum Executive Board
 - Wolverhampton Resilience Board
 - Interfaith Wolverhampton
 - The Haven Wolverhampton

The Consultation was also distributed to:

- All Councillor in-boxes and copies made available in members lounge

- CWC staff, using City People
- Wolverhampton Anti-slavery Network
- Wolverhampton Voluntary Sector
- Wolverhampton Safeguarding Together
- Third Sector Providers

9.0 Evaluation of alternative options

- 9.1 Option one – not to refresh the strategy; There is a statutory requirement to have a current and up to date Community Safety Strategy as per the Crime and Disorder Act 1998. Not renewing the strategy would result in the board failing to meet statutory obligations.
- 9.2 Option two – continue with the current strategy; Although this would allow the statutory obligation to be met, the strategy would not be addressing current and emerging issues which the City is experiencing and therefore would not be fit for purpose.
- 9.3 Option three – Endorsement of the renewed strategy for 2020-2023. This allows SWP to meet its statutory obligations and continue to tackle crime and disorder across Wolverhampton, responding to local trends and issues.

10.0 Reasons for decision

- 10.1 Renewing and updating the strategy will allow the strategy requirement to be met and allows partners to understand current and emerging trends and plan to respond accordingly.

11.0 Financial Implications

- 11.1 The Community Safety Strategy will be largely delivered through partners of the responsible organisations, partners will continue to meet their statutory responsibilities which contribute towards the overall strategy.
- 11.2 Wolverhampton's grant allocation from the Police and Crime Commissioner (PCC) for 2020-2021 is £150,000. The PCC allocation has been ringfenced for Community Safety use by Safer Wolverhampton Partnership (SWP) in line with conditions of grant.

[JB/29092020/G]

12.0 Legal Implications

- 12.1 Sections 5 and 6 of the Crime and Disorder Act 1998 require the Council and other responsible authorities to formulate and implement strategies to reduce crime and disorder in the area. Subsequent revisions to the Act (Police and Justice Act 2006) places a duty on Community Safety Partnerships to prepare strategic assessments with the purpose of informing the partnership plan revisions.

- 12.2 Section 17 of the Crime and Disorder Act 1998 (amended) requires the Council along with the other Responsible Authorities to exercise their functions with due regard to do all that they reasonably can by way of preventing crime and disorder, anti-social behaviour, substance misuse and re-offending in the locality. All aspects of this requirement are featured within the strategy.
[SB/24092020/D]

13.0 Equalities implications

- 13.1 A full equalities analysis has been undertaken to inform the strategy and its delivery (appendix 2).
- 13.2 Central to the consultation methodology was the targeting of Wolverhampton's diverse residents and communities to ensure that the strategy reflects the views of residents and partners across the City. The addition of the priority to build community capacity will also result in empowering as many residents as possible to be more active in their area. Taking a place-based approach will mean that traditionally hidden communities will be empowered to play a leading role in delivery within their areas.
- 13.3 Data suggests that some groups are particularly vulnerable to crime and harm. For example, young men are particularly vulnerable to youth violence associated with Urban Street Gangs and females are more likely to suffer domestic Abuse. Anecdotal evidence suggests that those who are expelled from school, attend a PRU or are care leavers may be more vulnerable to becoming victims or perpetrators of particular crimes.
- 13.4 When considering hidden crimes; an incident based on hatred can take many different forms. The five strands of hate crime are an offence committed on the grounds of; race, perceived religion, sexual orientation, transgender identity or disability. Whilst hidden crimes in relation to domestic abuse, such as female genital mutilation (FMG), so called honour-based violence (HBV) and forced marriage (FM) are most prevalent within communities where these practices are widespread in the victim or perpetrators country of origin.
- 13.5 The strategy recognises this and uses a data-informed approach to target interventions and support to those most at risk (whilst also providing universal provision), thus achieving the greatest impact.

14.0 Climate Change and environmental implications

- 14.1 There are no climate change and environmental implications arising from the recommendation of this report.

15.0 Health and Wellbeing Implications

- 15.1 All of the overarching priorities identified will have an impact on wider Public Health. When dealing with those at risk of or involved in exploitation in any form SWP Board and the wider Community Safety Team take a Public Health approach; using preventative measures to safeguard individuals from becoming either a victim or a perpetrator of crime. Taking a harm reduction approach whilst empowering communities, will help to reduce inequalities whilst also working to reduce deprivation across the City.

16.0 Covid-19 Implications

- 16.1 SWP has adapted during the Covid-19 pandemic so that delivery against all statutory and priority functions can continue. For example; engagement and activities to prevent young people from becoming involved in crime and disorder has been commissioned and provided online by video link and by providing physical materials to young people.
- 16.2 Statutory meetings and forums continue to run via online forums such as Skype and Microsoft Teams, ensuring continuity and where possible business as usual. Daily meetings with colleagues and partners have provided an up to date picture of any risks or community tensions, which colleagues are then able to proactively address and mitigate.
- 16.3 Moving forward, these new methods will continue to be the operating model in the short term so that core business functions can continue to reduce the risk of crime and harm. SWP have worked closely with commissioned providers and partners, supporting them ensure that their services can also continue to function and deliver services safely to protect our most vulnerable residents and communities.
- 16.4 Where there are statutory functions which require home visits, risk assessments have been put in place and relevant PPE required so that staff and residents are protected.

17.0 Human resources implications

- 17.1 There are no Human Resources Implications.

18.0 Corporate Landlord implications

- 18.1 There are no Corporate Landlord implications.

19.0 Schedule of Background papers

- 19.1 Appendix 1 - Safer Wolverhampton Community Safety and Harm Reduction Strategy (2020-2023), Full Council, 16 September 2020.
- 19.2 Appendix 2 – Equalities Analysis Template

This page is intentionally left blank

The background image shows a busy pedestrian street in Wolverhampton. In the foreground, there are large planters with red flowers. People are walking in both directions. On the left, there's a shop called 'The Car Wash' and another with a '20% OFF' sign. On the right, there's a 'Burton' shop and a 'GOLDSON' sign. A clock tower is visible in the background. The text is overlaid on the top half of the image.

Safer Wolverhampton Partnership **Community Safety and Harm Reduction Strategy 2020-2023**



Wolverhampton

A Safe City

Operating as Wolverhampton Local Police & Crime Board

Contents

Glossary of Terms	3
Foreword	4
Executive Summary	6
Safer Wolverhampton Community - Safety and Harm Reduction Strategy	8
Keeping Our Communities Safe	10
Wolverhampton on a Page	11
Achievements in Reducing Reoffending 2017-2020	12
Achievements in Violence Prevention 2017-2020	13
Achievements in Reducing Victimisation 2017-2020	14
Determining Priorities for 2020-2023	15
Reducing Offending	17
Preventing Violence	18
Harm Reduction	19
Building Community Capacity	20
Delivery	21
Equalities	22

Glossary of Terms

ACE - Adverse Childhood Experience

CSP - Community Safety Partnership

DA - Domestic Abuse

FGM - Female Genital Mutilation

FM - Forced Marriage

HBV - Honour Based Violence

IPV - Interpersonal Violence

MASH - Multi-Agency Safeguarding Hub

PACT - Partners and Communities Together

SV - Sexual Violence

SWP - Safer Wolverhampton Partnership

VAWG - Violence Against Women and Girls

WASP - Wolverhampton and Walsall Anti-slavery Partnership

WMP - West Midlands Police

VRU - Violence Reduction Unit

Foreword



Safer Wolverhampton Partnership (SWP) understands that Issues of crime, community safety and harm reduction are very complex and require an integrated partnership response. There have already been huge improvements in aligning the city's safeguarding practices; Wolverhampton prides itself on having a well-established adults and children's Multi-Agency Safeguarding Hub (MASH). SWP and the Safeguarding Together Board have developed an innovative strategy; Tackling Violence and Exploitation. The strategy encompasses all forms of violence and exploitation holistically. The two boards share governance for delivery of the strategy which strengthens the joint response and accountability.¹

Broad strategic themes have been identified as priorities within this strategy. This enables flexibility in responding to changing crime trends and emerging issues. Delivery will be reviewed annually using Wolverhampton's annual Strategic Assessment and will consider local

trends to ensure that delivery reflects need, whilst also maximising opportunities for joint working across the region. The Safer Wolverhampton Partnership recognises that crime often extends beyond geographic boundaries and can impact on several different locations. This strategy sets out the strategic vision for the partnership over the next three years; as such it is imperative that certain interventions and programs are available across the region. To achieve the vision and the intended outcomes detailed in this strategy, actions will be agreed and formalised into a plan and refreshed on an annual basis. Performance against the action plan will be overseen and monitored by both SWP Delivery Group and SWP Board on a quarterly basis.

The ambition is for swifter information flow, earlier identification and support for those at risk, increased involvement and co-production with communities and a reduction in the risk of residents being victimised. This commitment to

early intervention and prevention threads through the strategy and will require the partnership to extend work with schools, enhance the role of communities and deliver sustained training for frontline practitioners. The strategy will also work to strengthen the collective city response to crime using the tools and powers available to colleagues across the partnership.

The previous strategy (2017-2020) saw achievements across various workstreams including an increase in the reporting of hidden crimes, increased public engagement and targeted interventions to tackle youth violence. These achievements are celebrated in this strategy, however there is recognition and strong commitment to continue to address crime and disorder across the city.

The strategy places a stronger focus on the need to engage residents and build community capacity. It is recognised that Wolverhampton's communities are instrumental in ensuring that the city is a safe, secure and a positive place to live and work. This not only aligns itself with the partnership's commitments to a place-based

approach but is also reflective of the City of Wolverhampton Council Plan.² The place-based approach will involve focused partnership delivery in specific locations across the city which have been identified using police data, the indices of deprivation, public engagement and by understanding levels of demand.

Safer Wolverhampton Partnership recognises the unprecedented and significant impact across all our communities, businesses and partnerships brought about by Covid19. In the early months of the UK Government's restrictions we have demonstrated our ability to work collectively to support the most vulnerable in society. Also to engage and explain with individuals, groups or businesses across Wolverhampton concerning the public health advice and restrictions.

As a partnership we will continue with such activities as the Government's future advice continues to mature and reserve the right to review the strategy in light of any potential significant national advice, policy or legislation changes that are, as yet, unknown.



**Chief Superintendent
Andy Beard**
(West Midlands Police)
Chair of SWP Board



Cllr Jasbir Jaspal
(City of Wolverhampton Council)
Cabinet Member for Health
and Wellbeing

¹ <http://www.saferwolverhampton.org.uk/documents/TVE%20Wolverhampton%20Strategy.pdf>

² <https://www.wolverhampton.gov.uk/sites/default/files/2019-04/Our%20Council%20Plan%202019-2024.pdf>

Executive Summary

Context

SWP is the statutory Community Safety Partnership (CSP) in Wolverhampton. SWP Board representation is diverse; voluntary, community and resident representatives sit alongside statutory members, public sector organisations and elected members to ensure the board is fully inclusive and can make informed decisions on issues relating to community safety, community cohesion and community empowerment.

The Community Safety and Harm Reduction Strategy 2020-2023 has been co-produced with our partners. An independently facilitated session with board members, key partners, stakeholders and community members enabled collaboration and productive discussions to agree the vision and priorities for the coming three years.

The Board does not work in isolation. Many of the priorities identified in the strategy will also be priorities for other boards across the council and the city. To ensure a robust and collaborative approach SWP Board has strong links with the Health and Wellbeing Board, Wolverhampton Safeguarding Together and the Strengthening Families Board so that planning and delivery can be collaborative, aligned and have the maximum impact possible for Wolverhampton's communities and residents.

Overarching Strategic Priorities

To set the priorities for 2020-2023 a range of information and data has been considered, including strategic assessments, crime and deprivation data, thematic trends and local knowledge and intelligence from the key partners and community members. The range of information used has allowed SWP to build strong foundations and a detailed picture of the

challenges Wolverhampton continues to face; allowing for the implementation of a Public Health approach to addressing crime, disorder, cohesion and inequalities.

It is clearly recognised that there is a need to provide sustained intervention and preventative activities at the earliest possible opportunity as well as providing support and interventions for those who have already been harmed. This will help to prevent both young people and adults coming to harm or engaging in criminality. Positive engagement will not only help to reduce harm, it can also improve aspirations, confidence, empowerment and build capacity within communities.

Considering the evidence and the desire to embed a public health approach to delivery, the overarching priorities for the coming three years have been widened and include;

Reducing Offending

Reducing offending by identifying those at risk of criminality at the earliest stage and offering the appropriate intervention and support.

Where individuals have already entered the criminal justice system, they must be managed effectively to reduce the risk of reoffending. The causal factors linked to offending such as substance misuse and adverse childhood experiences (ACEs) will be explored. Work will be undertaken to strengthen the transition between youth and adult systems of support. The Black Country Reducing Reoffending Strategy provides focus for an evidence-based approach, adopting innovation and best practice.

Preventing Violence

Identifying those in need of support at an early stage to prevent escalation of violence and reduce crime continues to be a focus for SWP.

There is a commitment to continue to deliver robust preventative interventions using a multi-agency collaborative approach. This will ensure that those in need of specialist services receive them at a much earlier point to reduce risk to themselves and the wider community. Innovative approaches are being taken to address youth violence and ensure both our mainstream and specialist services (including voluntary and community sector) identify those in need of support at the earliest possible opportunity.

Harm Reduction

Reducing the harm caused by victimisation and repeat victimisation will ensure those who are most vulnerable are more effectively safeguarded, supported and empowered.

SWP will build resilience, providing safeguarding and pathways for individuals and communities so that people are confident to manage their own risk and are supported through their local community.

Building Community Capacity

Everyone deserves to live in a place which they are proud of and to be part of a strong and cohesive community.

It is recognised that Wolverhampton's communities are instrumental in ensuring that the city is a safe, secure and a positive place to live, work and grow. SWP will use a place based approach to work with partners and communities; supporting people to become active within their local area and find proactive

solutions to issues they may face. This method of co-production will help to build and strengthen family relationships and social connections, increase confidence, knowledge and resilience whilst decreasing inequalities and deprivation.

Delivery

Underpinning this strategy will be a multi-agency action plan. The action plan is subject to robust performance management arrangements; SWP Board provides rigorous quarterly oversight to monitor outcomes and provide scrutiny and challenge over delivery when necessary. The action plan will be reviewed annually to allow the partnership to monitor delivery and respond to any emerging issues or trends in a timely manner.

To inform the delivery of interventions and commissioned services SWP will use information and data from strategic assessments to analyse current crime trends and ensure that priorities delivered remain relevant. Assessing the need on an annual basis and proactively capturing and addressing community concerns will provide greater flexibility to respond to new and emerging risks and address priorities across Wolverhampton.

Safer Wolverhampton Community Safety and Harm Reduction Strategy - Plan on a Page

Our Aim

SWP works to implement section 17 of the Crime and Disorder Act and ensure that crime and community safety issues are central to the delivery of statutory partners in Wolverhampton.

This strategy has been co-produced with our partners and communities. Priorities were agreed by a broad spectrum of board members based on data, partner intelligence and community knowledge. The following four priorities were determined for the coming three years.

1

Reducing Offending

SWP aims to identify those at risk of offending at the earliest stage and provide appropriate intervention to prevent criminality whilst working with partners to manage those who have already entered the criminal justice system to encourage behaviour change.

The Black Country Reducing Reoffending Strategy provides focus for the prevention of reoffending in Wolverhampton based on best-practice and evidence-based approaches.

2

Preventing Violence

SWP will continue to work with communities and partners to promote a shared understanding that all forms of violence are unacceptable. The partnership will continue to work to identify those at risk of perpetrating or becoming victims of violence or exploitation at the earliest possible opportunity.

Working with partners, robust preventative interventions will be provided to ensure that specialist support is received to reduce the risk to individuals and communities.

3 Harm Reduction

SWP will work with partners to safeguard the most vulnerable to prevent victimisation and repeat victimisation and support them to manage their own risk.

The partnership will work with communities to empower them to report crime and increase their knowledge of hidden crimes including interpersonal violence, modern slavery and hate crime.

4 Building Community Capacity

It is recognised that SWP cannot achieve its aims and objectives without the support of communities who play a vital role in ensuring Wolverhampton is a safe place to live, work and grow.

SWP will use a place-based approach to work with communities and empower them to play an active role within their area, using coproduction to reduce deprivation and inequalities and find local solutions to local concerns.

Snapshot of Outcomes

Over the next three years we hope to be able to achieve the outcomes detailed in this strategy, including:

- Reduce adult and youth offending
- Earlier identification of those in need of support
- Reduce prevalence of violent crime across all ages
- Build on trust and confidence to increase reporting of crime, strengthen community cohesion and encourage residents to build a community response to crime and vulnerability
- Ensure Wolverhampton is a safe place to live, work and visit

Keeping Our Communities Safe

The Partnership

SWP is the statutory CSP and the Local Police and Crime Board for Wolverhampton. CSPs became a statutory function under the Crime and Disorder Act 1998; whereby a duty was placed on a number of partner agencies to develop a partnership board.

Statutory Partners

City of Wolverhampton Council
(including Youth Offending Team)

West Midlands Police

West Midlands Fire and Rescue Authority

National Probation Service and
Community Rehabilitation Company

Wolverhampton Clinical
Commissioning Group

Non-Statutory Partners

Resident Representatives for
each constituency area

Business sector

Third sector representation (5 seats)

Cabinet Lead Councillor – Public Health
and Wellbeing

Wolverhampton Homes

SWP not only develops and delivers strategic plans for the city; it works **to implement section 17 of the Crime and Disorder Act, which places a duty on all statutory partners to consider issues of community safety at the centre of their delivery**. As such the Board works:

- To influence partner delivery
- With local communities to increase engagement and co-produce solutions to address neighbourhood concerns
- To commission valued community and voluntary sector partners to provide specialist provision in targeted locations
- To embed best practice into mainstream services

SWP is a strong and robust CSP, having excellent relationships with both the voluntary and community sector, many of the board partners input into commissioning and sit on delivery groups across a variety of disciplines to help shape services and delivery across Wolverhampton.

Wolverhampton on a page

262,000

People live in
Wolverhampton³



as of 2011

20.5%

of residents
had a disability

Approx.

0.35-1%

of residents
identify as
transgender⁴

Approx. **2%**

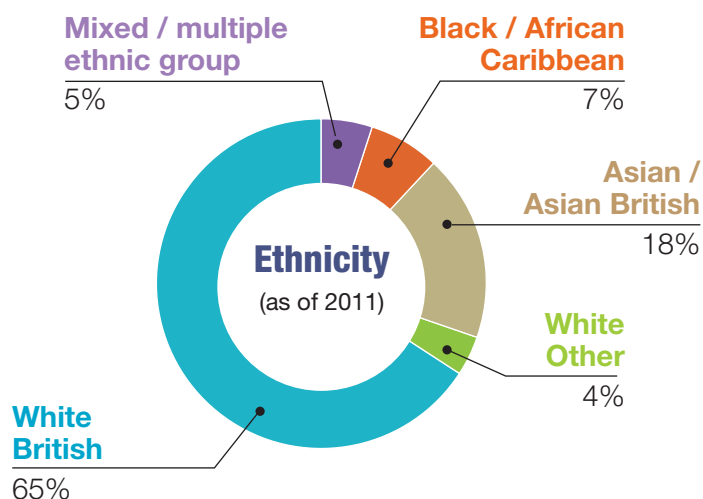
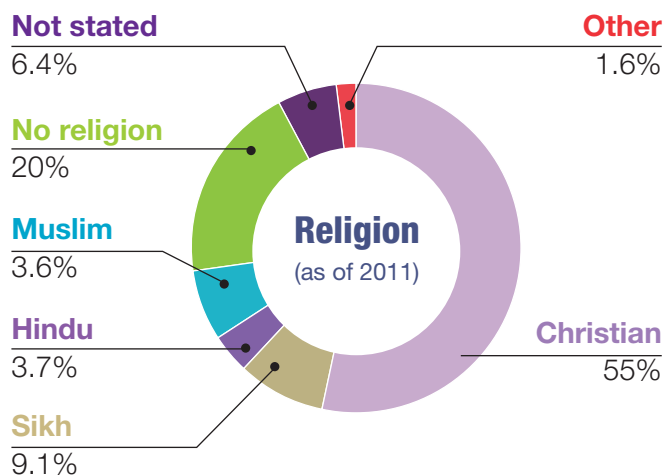
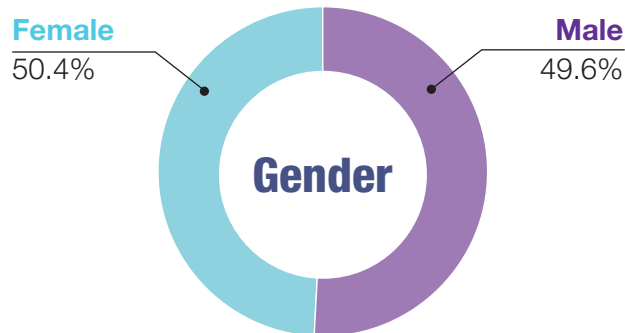
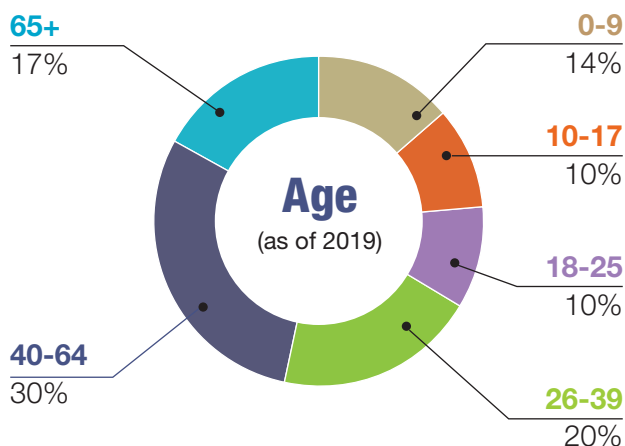
of residents identify
as lesbian, gay or
bisexual (LGB)⁵

10.9%

of residents do
not have English
as a first language

3.4%

do not speak
English very well
or at all



³ As of 2018

⁴ The Government Equalities Office has stated that "In the absence of accurate and reliable data on gender identity, we have applied a trans prevalence range of between 0.35% - 1% (from the UK and international evidence) to the latest data on the UK adult population. This provides an approximate and limited estimate of the national transgender population. On this basis, using the latest data available, for 2016, the adult transgender population in the UK is estimated as, approximately 200,000 – 500,000. Please note that this approach is imperfect: the total number of trans people is difficult to estimate and no reliable approximation exists that is based on statistical evidence in the UK alone. We have therefore used the approach adopted by the Government Equalities Office.

⁵ Data is not produced about sexual orientation and gender reassignment at a local level by the Office of National Statistics. However, they do ask about sexual orientation nationally as part of the 'Sexual Orientation UK' release. The latest edition (2017) estimated that 2% of adults in the UK identified themselves as LGB, this would equate to 4,210 adults in Wolverhampton. It is likely that 2% is a conservative estimate and under representative. We continue to work on this locally to ensure that equality is promoted across all 9 protected characteristics including sexual orientation and gender reassignment.

Achievements in Reducing Reoffending 2017-2020

In 2016-2017 the reoffending rate in Wolverhampton was

30.8%

(below the national baseline of 40%)



Development of a Black Country wide reducing reoffending strategy

People engaged in Youth Offending Team interventions

increased from 145 to 273

between 2017-2019



Employment, training and education support has supported **191 people** out of the criminal justice system and into jobs across the Black Country since 2017

Alternative giving campaign supported **16 long term rough sleepers** into accommodation since April 2018, reducing the number of homeless on the streets

Achievements in Violence Prevention 2017-2020

Increased reports of domestic violence suggest an increase in public confidence to report this traditionally hidden crime



120 women & 60 men from newly emerging communities received training & resources to increase confidence in reporting VAWG⁶ and signpost to support⁷

37 professional champions raising awareness of VAWG within their organisations



In 2019 more than **120 organisations** were involved in annual Orange Wolverhampton campaign to raise awareness of violence against women and girls

Over 700 domestic abuse victims were provided with safeguarding interventions through Wolverhampton multi-agency risk assessment conference.



Over 2,244

Wolverhampton professionals trained in VAWG strands from April 2017



VAWG training has taken place in **48 GP practices** across the city, upskilling the workforce (out of a total of 51)



Third Sector partners commissioned to deliver **specialist interventions and preventative activities** in specifically identified locations for those most vulnerable to violence and exploitation

Primary school mentoring programme works with young people to help them make positive decisions, highlight risk factors and become peer mentors



The Tackling Violence and Exploitation Strategy was launched in April 2018, setting out a holistic public health approach to reduce violence and its effects at a population level.

Girls Allowed Project

reduces the risk to young females associated with or who are vulnerable to gang violence



FOUR KNIFE BINS



in Wolverhampton where weapons can be disposed of without fear of repercussion

⁶ VAWG - Violence against women and girls

⁷ This was a highly successful project funded by NHS England and coordinated by Wolverhampton Clinical Commissioning Group, Wolverhampton Domestic Violence Forum and Wolverhampton Refugee and Migrant Centre

Achievements in Reducing Victimisation 2017-2020

Wolverhampton and Walsall Anti-Slavery Partnership (WASP) providing coordination to tackling Modern Slavery and protect victims



City-wide roll-out of **modern slavery awareness training packages**

Development of a **Modern Slavery Pathway** allowing timely referrals from practitioners and support for victims



Improved promotion and awareness of PACT⁸ community meetings has yielded higher attendances and a wider demographic range of active residents in communities

Dedicated Community Cohesion Forum to empower communities and co-produce ideas alongside our voluntary and faith groups, statutory agencies and councillors

Reported modern slavery offences **increased by 300%** during 2017-2018 suggesting increased confidence to report

Increase in **hate crime reports** suggests an increase in trust and confidence to disclose incidents



Development of a dedicated hate crime microsite⁹ for Wolverhampton, accessible for community members and practitioners.

Work in ward areas to improve and enhance community cohesion and perception



Supporting community events across the city including Eid in the Park and LGBT Health Conference



⁸ Partners and communities together

⁹ www.stophatewv.net

Determining Priorities for 2020-2023



Priorities for this strategy have been determined by using qualitative and quantitative data from a range of sources including; Wolverhampton's annual strategic assessment, crime and deprivation data, thematic trends and local community concerns, local knowledge and intelligence. Collective findings were considered by SWP Board when agreeing the refreshed priorities.

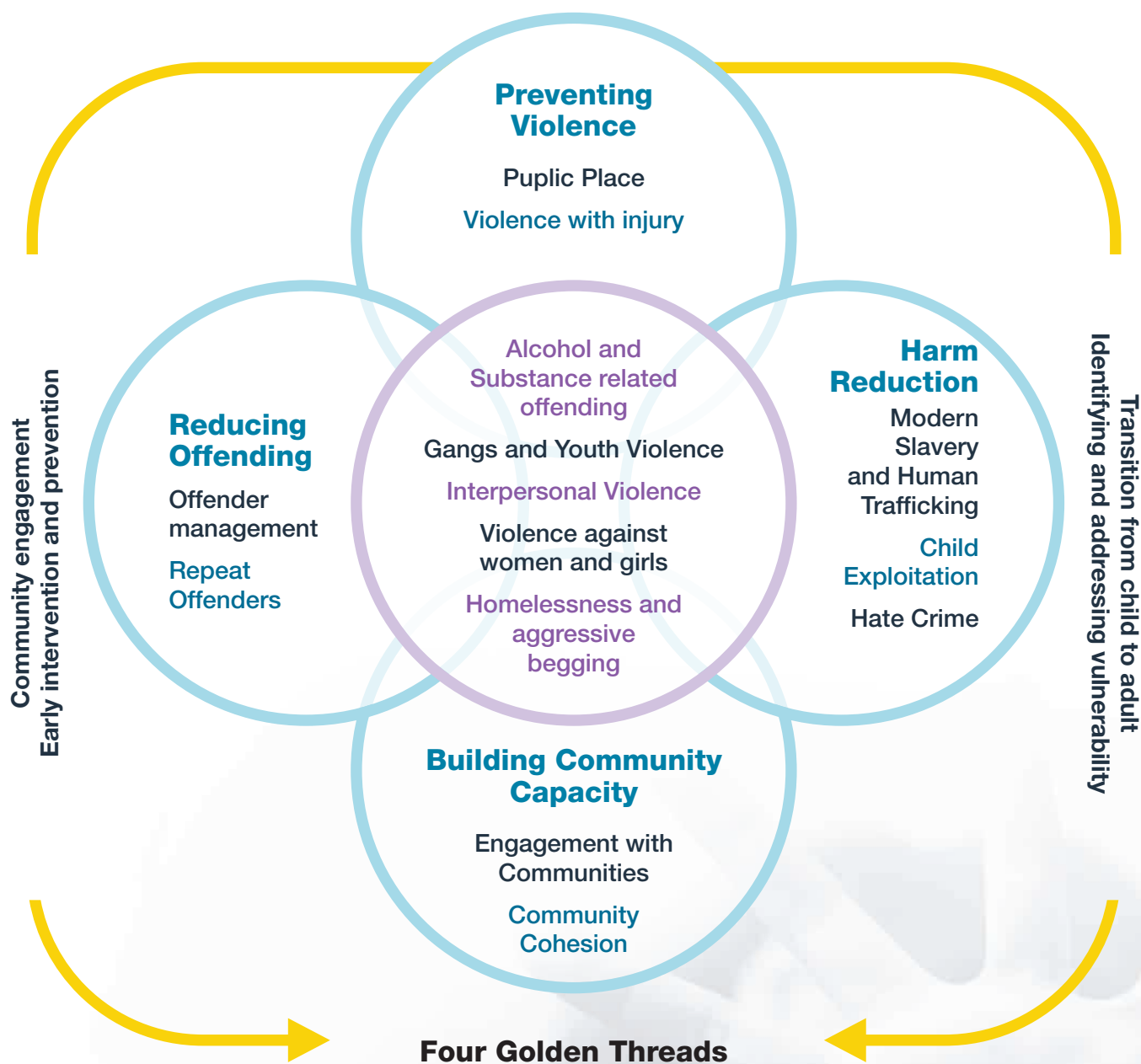
SWP recognises that early intervention and prevention is key to reducing harm and vulnerability across all of the priority areas. The provision of positive activities alongside education and training can build both individual and community capacity and can empower people to make positive changes.

The previous strategy introduced broad overarching priority areas, this successfully provided the flexibility to respond to changing trends and to address emerging risks promptly. Due to the effectiveness of this approach, this refreshed strategy will continue using broad overarching themes. Progress against workstreams will be monitored using a robust performance framework which will be monitored by SWP Board. Where workstreams have joint governance, updates will also be provided to Wolverhampton Safeguarding Together for

oversight, scrutiny and agreement. If necessary, partners will be held to account against their delivery and will be supported to achieve the desired outcomes. As with previous strategies, workstreams will be reviewed annually to ensure that they remain fit for purpose and continue to respond appropriately; addressing risk and responding to newly identified trends or concerns.

The overarching priority for SWP board is to work as a cohesive partnership to reduce crime, address the perceptions of crime and build community resilience to keep Wolverhampton safe.

The priority areas and workstreams agreed by SWP Board are detailed below. Many of the workstreams will straddle multiple priorities demonstrating that taking a prevention and intervention approach is equally important to, and will complement enforcement action. It also reinforces that some perpetrators of crime are first and foremost victims being exploited due to their vulnerabilities. Board members have agreed that the strategy will have four golden threads which are set out on the following page and will be considered in all priority areas and workstreams included in this strategy.



Reducing Offending

SWP is committed to reducing offending by identifying those at risk of criminality at the earliest stage and offering the appropriate intervention and support. Where individuals have already entered the criminal justice system, they must be managed effectively to reduce the risk of reoffending. This includes both youth and adult offenders across the spectrum of risk and offending type. The causal factors linked to offending such as substance misuse and adverse childhood experiences will be addressed whilst work will be undertaken to strengthen the transition between youth and adult systems of support. The Black Country Reducing Reoffending Strategy provides focus for an evidence-based approach, adopting innovation and best practice.

What do we hope to achieve?

- **Reduce adult and youth offending**
 - **High volume/ risk offenders are managed effectively**
 - **Earlier identification of those in need of support**
 - **Improved use of pathways to change offender attitudes and behaviours**
 - **Work effectively with the partnership to implement interventions to change behaviours, deter criminality and prevent reoffending. Enforcement will be utilised only when appropriate to do so**
- Continue to increase the use of restorative justice for lower level offences
 - Improve pathways for offenders to access support, employment and housing in Wolverhampton in a timely manner
 - Strengthened management of offenders of high-volume crime, for example domestic abuse
 - Address issues which may be linked to offending behaviour in an individual (for example, substance misuse or mental health problems) and provide meaningful opportunities to catalyse positive behavioural change

Early Areas of Focus:

- Work with primary schools and across education settings to support vulnerable young people and their families at the earliest possible stage; providing interventions to address their attitudes and behaviours whilst considering a 'Contextual Safeguarding' approach

Preventing Violence

Identifying those in need of support at an early stage to prevent the escalation of violence and reduce crime continues to be a focus for SWP. There is a commitment to continue to deliver robust preventative work using a multi-agency approach. This will ensure that those in need of specialist services receive them at a much earlier point to reduce risk to themselves and the wider community.

Innovative approaches are being taken to address youth violence and ensure both our mainstream and specialist services (including voluntary and community sector) identify those in need of support at an earlier point to reduce an escalation of violence.

What do we hope to achieve?

- **Promote a shared understanding that any form of violence is unacceptable**
- **Work effectively with partners to support offenders and utilise appropriate enforcement when necessary**
- **Reduced prevalence of violent crime across all ages**
- **Influence and input into delivery provided by the West Midlands Violence Reduction Unit (VRU) to ensure that it meets local need**
- **Ensure Wolverhampton is a safe place to live, work and visit**
- **Continued commitment to provide a citywide Anti-social Behaviour (ASB) service which will proactively manage neighbour disputes and localised ASB**

Early Areas of Focus

- Maintain engagement with communities to break the cycle of cultural acceptance of domestic related abuse and vulnerability, delivering key messages in a variety of formats
- Continue to work in partnership to reduce both violence (particularly knife crime), and exploitation (specifically with youths under 25yrs)
- Work with Education partners to identify the earliest opportunity to intervene to prevent the exploitation of young people, including delivery of Domestic Abuse programmes in school settings
- Continue to work with partners to support victims of violence
- Continue to commission accessible and local diversionary activity for young people at risk of perpetrating or becoming a victim of violence in order to build resilience and aspirations
- Work with safeguarding colleagues to embed contextual safeguarding and better understand wider vulnerabilities which can lead to violence and exploitation

Harm Reduction

Reducing the harm caused by victimisation and repeat victimisation will ensure those who are most vulnerable are more effectively safeguarded, supported and empowered. SWP will build resilience, provide safeguarding and pathways for individuals and communities so that people are confident to manage their own risk and are supported through their local community.

What do we hope to achieve?

- **Increase reporting of crime, particularly hidden crimes and hate crime**
- **Recognition that reducing harm is everyone's business**
- **Earlier identification of those at risk**
- **Empower residents to build a community response**

Early Areas of Focus

- Continue to work with communities to increase reporting of hate crime, honour-based violence and other hidden crimes in order to build community trust and resilience
- Increase understanding of modern slavery and build confidence of victims to report issues and access support
- Work with families, communities, health and education settings to identify people at risk of exploitation at the earliest possible point and provide appropriate intervention

- Ensure clearly promoted support mechanisms are available for people who report crime as well as the prosecution process to ensure that victims are fully informed
- Work with communities and partners to develop a community response to harm reduction and victim support
- Continue to deliver Wolverhampton's response to the PREVENT duty by working in partnership to identify those at risk of extremism and intervene accordingly.

Building Community Capacity

Everyone deserves to live in a place which they are proud of and to be part of a strong and cohesive community. It is recognised that Wolverhampton's communities are instrumental in ensuring that the city is a safe, secure and positive place to live, work and grow. SWP Board will work with partners and communities to support people to become active within their local area and find proactive solutions to issues they may face.

This method of co-production and a place-based approach will help to build and strengthen family relationships and social connections, and increase confidence, knowledge and resilience.

What do we hope to achieve?

- **People are encouraged to be more actively involved in their local area and take pride in it**
- **Residents take responsibility for their communities and support each other**
- **Build on trust and confidence to increase reporting of crime**
- **Strengthen community cohesion**
- Continue positive public engagement to increase confidence and build trust with communities and improve perceptions of crime
- Build on the successes of community meetings; broaden public engagement opportunities to ensure diverse representation reflective of Wolverhampton's population
- Ensure that residents and partners have access to information about their local area, including what is available in the community and information about safety and crime

Early Areas of Focus

- Develop a sustainable place-based approach; working with communities to understand and address local concerns, tackle inequalities and deprivation and build community cohesion
- Enable and facilitate opportunities for residents to take responsibility in their local community by volunteering, getting involved and shaping services

Delivery

Strong and purposeful relationships exist between statutory and non-statutory cross-sector partners. These trusted relationships have been developed over many years and drive the successful delivery of services and interventions.

Underpinning this strategy will be a multi-agency action plan. The action plan is subject to robust performance management arrangements; SWP Board provides rigorous quarterly oversight to monitor outcomes and provide scrutiny and challenge over delivery when necessary. The action plan will be reviewed annually to allow the partnership to monitor delivery and respond to any emerging issues and trends in a timely manner.

To inform the delivery of interventions and commissioned services SWP will use information and data from strategic assessments to analyse current crime trends and ensure that priorities delivered remain relevant. Assessing the need on an annual basis will provide SWP with greater flexibility to respond to new and emerging risks and address priorities across Wolverhampton.

The launch of the West Midlands VRU in 2019 provides further opportunities and assist Wolverhampton to continue to reduce violence and exploitation. Where appropriate, SWP will input into and influence delivery of the VRU to ensure that it is not only meeting the needs of the West Midlands area, but also the needs of Wolverhampton and its residents.

Important to delivery is the adoption of a place-based approach. This involves focused partnership delivery within areas of the city which have been identified using a range of data and public engagement. It is hoped that this place-based approach will strengthen the city-wide provision; it will support and enhance the

successes which have so far been evidenced in small areas of the city, whilst aligning with the work of West Midlands Police in their identified Impact Areas.

Partners, residents and communities within Wolverhampton are central to delivery of this strategy. We will continue to engage with communities and build on existing relationships with residents throughout the course of this strategy to ensure that our delivery aligns with their concerns and priorities.

The impact of Covid19 has required the partnership to adapt the delivery of services and interventions so that our communities remain safe and continue to be supported. To ensure that SWP continues to deliver an ongoing and robust service online forums and virtual platforms will be utilised to provide statutory services and projects and maintain business as usual.

There are recognised areas of commonality between SWP, Wolverhampton Safeguarding Together and Health and Wellbeing Together and SWP will continue to work collaboratively with these boards to ensure that delivery is aligned.



Equalities

A full equalities analysis has been completed to inform the approach of SWP and will be kept under review to revise delivery as required.

It is recognised that some groups within our city will be particularly at risk of victimisation or face barriers when seeking support. For example, young men are particularly vulnerable to youth violence associated with Urban Street Gangs and females are more likely to suffer interpersonal violence.

Anecdotal evidence suggests that those who are expelled from school, attend a Pupil Referral Unit or are care leavers may be more vulnerable to becoming victims or perpetrators of particular crimes.

SWP is committed to increasing the reporting of hidden crimes which some groups can be particularly vulnerable to. This includes hate crime which is an offence committed on the grounds of; race, perceived religion, sexual orientation, transgender identity or disability. Hidden crimes in relation to interpersonal violence, such as female genital mutilation (FGM), so called honour-based violence (HBV) and forced marriage (FM) are most prevalent within communities where these practices are wide spread in the victim or perpetrators country of origin. SWP will do targeted work within these communities to build trust and confidence to encourage reporting of these crimes and help victims access the support which they need.

We are committed to promoting equality across all nine protected characteristics namely:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual orientation

When considering the development of the strategy, consultation was held with a wide cross-section of the community, those involved in the consultation process included: elected members, residents, community leaders, statutory partners, service users, third sector organisations, youth groups and faith leaders. The results of this consultation have informed the strategy and ongoing engagement will continue to impact delivery.

Over the life of this strategy SWP will utilise a place-based approach to proactively seek targeted engagement with our diverse population to empower them to report concerns, share information, access services and play an active role within their communities.



For further information
Email: safer@wolverhampton.gov.uk

Equality Analysis Template.

Directorate: Public Health Service Area: Community Safety	Lead Officer: Lynsey Kelly Date completed: 19.03.20
Service / Function / Policy / Procedure to be assessed: Safer Wolverhampton Community Safety and Harm Reduction Strategy (2020-2023)	
Is this: New / Proposed <input checked="" type="checkbox"/> Existing/Review <input type="checkbox"/> Changing <input type="checkbox"/> (Please tick appropriate box)	Review date: March 2021

Part A – Initial Equality Analysis to determine if a full Equality Analysis is required.

What are the aims and objectives/purpose of this service, function, policy or procedure?

This strategy sets out the Wolverhampton mutli-agency ambition for tackling crime and disorder. It has been completed to reflect the refreshed strategic priorities which form areas of focus over the life of the strategy. The overall aim of the strategy is to direct initiatives and interventions to reduce offending, prevent violence, reduce harm and build community capacity throughout the City.

Please indicate its relevance to any of the equality duties (below) by selecting Yes or No?

	Yes	No
Eliminating unlawful discrimination, victimisation and harassment	Y	
Advancing equality of opportunity	Y	
Fostering good community relations	Y	

If not relevant to any of the three equality duties and this is agreed by your Head of Service, the Equality Analysis is now complete - please send a copy to the Equality & Diversity Team. **If any of the three equality duties are relevant**, a Full Equality Analysis will need to be undertaken (PART B below).

PART B: Full Equality Analysis.

Step 1 – Identifying outcomes and delivery mechanisms (in relation to what you are assessing)

Page
50

What outcomes are sought and for whom?	<ul style="list-style-type: none"> • Reduce adult and youth offending • Manage high volume/ risk offenders effectively • Earlier identification of those in need of support • Improved use of pathways to change offender attitudes and behaviours • Work effectively with the partnership to implement interventions to change criminal behaviours, deter criminality and prevent reoffending • Promote a shared understanding amongst communities that any form of violence is unacceptable • Work effectively with partners to support offenders and utilise appropriate enforcement when necessary • Reduced prevalence of violent crime across all ages • Influence and input into delivery provided by the West Midlands Violence Reduction Unit to ensure that it meets local need • Ensure Wolverhampton is a safe place to live, work and visit • Increase reporting of crime, particularly hidden crimes • Recognition that reducing harm is everyone's business
--	--

	<ul style="list-style-type: none"> • Empower residents to build a community response to reducing harm • People are encouraged to be more actively involved in their local area and take pride in it • Residents take responsibility for their communities and support each other • Build on trust and confidence to increase reporting of crime • Strengthen community cohesion
Are there any associated policies, functions, services or procedures?	<ul style="list-style-type: none"> • Various council departments and partners will be actively involved in the place-based approach which is outlined in this strategy • Wolverhampton Interpersonal Violence Strategy (2019-2022) • Tackling Violence and Exploitation Strategy • Safer Wolverhampton Partnership Board • Black Country Reducing Reoffending Strategy • Homelessness Prevention Strategy • Wolverhampton Safeguarding Together • Wolverhampton Youth Offending Team • Wolverhampton Anti-Social Behaviour Team • West Midlands Violence Reduction Unit • Wolverhampton Health and Wellbeing Together • Community Cohesion Forum
If partners (including external partners) are involved in delivering the service, who are they?	<p>West Midlands Police, Wolverhampton CCG, Royal Wolverhampton Trust, West Midlands Fire Service, Children's Services, Youth Offending Team, Third Sector Partners, National Probation Service, Community Rehabilitation Company, Safer Wolverhampton Partnership Board, Wolverhampton Safeguarding Boards, Community Interest Groups, Faith Groups, Black Country Partnership Foundation Trust, Wolverhampton Health and Wellbeing Together Board.</p>

Step 2 – What does the information you have collected, or that you have available, tell you?

What evidence/data already exists about the service and its users? (in terms of its impact on the 'equality strands', i.e. race, disability, gender, gender re-assignment, age, religion or belief, sexual orientation, maternity/pregnancy, marriage/civil partnership and other socially excluded communities or groups) and **what does the data tell you?** e.g. are there any significant gaps?

Data suggests that some groups are particularly vulnerable to violence and exploitation, for example young men are particularly vulnerable to gangs and youth violence and young women are particularly vulnerable to child sexual exploitation. Anecdotal evidence suggests that those who are expelled from school, attend a PRU or are care leavers may be more vulnerable to being exploited. The strategy recognises this and uses a data-informed approach to target interventions and support to those most at risk.

Has there been any consultation with, or input from, customers / service users or other stakeholders? If so, with whom, how were they consulted and what did they say? If you haven't consulted yet and are intending to do so, please list which specific groups or communities you are going to consult with and when.

A consultation was conducted across the city and received around 400 responses – this included online questionnaires, hard copy questionnaires, discussions at residents meetings and targeted focus groups. Targeted engagement included:

- Page 62
- Youth council
 - Service users of commissioned services
 - Service providers
 - Community meetings
 - Meetings with core external partners
 - Youth offending team
 - Health sector
 - Elected members
 - Faith groups

Respondents were asked to provide diversity information to ensure that the responses are representative of the city. Of respondents who answered these questions:

Disability

- 26% had a disability

Ethnic origin

- Asian or Asian British – Chinese; 2.6%
- Asian or Asian British – Indian; 10.5%
- Asian or Asian British – Pakistani; 2.6%
- Mixed Ethnic – White and Black Caribbean; 2.6%
- Mixed Ethnic Group – Other; 2.6%

- White – Welsh/ English/ Scottish/ N. Ireland; 57.9%
- White – Irish; 2.6%
- White – Other 15.8%

Age

- Under 25; 15%
- 25-40; 27%
- 41-65; 37%
- Over 65; 21%

Gender

- Female; 60.5%
- Male; 36.8%
- Prefer not to say; 2.6%

Location

- WV10; 6.1%
- WV5; 3.0%
- WV1; 27.3%
- WV4; 3.0%
- WV2; 15.2%
- WV11; 6.1%
- WV3; 21.2%
- WV14; 9.1%
- WV8; 3%
- WV6; 6.1%

Feedback from the consultation was very positive overall and the vast majority of the respondents agreed with the priority areas which we had identified. Some people commented that the initial consultation version was too difficult to understand for those with low literacy levels or a learning disability. In response to this the document was reviewed with a view to simplify the language and make the document more pictorial. A plan on a page and executive summary was also added.

Respondents also pointed out consistently the importance of providing diversionary activity for young people which is a commitment in the strategy and will be a central feature within the delivery plan.

There was a feeling from some residents that more could be done to empower communities to come forward with information and concerns and raise awareness of hidden crime. A commitment has been made in this strategy to proactively seek engagement with our diverse communities to empower them to report concerns, share information, access services and play an active role within their communities. Using a place-based

approach targeted engagement will take place in areas of high deprivation, many of which have residents who have traditionally shown low levels of engagement.

Are there any complaints, compliments, satisfaction surveys or customer feedback that could help inform this assessment? If yes, what do these tell you?

See above.

Step 3 – Identifying the negative impact.

a. Is there any negative impact on individuals or groups in the community?

Equality Themes	Positive Impacts	Negative Impacts identified	Solutions (ways in which you could mitigate the negative impact)
Age (including children, young people and older people)	<p>Although reducing re-offending incorporates all ages, particular focus is given to young people in order to deter and reduce the risk of young people re-offending by strengthening the pathways between youth and adult provisions and improving pathways for support with interventions to engage offenders at an earlier stage.</p> <p>Data shows that of violent offences with substantive outcomes from 1 April 2015- 31 March 2018, 79% of offenders were young men; 60% 15 years old or above. In the same period for knife related offences, 96% of offenders were young men; 71% 15 years or above. Therefore, interventions will have a particularly positive impact for those in this group.</p> <p>The strategy includes youth violence (aged between 0-24). 15.32% of offenders are 18-24</p>	<p>Recognising that certain aspects of crime and community safety negatively affect the groups outlined to the left, this strategy works to target intervention to support the most vulnerable. However, the importance of universal provision is recognised and therefore no groups will be negatively impacted by the measures outlined in the strategy.</p>	

Page 65	<p>13.97% are 10-17 6.33% are 0-9.</p> <p>Victims of CSE predominantly have an age ranging between 15-17 years of age. The most common age group of suspects is 16-20 years. 18 years was the most common age of suspects in 2017.</p> <p>Of the 40 Modern Slavery crimes October 2017-2018 21 victims were 17 and under 5 victims were 18-24 years old 2 were 25-40 years old 9 were over 40 years old</p> <p>Interventions will be informed by data, including that referenced above to ensure that they can protect those most at risk. However, the wider impact of building strong and cohesive communities, reducing crime and violence and reducing harm will also have a positive impact on wider communities.</p>		
Disability (including carers)	<p>The strategy recognises that those with a physical or learning disability are particularly vulnerable to crime including exploitation, hate crime and domestic violence and need to be safeguarded accordingly. Therefore the interventions which will be outlined in the delivery plan will have a particularly positive impact on this group.</p> <p>The strategy will work to remove barriers to disabled victims accessing services.</p>		
Gender (men and women)	<p>Data shows that 79% of violent offences with substantive outcomes from 1 April 2015 - 31 March 2018 were committed by young men. In the same period, 96% of knife related offences with substantive outcomes were committed</p>	<p>Many of the services around interpersonal violence will be directed at women and</p>	<p>Continue to commission St George's Hub to deliver a male only domestic abuse service recognizing that men face particular barriers when it comes</p>

Page 9	<p>by young men. Generally men are more likely to be offenders than women and therefore much of the activity around reducing reoffending will have a positive impact on males in the city.</p> <p>It is recognized that women and girls are particularly at risk of interpersonal violence including stalking and harassment, domestic abuse, honour-based violence, forced marriage, sexual violence and female genital mutilation. Victims of CSE are predominantly female and perpetrators male. However it is recognized that men and boys can also be victims.</p> <p>This data is used to inform the strategy and ensure that intervention is directed at those who are most at-risk of violence and exploitation and therefore a positive impact will be felt by the above groups.</p>	<p>girls as we know that they are disproportionately affected. Due to the nature of interpersonal violence some of the commissioned services can be accessed by females only.</p>	<p>to reporting and seeking help.</p> <p>Ensure that there are accessible services for men and women in the city and continue to raise awareness of the ways in which men and boys can be affected by interpersonal violence.</p>
Race (including Gypsies & Travellers and Asylum Seekers)	<p>The strategy is data informed and interventions are targeted effectively, for example: Data shows that of violent offenders with substantive outcomes from 1 April 2015- 31 March 2018 had a BAME profile of:</p> <ul style="list-style-type: none"> 50% white 23% black 19% mixed 5% Asian <p>In the same period, knife related offenders with substantive outcomes had a BAME profile of:</p> <ul style="list-style-type: none"> 40% white 37% black 15% mixed 6% Asian <p>Victims of CSE are predominantly white UK and the majority</p>	<p>It is acknowledged that there is a lack of engagement from some identified communities across the city.</p>	<p>The diversity of engagement has drastically improved over the lifecycle of the current strategy however it is recognized that this must continue to improve. Targetted work will be done with underrepresented communities to encourage them to have their views heard and play an active role within their communities.</p>

	<p>of offenders and persons of interest during 2017 were also white, UK.</p> <p>Interventions will be targeted using robust data collections and therefore will have a positive impact on the above groups.</p>		
Religion or belief (including people of no religion or belief)	<p>Particular focus will be given to those experiencing Hate Crime or violence due to their religion or belief and targeted work will be completed with religious establishments and community leaders to empower and support them.</p> <p>There will be a focus on building the capacity of minority groups to report crime and become more involved in community safety.</p>		
Gender Re-assignment (Those that are going or have gone through a transition: male to female or female to male)	<p>Particular focus will be given to those experiencing Hate Crime or violence due to their gender status or transitional journey. It is recognized that hate crime is underreported and the delivery of this strategy will provide targeted support to those within the LGBT+ community to empower them to report abuse against them and seek help and support.</p>		
Pregnancy and Maternity			
Sexual orientation (including gay, lesbian, bisexual and heterosexual)	<p>Particular focus will be given to those experiencing Hate Crime or violence due to their sexual orientation. It is recognized that hate crime is underreported and the delivery of this strategy will provide targeted support to those within the LGBT+ community to empower them to report abuse against them and seek help and support.</p>		
Marriage and Civil Partnership	N/A	N/A	N/A

Human Rights	<p>The Strategy Recognises and adheres to the articles and ethos of the Human Rights Act 1998.</p> <p>The strategy directly addresses human rights violations and seeks to safeguard against it – for example those associated to human trafficking, modern day slavery, violence against women and girls and hate crime.</p>		
---------------------	---	--	--

Step 4 – Changes or mitigating actions proposed or adopted

Having undertaken the assessment are there any changes necessary to the existing service, policy, function or procedure? What changes or mitigating actions are proposed?

The above data suggests that tailored support and interventions must be targeted towards those most at-risk, including the groups outlined above whilst also providing universal services so that interventions are available to all; taking a public health approach to tackling violence in all forms.

Youth Offending Teams, comprising staff from a whole range of disciplines, continue to provide a template for partnership working with all offenders aged under 18, as they have done for many years, and is a key partner for Integrated Offender Management both strategically and operationally.

Feedback from the consultation informed revisions to the draft strategy document.

Step 5 – Monitoring

How are you going to monitor the existing service, function, policy or procedure ?

A delivery plan will drive activity to meet strategy outcomes. This will be governed jointly between Safer Wolverhampton Partnership and Wolverhampton Safeguarding Boards.

We will monitor the recommendations by:

- Establishing a monitoring and reporting framework to ensure that commissioned services and partnerships are delivering against the outcomes of the strategy.
- Report quarterly to the OPCC , SWP Board on outcomes measures and scrutinise performance where necessary.
- Complete a strategic review annually to ensure that the strategy reflects the city's priorities and those services are able to be commissioned flexibly to meet need and demand.

Part C - Action Plan

Barrier/s or improvement/s identified	Action Required	Lead Officer	Timescale
The consultation feedback highlighted that the strategy could be difficult to understand for those with low literacy levels or a learning disability.	Edit document to ensure that it is as accessible as possible and include a summary and plan on a page	Lynsey Kelly	April 2020
Some groups are particularly vulnerable to certain types of crime as outlined above.	Commission targeted intervention to safeguard those who are most at risk of harm	Lynsey Kelly	2020-2023
Interpersonal violence services are particularly targeted towards women and girls as they are disproportionately victimised by these crimes. However, there is recognition that men and boys can also be victims.	Ensure that appropriate services are accessible by both male and female victims of abuse. This will involve including St Georges Hub (commissioned provider for male victims services) in the interpersonal violence partnership and working with them to promote their service.	Hannah Pawley	2020-2023
It is acknowledged that there is a lack of engagement from some identified communities across the city.	Utilise a place-based approach to proactively seek targeted engagement with our diverse communities to empower them to report concerns, share information, access services and play an active role within their	Lynsey Kelly	2020-2023

	communities.		
--	--------------	--	--

Equality Analysis approved by:

Head of Service: Lynsey Kelly	Date: 21.05.2020
----------------------------------	------------------

Please send an electronic copy of the Equality Analysis to the Equality & Diversity Team:

This page is intentionally left blank