Central
Bedfordshire
Council
Priory House
Monks Walk
Chicksands,
Shefford SG17 5TQ

TO EACH MEMBER OF THE
CENTRAL BEDFORDSHIRE COUNCIL

15 September 2009

Dear Councillor

CENTRAL BEDFORDSHIRE COUNCIL - Thursday 24 September 2009

With reference the Agenda and papers for the above meeting, circulated separately, please find attached the following documents:-

7. Recommendations from the Executive: 18 August 2009

Central Bedfordshire Community Safety Partnership – Community Safety Plan 2009 -2011:

Should you have any queries regarding the above please contact Democratic Services on Tel: 0300 300 5257

Yours sincerely

Sandra Hobbs,
Democratic Services Officer
email: sandra.hobbs@centralbedfordshire.gov.uk

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Central Bedfordshire Community Safety Partnership Plan April 2009 – March 2011

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VISION

The prime responsibility of the Central Bedfordshire Community Safety Partnership is to work towards the achievement of cohesive, strong and safe communities, thereby enhancing the attractiveness of Central Bedfordshire to people and businesses.

In comparison to other similar areas, Central Bedfordshire continues to be a relatively safe area, although it is acknowledged that some communities are much more likely to suffer from the impact of crime and disorder than others. The reduction of crime continues to be high on the Partnership's agenda as is tackling the fear of crime and anti-social behavior. At the same time, the partnership does recognize that it will need to respond to a changing agenda and that public confidence is likely to become one of the main drives for future organisation.

This follows the introduction, from April 2009, of the Home Office single confidence measure, based on the British Crime survey question which asks, ***"How much would you agree or disagree that the police and the local council are dealing with the anti-social behaviour and crime issues that matter in (your) area"***

A central aim for the new Partnership is to exceed the Government's minimum standards for partnerships, and to ensure that the hallmarks of effective practice underpin future development.

<u>The LAA –delivery plan</u>

The CSP forms the community safety themed lead for the Local Area Agreement (LAA) Sustainable Community Strategy 2009-10. The priorities for community safety which have been selected from the National Indicator Set (NIS) are set out below:

- Reducing serious acquisitive crime
- Reducing the offending rate of prolific and other priority offenders
- Reducing repeat incidence of domestic abuse
- Increasing the number of drug users in effective treatment

and from the previous LAA

- Increasing the public feeling of safety

Indicator NI 16 - Serious Acquisitive Crime rates
This measures the number of recorded serious acquisitive crimes per 1,000 of the population. This includes burglaries, robbery and theft from or of a motor vehicle. The target for Central Beds by 2010/2011 is –17%

Indicator NI32 – Repeat incidents of domestic violence
This measures the percentage reduction in repeat victimisation for those domestic violence cases being managed by a Multi-Agency Risk Assessment Conference (MARAC). The target setting process for this indicator has been deferred by central government until 2009. However, partners have proposed a local target for year one, which is to reduce the 38% repeat incident baseline of 2007/08, to 35% in 2008/09.

Indicator NI 30 – Re-offending rate of prolific and other priority offenders
This measures the change in convictions for Prolific and other Priority Offenders (PPO's) over a 12-month period. Targets for this indicator will be agreed on an annual basis according to the size of the PPO cohort

Indicator NI 40 – Number of drug users in effective treatment
This measures the year-on-year change in the total number of drug users in effective treatment for at least 12 weeks. The target is to increase the total number of drug users in effective treatment in Bedfordshire, for at least 12 weeks by +3% or 714 people during 2008/9, above the 2007/8-baseline number of 693, then by 728 or +5% during 2009/10 and 742 or +7% by 2010/11. (Data is held nationally and regionally but is not currently broken down by unitary authority.).

Indicator NI 115 – substance misuse by young people
This will measure progress in reducing the numbers of young people frequently misusing substances. The aim was to establish a baseline during 2008/09 from which targets will be developed for the LAA.

The Fear of Crime target
This is one of 17 LAA reward targets agreed by the Countywide Partnership in March 2006. Specifically the target is to reduce the fear of crime when walking alone outside after dark by 2009. This target is a survey-based perception measure and the baseline was established in 2006 from the Best Value Local Government User Satisfaction Survey. In that survey, all four Bedfordshire Local Authorities asked the question;
'How safe/unsafe do you feel when walking alone (in your area) outside after dark.'
The target is an 11% increase on this figure, and a reward grant is attached to this target. Work on this target is the responsibility of the theme lead, Chief

Supt. Andy Street who is managing it through the Fear of Crime sub group, which is currently coordinated by Central Beds.

Single confidence target 2009-10
There are obvious links between the fear of crime target and the new national confidence target, where the Home Office is expecting a 15% improvement on local baselines by end March 2012. This is a target set for the Police and Local Councils. Locally the target set for the Force (and Local Councils) is 53.9% by end March 2011 and 58.6% by end March 2012, with an interim target of 50% by end March 2010. Processes for implementing this work and measuring the target in Bedfordshire are still being agreed, and the CSP is part of these discussions.

Links to other Plans and Strategies – joining-up delivery
Community safety is an important issue for all and cuts across the work of partnerships and agencies focussed on supporting children and young people, health and wellbeing and economic growth and the environment.

Developing local actions which encompass these cross-cutting issues will be a key part of the work undertaken by the partnership in the coming months in both continued development of local action plans, and in the delivery of those actions to address the key priorities for Central Beds.
The links with the following plans and strategies will need to be made and clarified and the LAA process will help to clarify this.

- A Corporate Strategy for Older People 2007-12
- Joint Strategic Needs Assessment
- NHS Bedfordshire - Strategic Plan 2009-2013
- Supporting People Strategy 2006-2011
- Children and Young People's Plan 2006-2009
- Local Transport Plan 2006/07 - 2010/11
- Road Safety Strategy - 2010
- Central Bedfordshire's Sustainable Community Strategy 2003-2013
- Bedfordshire's Local Area Agreement 2008-2011
- Bedfordshire Drugs Strategy 2005-08
- Alcohol Strategy
- B & L Joint Economic Development Strategy
- Bedfordshire Cultural Strategy 2007-2021
- Bedfordshire Domestic Violence Strategy
- Empty Homes Strategy 2008-2011
- Homelessness Prevention Strategy 2008-2013
- The Policing Plan 2009
- The LCJB Strategy

Integrated Offender Management
In addition to the links above, the CSP recognises that reducing re-offending impacts on crime levels – both in volume and seriousness, thus making communities safer. The Partnership will take an Integrated Offender Management approach to supervising and rehabilitating offenders by drawing organisations together to make the best use of shared skills and resources. This will ensure that the PPO scheme works in conjunction with the DIP

arrangements and that local authority services for example housing, social care and education and the CJS are fully integrated to tackle social exclusion and to reduce crime and re-offending.

Prolific and Priority Offenders (PPO)

The highest priority will be given to offenders who present a high risk of harm to others or of repeat offending as evidence from Government shows that 10 per cent of offenders commit 50 per cent of crime. Using a joined up approach, all partners will focus on the same group of offenders and prioritise resources with the explicit aim of cutting re-offending.

There are two main groups that look at these priority offenders, The YOT with main responsibility for the Prevent and Deter strand and Police/Probation for the Catch and Convict and Rehabilitate and Resettle strands. This work will all be co-ordinated in future by the PPO co-ordinator when in post and the recruitment process is currently underway (June 2009).

PRIORITIES AND DELIVERY

In March 2009 the new partnership completed its first partnership strategic assessment. The assessment is a statutory duty of Central Beds Community Safety Partnership (CBCSP) under the Police and Justice Act 2006 and will be undertaken on an annual basis.

The Strategic assessment shows that the following areas are priorities for the partnership –

1) Most Serious Violence (MSV) including Domestic Abuse (DA) and Sexual Abuse (SA)
2) Serious Acquisitive Crime (SAC) including Burglary and Vehicle crime
3) Non Domestic burglary
4) Criminal Damage
5) Anti-social behaviour
6) Substance misuse including Drugs/alcohol
7) Fear of Crime, to cover the single confidence target
8) Reducing re-offending – through the IOM model

The scanning chart below shows how this conclusion was reached, from the evidence in the Strategic assessment,

Category	PSA	LAA 08/11	National indicators	High volume/ rate	Increasing	High public concern	Comment	Action
Wounding					**X**		Small increase,	Exclude

							although numbers low	
Most Serious Violence (MSV)	**X**	**X**	**X**		**X**			**Include**
Domestic Abuse							National agenda to address	**Include**
Sexual Abuse/Violence							Statutory requirement for CDRP	**Include**
Serious Acquisitive Crime	**X**	**X**	**X**	**X**	**X**	**X**	Sub divides into following 4 categories	**Include**
Domestic burglary				**X**	**X**	**X**	High and increasing in both Mid and South	**Include**
Vehicle Crime - Includes both TfMV and ToMV				**X**	**X**	**X**		**Include**
Robbery							Low numbers and not increasing	Exclude
Non Domestic Burglary				**X**	**X**		This crime type fluctuates and continues to be of concern	**Include**
Criminal Damage				**X**		**X**		**Include**
ASB	**X**	**X**	**X**			**X**	High public concern supports inclusion, further performance monitoring to be developed	**Include**
Hate crime							Hate Crime partnership unable to provide data to support inclusion as a priory	Exclude
Substance misuse, including alcohol	**X**	**X**	**X**			**X**	Statutory requirement for CDRP	**Include**
Knife crime							Although police have National	Exclude

							Community funding to tackle knife crime, data does not support inclusion as a priority	
Nuisance vehicles/Roads policing						**X**	Data available does not support inclusion as a priority. Forums and SNT's address issues locally. Review in 2009/10 assessment	Exclude
Fear of Crime/Single confidence target	**X**		**X**				LAA reward attached to target. Police leading on work and partnership continue to support in order to work on the national single confidence target	**Include**
Reduce reoffending	**X**	**X**	**X**			**X**	Partnership to support this work through IOM scheme	**Include**

To support the Community Safety Plan the partnership will build on existing action plans, and as appropriate develop new ones to tackle the priorities above. These plans will be reviewed in line with the annual refresh of the strategy. Progress will be measured by comparing performance with Most Similar Groups (MSG) of CDRP/CSP's through iQuanta data and seek to improve the ranking within that group. Where there are shared priorities across the county, the partnership will ensure that these are approached in a joined up and cost effective manner, avoiding duplication of effort and resources.

Local Targets

The following local targets have been agreed for the J Divisional area:

Robbery	2007-08	2008-09	% chge	2009-11	% chge	2010-11	% chge	3 yr % chge
N Beds	301	276	-8%	253	-8%	233	-8%	-23%
M Beds	38	37	-3%	36	-3%	35	-3%	-8%

S Beds	154	142	-8%	131	-8%	120	-8%	-22%
C Beds	192	179	-7%	167	-7%	155	-7%	-19%
Total	493	455	-8%	420	-8%	388	-8%	-21%

House B	2007-08	2008-09	% chge	2009-11	% chge	2010-11	% chge	3 yr % chge
N Beds	893	814	-9%	743	-9%	677	-9%	-24%
M Beds	391	381	-3%	371	-3%	361	-3%	-8%
S Beds	791	726	-8%	666	-8%	611	-8%	-23%
C Beds	1182	1107	-6%	1037	-6%	972	-6%	-18%
Total	2075	1921	-7%	1780	-7%	1649	-7%	-21%

ToMV	2007-08	2008-09	% chge	2009-11	% chge	2010-11	% chge	3 yr % chge
N Beds	398	364	-9%	334	-8%	306	-8%	-23%
M Beds	231	225	-3%	221	-2%	216	-2%	-6%
S Beds	369	350	-5%	333	-5%	316	-5%	-14%
C Beds	600	575	-4%	554	-4%	532	-4%	-11%
Total	998	939	-6%	888	-5%	838	-6%	-16%

TfMV	2007-08	2008-09	% chge	2009-11	% chge	2010-11	% chge	3 yr % chge
N Beds	1284	1162	-10%	1052	-9%	952	-10%	-26%
M Beds	785	761	-3%	739	-3%	718	-3%	-9%
S Beds	1243	1132	-9%	1034	-9%	944	-9%	-24%
C Beds	2028	1893	-7%	1773	-6%	1662	-6%	-18%
Total	3312	3055	-8%	2825	-8%	2614	-7%	-21%

SAC	2007-08	2008-09	% chge	2009-11	% chge	2010-11	% chge	3 yr % chge
N Beds	2876	2616	-9%	2382	-9%	2168	-9%	-25%
M Beds	1445	1404	-3%	1367	-3%	1330	-3%	-8%
S Beds	2557	2355	-8%	2164	-8%	1991	-8%	-22%
C Beds	4002	3759	-6%	3531	-6%	3321	-6%	-17%
Total	6878	6375	-7%	5913	-7%	5489	-7%	-20%

Cr d. ex 59	2007-08	2008-09	% chge	2009-11	% chge	2010-11	% chge	3 yr % chge
N Beds	2847	2645	-7%	2512	-5%	2436	-3%	-14%
M Beds	1553	1470	-5%	1411	-4%	1369	-3%	-12%
S Beds	2242	2085	-7%	1981	-5%	1922	-3%	-14%
C Beds	3795	3555	-6%	3392	-5%	3291	-3%	-13%
Total	6642	6200	-7%	5904	-5%	5727	-3%	-14%

Other B	2007-08	2008-09	% chge	2009-11	% chge	2010-11	% chge	3 yr % chge
N Beds	1014	973	-4%	944	-3%	916	-3%	-10%
M Beds	549	527	-4%	511	-3%	495	-3%	-10%
S Beds	804	760	-5%	726	-4%	704	-3%	-12%

C Beds	1353	1287	-5%	1237	-4%	1199	-3%	-11%
Total	2367	2260	-5%	2181	-3%	2115	-3%	-11%

Theft fr P	2007-08	2008-09	% chge	2009-11	% chge	2010-11	% chge	3 yr % chge
N Beds	273	256	-6%	245	-4%	235	-4%	-14%
M Beds	42	42	0%	42	0%	42	0%	0%
S Beds	135	128	-5%	122	-5%	116	-5%	-14%
C Beds	177	170	-4%	164	-4%	158	-4%	-11%
Total	450	426	-5%	409	-4%	393	-4%	-13%

Performance and targets will be monitored on a monthly and quarterly basis through the partnership.

RESOURCES

Partnership action plans will be managed through the local Operational Delivery Group (ODG). This group consists of key partnership stakeholders including representatives from the 5 organisations that are statutory partners: Police, Police Authority, Fire Authority, Local Authority, and PCT

Statutory partners and other organisations attending the ODG will support the work of the partnership through the provision of their core resources and services.

The Domestic Abuse Strategy 2009-2011 will be managed and monitored through the partnership. This provides an excellent partnership link at a strategic level, and the partnership has also commissioned work on Sexual Abuse and this should be completed by July 2009.

The partnership will continue to work with Bedfordshire Drug and Alcohol Action Team (B: DAT) to implement the local drug and alcohol strategy, and the partnership will also implement the Alcohol Harm Reduction Strategy for the area.

The partnership has provided funding towards a Prolific and Priority Offender Scheme (PPO) Co-ordinator, who will be in post later this year. A small number of prolific offenders cause a large amount of local crime, and as such the main priority is to reduce the re-offending rate of prolific offenders, which is linked to reducing crime rates.

PERFORMANCE MANAGEMENT

The performance management arrangements will form part of a wider framework that is designed to ensure the citizens and communities of Central Bedfordshire are fully engaged and informed.

In addition to performance measurement against LAA targets and local targets, there has been a range of other mechanisms for assessing crime and disorder. These have now been simplified with the introduction of the

Assessment of Policing and Community Safety (APACS) which will be aligned to the National Indicator set for local authorities.

iQuanta remains as a further useful tool to allow comparisons with other similar partnerships against performance. In addition the partnership will measure itself against the national minimum standards for partnerships.

The partnership will also set criteria by which funded activities are monitored against local priorities and targets.

COMMUNITY ENGAGEMENT

Previously, a considerable amount of work had been undertaken by both Mid and South Bedfordshire local authorities to develop community engagement mechanisms. As a result, Central Bedfordshire has a number of Community Safety Groups and forums operating on a voluntary basis, identifying local issues, actions and solutions. Other mechanisms including problem solving groups and targeted initiatives to address specific issues also exist within the area.

In the south of Central Bedfordshire there are three priority estates, Downside, Parkside and Tithe Farm, each of which has an estate plan which identifies local community safety issues and the activities to address them.

PARTNERSHIP WORKING

As part of the Crime and Disorder Reduction Partnerships (CDRP) Reform programme, the Home Office has developed the 'hallmarks of effective partnerships'. The hallmarks have been introduced to:

- Ensure all partnerships are functioning to an acceptable level of performance
- Embed an intelligence led way of doing partnership business
- Enable communities to see the difference that effective partnerships can have in their area
- Ensure that local communities are involved in shaping local priorities
- Support the development of skills and knowledge across the partnership
- Increase partnership accountability in addressing crime and disorder matters

The six hallmarks are:

- Empowered and Effective Leadership
- Visible and Constructive Accountability
- Intelligence –led Business Processes
- Effective and Responsive Delivery Structures
- Engaged Communities
- Appropriate Skills and knowledge

Each hallmark contains two elements

- New statutory elements for partnership working
- Suggested practice to achieve increased effective partnership, using the statutory requirements as a foundation

In addition to this, the guidance for each hallmark is structured around what is defined as the ‘key aspects of partnership business’ – which are

- Lead and Guide
- Assess
- Plan
- Deliver

The partnership is currently reviewing its local working practices against these standards and will implement the necessary changes and improvements over the coming months.

Strategy & Action Plan 2009 - 2012

Draft 1:

- Drafted 22.01.09
- **Action needed:**
  - Red text – agreement/information needed
- Discussed at SIG 27.01.09

Draft 2

- Updated following SIG 27.01.09
  - **LAA – checked and approved 11.02.09**
  - **Children's Services – checked and approved 11.02.09**
  - **Community Safety – checked and approved 10.02.09**
  - **Supporting People - checked and approved 27.01.09**

- To be discussed at COG on 12.02.09

Draft 3

- Updated following COG on 12.12.09
- 2 week consultation period ending on 4th March 2009
- Approval at COG & SIG on 09.03.09 & 17.03.09 respectively

Final Draft

- For approval by both Central Bedfordshire Community Safety Strategy Group and Bedford Borough Community Safety Strategy Group (dates to be confirmed)

Foreword

I am delighted to introduce the second Bedfordshire Domestic Abuse Strategy developed by our Bedfordshire Domestic Violence Partnership.

Tackling violent crime is a key priority for Bedfordshire and we know that domestic violence accounts for about 25% of all violent crimes reported to the police. Domestic abuse affects thousands of people in Bedfordshire every year. The human and financial costs of domestic abuse are immeasurable, causing harm, disruption and even the possibility of death to many adults and their children.

To address this huge task effectively, agencies need to work together to provide accessible and appropriate services for all those who experience abuse and their children, to ensure there are appropriate sanctions for perpetrators, to increase community awareness and support, and to develop preventative educational work.

This strategy is building on the incredible achievements of the first strategy and the work of the Partnership in the last three years. We will continue to ensure that people who experience domestic abuse receive effective support from all Statutory Agencies and Voluntary Organisations within Bedford Borough and Central Bedfordshire.

It is recognised that with the transition in local government arrangements, this document will be reviewed on a regular basis to take into account any changing partnership structures and to ensure consistent delivery of a vitally important agenda.

????
Need to confirm who should sign

Domestic Abuse Strategy

Vision and Purpose

The overall vision of the strategy is to create a society in Bedford Borough and Central Bedfordshire where domestic abuse is not tolerated, and to reduce the level and impact of abuse in the two unitary areas.

This strategy provides a framework with shared definitions, understanding and action points. It will allow agencies to co-ordinate and collaborate to ensure that women and children and all those affected by domestic abuse will receive better protection and support and challenge and prevent abuse.

The strategy will lead to an action plan and targets for dealing with the specific nature and effects of domestic abuse (please see p.16).

Definition of Domestic Violence

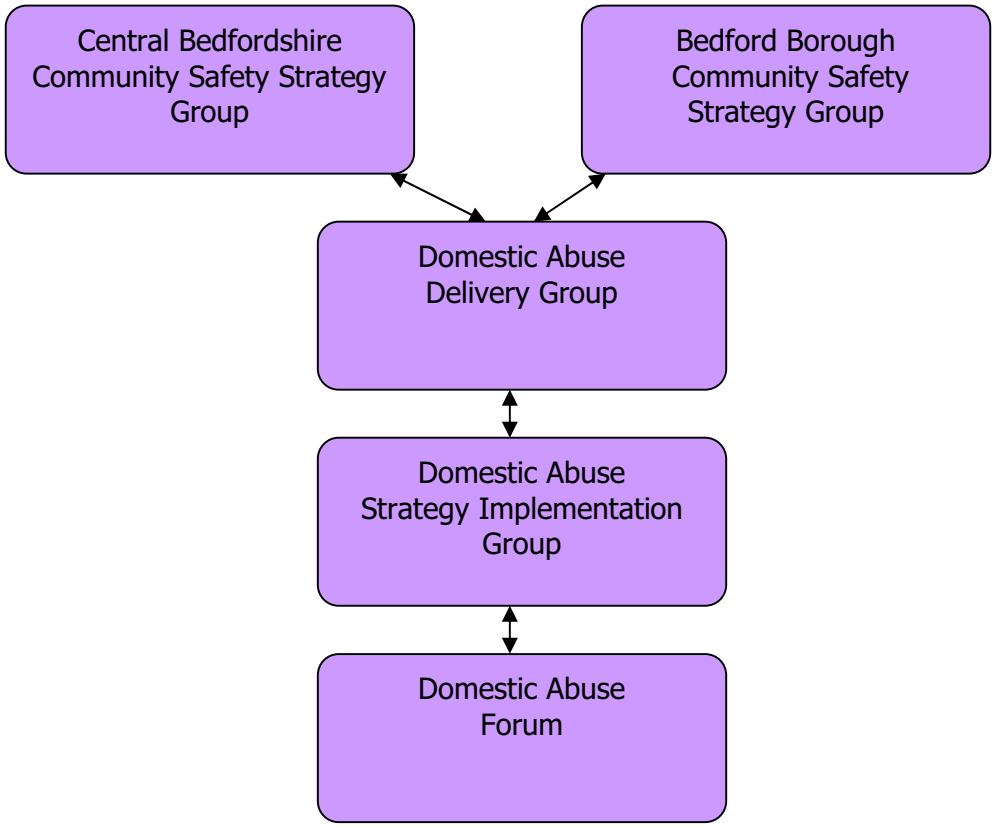
"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been in a relationship, or between family members. It can affect anybody, regardless of their gender or sexuality. The abuse can be psychological, physical, sexual or emotional. It can include "honour based violence", female genital mutilation and forced marriage."
Home Office, 2008

Bedfordshire Domestic Violence Partnership

The Domestic Violence Partnership in Bedfordshire comprises:-

- Domestic Abuse Delivery Group (DADG) consisting of Chief Officers from Children's Services Social Care, Adult & Community Services, Bedfordshire Police, Bedfordshire Probation Service, Central Bedfordshire Council, Bedford Borough Council, the Crown Prosecution Service, HM Courts Service and the Health Service. The DADG has clear links to both Community Safety Strategy Groups.
- Strategy Implementation Group (SIG) consisting of key Senior Managers from Children's Services Social Care, Community Safety teams, Supporting People, Bedfordshire Police, Bedfordshire Probation Service, the CPS, the NHS Trust, Housing (Statutory and Voluntary providers), Voluntary Organisations and the Court Service. The SIG has clear links to both Community Safety Strategy Groups.
- Domestic Abuse Forum (DAF) consisting of key middle managers and practitioners from those agencies from the voluntary sector and service users. Meeting four times a year and reporting into the Strategy Implementation Group with a direct representative on SIG.

Bedfordshire Domestic Violence Partnership Structure



Domestic Abuse Co-ordinator & Commissioning Manager

Roles and responsibilities

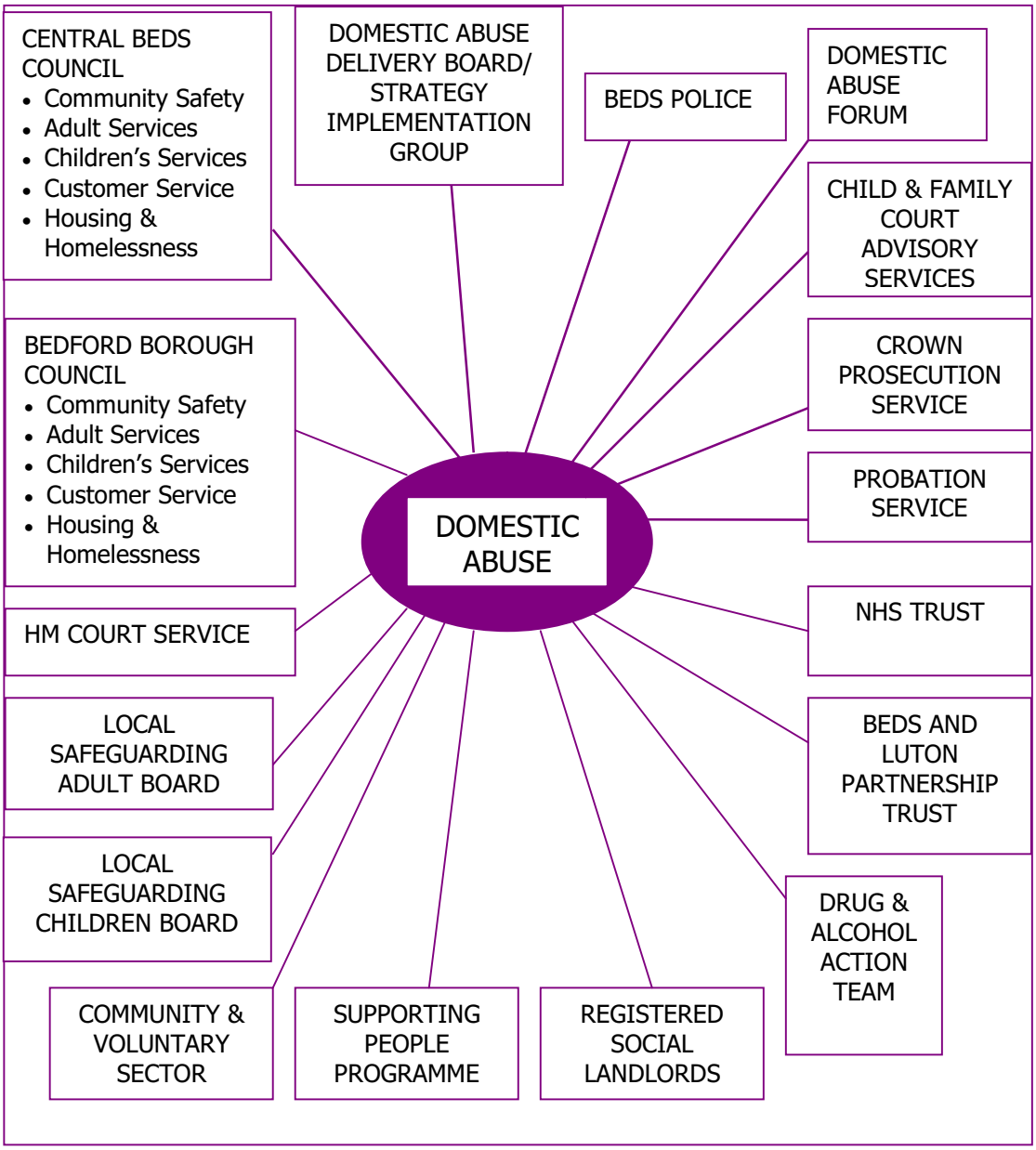
Works to and is accountable to the Domestic Abuse Delivery Group & the Strategy Implementation Group with management responsibility within Community Safety & Public Protection Directorate at Central Bedfordshire Council while remaining as a shared service with Bedford Borough Council. The post is also accountable to Central Bedfordshire's Community Safety Strategy Group and Bedford Borough's Community Safety Strategy Group.

The Domestic Abuse Co-ordinator & Commissioning Manager is responsible for the development of this multi-agency strategy over time, its implementation and minimum standards. She/he is also responsible for effective interagency work with statutory and voluntary agencies working towards service provision that meets individual case management/service user's needs. She/he is responsible for representing the Partnership at all times.

Service providers will work with the Co-ordinator to develop practice, ensure that services are provided to prevent domestic abuse in Bedfordshire and to ensure that all victims receive the necessary support.

All work, funding proposals and consultancy will be submitted to the Bedfordshire Domestic Violence Partnership and both Community Safety Strategy Groups for agreement.

All Organisations or Partnerships involved in the delivery of the Bedfordshire Domestic Abuse Strategy



Domestic Abuse in Central Bedfordshire & Bedford Borough
Due to the developments in the last three years, it is now possible to provide a local context to the prevalence of domestic abuse in Central Bedfordshire & Bedford Borough.

Police data:

- In the year 07-08, 3774 incidents of domestic abuse were reported to, and recorded by, Bedfordshire Police, with 48% of these being repeat incidents;

- Precisely 1700 of these incidents occurred in Bedford Borough;
- 2075 incidents occurred in Central Bedfordshire;
- To the end of December 08-09, 3395 incidents of domestic abuse were reported to, and recorded by, Bedfordshire Police, with 35% of these being repeat incidents. Disaggregated information is not currently available.

Probation (Integrated Domestic Abuse Programme) information:

- To the end of Q3 in 08-09, 45 perpetrators were referred to the IDAP.
- 38 perpetrators began the programme
- The average waiting time for the IDAP stands at 4.6 months
- The Women's Safety Worker has successfully contacted 70 partners or ex-partners of men on the IDAP

Bedford Borough MARAC data 08-09:

- To the end of January 2009, 73 cases were referred to MARAC;
- Of these, 33% were repeat referrals;
- 128 children reside in the households referred in this period;
- 32% of referrals were victims from BME communities;
- 1% were male victims.

Central Bedfordshire MARAC data 08-09:

- To the end of January 2009, 54 cases were referred to MARAC;
- Of these, 19% were repeat referrals;
- 109 children reside in the households referred in this period;
- 2% of referrals were victims from BME communities;
- 4% were male victims.

Bedford Borough IDVA data 08-09 (to end of Q3):

- 162 cases referred;
- 11% were re-referrals;
- 81% of referrals engaged with the IDVA service;
- 30% were referrals for victims from BME communities;
- 69 cases resulted in no additional visits to A&E or police call outs since the referral was made.

Central Bedfordshire IDVA data 08-09 (to end of Q3):

- 175 cases referred;
- 15% were re-referred;
- 72% engaged with the IDVA service;
- 14% were victims from BME communities;
- 134 cases resulted in no additional visits to A&E or police call outs since the referral was made.

Bedford Borough Housing:

- in 07-08, 148 people approached the Housing Options service due to domestic abuse;
- In 08-09 to the end of Q3, 147 people approached.

Children's Services Social Care:

- For the year 07-08:
  - 353 cases were referred where domestic abuse was a factor;
  - 289 of these referrals were generated from Beds Police;

- 73% of the referrals were for children aged 0-9 years.

- For the year 08-09 (to the end of Q3):
  - 311 cases were referred where domestic abuse was a factor;
  - 264 of these referrals were generated from Beds Police;
  - 77% of the referrals were for children aged 0-9 years.

The National Domestic Violence Delivery Plan 2005/06.
This document states that 'Domestic Violence has a devastating effect on victims, their families and the wider community regardless of race, geography or social background'. One in four women and one in six men will be affected in their lifetimes, with women suffering higher rates of repeated victimisation and serious injuries. It is estimated that there were about 12.9 million incidents of Domestic Violence against women and 190,000 against men in 2004.

There is a need to capture and present evidence based statistics for Bedford Borough & Central Bedfordshire so that all stakeholders can understand how Domestic Abuse is affecting the locality.

Although confidentiality regarding Domestic Abuse is paramount there is a strong need to ensure that data sharing (supported by robust controls) is promoted between agencies so that victims including children are adequately protected.

Framework for Operation
The National Domestic Violence Plan, March 2005 sets out five key objectives:

- Reduce the prevalence of domestic abuse;
- Increase the rate that domestic abuse is reported;
- Increase the rate of reporting domestic violence offences that are brought to justice;
- Ensure victims of domestic abuse are adequately protected and supported nationwide;
- Reduce the number of domestic violence related homicides.

Tackling Domestic Violence
'Interventions and Approaches' (Hester and Westernland, 2005) reports results of an evidence based intervention programme (within the Home Office's Crime Reduction Programme) including:-

- Primary prevention - raising awareness and challenging attitudes among young people;
- Supporting women – includes enabling disclosure;
- Supporting women through outreach and group work;
- Supporting women to report to the police and through the courts;
- Reduce repeat victimisation and attrition.

Diversity
As identified in the action plan in the second half of this document, the need to develop appropriate service provision for diverse communities in Bedfordshire has been identified. There is a disproportionately high level of offences involving BME victims or offenders. This can be tackled through increased awareness raising via publicity campaigns and in developments in service provision.

The Local Area Agreement (LAA)

The LAAs for Bedford Borough and Central Bedfordshire include the top partnership-delivered priorities for 2009-11. The LAA is a three year performance contract with Government and is one of a number of ways of delivering the Sustainable Community Strategies for the new unitary areas.

Domestic abuse is identified as a key priority for both Bedford Borough and Central Bedfordshire.

The Local Area Agreements aim to:

- Strengthen partnership working between agencies and across tiers;
- Improve performance in priority services.

The Local Area Agreements include National Indicator 32 to reduce repeat incidents of domestic abuse for the following reasons:

- Focus on protecting the most vulnerable victims from serious harm;
- Domestic abuse victims currently have the highest level of repeat victimisation, often with the severity of incidents escalating over time

The rationale contained in the LAA is as follows:

> Activity by police and local partners should be focused on protecting the most vulnerable victims from serious harm. Domestic abuse (DA) victims currently have the highest level of repeat victimisation, often with the severity of incidents escalating over time. Multi-Agency Risk Assessment Conference (MARACs) focus on high risk victims of DA as indicated through the use of risk assessment tools. By sharing information, agencies get a better picture of victims' situations and so develop responses that are tailored to the needs and goals of individual victims and their children. Safe information-sharing also allows agencies to manage the perpetrator in ways that reduce risk. The aim of the MARAC is to construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm and to reduce repeat victimisation. The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC. Local authority services will need to ensure that they have in place a framework to identify those victims at risk and will need to carry out the appropriate risk assessments when presented with victims of domestic abuse and their children. Jointly with the police, services commissioned by local authorities and health agencies will have a primary role to play to ensure that the MARAC is an effective process.

National Indicator 32:

"A Percentage reduction in repeat victimisation for those domestic violence cases being managed by a MARAC"

LAA targets for 09-10 and 10-11 have been agreed with GO East. While Bedford Borough & Central Bedfordshire will each have an LAA, the target for NI32 will be the same across both local authority areas.

2009-2010 31% repeat cases at MARAC

2010-2011 28% repeat cases at MARAC

Actions against Domestic Abuse
The purpose of the Home Office Best Value Performance Indicator (BVPI 225) is to assess the overall provision and effectiveness of local authority services designated to help victims of domestic abuse and prevent further domestic abuse. While BVPI 225 is no longer in effect, the Partnership is continuing to work towards achieving the following:

BVPI requirement: The Local Authority must satisfy itself that the following actions have been achieved.

1. A directory of local services that can help victims of domestic abuse;
2. A minimum of 1 refuge place per 10,000 of the population in Bedfordshire this equate to 38 places. Currently 23 across Bedford & Central;
3. The employment of a Domestic Abuse Coordinator;
4. The production of a multi agency strategy to tackle domestic abuse developed in partnership with other agencies;
5. The support and facilitation of a local Multi-Agency Domestic Abuse Forum that meets at least four times a year;
6. The development of an Information Sharing Protocol between key statutory agencies;
7. The development and launch of a 'sanctuary- type' scheme to enable victims and their children to remain in their homes where they chose to and where safety can be guaranteed;
8. A reduction in the percentage of cases accepted as homeless due to domestic abuse, that had previously been re-housed in the last 2 years as a result of domestic abuse;
9. The Council's tenancy agreement to have a specific clause stating that perpetration of domestic abuse by a tenant can be considered grounds for eviction;
10. The development and funding of a domestic abuse education pack in consultation with the wider Domestic Abuse Forum;
11. The delivery of a programme of multi-agency training in the preceding 12 months covering front line and management of staff across agencies.

In the last 3 years, significant progress has been achieved in meeting these targets. Work is continuing on meeting the requirement of refuge places with new purpose built refuges developing in Central Bedfordshire. It is anticipated that these will be completed in 2010.

Children and Young People's Plan
The Children and Young Peoples Strategic Partnerships in the new unitary authorities will be responsible for delivering on the five outcomes; Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution and Achieve Economic Well Being. Domestic abuse remains a contributing factor to all five outcomes for children & young people and though the strategic plans for the new authorities are yet to be written, it is highly likely that domestic abuse will feature.

The Children & Young People's Plan 2006-2009, outlined the following priorities for domestic abuse. A review of this work has since found that all of these targets have been met.

Stay Safe Priorities
Reduce the level of domestic violence by;-

- Developing a co-ordinated response to the set up and evaluation of programmes that support families who have experienced domestic abuse;
- Improve the system in place for recording and sharing information between agencies;
- Develop domestic abuse protocols for the Police and Children's Services with regard to referrals and assessments;
- Collecting multi-agency baseline data about the incidence of domestic abuse

Bedfordshire Local Safeguarding Children Board (BLSCB) role is to ensure co-ordination and monitor the effectiveness of the work carried out by partner agencies ensuring that children living with domestic abuse are safeguarded and their welfare promoted. BLSCB's role is to identify, evaluate and monitor the services provided to children and young people living within violent families. Where gaps in services are identified then the BLSCB will request information through the appropriate channels whether that be through the Bedfordshire Domestic Violence Partnership or Bedford Borough and Central Bedfordshire Children's Trusts.

Bedfordshire Domestic Violence Partnership will be required to regularly and formally report to BLSCB on progress regarding actions and data relating to children and young people in this strategy.

Community Safety Partnerships
Both Central Bedfordshire Community Safety Partnership and Bedford Borough Community Safety Partnership have set the following objectives in relation to domestic abuse under Outcome 11(Working Together 2006): To reduce crime, the harm caused by illegal drugs and to reassure the public reducing the fear of crime. The following measures are introduced in relation to domestic abuse:

- 5% increase in the number of domestic violence incidents reported to the police.
- 5% increase in the number of arrests for domestic violence.
- An increase in the number of victims reporting domestic violence for the first time.
- A decrease in the number of victims reporting incidents of domestic violence on more than one occasion.

Working Together has arisen from the Every Child Matters agenda which outlines five outcomes for children & young people. The outcomes are as follows:

- Being Healthy
- Staying Safe
- Enjoying & Achieving
- Making a Positive Contribution
- Achieving Economic Well Being

At the time of writing this strategy, both unitary authorities are undertaking strategic assessments and following this, priorities for 2009-2010 will be identified. In 2008-2009, domestic abuse was highlighted as a priority area of work in all strategic assessments conducted across Central Bedfordshire & Bedford Borough.

Supporting People

The Inter-Ministerial Group on Domestic Violence has responsibility for overseeing the national delivery plan. This has five outcomes, including increasing the rate that domestic abuse is reported and increasing the rate of reporting domestic violence incidents that are brought to justice. It is widely recognised that domestic abuse is grossly under-reported; these aims have potential to increase the requirement for support. Ensuring victims of domestic abuse are adequately protected and supported nationwide is another of the five strategic outcomes of the Group.

Within the government's agenda there are 15 commitments, the following are particularly relevant to the Supporting People programme in Bedfordshire:-

- The introduction of Independent Support and Advice services
- Earlier intervention with offenders
- Supporting of the voluntary sector in setting of standards
- Specialist domestic violence courts – Bedfordshire is a programme area
- Increasing access to justice – has the potential to increase the recognised need for support

The Supporting People programme currently funds 3 accommodation based services which benefits 23 service users (and their children) at any given time. There is an acknowledgement that this level of service is inadequate and so the plan is to increase the provision over a period of the next 3 years to meet the target of accommodation based services for 38 users. New developments will be as self contained as possible with communal areas to provide privacy as well as mutual support as required.

In addition to refuge provision Supporting People, jointly with the Bedfordshire Domestic Abuse Partnership, are expanding the IDVA service to incorporate seven posts. The new service will ensure that specialist support of available to any victim of domestic abuse.

Furthermore, the provision of a generic floating support service and a service user engagement project for hard to reach groups (including domestic abuse service users) has been implemented and supports the delivery of the wider multi-agency agenda.

In addition to the work of the Bedfordshire Supporting People team, the Cross Authority Group for the Eastern Region has also identified a number of steps that need to be taken to address areas of concern with regard to domestic abuse services.

These are:

- Regional Strategic Review to:
  - Take a systems approach, considering the logic and evidenced functionality of different patterns of service provision;
  - Focus on quality and consistency of service delivery and subsequent outcomes for service users;
  - Review referral and assessment procedures and the relation of service user needs to service intensity and security arrangements;
- Information Sharing and partnership working to co-ordinate formal process and protocols such as standardisation of data collection methods;

- Funding to ensure there is a co-ordinated revenue spending pattern across the region;
- Training to develop a co-ordinated approach across the region to training needs and identifying areas that require specific training.

Bedford Alcohol Strategy
Domestic abuse has been identified as an area of work within Bedford Borough Council's alcohol strategy 2008-2011, specifically:

> "To target support to those most at risk of harm including the family harms that are associated with alcohol misuse through domestic abuse and child abuse to reduce repeat incidents"

The work being undertaken through the Alcohol Strategy will provide additional opportunities to begin exploring the level of drug use linked to domestic abuse. The development of the DIP (Drug Intervention Programme) will enable the Domestic Abuse Partnership to begin planning for this area of work.

Cost of Domestic Abuse
As accurate data about prevalence is not currently being captured, it is impossible to predict the cost of domestic abuse in Bedfordshire.

The aim of the Bedfordshire Domestic Violence Partnership will be to reduce all agency costs so that financial resources can be re-invested into primary prevention, raising awareness and supporting women and men through specialist support work.

Information Sharing
There is an agreed information sharing protocol between all the services and agencies represented within the Bedfordshire Domestic Violence Partnership and the LSCB. Following the local government reorganisation, this will need to be reviewed and updated accordingly.

While work has begun on effective data collection, it is early days and this remains a priority within this strategy and action plan. The implementation of Modus has provided a starting point with which anonymised data collection can begin. There are clear steps to take to develop the use of this system with all partner agencies to enable effective and robust evidence.

Aims and Objectives
The Strategy Implementation Group intends the following in Bedfordshire.

Data Collection and Information Sharing

- Build up an accurate and useful picture of domestic abuse in Central Bedfordshire & Bedford Borough including the accurate & consistent reporting and collation of data;
- Agencies effectively exchange and coordinate information on specific cases of domestic abuse to help the victim and others monitoring the family.

Partnership Working

- Regular meetings of domestic abuse groups to promote the domestic abuse agenda and delivery of the domestic abuse strategy.
- Clear performance reporting within the Partnership and to both Community Safety Strategy Groups.

Workforce is knowledgeable and confident when dealing with domestic abuse
- Continuation & improvement of a rolling multi-agency training programme;
- Standards for service delivery are set.

Prevention and Early Intervention
- Raising awareness of domestic abuse and the support available to assist prevention and early intervention;
- To work with children and young people as a preventive measure and to provide early interventions for children living with domestic abuse;
- Health service to develop pro-active ways of working to tackle domestic abuse;
- To explore the options for perpetrator programmes for domestic abuse perpetrators which will contribute to a reduction in re-offending.

Protection and Justice
- Increase the number of incidents of domestic abuse reported to the police and increase the proportion of those reported that end in an offence being brought to justice;
- Ensure that there are sufficient refuge spaces in cases of urgency;
- Children living within violent families are helped and protected;
- Continue the Specialist Domestic Violence Court;
- Continue the Domestic Abuse Multi-Agency Risk Assessment Conferences (MARACS);
- Continuation of the Sanctuary Scheme.

Support
- Those affected by domestic abuse have appropriate and accessible information and on going support to survive abusive relationships;
- The IDVA service is successfully re-tendered to provide specialist support to victims of domestic abuse.
- The particular needs of victims from Central Bedfordshire & Bedford Borough communities are understood and catered for.

Activities
The areas of activity that provide the greatest advantage towards achieving our outcomes, and which form the basis of a more detailed action plan covering April 2009-2010 are as follows:

Data Collection and Information Sharing
- To develop the use of Modus as a data collection system and case management tool which regularly gathers information from a wide range of agencies
- When data collection is established the action plan will be amended to include exploring how anonymised data could be tracked through the system
- To share information effectively and coordinate information on specific cases of domestic abuse to help the victim and others monitoring the family.

Partnership Working
- The DA Delivery Group and the Strategic Implementation Group continue to meet to direct and manage domestic abuse work across Bedfordshire

- Performance monitoring and reporting mechanisms to be established into the Central Beds Community Safety Strategy Group & the North Beds Community Safety Strategy Group
- To continue the Domestic Abuse Forum
- To identify and establish sub groups who will take forward particular sections of the Action Plan
- Conferences are held annually to keep all levels of workers updated about domestic abuse services and initiatives in Bedfordshire

Workforce is knowledgeable and confident when dealing with domestic violence

- Delivery of training by a domestic abuse training pool underpinned by a training strategy
- Develop clear pathways, policies and protocols to ensure consistent support and advice across all agencies
- To ensure that stakeholders have clear policies in place to support employees who are victims of domestic abuse and to address employees who are perpetrators of domestic abuse

Prevention and Early Intervention

- To continue to raise awareness of domestic abuse
- To work with children and young people as a preventive measure and to provide early interventions for children living with domestic abuse
- The health service will continue to develop a more pro-active approach to tackling domestic abuse
- The introduction of a community based perpetrator programme will be explored

Protection and Justice

- Increase the number of domestic abuse incidents reported to the police and increase the proportion of those that end in a positive disposal.
- To continue the Specialist Domestic Violence Court
- To ensure that there is 1 refuge place per 10,000 population
- Children living within violent families are helped and protected
- To continue and embed Domestic Abuse Multi-Agency Risk Assessment Conferences (MARACS)

- Percentage reduction in repeat victimisation for those domestic abuse cases being managed by MARAC
- Continuation of the Sanctuary Scheme

Support

- Successful re-tender of the Independent Domestic Violence Advisors service to expand the number of posts within the service
- Ensure that women are able to access regular group and 1:1 services run by the Community
- To assess the feasibility of the continuation of the local information line
- To assist people who have no recourse to public funds within the confines of legislation who are fleeing domestic abuse
- Ensure that staff are aware of the diverse and specific needs of the different communities that make up Bedfordshire

Key Measures

- The achievement of all BVPI targets;
- Decreased number of repeated referrals, particularly to MARAC;
- Increase in the number of domestic violence incidents reported to the Police;
- Increase in the number of domestic violence incidents reported to the Police that result in a conviction;
- The increase of data reporting by all key agencies;
- Identification of the number of children on Child Protection Plans due to factors relating to domestic abuse. This can then be monitored in subsequent years;
- Number of perpetrators completing a perpetrator programme;
- Victim satisfaction with the support received from key agencies;
- The number of additional refuge places achieved;
- The number of IDVAs used to support victims;
- The number of training days arranged and the number of participants who attended;
- The delivery of family support services to resolve domestic abuse within the family to ensure children remain within their family of origin;
- Information reported by SIG relating to agreed "measures".

Delivery of Strategy

- Multi-agency Action Plan April 2009 to be reviewed every three months by Strategy Implementation Group and overseen by the Domestic Abuse Delivery Group and both Community Safety Strategy Groups against the objectives and indicators above;
- Annual published report on work achieved by Strategy Implementation Group to the DA Delivery Group & both Community Safety Strategy Groups;
- Domestic Abuse Forum to feed into the Action Plan up to Strategy Implementation Group and the DA Delivery Group. This group is to be consulted about local performance.

Bedfordshire Domestic Violence Partnership Action Plan – April 2009 – March 2010

Objective 1 - Data Collection and Information Sharing

- **Build up an accurate and useful picture of domestic abuse in Central Bedfordshire & Bedford Borough including the accurate reporting and collation of data.**
- **Agencies effectively exchange and coordinate information on specific cases of domestic abuse to help the victim and others monitoring the family.**

	Objective	Action	Responsibility	By Whom	Resources needed	Timescale Plan	Outcomes
1.1	To develop the use of Modus as a data collection system and case management tool which regularly gathers information from a wide range of agencies To encourage and promote domestic abuse data collection within all partner agencies. Data collection will be pertinent to each agency	MARAC Co-ordinator to ensure all MARAC members trained and using system Review of the Modus system DA Co-ordinator to arrange initial meetings with key individuals The data will be analysed and findings disseminated	North Beds Community Safety Strategy Group Central Beds Community Safety Strategy Group DA Delivery Group & SIG LSCB	DA Co-ordinator and key individuals in Police, Probation, IDVA service, Children's Services, NHS Trust, Hospital Trust, Housing agencies, Victim Support, Refuge providers DA Co-ordinator and key individuals in Police (data	Time of individuals Funded by GO East 09-10 £2475 Financial	Ongoing September 2009 July 2009 January 2010 and then ongoing	• Uniform method of data collection in place • Baseline data will be established. • Data analysis will be used to develop a locally evidenced based strategy • There will be no double counting of

	When data collection established the action plan will be amended to include exploring how anonymised data could be tracked through the system	Decision to be made about how system could be set up that would allow anonymised tracking to take place. System in place	North Beds Community Safety Strategy Group Central Beds Community Safety Strategy Group DA Delivery Group & SIG	analyst), Probation, IDVA service, Children's Services, PCT, Hospital Trust, Housing agencies, Victim Support, Refuge providers DA Co-ordinator	resources Time of individuals	December 2009 March 2010	clients leading to more valid data • Access to services can be identified which will enable effective service provision
1.2	To share information effectively and coordinate information on specific cases of domestic abuse to help the victim and others monitoring the family.	Information sharing protocol, which includes the MARAC protocol to be reviewed taking into account new local authorities	North Beds Community Safety Strategy Group Central Beds Community Safety Strategy Group DA Delivery Group & SIG	SIG	Time of partners	September 2009	• Appropriate information is shared between agencies for the purpose of safeguarding and promoting the welfare of children and young people who are living with domestic abuse • Appropriate information is shared between agencies about victims of domestic abuse when it may be justified to prevent serious harm to the victim or others

Objective 2 – Partnership Working

- **The DA Delivery Group and the Strategic Implementation Group continue to meet to direct and manage domestic abuse work across Bedfordshire**
- **Multi-agency domestic abuse forum operates to effectively coordinate information and work across agencies leading to domestic abuse being mainstreamed with more consistent service delivery.**
- **Conferences are held annually to keep all levels of workers and elected members updated about domestic abuse services and initiatives in Bedford Borough & Central Bedfordshire**

	Objective	Action	Responsibility	By Whom	Resources needed	Timescale Plan	Outcomes
2.1	The DA Delivery Group and the Strategic Implementation Group continue to meet to direct and manage domestic abuse work across Bedfordshire	Regular meetings are planned, held and minutes circulated	DA Delivery Group members and SIG members	DA co-ordinator to ensure meetings are arranged and minutes circulated in liaison with the Chairs of the groups	Time of group members	Ongoing	• All agencies will be involved in delivery of the multi-agency Action Plan of the DA strategy • Key stakeholders will be fully involved in performance monitoring processes
	Performance monitoring and reporting mechanisms to be established into the Central Beds Community Safety Strategy Group & the North Beds Community Safety Strategy Group	DA Co-ordinator to meet with Chairs to agree standardised reporting to both groups	Central Beds Community Safety Strategy Group & the North Beds Community Safety Strategy Group DA Delivery Group	CSSG Chairs, DA Delivery Group, DA Co-ordinator	Time of group members	June 2009	

2.2	To continue the Domestic Abuse Forum	Regular meetings are planned, held and minutes circulated To promote service user involvement at the DA Forum	SIG SIG	DA Co-ordinator to ensure meetings are arranged and minutes circulated in liaison with the Chair of the group Understanding Us, DA Co-ordinator & Chair of the Forum	Time of group members £300 p.a. – venue and refreshments	Ongoing	• Agencies will work in partnership to provide an effective and consistent service delivery • A robust and transparent DA Forum is in place where information is disseminated in a timely manner and there are recognised routes for people to feedback
2.3	To identify and establish sub groups who will take forward particular sections of the Action Plan	Identification of areas where subgroups would assist to move the agenda forward ○ Health sub-group ○ Diversity sub-group	SIG	DA Co-ordinator with representatives as agreed at SIG	Time of members	Ongoing	• Subgroups will feed back to SIG • There will be a shared response to domestic abuse, from the agencies involved and also across both unitary areas • There will be shared ownership of the multi-agency Strategy and Action Plan
2.4	Conferences are held annually to keep all levels of workers updated about	Small group established for conference planning	DA Delivery Group & SIG	DA Co-ordinator with representatives as agreed at SIG	£3500 venue & refreshments	Ongoing	• Workforce will have a good knowledge and understanding of domestic abuse and

	domestic abuse services and initiatives in Bedfordshire	Conference delivered annually					of available services in Bedfordshire • Workforce will be able to network with other agencies which will lead to improved domestic violence referrals

Objective 3 - Workforce is knowledgeable and confident when dealing with domestic abuse

- **Establishment of a rolling multi-agency training programme**
- **Standards for service delivery are set.**

	Objective	Action	Responsibility	By Whom	Resources needed	Timescale Plan	Outcomes
3.1	Delivery of training by a domestic abuse training pool underpinned by a training strategy	Training strategy to be written and endorsed	SIG	DA Co-ordinator & DA Support Officer	Time of individuals	May 2009	• Awareness of domestic abuse embedded in all key organisations
		Training programme to be developed arising from the training strategy ○ Maintenance of existing training pool to deliver foundation courses ○ External trainers to deliver specialist courses	SIG	DA Co-ordinator & DA Support Officer	£1,200 venue & refreshments £5,880 (already paid 08-09)	June 2009	• Improved knowledge and confidence within staff when dealing with disclosure • Frontline staff will be able to offer appropriate advice, support & sign-posting
		Evaluation of training programme	SIG	DA Co-ordinator & DA Support Officer		March 2010	• A comprehensive programme of DA training will be available.
3.2	Develop clear pathways, policies and protocols to ensure consistent support and advice	Develop a good practice guide/code of practice that all key organisations will sign up to	SIG	DA Co-ordinator	Time of individuals	June 2009	• There will be a consistent standard of response to disclosure across agencies and areas

	across all agencies	Work with agencies to obtain their support for this guide Each key organisation to develop specialist policies to add on to the above guide Good practice guide/code of practice + specialist policies to be evaluated annually	SIG Stakeholders Stakeholders	DA Co-ordinator & SIG Key members of each organisation with support of DA Co-ordinator	Time of individuals	August 2009 December 2009 Annually	of Bedfordshire • Frontline workers will have clear knowledge of their responsibilities in relation to domestic abuse issues. This will increase their confidence in responding to concerns and ensure service users obtain accurate information about services
3.3	To ensure that stakeholders have clear policies in place to support employees who are victims of domestic abuse and to address employees who are perpetrators of domestic abuse	Corporate Alliance Against Domestic Abuse to be invited to present at the SIG Each partner to ensure HR managers are trained and aware of the impact of domestic abuse on victims and therefore their work performance. HR departments to adopt a robust policy in	SIG Central Beds Community Safety Strategy Group & the North Beds Community Safety Strategy Group DA Delivery Group	DA Co-ordinator SIG members	Time of individuals Resources available from Corporate Alliance Against Domestic Abuse	June 2009 September 2009	• Staff will feel supported over both professional and personal issues arising from experiencing domestic abuse • Reduction in work time lost & cost to services due to issues relating to domestic abuse • Perpetrators will know that it will

		combating the use of company email, phone and fax to harass or abuse victims					not be tolerated by their employing agency/ organisation

Objective 4 – Prevention and Early Intervention

- **To raise awareness of domestic abuse and the support available to assist prevention and early intervention**
- **To work with children and young people as a preventive measure and to provide early interventions for children living with domestic abuse**
- **Health service to develop pro-active ways of working to tackle with domestic abuse**
- **To explore the options for community based perpetrator programmes for domestic abuse perpetrators that will reduce re-offending**

	Objective	Action	Responsibility	By Whom	Resources needed	Timescale Plan	Outcomes
4.1	To continue to raise awareness of domestic abuse	Leaflets and posters are available in public places	All agencies in conjunction with DA Co-ordinator & DA Support Officer	All agencies	£1000	Ongoing	• Increased knowledge and awareness of domestic abuse amongst public
		Domestic abuse website is kept up to date	DA Co-ordinator & DA Support Officer	DA Support Officer	Time of individuals	Ongoing	• Increased knowledge of new research and of local initiatives and local services for practitioners
		Online directory of services is kept up to date	DA Co-ordinator & DA Support Officer	DA Support Officer		Ongoing	
		Production of the quarterly newsletter	DA Co-ordinator & DA Support Officer	DA Support Officer	£400	Ongoing	
4.2	To work with children and young people as a preventive measure and to provide early interventions for children living with domestic abuse	Launch of the year 7 & year 9 education pack	SIG	DA Co-ordinator, DA Support Officer, Education	Time of individuals	April 2009	• Staff working with children will be able to offer appropriate help and support
		Monitor implementation of the packs in schools	SIG	DA Co-ordinator, DA Support Officer		Ongoing	• Middle and secondary school aged children will have a raised

		Evaluation of the packs	SIG	DA Co-ordinator, DA Support Officer		March 2011	awareness of domestic abuse which should lead to a decrease in future numbers of abusive relationships • Vulnerable children will be identified earlier and given appropriate support
4.3	The health service will continue to develop a more pro-active approach to tackling domestic abuse	Midwives, health visitors, Mental Health service staff, A&E staff will continue or commence routine enquiry once training is completed and policies in place ○ Health sub-group to be developed to enable delivery of this Monitoring of routine enquiry will take place ○ Health sub-group to be developed to enable delivery of this	SIG Department leads Stakeholders in conjunction with DA Co-ordinator	Child protection/ domestic abuse leads within Hospital trusts and NHS Trust in conjunction with the DA Co-ordinator	Time of individuals Time of individuals	September 2009 March 2010	• Health professionals will have a good understanding of domestic abuse and will feel confident to discuss the issue with service users • Identified health professionals will routinely enquire about domestic abuse with service users • Health professionals will routinely provide information and/or refer to specialist support services • Any disclosures of domestic abuse will be recorded safely

4. 4	The introduction of a community based perpetrator programme will be explored	Paper to be considered by: ○ Central Beds Community Safety Strategy Group & the North Beds Community Safety Strategy Group ○ DA Delivery Group Decision to be made on moving forward on interventions for perpetrators, including possibilities of joint working with Luton	Central Beds Community Safety Strategy Group & the North Beds Community Safety Strategy Group DA Delivery Group	Tbc	To be confirmed subject to agreement with both Central Beds Community Safety Strategy Group & Bedford Borough Community Safety Group	April 2009 June 2009	• A well researched and costed plan will enable a decision on whether developing a community based programme will fit into future strategy plans. • Women will feel safer • There will be a reduction in repeat offending (LAA NI 32 target)

Objective 5 – Protection and Justice

- **Increase the number of incidents of domestic abuse reported to the police and increase the proportion of those reported that end in a conviction.**
- **Ensure that there are sufficient refuge spaces in cases of urgency.**
- **Children living within violent families are helped and protected.**
- **Continuation and development of the Specialist Domestic Violence Court for domestic abuse cases**
- **Continuation and development of the Domestic Abuse Multi-Agency Risk Assessment Conferences (MARACS)**
- **Continuation of the Sanctuary Scheme**

	Objective	Action	Responsibility	By Whom	Resources needed	Timescale Plan	Outcomes
5.1	Increase the number of domestic abuse incidents reported to the police and increase the proportion of those that end in a positive disposal.	Other agencies will encourage victims to report incidents to the police	All stakeholders	All stakeholders	Time of individuals	Ongoing	• The number of incidents reported to Police will increase
		All frontline Police Officers will receive appropriate training to use the DASHH booklet (Domestic Abuse, Stalking, Harassment & Honour Crime)	Bedfordshire Police	DCI Public Protection Unit		Ongoing	• The number of arrests in relation to these will increase • Referral to MARAC for all victims identified as high risk
		Use of booklet will be monitored	Bedfordshire Police	DCI Public Protection Unit		Ongoing	• Increase the proportion of offenders with a positive disposal
		Bedfordshire Police have now employed a dedicated Public Protection Crime analyst	Bedfordshire Police	DCI Public Protection Unit		Ongoing	• There will be a

		and have commissioned a Domestic Abuse problem profile which will seek to accurately report Domestic Abuse data particularly in relation to repeat victimisation and will make recommendations on ongoing prevention, intelligence and enforcement tactics designed to reduce harm, exposure of children to domestic abuse and bring more offenders to justice. The police will continue with their positive arrest policy and will look to gather evidence so that more incidents will be taken to court The CPS will continue to follow its policy for prosecuting cases of Domestic Violence and will work with court services to this end	 Bedfordshire Police CPS	 DCI Public Protection Unit CPS, IDVA service, Court Witness Service, Witness care units		Ongoing Ongoing Ongoing	reduction in repeat incidents of domestic abuse • All these actions should increase convictions and reduce repeat offences
5.2	To continue the Specialist Domestic	SDVC Operational Group to meet bi-monthly until	LCJB	Bedford Magistrates	Time of group members	Ongoing	• The time taken between first

	Violence Court	otherwise stated Joint bi-annual strategic meetings with Luton SDVC Group to ensure best practice and consistency and to share data collection information Data collection to be completed quarterly by all member agencies for submission at end of year to the Home Office Reporting mechanisms into the LCJB to be agreed	DA Delivery Group	Court, Police, Probation, CPS, IDVA service & DA Co-ordinator HM Court Area Manager		Ongoing Ongoing April 2009	appearance and conclusion of the case will be reduced • Increase in number of convictions • Victims will be better supported and have more confidence in the Criminal Justice System
5.3	To ensure that there is 1 refuge place per 10,000 population	Funding for Bedford refuge, and Santosh Women's refuge is maintained Continuation of planning for new build refuges in Central Bedfordshire Review the standard of refuge provision in	Supporting People Commissioning Group Central Bedfordshire Council, Supporting People Commissioning Group	Stakeholders Central Beds Council, Supporting People, Aragon Housing Association, DA Co-ordinator Bedford Borough Council, Christian	SP budget	Ongoing Ongoing until completion (expected 2010) March 2010	• Increased safety of women and children by the provision of a place of safety when required • Increase in provision of present 23 bed spaces to the 38 bed spaces needed

		Bedford Borough to ensure that it is fit for purpose and meets modern day standards		Family Care			
5.4	Children living within violent families are helped and protected	The DA policy and procedures introduced in June 2006 re DA referrals to Children's services from Police to be reviewed Review of interventions needed to support Children who live or have been affected by domestic abuse. Increase the knowledge of front line professionals though multi agency training in the responses given to children at tier 1 and 2 services Exploration of alternative specialist therapeutic interventions for children & young people Investigation of the use of Family Group	Bedfordshire Police, Children's Services Children's Services Commissioning Local Area Board LSCB, SIG, CSSC Commissioning SIG, Children's	Police Domestic Violence Unit Christian Family Care, CSSC Commissioning & LSCB CSSC Commissioning & DA Co-ordinator FGM Co-ordinator, DA Co-	Time of individuals Time of individuals Time of individuals	June 2009 March 2010 December 2009 September	• Vulnerable children will be identified earlier and given support • Risks to children living with violence will be considered when putting into place risk management plans • Children living with domestic abuse are supported and helped to understand what has happened to provide improved health, well-being and safety outcomes for them • Regular reporting to BLSCB to update on the progress of this

		meetings in low risk domestic abuse cases as an early intervention tool Report on the needs analysis regarding young men over the age of 13 and refuge access Develop Working with Children living with domestic abuse guidance DV strategy to be presented to LSCB. BLSCB to ensure the needs of C&YP experiencing violence in the home are addressed. Service gaps and risks to be reported to the LSCB Strategic Board, Bedford Borough and Central Bedfordshire Children's Trusts	Services Social Care (BBC & CBC) SIG & LSCB LSCB SIG SIG	ordinator, Head of QA for CSSC DA Co-ordinator & LSCB Manager LSCB Policy & Procedures subgroup Bedfordshire Police and DA Co-ordinator CSSC Commissioning	Time of individuals Time of individuals Time of individuals Time of individuals	2009 June 2009 June 2009 June 2009 As identified	Strategy in regards to safeguarding children and young people living within violent families. • Professionals working with children and young people have a clear practice guidance to assist them in working with these children and young people. • Children living with domestic abuse are supported and provided with services that meet their individual needs.
5.5	To continue and embed Domestic Abuse Multi-Agency Risk Assessment Conferences (MARACS)	Training to be delivered to key groups re: referral pathway into MARAC and risk indicator checklist.	SIG	MARAC Co-ordinator	Time of individuals	Ongoing	• Information will be shared effectively to increase the safety, health and well-being of victims

	Percentage reduction in repeat victimisation for those domestic abuse cases being managed by MARAC	Monitoring of groups receiving training Performance will be monitored with repeat cases at MARAC (LAA target) and will be provided for both Central Beds & Bedford Borough Ensuring appropriate and consistent membership of MARAC by all key partner agencies ○ Partner agencies to assess the feasibility of introducing MARAC responsibilities into key job descriptions as appropriate Consistent use of Modus for MARAC by all MARAC members Bedfordshire MARAC to develop to meet all CAADA Hallmarks & Principles	SIG SIG/ MARAC Central Beds Community Safety Strategy Group & the North Beds Community Safety Strategy Group SIG SIG SIG SIG	Chair of MARAC, DA Co-ordinator MARAC Co-ordinator MARAC Chair Domestic Abuse Co-ordinator & key individuals from partner agencies MARAC Co-ordinator MARAC Chair, MARAC Co-ordinator, DA Co-ordinator, & MARAC members	Time of individuals £25k for MARAC Co-ordinator Time of individuals Time of individuals Time of individuals Time of individuals	Ongoing Ongoing Ongoing September 2009 Ongoing July 2009	both adult and children • Referrals from MARAC to MAPPA will be improved and vice versa • Multi-agency risk management plans will be constructed jointly which will provide support and reduce the risk of harm • Repeat victimisation will be reduced • Agency accountability will be improved • Improved support for staff involved in high risk cases • Domestic abuse will be firmly embedded in all partner agencies thereby improving responses to victims of domestic abuse

		Protocol to be developed and agreed between MAPPA & MARAC Referrals to MARAC are monitored and reported to the LSCB	SIG SIG	MARAC Chair, MAPPA Co-ordinator & DA Co-ordinator MARAC Co-ordinator	Time of individuals Time of individuals	April 2009 6 monthly	
5.6	Continuation of the Sanctuary Scheme	Central Bedfordshire Council and Bedford Borough Council to continue to deliver the Sanctuary Scheme Monitor use of the scheme	Central Bedfordshire Council and Bedford Borough Council Central Bedfordshire Council and Bedford Borough Council	To be determined by the Councils	Councils to identify budget	Ongoing	• Prevent Homelessness • Reduce repeat incidents of DA LAA NI 32 • Increase stability and support for women and children by enabling them to remain in their own homes

Objective 6 - Support:

- **Those affected by domestic abuse have appropriate and accessible information and on-going support to survive abusive relationships.**
- **The IDVA service is maintained to support victims of domestic abuse (This is also be part of a co-ordinated response through the SDVC)**
- **The particular needs of victims from Bedfordshire communities are understood and catered for.**

	Objective	Action	Responsibility	By Whom	Resources Needed	Timescale Plan	Outcomes
6.1	Successful re-tender of the Independent Domestic Violence Advisors service	Current service contract with Victim Support to be extended to 31st May 2009	SP Commissioning Body	Head of SP	SP budget	April 2009	• Specialist support will be provided to all victims of domestic abuse regardless of risk level • Reduction in repeat incidents of domestic abuse • Improved access to other services for victims of domestic abuse • Improved safety outcomes for victims of domestic abuse • Specialist support will be provided to victims going through civil and criminal court proceedings • Specialist support to the MARAC process
		New service to launch on 1st June 2009 with 7 posts following tender process	SIG & SP Commissioning Body	SP Commissioning Manager & DA Co-ordinator	£230,000 (Supporting People) £50,000 (DA)	June 2009	
		Performance information to be submitted monthly	IDVA Service Manager	IDVA service	Time of individuals	Ongoing	
		Accreditation of the IDVA service according to CAADA standards	SIG	IDVA Service Manager, DA Co-ordinator	Time of individuals	March 2010	

							and victims subject to MARAC
6.2	Ensure that women are able to access regular group and 1:1 services run by the Community.	To offer outreach services with 1:1 / group support where appropriate for women who do not access services. To support the delivery of the Freedom Programme as a women's group To develop a Freedom Programme group where English is not the first language	Children's Services Commissioning Local Area Board SIG	Christian Family Care, CSSC Commissioning & LSCB CSSC Commissioning & DA Co-ordinator		March 2010	• Improve Stay Safe outcomes in C& YPPP • Improve Enjoy & Achieve outcomes in C&YPPP • Reduce Repeat incidents of DA LAA NI 32 • Women who are or have experienced DA will be empowered and gain in self esteem and confidence
6.3	To assess the feasibility of the continuation of the local information line	Evaluate the extended pilot Recommendations for continuation to be considered • Depending on outcome, funding to be agreed to continue and/or develop further	SIG SIG	DA Co-ordinator, Aragon Housing Association Aragon Housing Association, DA Co-ordinator	Time of individuals Time of individuals To be confirmed subject to agreement with both Central Beds Community Safety Strategy Group & Bedford	April 2009 May 2009	• Victims will be able to access a local point of information, advice and support • Appropriate signposting will be offered • It will act as a central point of information for professionals, friends and family

					Borough Community Safety Group		
6.4	To assist people who have no recourse to public funds within the confines of legislation who are fleeing domestic abuse	To ensure the joint protocol between Adult Services & Children's Services Social Care is being consistently implemented	DA Delivery Group, SIG & DA Forum	Refuge providers, IDVA service, Bedford Borough Council Social Services, Central Beds Social Services & DA Co-ordinator	Group members time	Quarterly	When protocol and procedure implemented • Prevent serious injury and/or death • Decrease risks of harm to both adult and children • Improved health and social outcomes for adult • Improved health, social and educational outcomes for children
6.5	Ensure that staff are aware of the diverse and specific needs of the different communities that make up Bedfordshire Issues will include: • Cultural issues • Forced marriage • Male victims • Same sex victims • Abuse perpetrated by teenage children on parent(s)	To establish a sub group whose work will be informed by the Diversity needs analysis due for completion April 2009 To explore the opportunities for joint working with Luton who have an established Diversity working group	SIG SIG	DA Co-ordinator, SIG & Forum DA Co-ordinator & key representatives from specialist agencies	Initial time of group members. Time of individuals	June 2009 September 2009	• Staff respond to clients appropriately and sensitively • Staff are aware of specific services available for specific groups • Clients experiencing domestic abuse are referred appropriately • Outcomes for victims

	• Gypsies & travellers • Honour crime						with additional needs are improved by agencies working more closely together

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An Alcohol Strategy for Central Bedfordshire

2008-2011

6/01/2009

EXECUTIVE SUMMARY

1.1 National Context of the Alcohol Strategy for Central Bedfordshire

Alcohol plays an important and positive role in many aspects of British life. 90% of the adult population drink alcohol and for most of us its use is associated positively with our personal and social lives. However for a minority of drinkers the misuse of alcohol produces significant harm, impacting the individual, the family and the community.

HM Government's alcohol strategy "Safe Sensible Social" – June 2007 outlines 3 key delivery themes to address the misuse of alcohol. These are:

"First, we need to ensure that the laws and licensing powers we have introduced to tackle alcohol-fuelled crime and disorder, protect young people and bear down on irresponsibly managed premises are being used widely and effectively.

Secondly, we must sharpen our focus on the minority of drinkers who cause or experience the most harm to themselves, their communities and their families. These are:

• young people under 18 who drink alcohol, many of whom we now know are drinking more than their counterparts did a decade ago; and
• 18–24-year-old binge drinkers, a minority of whom are responsible for the majority of alcohol-related crime and disorder in the night-time economy;
• harmful drinkers, many of whom don't realise that their drinking patterns damage their physical and mental health and may be causing substantial harm to others.

Finally, we all need to work together to shape an environment that actively promotes sensible drinking, through investment in better information and communications, and by drawing on the skills and commitment of all those already working together to reduce the harm alcohol can cause, including the police, local authorities, prison and probation staff, the NHS, voluntary organisations, the alcohol industry, the wider business community, the media and, of course, local communities themselves."

1.2 Central Bedfordshire's Alcohol Strategy – Strategic Aims and Objectives

In seeking to reduce the harmful effects of alcohol misuse in Central Bedfordshire, the Central Bedfordshire Alcohol Strategy has adopted the key elements of the National Strategy. Central Bedfordshire's Alcohol Strategy will address the reduction of alcohol related harm via 3 blocks.

1. Children and Young People
2. Health
3. Community Safety

Each of these three blocks has a set of **overarching aims**, a set of **operational objectives** and related targets.

1.2.2. Strategic Aims and Objectives: Children's and Young People

Strategic Aims: 1. Reduce the number of Young People using Substances
Strategic Objectives: 1. To improve the quality and quantity of alcohol education in schools and colleges 2. To develop our approach to providing family focused services 3. To challenge and change the idea that drunken anti-social behaviour is acceptable or normal 4. To work with the industry to restrict the availability of alcohol 5. To continue to improve the quality of targeted and specialist treatment services
These strategic aims and objectives are linked to the following targets: PSA 25: Reduce the harm caused by Alcohol and Drugs PSA 14: Increase the number of children and young people on the path to success (including the proportion using substances)

Further information on this block is given in section 4.

1.2.3. Strategic Aims and Objectives: Health

Strategic Aims:

1. Effective prevention of alcohol misuse
2. Effective interventions to rehabilitate and minimise harm to those who misuse alcohol

Strategic Objectives:

1. Effective Prevention of alcohol misuse, including:
    - Working through community projects, schools and higher education establishments
    - Working with alcohol retailers
    - Sharing data to identify localities where alcohol-related harm is occurring
2. Effective interventions to rehabilitate and minimise harm to those who misuse alcohol, which should:
    - Be facilitated by a lead commissioner for alcohol, be well publicised and be included in a directory which has mandatory updates
    - Are tailored towards the MoCAM framework (Tiers 1 to 4) with clear referral pathways between each Tiers and agreed methods of assessment which tier is appropriate for each individual.
    - Develop the local set of priorities identified for each of four tiers
        - Tier 1 Includes brief interventions
        - Tier 2: Includes open access alcohol-specific facilities
        - Tier 3: Community-based, structured, care-planned alcohol treatment.
        - Tier 4: Alcohol specialist inpatient treatment and residential rehabilitation
    - Provide support to families and other significant others (including employers) of those affected

These strategic aims and objectives are linked to the following targets:

- NI 120: To reduce all-age all-cause mortality
- PSA 25: Reduce the harm caused by Alcohol and Drugs

Further information on this block is provided in section 5.

1.2.4. Strategic Aims and Objectives: Community Safety

Strategic Aims: 1. To reduce the levels of alcohol related violent crime 2. To reduce the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area
Strategic objectives: 1. To challenge and change the idea that drunken anti-social behaviour is acceptable or normal; 2. Increase the harm reduction opportunities for those arrested 3. To vigorously implement and action measures to reduce alcohol related crime and disorder 4. To target support to those most at risk of harm including the family harms that are associated with alcohol misuse through domestic violence and child abuse to reduce repeat incidents 5. To ensure that business and industry reinforce responsible drinking messages
These strategic aims and objectives are linked to the following targets: NI 30: Re-offending rate of prolific and other priority offenders NI 32: Repeat incidents of domestic violence PSA 23, Priority Action 1: Reduce the most serious violence, including tackling serious sexual offences and domestic violence PSA 25: Reduce the harm caused by Alcohol and Drugs

Further information on this block is given in Section 6.

1.3 Strategic Framework for Implementing the Strategy

Central Bedfordshire's Alcohol Strategy (2008-2011) will be delivered by an Alcohol Strategy Steering Group. The Alcohol Strategy Steering Group will be the coordinating reference group between the different agencies.

Central Bedfordshire's Alcohol Strategy will link to and support other partnership strategies in the local area including the Children and Young People's Plan and supporting annual drugs and alcohol plan.

1.4 Links to Sustainable Community Strategy

An Alcohol Strategy for Central Bedfordshire will ensure that alcohol harm is included in the highest level of priorities for the new areas of the Sustainable Community Strategy and the Local Area Agreement. Four out of the five themes in Bedfordshire's Local Area Agreement 2008-2011 include responsibility for specific elements of the Alcohol Strategy.

Growing our economy:

- To reduce alcohol-related unemployment
- To increase productivity
- To deliver a balanced Night Time Economy

Delivering good health and well-being:

- To reduce alcohol-related accidents and hospital admissions
- To promote sensible drinking

Raising the aspirations of our children and young people:

- To safeguard children from alcohol-related harm

Building cohesive, strong and safe communities:

- To reduce alcohol-related crime and antisocial behaviour
- To reduce the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area

The Alcohol Strategy for Central Bedfordshire will also contribute to the following targets in the Local Area Agreement 2008-2011:

NI120	All-age all cause mortality rates
NI 115	Substance misuse by young people
NI16	Serious acquisitive crime rate
NI30	Reoffending rate of prolific and other priority offenders
NI32	Repeat incidents of domestic violence

1.5 Implementation planning

Every year action plans will be developed to ensure that the strategy is successfully implemented. The following sections are the Action Plans for Children and Young People, Health and Community Safety relating to 2008-2009.

1.5.1 ACTION PLAN FOR CHILDREN AND YOUNG PEOPLE

Activity	Outputs and outcomes to be achieved	Lead partner	Resources	Deliverable date	Progress check
Concern that current education on alcohol may not be meeting needs of children in our schools	Conclude PHSE Audit and based on provisional findings instigate an urgent review of alcohol education in middle and upper schools.				
Parents are not fully conversant of the dangers to their children of alcohol consumption	Parents with children in middle and upper schools to be targeted about the danger of alcohol for their children				
Many parents are perceived as not taking responsibility for their children	Link to local parenting stakeholder groups. Monitor implementation of local parenting strategy and feedback progress to alcohol strategy groups				

Many young people drift into alcohol abuse because of boredom	To help young people to be channelled into activities which are of interest and relevant to them, and which will prevent disaffected young people from drinking alcohol				
An early intervention system for victims of domestic violence needed to ensure repeat incidents are quickly identified	Children at risk from repeat incidents of domestic abuse are identified quickly, and prevented from further abuse				
Preventing the sale of alcohol to those under the age of 18 and proxy sales	Further implementation of initiatives such as the one undertaken with Tesco in Flitwick which targets the sale of alcohol to under age drinkers and proxy sales				

1.5.2 ACTION PLAN FOR HEALTH

Activity	Outputs and outcomes to be achieved	Lead partner	Resources	Deliverable date	Progress check
Evaluation of community interventions to prevent alcohol misuse	Short report to be returned from each intervention including verifiable data on numbers of clients reached and resulting changes in attitudes and drinking behaviour				
Sharing data from A&E on the locations of alcohol-related incidents with police	Memorandum of understanding between A&E and police				
Updating information and links on Central Bedfordshire Borough Council and NHS Bedfordshire website and a directory of alcohol-related services	Page for alcohol-related information and links that is easily and intuititively navigable from the websites' homepage, providers obliged to inform commissioning organisations of any change in contact details within one week				

Appointing a lead commissioner for alcohol misuse services	In the first instance an agreed job description and lines of reporting				
Agreement on a screening tool for alcohol misuse (Tier 1 and above)	Providers to report aggregate de-duplicated statistics on the numbers with hazardous (or worse) scores amongst those screened				
Tier 1 interventions to be available to all in Bedford	Providers to report aggregate de-duplicated statistics on those given brief interventions				
Provision of Tier 2 outreach services or open access facilities to all areas currently not covered	Providers to report aggregate de-duplicated statistics on numbers seen including number of homeless people				
Ensuring black and ethnic minority services are not disadvantaged by current service arrangement	Providers mandated to report back on presence or absence of difficulties in reaching BME groups				
Referral of all appropriate cases into tier 3	Clear referral pathway for access to tier 3 facilities, aggregrate statistics on the numbers referred to tier 3.				

Increasing links to services for mental health and misuse of other drugs for appropriate clients	Referral pathways to be regularly refreshed (if the same as previous year, written confirmation from provider)				
Individual care plans for clients accessing tier 3.	Providers to show evidence to commissioners (eg anonymised case studies or proformas)				
Referral of all appropriate cases to Tier 4	Clear referral pathway for access to tier 4 facilities, aggregrate statistics on the numbers referred to tier 4				
Evaluation of tier 4 interventions (care)	Providers to provide verifiable data on numbers accessing residential treatment, and outcomes				
Evaluation of tier 4 outcomes (setting and aftercare)	Collated feedback from service users				
Tackling the links between alcohol misuse and the workplace	Providers to collate examples of successful return to employment as examples of successful practice				

Provision of support for under 10s who have household members affected by alcohol misuse	Providers to collect data on proportion and numbers of alcohol misusers with a household member under 10 in the first instance				

1.5.3 ACTION PLAN FOR COMMUNITY SAFETY

Activity	Outputs and outcomes to be achieved	Lead partner	Resources	Deliverable date	Progress check
Current initiatives aimed at tackling anti-social behaviour and alcohol consumption to be continued, and extended	More engagement needed with larger pub and restaurant chains at a corporate level so that they can contribute to reducing levels of alcohol abuse, underage drinking and anti-social behaviour				
More awareness raising needed of the dangers of alcohol abuse	To increase awareness raising amongst drinkers of the consequences of anti-social behaviour associated with alcohol, and the consequences should they choose to indulge in anti-social behavour				
A message about the dangers of alcohol abuse which also includes BME groups will ensure that the needs of these groups are met	To ensure “hard to reach” groups are included in publicity on alcohol abuse				
To help young people to be channelled into activities which are of	The provision of alternative venues for young people to stop them drinking alcohol because they feel				

interest and relevant to them, and which will prevent disaffected young people from drinking alcohol	there is little else to do				
An early intervention system for victims of domestic violence to ensure repeat incidents are quickly identified	To protect children and young people from repeat incidents of domestic violence				
"Safer Clubbing" scheme will combat street noise, and reduce the fear of crime within the wider community, as will the extension of the Safer Neighbourhood Teams	To reduce the fear of crime within the community				

INFORMATION SUPPORTING THE ALCOHOL STRATEGY

2. ALCOHOL-RELATED HARM: DEFINING THE PROBLEM

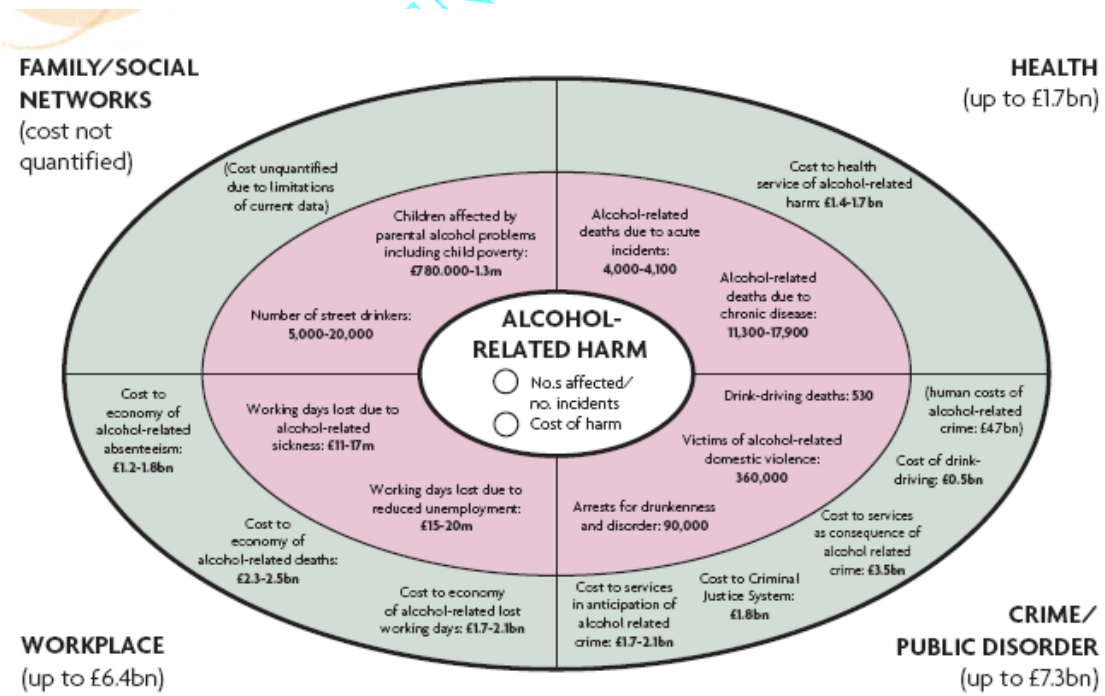
2.1 The Impact of Alcohol Related Harm in England

The following headlines, taken from the Alcohol Harm Reduction Strategy for England (2004) illustrate the nature and range and the impact of alcohol nationally:

• 1.2m violent incidents
• 360,000 incidents of domestic violence (around a third) which are linked to alcohol misuse;
• increased anti social behaviour and fear of crime – (61% of the population perceive alcohol-related violence as worsening);
• over 30,000 hospital admissions for alcohol dependence syndrome;
• up to 22,000 premature deaths per annum;
• at peak times, up to 70% of all admissions to accident and emergency departments;
• up to 1,000 suicides per year including accidental overdose;
• up to 17million working days lost through alcohol related absence;
• between 780,000 and 1.3m children affected by parental alcohol problems; and
• increased divorce - marriages where there are alcohol problems are twice as likely to end in divorce.

The Cabinet Office strategy unit analysis showed that in 2004 the cost of alcohol related harm was around £20 billion per year[1] The figure below is taken from the Alcohol Harm Reduction Strategy for England (2004) and details the breakdown of the cost of the misuse of alcohol:

Fig 1



[1] Rannia L, Costs of Alcohol Miuse, 2004, Cabinet Office

However over 1 million people are employed in hotels, pubs, bars, nightclubs in the UK. Furthermore the development of the evening economy, driven by the alcohol leisure industry, has supported a revival of many town and city centres across the country.

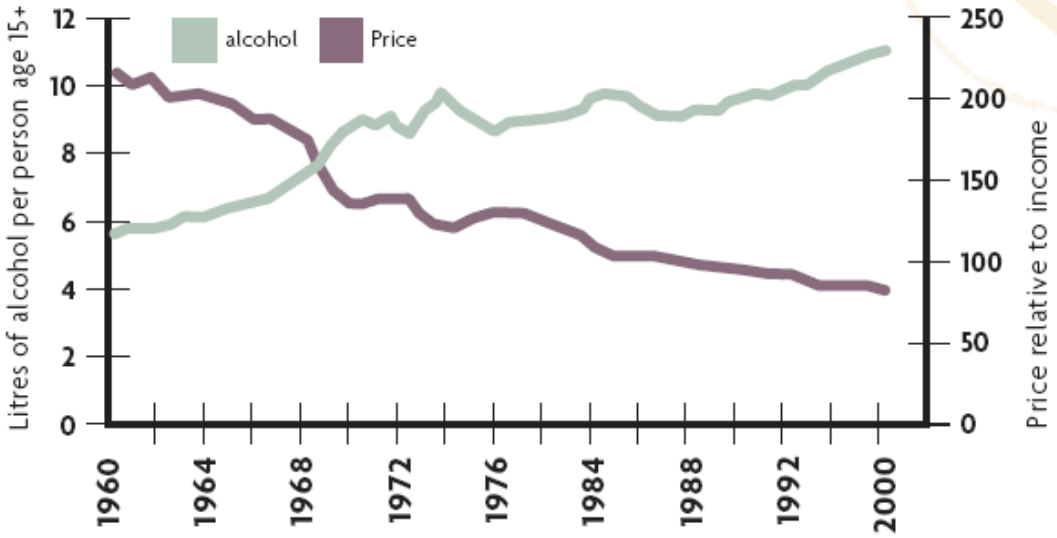
2.2 Factors Contributing to the Increase in Harm in England

The rise in alcohol related harm is a complex matter, influenced by an embedded relationship that exists in British society towards excessive drinking. There are three factors which have contributed to the increase in problematic harm now evident in our communities.

a) **Growth in availability**

The number of premises licensed to sell alcohol has grown significantly over the last 20 years. The growth in "On licensed" premises grew by 21% between 1980 and 2004 and 27% in "Off licensed" premises (IAS 2006). Increased availability promotes greater competition and there has been much greater promotional activity leading to price cutting to attract custom. While the price of alcohol generally increased by 24% during the period 1980-2003 the level of disposable income increased by 91% during the same period. This made alcohol 54% more affordable in 2003 than in 1980. The table below illustrates the changes in consumption compared to the level of the price of alcohol relative to include for the period 1960-2002.[2]

Fig 2



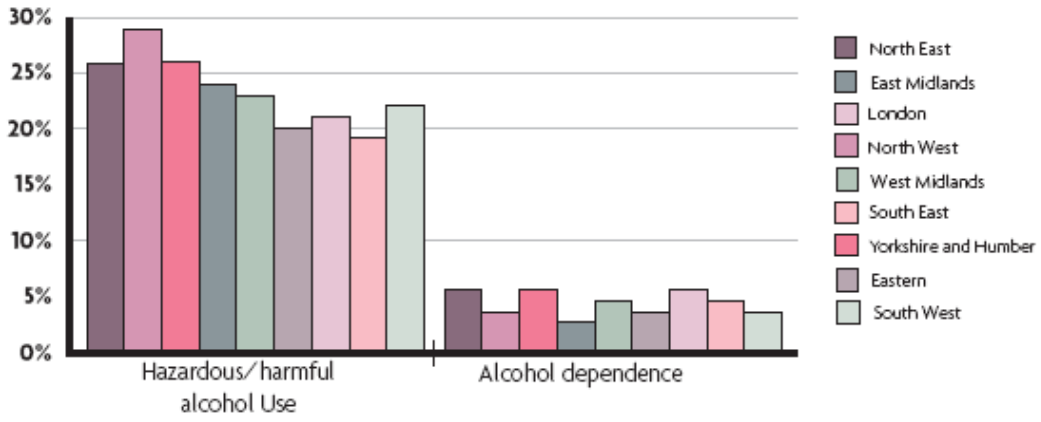
b) Growth in alcohol consumption

The national picture shows that the alcohol consumption doubled in the period 1960-2002. The Alcohol Needs Assessment Research Project (ANARP 2004) revealed that consumption at hazardous/harmful levels for adults in the East of England was

[2] Tighe, Consumption of Alcohol in the United Kingdom, 2003, Academy of Medical Sciences

below the national average (23%) at 18%, whilst the numbers of adults with alcohol dependence for the East of England is around 4%

Fig 3



c) Confusion over Units

In England, 90% of people drink alcohol, and most people have heard of units of alcohol and the sensible drinking messages. However, most people do not keep a check on the number of units they drink and may be drinking more than they think they are. *(Safe Sensible Social HM Government 2007)*

Many people have a limited understanding of the effects of alcohol, the hard excessive drinking can have on physical and mental health and what a unit of alcohol means and the relationship between units and glass sizes and the strength of different drinks. This leads to potential harm through lack of knowledge. The development of clear and accessible information about alcohol is crucial in establishing an informed and sensible drinking culture.

Surveys of public opinion in England and the UK as a whole suggest that alcohol is a major cause of concern. Typical findings of surveys including the following:

- Seven in 10 people think the UK would be a "healthier and better place to live" if the amount of alcohol consumed was reduced
- Most people perceive alcohol (78% of people) and tobacco (60%) to be more damaging to health than illegal drugs
- Most people (80% think that more should be done to tackle the level of alcohol abuse in society

3. DEMOGRAPHY OF CENTRAL BEDFORDSHIRE

At the time of writing this report, Central Bedfordshire comprises two local authorities, Mid Bedfordshire District Council and South Bedfordshire Bedfordshire District Council, which will become a unitary authority, Central Bedfordshire, on 1 April 2009.

For ease of reference, all demographic data that follows is currently split between South Bedfordshire and Mid Bedfordshire.

According to the 2001 Census figures, South Bedfordshire has a population of 112,637.[3] The area is split into three main towns; Dunstable, Houghton Regis and Leighton Buzzard and there are twenty rural parishes. The population of the towns and rural areas, is as follows:

30% Dunstable
14% Houghton Regis
30% Leighton Buzzard
26% live in the rural areas.

According to the OPNS mid year estimates for 2006, South Bedfordshire's population had increased to 117,000[4], and is projected to increase to 145,600 by 2021[5]. According to the 2001, Census figures, Mid Bedfordshire had a population of 121,024.[6] In 2006, the OPNS mid year estimates put this figure at 132,000[7], and the projected increase in population is set to increase to 143,900 by 2021.[8]

Mid Bedfordshire is predominantly rural, but has a number of larger market towns in Sandy, Biggleswade, Ampthill and Flitwick.

Indices of Deprivation 2007 for Super Output Areas[9]:

Ward name	2004 IMD	2007 IMD	Change
Parkside (South Beds)	8221	6713	-1508
Manshead (South Beds)	5771	6717	946
Parkside (South Beds)	8350	7549	-801
Tithe Farm (South Beds)	86665	8507	-158
Tithe Farm (South Beds)	10855	9739	-1116
Northfields (South Beds)	10802	10055	-749
Plantation (South Beds)	10353	10055	-298

[3] OPNS, 2001
[4] OPNS mid year estimates 2006
[5] *BCC Population Model, 2007 Provisional Forecast (subject to change).*
[6] OPNS, 2001
[7] OPNS mid year estimates, 2006
[8] *BCC Population Model, 2007 Provisional Forecast (subject to change).*

[9] Office of Public Sector Information (OPSI), 2007

Flitwick East (Mid Beds)	13671	10335	-3336
Sandy Pinnacle (Mid Beds)	11483	10860	-623
Planets (South Beds)	11417	12092	675

People living in areas of deprivation are more likely you are to suffer from health-related behaviours such as alcohol consumption, smoking, sexual health, and obesity. All of these factors contribute to health inequalities.

Both Districts share similar age profiles, with above average numbers of people in the 30 to 59 age category:[10]

Age Group	Mid Bedfordshire	South Bedfordshire	England and Wales
Under 20	25.86	26.48	25.1
20 to 29	10.69	10.52	12.6
30 to 59	45.70	44.24	41.5
60 to 74	11.81	12.65	13.3
75 and over	5.94	5.68	7.6

6.7% of South Bedfordshire's population is non-white, and 2.4% of Mid Bedfordshire's population is non white:[11]

Percentage of resident population in ethnic groups	Mid Bedfordshire	South Bedfordshire	England
White	94.63	93.34	90.9
Of which White Irish	0.95	1.70	1.3
Mixed	0.85	0.89	1.3
Asian or Asian British	0.74	1.02	4.6
Indian	0.52	0.75	2.1
Pakistani	0.08	0.08	1.4

[10] OPNS, 2001
[11] OPNS, 2001

Bangladeshi	0.04	0.02	0.6
Other Asian	0.10	0.17	0.5
Black or Black British	0.34	0.64	2.1
Caribbean	0.18	0.40	1.1
African	0.13	0.19	1
Other Black	0.03	0.05	0.2
Chinese or Other Ethnic Group	0.47	0.41	0.9

Although there is no direct evidence to suggest that any one ethnic group in Central Bedfordshire has a particular problem with alcohol misuse, research does suggest that many people from these communities feel reluctant to approach traditional services because these are often seen as insensitive to their needs. However, a survey into alcohol use by ethnic minority communities was carried out in 2001, by Aquarius for Alcohol Concern, amongst 1684 second or subsequent generation men and women in the Midlands,. It found that there were relatively high levels of drinking amongst black communities, and male Sikhs.[12] It may therefore be useful to ensure that any future community safety or health campaigns on alcohol include ethnic minorities in the target groups.

[12] Alcohol Concern's Factsheet *Alcohol drinking among Black and minority ethnic communities (BME) in the United Kingdom*

4. CHILDREN AND YOUNG PEOPLE

4.1 Strategic Aims, Objectives and Related Targets

Strategic Aims: 1. Reduce the Number of Young People using Substances
Strategic Objectives: **1. To improve the quality and quantity of alcohol education in schools and colleges** **2. To develop our approach to providing family focused services** **3. To challenge and change the idea that drunken anti-social behaviour is acceptable or normal** **4. To work with the industry to restrict the availability of alcohol** **5. To continue to improve the quality of targeted and specialist treatment services**
These strategic aims and objectives are linked to the following targets: PSA 25: Reduce the harm caused by Alcohol and Drugs PSA 14: Increase the number of children and young people on the path to success (including the proportion using substances)

4.2 National Data on Alcohol-Related Harm to Children and Young People

The Government's Alcohol Harm Reduction Strategy for England (Strategy Unit, 2004) states that:

"Young people under the age of 16 are drinking twice as much today as they did ten years ago, and report getting drunk earlier than their European peers. A number of issues surround alcohol misuse by young people, from specific health effects to alcohol-related crime, school exclusion and unsafe sex. As part of a long-term alcohol harm reduction strategy, it is vital that young people are educated to make responsible choices about their drinking behaviour"

Research quoted in the Strategy shows that:

- Prevalence of drinking alcohol in the last week has risen from 21% of 11-15 year olds in 1998 and 1999 to 24% in 2000 and 26% in 2001. Previously prevalence had decreased from 27% in 1996 to 21% in 1998.
- The increase in prevalence of drinking in the last week was more pronounced among 13-15 year olds than among 11-12 year olds
- The average amount drunk by 11-15 year-olds in 1990 was 0.8 units per week, rising to 1.6 units in 1998. Amongst 11-15 year-olds who drink, average consumption rose from 5.3 units in 1990 to 10.4 units in 2000, but fell in 2001 to 9.8 units.
- Among those who drank, boys drank an average of 10.6 units in 2001 compared with 8.9 units drunk by girls.

- Binge drinking is common among young people in the UK, with 56% of 15-16 year-olds having drunk more than five drinks on a single occasion in the last 30 days. 30% of this age group report this behaviour three or more times in the last 30 days

The Health Council of the European Union has expressed concerns about the following aspects of young people's drinking:

- Binge drinking and heavy drinking by young people
- Significant unsupervised alcohol consumption outside the family at an earlier age
- Increasing consumption by young girls
- Trend to consume alcohol with other drugs

A European study of drinking among 15-16 year olds (ESPAD) showed that UK figures for alcohol consumption were some of the highest in Europe alongside Ireland and Denmark:

1. 94% of 15-16 year olds have consumed alcohol at least once, with 47% having drunk alcohol at least 40 times compared to 20% of 15-16 year olds in France and 15% of the age group in Portugal
2. The UK also comes near the top of the list where consumption in the last 30 days is concerned, with 16% of 15-16 year olds in the UK having drunk more than 10 times in the last 30 days[13]

4.3 Youth and Alcohol Action Plan

Government policy on alcohol over the last 10 years has focussed on a number of measures in response to drinking by young people from education to enforcement. However, the Government believes there are five key reasons why more action should be taken on young people and alcohol, and these are:

1. Changes in recent years in how much young people are drinking, where and how they drink, and where they obtain alcohol
2. The negative impact of drinking by young people on short and long term health, and its contribution to crime and anti-social behaviour
3. Growing parental and public concern about teenage drinking
4. The lack of clarity in current law about the age at which alcohol can be purchased, and how much it is sensible to drink
5. No single, co-ordinated government approach to addressing young people's alcohol consumption

The Department of Children Schools and Families, the Home Office and the Department of Health produced a Youth Alcohol Action Plan in June 2008, which has the following five objectives:

Objective 1: Stopping young people drinking in public places

Objective 2: Taking action with industry on young people and alcohol

Objective 3: Developing a national consensus on young people and drinking

[13] Hibell B, 2000 *The 1999 European School Survey Project on Alcoohl and other Drugs* quoted in Alcohol Concern *Young People's Drinking* factsheet, March 2004

Objective 4: Establishing a new partnership with parents

Objective 5: Supporting young people to make sensible decisions

Alcohol related support and treatment provision for children and young people is underpinned by "Every Child Matters Change for Children: Young People and Drugs". This strategy outlines a joint approach between Drug Action Teams and Childrens' Services for the development of universal, targeted and specialist alcohol and drug services for young people. This includes ensuring that alcohol provision is build around the needs of vulnerable young people and that there is a focus on prevention and early intervention with those most at risk.

Objectives 3, 4 and 5 of the Youth Alcohol Action Plan already sit within the Children and Young Peoples Drugs-Alcohol Plan 2008-09, and the main responsibility for the implementation of Priorities 1 and 2 will form part of the Children and Young People's section of the Alcohol Strategy for Central Bedfordshire

4.4 Local Data on Alcohol-Related Harm to Children and Young People

- In a local survey in 2004, carried out by the Directorate of Public Health, 47% of 14-15 year olds in Bedfordshire reported having at least one alcoholic drink in the previous week. In 2006, a similar survey found the percentage of 14-15 year olds in Bedfordshire reporting having at least one alcoholic drink in the previous week had increased to 53%
- The Directorate of Public Health reported in 2007 that "estimates for Bedfordshire suggest that there are locally nearly 1900 young people aged under 19 who are dependent drinkers and over 7,700 drinking at hazardous/harmful levels"[14]

Alcohol related support and treatment provision for children and young people is underpinned by "Every Child Matters Change for Children: Young People and Drugs". This strategy outlines a joint approach between Drug Action Teams and Childrens' Services for the development of universal, targeted and specialist alcohol and drug services for young people. This includes ensuring that alcohol provision is build around the needs of vulnerable young people and that there is a focus on prevention and early intervention with those most at risk.

In Central Bedfordshire, it has been possible to use evidence from local health related behaviour 'Balding' survey (2006) to help estimate the prevalence of alcohol issues amongst young people in Mid and South Bedfordshire. The Balding survey, commissioned for Bedfordshire PCT, focussed on 1137 Year 8 and Year 10 pupils in upper and middle schools in Bedfordshire during the summer term in 2006. It asked pupils a number of health-related questions around nutrition and exercise, as well as use of drugs and alcohol. Pupils were asked about their alcohol use in the 7 days prior to the survey, and in Mid and South Bedfordshire where 531 pupils took part in the survey, the results were as follows:

	Year 8	Year 10
Alcohol use 7 days prior to survey	28%	66%
Any use on	17%	25%

[14] Public Health Report, *Health of Children and Young People in Bedfordshire,* Septermber 2007

one day		
Any use on more than one day	12%	41%
21 or more units consumed	0%	40%

Pre-mixed spirits, spirits and beer were the most popular drinks amongst the Year 10s .

The Balding survey follows on from a similar survey carried out in 2004, where 44% of pupils in Year 8 had at least one alcoholic drink in the week before the survey, but more pupils in Year 10 drank at least one alcoholic drink in the seven days before the survey in 2006 than in 2004. Furthermore, Year 8 and Year 10 pupils in Mid and South Bedfordshire are more likely to have drunk alcohol than their fellow students in the national data.[15]

In addition, the questionnaire from the School Improvement Service to seven upper schools in Bedfordshire[16], provides some useful data about young peoples' attitudes to alcohol, and how they are perceived by their peers: Pupils were asked to comment on the following statements:

- Drinking is never a good thing for anyone at any age.
- Drinking sensibly is ok for adults, but not for students my age.
- Drinking occasionally at my age is ok as long as it does not affect school work or other responsibilities.
- Occasional drinking at my age is ok even if it does affect school work and other responsibilities.
- Regular drinking at my age is ok if that is what the individual wants to do.

The Directorate of Public Health reported in 2007 that "estimates for Bedfordshire suggest that there are locally nearly 1900 young people aged under 19 who are dependent drinkers and over 7,700 drinking at hazardous/harmful levels"[17] This evidence is corroborated by the Eastern Region Public Health Observatory (ERPHO) which shows that people in younger age groups do appear to drink greater amounts of alcohol than any other age groups. Almost 30 per cent of males aged 16 to 24 were reported to drink more than 28 units per week, and 22 per cent of women aged 16 to 24 consumed more than 21 units per week. By means of comparison, the corresponding figures for those aged 75 or over, were 10 per cent of men and four per cent of women; less than a third of the alcohol consumed by their younger counterparts. The findings presented above may indicate that a large number of young people may be 'binge drinking' if they are consuming such large quantities on just one or two nights a week. The 'Am I Bothered?' survey provides some evidence to support that this might be the case. Pupils were asked to report how many

[15] Supporting the Health of Young People in Mid and South Bedfordshire, June 2006
[16] Survey commenced September 07 and is ongoing
[17] Public Health Report, *Health of Children and Young People in Bedfordshire,* Septermber 2007

alcoholic drinks (defined in units) they would consume at a party or social event. The findings presented in Fig. 1 detail the findings for 'yourself', and Fig. 2 presents the findings for perceptions of drinking patterns amongst 'Other students in your year'.

Fig. 1: How many alcoholic drinks do you consume at parties or other social occasions?

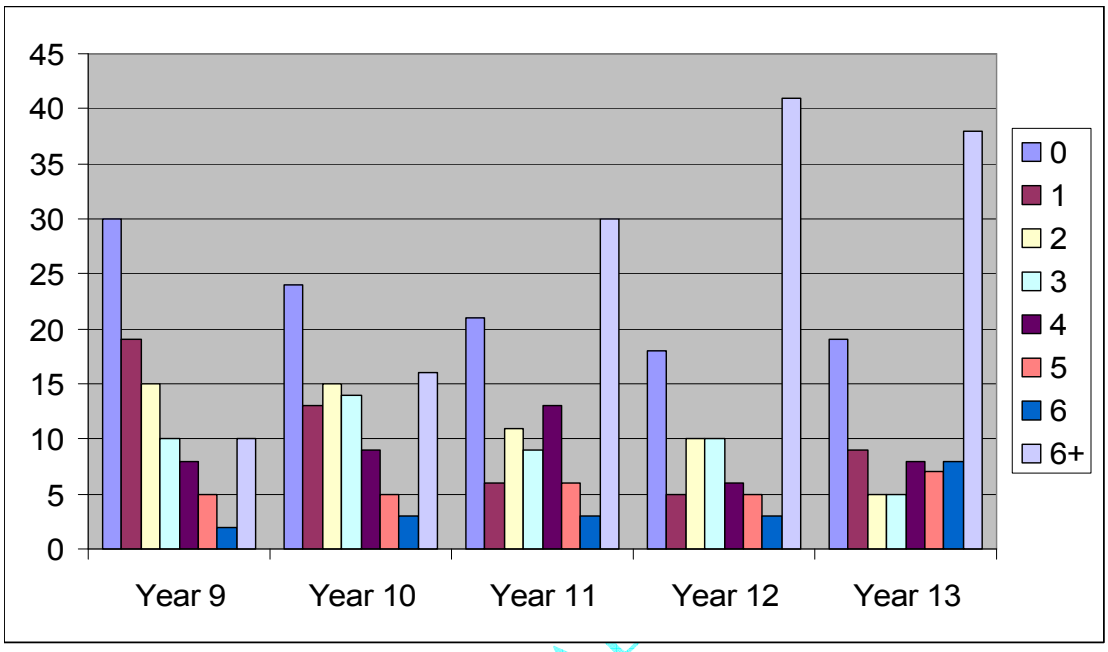
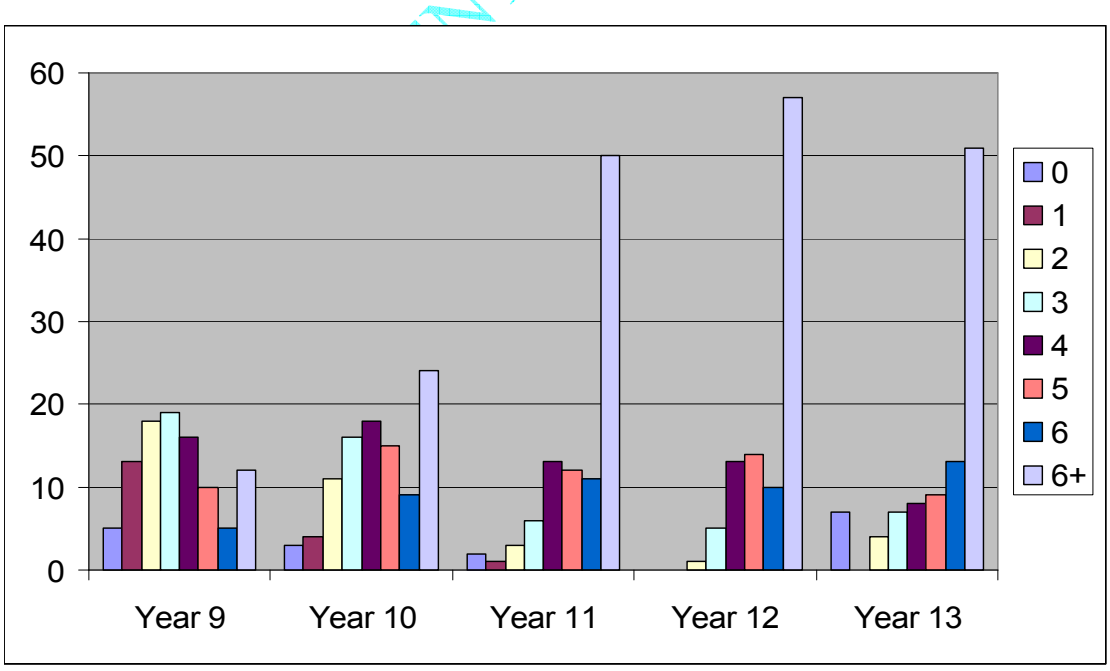


Fig 2: How many alcoholic drinks do you think other students in your year consume at parties or other social occasions?



The *Alcohol Harm Reduction Strategy* quantifies binge drinking as 8 units for men, and 6 units for women, and it is therefore concerning to learn that young people age 17+ regularly consume 6+ units of alchol at social events. "If we apply the average of these percentages to the total number of pupils across Bedfordshire, we can assert

that **there are an estimated 5179 pupils who may be binge drinking** and thereby benefit from universal and targeted services. Some may require alcohol treatment interventions depending on the harmful and hazardous nature of their alcohol consumption."[18]

The survey also reports that four per cent of respondents claimed that they had been hospitalised as a result of alcohol once in the last year, and three per cent more than once. Again applying this percentage to all Year 9 to 13 pupils in Bedfordshire reveals that **943 young people may have been taken to hospital as a result of alcohol, and for a further 706 this may have occurred more than once**.[19] This is likely to suggest a need for alcohol treatment interventions amongst this cohort of young people.

4.5 Anti-social behaviour

Although "young people hanging around" is recorded as a community quality of life concern, this is not a category of anti-social behaviour in itself. Surveys have shown that the public in Bedfordshire continue to perceive that some of the causes of anti-social behaviour directly relate to young people, specifically:

- Teenagers hanging round the streets
- Inadequate provision of activities and facilities for young people
- Parents not taking responsibility for their children

The important issues are:

- How to protect young people from becoming victims of crime and anti-social behaviour by providing safe localities for them to use in their leisure time that do not put them at risk of harm and do not bring them into conflict with other residents
- Reducing the likelihood of young people becoming involved in crime and anti-social behaviour by working with those most at risk
- Reducing the misuse of drugs and alcohol by young people

Alcohol is now a bigger issue than drugs across the county in terms of the night time economy, public order, and binge drinking (see Health section for Binge drinking figures for Bedford). In a scope study of alcohol services in Bedfordshire carried out by Doyle Training and Consultancy in September 2006, data for the county shows that there are 7,768 under 19 year olds drinking at hazardous/harmful levels and 1881 dependent drinkers.

4.6 School

At present 61% of schools in Bedfordshire have reached national healthy schools standard and in Bedfordshire are the fastest improving authority in the region. Schools both deliver drugs/alcohol services as part of science and PSHE and

[18] *Alcohol Needs Assessment,* p. 55 Perpetuity Research & Consultancy International, July 2008

[19] This figure may appear to be high. However, the erpho report 'Alcohol use in the East of England estimates that there were almost 22,500 alcohol related admissions in 2002/3. Indeed, it may well be an underestimation as young people may not attribute an incident such as a fall requiring hospital treatment to alcohol consumption. For a full copy of this report see: http://www.erpho.org.uk/Download/Public/13545/1/erpho%20Risks%20&%20Determinants%206_Alcohol%20use.pdf

drugs/alcohol services can be referred to using Common Assessment Framework processes. 1-2-1 support group works is in middle and upper schools and is targeted in areas with identified drugs/alcohol issues. There is an ongoing baseline PHSE audit of schools and this will help to inform the action plan for next year. Nevertheless, the recent Alcohol Needs Assessment found that there will still cause for concern about the standard of education on alcohol in schools:

"Geographically the findings from the school pilot survey suggest that the patterns of drinking are similar in schools across the county, and although some professionals were aware that alcohol education is delivered and addressed in PSHE and through Healthy Schools, there were some concerns regarding the consistency of these programmes. In the words of one interviewee:

Not all young people will receive alcohol education sessions. All schools will include alcohol in their drug sessions but you don't know how good the quality of the training is.

Some local workers suggested that the key messages that alcohol education should be conveying were not getting through to young people and that by the age of 18 years old; some young people were drinking hazardously and harmfully, yet they were not aware of, or at least did not recognise the dangers of their drinking habits. Data suggests that young people are binge drinking and indeed albeit the minority they are drinking above the adult weekly recommended number of units. This could have significant implications on the health and well-being of young people and requires attention.

Delivering a programme of universal alcohol education in schools was considerably important to a number of local stakeholders who felt that the current delivery of alcohol education was patchy and lacking in capacity. A number of comments were made to suggest that alcohol services did not currently have the capacity to deliver alcohol education in schools. This was seen as a disservice to young people in Bedfordshire.

In light of this, the need for a continuum of alcohol education in schools was announced by one interviewee who made the following remark:

It is okay to have one session with a specialist agency but you have to have availability to do that for Year Nine and Ten, backed up by education by the school and then in Year Eleven.

As well as offering universal alcohol education programmes in schools some professionals insisted that additional targeted work was needed with disaffected young people who were potentially at a higher risk of developing alcohol problems. Young people in temporary accommodation, looked after children and school excludees were reported to be at a higher risk of alcohol misuse in comparison to the general population of young people in Bedfordshire, and therefore these cohorts of children and young people may benefit from more intensive targeted education programmes. It is important to note that there may be additional cohorts of young people at an increased risk of developing alcohol misuse problems in Bedfordshire, those mentioned here are confined to those raised by this sample of local stakeholders.

There was a general understanding and appreciation amongst those consulted that although the willingness to deliver education and prevention programmes was

evident amongst local professionals, the overall lack of funding and capacity limited their ability to put in place a package of comprehensive education and prevention services.

In order to gather information on the level of knowledge of alcohol units amongst alcohol service users, those consulted were asked if they were aware of the recommended weekly alcohol consumption in units/amounts. The majority of respondents were either incorrect or did not know this figure. Clearly there is a need for further work with service users to reinforce the safer drinking message. The recent national campaigns may also be beneficial in raising awareness of the safe drinking limits; however there will be a need for a full evaluation of these advertisements to measure their impact.

Those who commented on the provision of services for young people were concerned about the gap in provision for 16 to 24 year olds. Young people in this age category were reported to neither fit into young people or adult services and this was a concern. The importance of early intervention and prevention for this age group was highlighted.

One professional was of the opinion that the drinking culture amongst young people needed to be challenged using positive activities:

You need to go out and engage with alcohol users, there is a culture among young people; it is more about let's go out and do something positive rather than alcohol. A positive activity is money better spent than hard line education programmes. I have not seen any evidence of successful alcohol programmes"[20]

4.7 Home

The importance of offering alcohol education programmes to parents was also recognised, however parents were regarded as difficult to engage in alcohol education programmes that were often packaged as drug awareness sessions. Some stakeholders believed that there may be benefit in being more creative when developing drug awareness sessions in schools for parents so as not to stigmatise parents who choose to attend. This may potentially be one of the reasons why uptake is currently so low.

"Parents not taking responsibility for their children" is one of the community perceptions of why young people engage in anti-social behaviour, and this was a factor highlighted by the judge in the Robert Barrington Gill case where the judge said:

"There are elements here of parental control or lack of it"[21]

There is evidence to suggest that some parents are unaware of the amount of alcohol their children consume. Many parents are very happy to attend meetings arranged by schools to highlight the problems of drug misuse amongst young people but similar meetings to discuss alcohol abuse do not meet with the same attendance rates. Many parents also seem unconcerned that their children meet at home to consume alcohol before going out.

[20] *Alcohol Needs Assessment,* p.77-78 Perpetuity Research & Consultancy International, July 2008
[21] Bedford Today, 16 September 2008

However, many people express concern at the numbers of unsupervised young people who hang around in areas such as shopping centres, or parks, and engage in anti-social behaviour, much of it alcohol related.

4.8 Taking action with the drinks industry and alcohol:

According to the Balding Survey from 2006,[22]in Mid and South Bedfordshire,. 1% of pupils in Year 8 had bought alcohol from an off-licence that should sell only to over-18s, and this figure had risen to 14% of Year 10 pupils.

Current initiatives in Mid and South Bedfordshire to prevent the sale of alcohol to under age drinkers include:

- Reduction in the supply of alcohol to those under age through Trading Standards/Police enforcement exercises, supported by trader advice;
- Bedfordshire Rural Communities Charity to provide training to village hall committees on drug awareness, licensing laws, vandalism etc.

4.9 Gap Analysis and Areas for Development:

The main gaps that have emerged to date from this section are as follows:

- That there is concern amongst professionals that the current provision of alcohol education around PSHE in schools is not adequate
- That many parents are not engaging in increasing concerns about younger people and their consumption of alcohol
- Many parents are not taking responsibility for the alcohol-related anti-social behaviour of their children
- That many young people engaging in anti-social behaviour, which may be associated with alcohol, come from areas of social deprivation, and will suffer health inequalities. Many of these young people may engage in anti-social behaviour simply out of boredom, and more needs to be done to channel this boredom into more productive activities
- There have been localised initiatives in South and Mid Bedfordshire aimed at off licences where sales to young people have been identified as a problem including work to prevent proxy sales. Further engagement needs to taken with the large pub retailers with regard to combating under age drinkers
- Although there have been successes by both police and trading standards in prosecuting off licence retailers who sell alcohol to under age drinkers, it would prove a useful warning to those retailers who break the law if they were “named and shamed” by local media

Gap analysis	Areas for development
Concern that current education on alcohol may not be meeting needs of children in our schools	Conclude PSHE Audit and based on provisional findings instigate an urgent review of alcohol education in middle and upper schools.
Parents are not fully conversant of the dangers to their children of alcohol consumption	To target parents of children in middle and upper schools in South and Mid Bedfordshire about the need to be more

[22] Supporting the Health of Young People in Mid and South Bedfordshire, June 2006

	aware of the effects of alcohol and offer focused parenting courses (eg. Speakeasy & Drug Proof Your Kids)
Many parents are perceived as not taking responsibility for their children	Link to local parenting stakeholder groups. Monitor implementation of local parenting strategy and feedback progress to alcohol strategy groups
Many young people drift into alcohol abuse because of boredom	Link to IYSS agenda. To develop affordable activities in and around the area aimed at younger people
There have been localised initiatives in South and Mid Bedfordshire aimed at off licences where sales to young people have been identified as a problem including work to prevent proxy sales. This work has been targeted and intelligence and has included close working with large supermarkets and chains who are able to sell alcohol at discount prices.	This tailored response needs to continue where problems are identified alongside active engagement with local stakeholders to develop a sustainable and effective approach across Central Bedfordshire.
Further engagements needs to be taken at a corporate level with the large pub chains	To engage large pub chains at a corporate level with ensure that engagement with local initiatives has the support at the highest level, and is not left to individual pub managers
More high profile successes by police and trading standards who successfully prosecute off licence retailers who sell alcohol to under age drinkers	To “name and shame” off licence retailers in the media

5. **HEALTH**

5.1 Strategic Aims, Objectives and Related Targets

Strategic Aims:

1. Effective Prevention of alcohol misuse
2. Effective interventions to rehabilitate and minimise harm to those who misuse alcohol

Strategic Objectives:

1. Effective prevention of alcohol misuse, including:
    - Working through community projects, schools and higher education establishments
    - Working with alcohol retailers
    - Sharing data to identify localities where alcohol-related harm is occurring

2.Effective interventions to rehabilitate and minimise harm to those who misuse alcohol, which should:

- Be facilitated by a lead commissioner for alcohol, be well publicised and be included in a directory which has mandatory updates
- Are tailored towards the MoCAM framework (Tiers 1 to 4) with clear referral pathways between each Tiers and agreed methods of assessment which tier is appropriate for each individual.
- Develop the local set of priorities identified for each of four tiers
    - Tier 1 Includes brief interventions
    - Tier 2: Includes open access alcohol-specific facilities
    - Tier 3: Community-based, structured, care-planned alcohol treatment.
    - Tier 4: Alcohol specialist inpatient treatment and residential rehabilitation
- Provide support to families and other significant others (including employers) of those affected

These strategic aims and objectives are linked to the following targets:

- NI 120: To reduce all-age all-cause mortality
- PSA 25: Reduce the harm caused by Alcohol and Drugs

5.2 Key Documents Supporting the Health Section of Central Bedfordshire 's Strategy

The Government's *Alcohol Strategy Local Implementation Toolkit* (2008) identifies health as one of the three major blocks that are vital to an alcohol strategy (the other two being community safety and children and young people)[23]. Within the health section, the toolkit recommends that a local alcohol strategy should contain the following elements:

- Increasing awareness of alcohol units, the sensible drinking message, and of the health risks caused by alcohol misuse
- Identifying hazardous and harmful drinkers and providing brief advice
- Providing effective, evidence-based interventions and treatment for harmful and dependent drinkers, at a level of intensity that is appropriate for their individual needs
- Tackling the overlap of alcohol misuse with the misuse of drugs other than alcohol
- Reducing the impact of alcohol misuse in the workplace and examining and tackling the links between alcohol misuse and unemployment
- Collecting and sharing data

Moreover, several extensive literature reviews have recently been completed:

- *Review of the effectiveness of treatment for alcohol problems* (Raistlick D et al, National Treatment Agency, November 2006)
- *Effective and Cost-effective Measures to Reduce Alcohol Use In Scotland*: *An Update to the Literature Review* (Ludbrook A et al, Scottish Executive, January 2005)

In addition:

- The *Alcohol Needs Assessment* (Perpetuity Research, July 2008) was recently carried out for Bedfordshire. Its findings were presented in October 2008 and it identifies a number of local priorities that have arisen from consultation with stakeholders and service users in Bedfordshire.
- *Models of Care of Alcohol Misusers* (MoCAM) was a joint publication produced by the Department of Health and National Treatment Agency in June 2006. The Department of Health recommends that MoCAM be used as a commissioning framework. Nevertheless, there are effective measures that are not explicitly part of the MoCAM framework that also need incorporating into our local strategy.

Each of the above documents uses a slightly different classification system for programmes that aim to prevent and treat alcohol misuse. Central Bedfordshire 's strategy for reducing harm to health merges these documents into a single coherent strategy. For the sake of consistency, this strategy will use MoCAM framework for the treatment section (section 5.4)

[23] What to include in a local alcohol strategy. Alcohol Strategy Implementation Toolkit pp17-25.

5.3 Effective prevention of alcohol misuse

Alcohol Strategy Local Implementation Toolkit recommends that a cross-cutting strategy should aim to increase awareness of alcohol units, the sensible drinking message, and of the health risks caused by alcohol misuse.

The Department of Health recommends that:

- Men should not regularly drink more that 3-4 units of alcohol per day
- Women should not regularly drink more than 2-3 units of alcohol per day
- Pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby they should not drink more than 1 to 2 units of alcohol once or twice a week.

There is evidence that poor knowledge of units is a factor in the harm from alcohol that is currently seen in Bedfordshire. For example, in the *Alcohol Health Needs Assessment*, only 2 out of 11 service users questioned knew what the recommended number of units was for their gender.

In addition to the results of the local health needs assessment, it is estimated that a significant minority of Bedfordshire adults drink to levels that are 'hazardous' or 'harmful'[24]:

Figure 2.1: Estimates of hazardous and harmful drinkers by current Local Authority				
Local Authority	Drinking to hazardous levels (Men: 22-50 units) (Women: 15-35 units)		Drinking to harmful levels (Men: 50+ units) (Women: 35+ units	
	Number of people (over 16s)	Percentage of over 16s	Number of people (over 16s)	Percentage of over 16s
Bedford	21,466	18%	5,456	5%
Mid Bedfordshire	20,317	20%	3,914	4%
South Bedfordshire	18,051	20%	3,978	4%

Clearly, therefore, there is greater scope for improving knowledge and drinking behaviours within Central Bedfordshire. In 2006, central government re-launched the '*Know Your Limits'* campaign which aimed to reinforce the above the recommendations.

[24] NWPHO from Health Survey for England, Hospital Episode Statistics, Office for National Statistics mid-year population estimates and mortality data and the Census of Population 2001

Changing drinking behaviour however is however a very challenging task. For example, the literature review for the Scottish Executive (it was not part of the NTA review) examined the available evidence on prevention programmes.[25] They found that 'Mass media campaigns had some effect on knowledge and attitudes but little on behaviour'. This supported by other recent literature reviews[26] [27]. A large spend on a campaign 'telling people to drink sensibly' may not be the best use of resources at present because the evidence suggests that it will not cut down on harmful drinking.

The following actions are supported by evidence, and form our local priorities for prevention:

- The Scottish Executive literature review said there was a need for further research into community interventions. They did give a limited number of examples of successful projects. For example, one US project (Project Northland) combined education and community-based intervention targeted at 11-14 year olds. After 3 years, students in the intervention sites had lower rates of alcohol use. Community and educational interventions can therefore form an important part of Central Bedfordshire's drive to tackle alcohol misuse, but these would have to be monitored carefully as published studies have varied in their results.
- Another featured community intervention was the Community Trials Project. In this study the intervention managed to make retail outlets in intervention sites half as likely to sell alcohol to an apparent minor. Part of the action plan is therefore to liaise with retailers to follow this successful example.
- In the 'Cardiff model' the A&E shared data with other agencies on where alcohol-related injuries took place, enabling them to identify hotspots where alcohol-related harm was occurring.
- Material on 'What help is out there' should people run into difficulty should be disseminated. The Department of Health recommends that organisations such as Central Bedfordshire Council and NHS Bedfordshire should make use of health promotion opportunities that arise within schools and healthcare centres (including keeping information on websites updated and refreshed)

[25] Effective and Cost-Effective Measures to Reduce Alcohol Misuse in Scotland: An update to the Literature Review. Ludbrook et al, 2005.
[26] Hill L. Alcohol health promotion via mass media: The evidence on effectiveness. Eurocare Conference, Warsaw 2004
[27] Babor T, Caetano S, Casswell et al. Alcohol: No ordinary commodity. Research and Public Health. Geneva, 2004.

5.4 Effective interventions to rehabilitate and minimise harm to those who misuse alcohol.

5.4.1 Local Data on Alcohol-Related Harm to Health

Regularly drinking more than the recommended number of units over a long period can lead to complications such as:

- Certain types of cancer, especially breast cancer
- Memory loss, brain damage or even dementia
- Increased risk of heart disease and stroke
- Liver disease, such as cirrhosis and liver cancer
- Stomach damage
- Potentially fatal alcohol poisoning

Alcohol often causes deaths at younger ages than many of the other major killers. It is estimated that if all alcohol-attributable deaths in those aged under 75 were prevented, the average life expectancy in Mid Bedfordshire would rise by 5.6 months for men and 2.8 for women. In South Bedfordshire, without alcohol-attributable deaths, the average life expectancy would rise by 10.7 months for men and 1.5 for women.

In total, there were 52 male and 33 female deaths attributable to alcohol in Central Bedfordshire in 2004-2005. According to the UK Statistics Authority, the national alcohol-related death rate has 'almost doubled' since 1991[28].

Alcohol-related illness also has a significant impact on our local services. In 2005/6 there were 1440 admissions attributable to alcohol in Mid Bedfordshire or South Bedfordshire residents. This figure does not include attendances at Accident and Emergency that do not result in an admission to hospital.

5.4.2 Models of Care for Alcohol Misusers

Given the scale of the problem described in the previous section, it is vital that the services provided to Central Bedfordshire residents are supported by evidence of effectiveness and cost-effectiveness. It is also clear that the level of harm caused by alcohol varies between affected individuals. Services must therefore be configured to meet each level of need with an appropriate intensity.

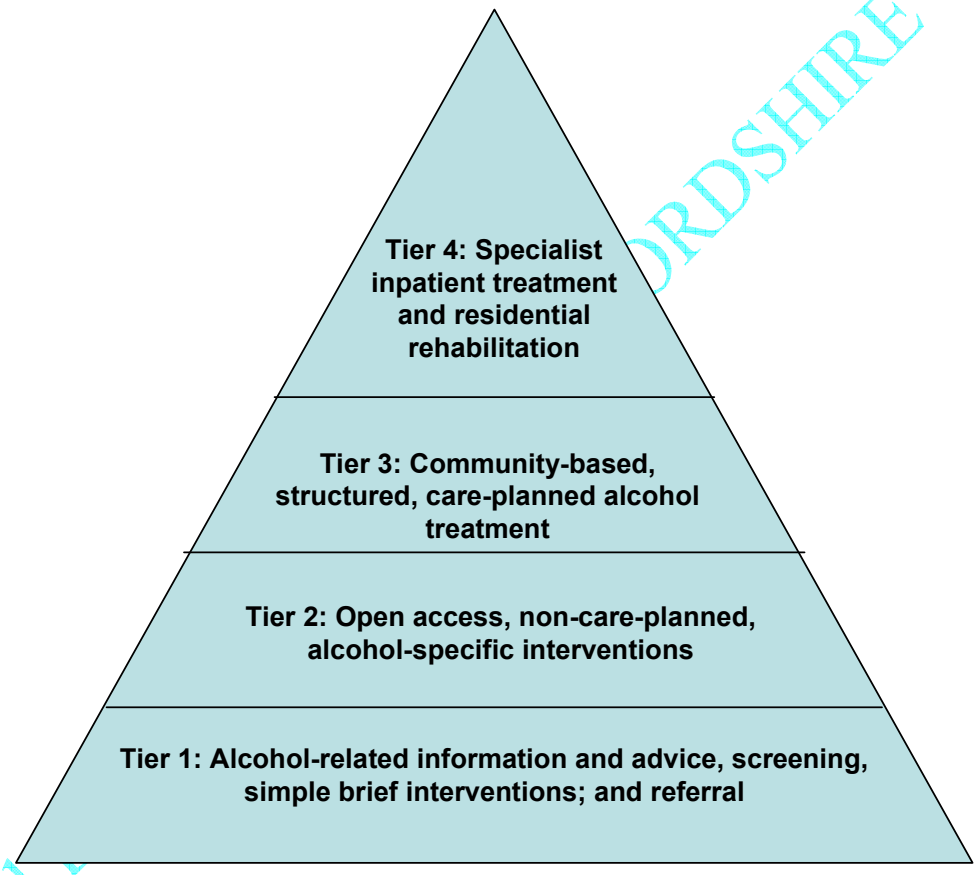
Models of Care for Alcohol Misusers suggests that interventions for alcohol misuse should be classified in four tiers, with Tier 4 being the interventions that should be provided by those most severely affected (see figure 2.1).

It is important to note (and this is emphasised by the Department of Health) that the four tiers refer to the intervention themselves, not the providers. Thus, it is possible that a provider might provide interventions for more than one tier (especially Tiers 2 and 3). Equally, a provider that provides interventions for more than one tier must ensure and demonstrate that the clients are not managed using a tier that is more or less intensive than their individual needs provide.

[28] Alcohol related deaths continue to rise. Office for National Statistics. Published online 25th Jan 2008.

Feedback from members of the East of England Regional Alcohol Steering group have noted that areas that have had most tangible success in tackling alcohol misuse have appointed lead commissioners dedicated to alcohol-related services and this has also been recommended in the Alcohol Needs Assessment. It is also clear from MoCAM that referral between the different tiers of interventions would need to be well coordinated, and to this end there must be a directory of alcohol misuse services that has mandatory updates (when there has been no change to contact details, 'no change')

Figure 2.1: Stepped alcohol treatment as recommended by Models of Care for Alcohol Misuse



5.4.3 Tier 1: Alcohol-related information and advice, screening, simple brief interventions and referral

Evidence from both literature reviews for the National Treatment Agency (NTA) and the Scottish Executive has shown that identifying hazardous and harmful drinkers and giving them brief targeted advice can be effective and cost effective. Some stakeholders who responded to the Alcohol Health Needs Assessment also recommended that a universal screening tool be implemented within Bedfordshire.

At present, there is no data available on how many people in Central Bedfordshire who present with a non-alcohol related problem are screened or alcohol misuse disorders, even in areas where their prevalence may be higher (Accident and Emergency departments, for example).

Several screening tools for alcohol misuse are currently available. The choice of screening tool should be agreed between front-line staff and commissioners to ensure that time and training needs are met. The AUDIT (Alcohol Use Disorders Identification Test) is a tool is recommended by both the NTA and Scottish Executive literature reviews and the World Health Organisation as being effective. In its full form AUDIT has ten questions, but it has the advantage that if the answers to the first three questions do not indicate alcohol misuse the remaining questions can be omitted[29].

It is also worth noting that AUDIT has a scoring system that helps what intensity of intervention might be required, with 8-15 indicating a likely need for brief intervention (as per tier 1), 16-19 extended brief intervention (as per tier 2) and 20+ referral to specialist service (as per tiers 3 and 4). Thus this screening tool may also help alcohol misuse services to place clients in the correct tier, and aggregate data on how many people score within each range can help to refine commissioning arrangements.

Having identified hazardous and harmful drinkers, there is good evidence to suggest that brief interventions are both effective and cost-effective.

The counselling strategy used in brief interventions has been summarised as FRAMES[1]:

- **F**eedback review problems experienced because of alcohol
- **R**esponsibility patient is responsible for change
- **A**dvice advise reduction or abstinence
- **M**enu provide options for changing behaviour
- **E**mpathy use empathic approach
- **S**elf-efficacy encourage optimism about changing behaviour

Both the NTA land Scottish Executive literature reviews found evidence of effectiveness in primary care and accident and emergency settings. They also found the brief intervention to be effective whether given by a nurse or a doctor. Economic modelling was performed, which included the cost of overheads, training, screening, assessment and the brief intervention itself. The authors concluded that the cost per life year saved is in the range £1446-£2628 if no savings in resource use are taken into account. If resource savings (eg by reduced admissions and accident and

[29] Screening and Brief Interventions for Alcohol Problems in Healthcare, 2nd Edition. World Health Organisation

emergency attendances) are considered then the benefits exceed the costs by £21.81 per patient.

In terms of the provision of Tier 1 interventions within Central Bedfordshire the following are local priorities:

- The agreement of an appropriate screening tool
- The introduction of a brief intervention programme where this is not already provided.
- The development of monitoring arrangements, including data collection, to assess the numbers seen by and the impact of brief interventions.

5.4.4 Tier 2: Alcohol-related information and advice, screening, simple brief interventions and referral

MoCAM recommends that Tier 2 interventions include provision of open access facilities and outreach that provide:

- Alcohol-specific information, advice and support
- Extended brief interventions and brief treatment to reduce alcohol-related harm. Extended brief interventions typically take 20–30 minutes to deliver and can involve a small number of repeat sessions (between 3 and 12).
- Alcohol-specific assessment and referral of those requiring more structured alcohol treatment
- Partnership or 'shared care' with staff from Tier 3 and Tier 4 provision,or joint care of individuals attending other services providing Tier 1 interventions
- Mutual aid groups
- Triage assessment, which may be provided as part of locally agreed arrangements.

In terms of the provision of Tier 2 interventions within Central Bedfordshire the following are local priorities:

- The NTA literature review recommends that those who have reached harmful levels of drinking (more than fifty units per week for men, more than thirty-five units for women) should receive brief interventions.
    - According to the *Alcohol Needs Assessment*, there are potentially 5,456 people aged over 16 in Central Bedfordshire who would fall into this category.
    - It is noted that the AUDIT screening tool, which was also recommended in the *Alcohol Needs Assessment*, has a scoring system that would identify clients who were likely to benefit from extended brief intervention.
- In terms of open access and outreach, the NTA literature review did not provide a detailed discussion of whether they were effective or cost-effective. However:
    - In the *Alcohol Needs Assessment* stakeholders fed back that homeless people were a priority for outreach services. It is noted that homeless people with alcohol problems in Central Bedfordshire may not always be apparent as they are accessing services in Luton.
    - Black and ethnic minority groups were felt by stakeholders in *Alcohol Needs Assessment* to be underrepresented amongst service users.

The NTA review recommends 'that mainstream services would necessarily continue to be major providers for ethnic minorities and it was recommended that staff in these agencies be trained in the skills and sensitivity needed to identify and work with all minority groups.' Services provided for those who may misuse alcohol must therefore be culturally competent.

5.4.5 Tier 3: Community-based, structured, care-planned alcohol treatment

According to MoCAM, Tier 3 interventions include:

- Comprehensive substance misuse assessment
- Care planning and review for all those in structured treatment, often with
- Regular keyworking sessions as standard practice
- Community care assessment and case management of alcohol misusers
- A range of evidence-based prescribing interventions, in the context of a package of care, including community-based medically assisted alcohol withdrawal (detoxification) and prescribing interventions to reduce risk of relapse
- A range of structured evidence-based psychosocial therapies and support within a care plan to address alcohol misuse and to address co-existing conditions, such as depression and anxiety, when appropriate
- Structured day programmes and care-planned day care (e.g. interventions targeting specific groups)
- Liaison services, e.g. for acute medical and psychiatric health services (such as pregnancy, mental health or hepatitis services) and social care services (such as child care and housing services and other generic services as appropriate).

Tier 3 interventions are normally delivered in specialised alcohol treatment services with their own premises in the community.

In terms of the provision of Tier 3 interventions within Central Bedfordshire the following are local priorities:

- According to *Alcohol Needs Assessment*, however, 'the perception was that there was a higher level of need for in-patient detox than community detoxes'.
    - The NTA literature review however gave evidence showing non-residential rehabilitation to be effective, and more cost-effective than residential rehabilitation, so Tier 3 community-based planned care of alcohol-misusers still have an important role and Central Bedfordshire Council and NHS Bedfordshire are committed to them.
    - In light of the above perception, there instead needs to be clearer criteria for referral out of tier 3 into residential tier 4 services. One such set of criteria is presented in next section dedicated to tier 4 services.
- The *Alcohol Needs Assessment* recommended that as regards liaison services:
    - 'Additional work to be done on treatment pathways for those with mental health problems'.
    - The *Alcohol Strategy Implementation Toolkit* recommends 'tackling the overlap of alcohol misuse with the misuse of drugs other than alcohol' and this in the *Alcohol Needs Assessment* this was identified as an area that required further development.

- A formal process of service evaluation, including:
    - Ensuring that clients do receive individual care plans
    - Monitoring the numbers of clients who come through tier 3 services

5.4.6 Tier 4: Alcohol specialist inpatient treatment and residential rehabilitation

Tier 4 interventions include:

- Comprehensive substance misuse assessment, including complex cases when appropriate
- Care planning and review for all inpatient and residential structured treatment
- A range of evidence-based prescribing interventions, in the context of a package of care, including medically assisted alcohol withdrawal (detoxification) in inpatient or residential care and prescribing interventions to reduce risk of relapse
- A range of structured evidence-based psychosocial therapies and support to address alcohol misuse
- Provision of information, advice and training and 'shared care' to others delivering Tier 1 and Tier 2 and support for Tier 3 services as appropriate.

The following are priorities for the provision of Tier 4 interventions within Central Bedfordshire :

- The development of clear referral guidelines for referral into tier 4 interventions, given the high level of need that was expressed by those who feed back to the *Alcohol Needs Assessment* The NTA literature review put forward a protocol developed by Melnick *et al* [30] for referring into residential services.
    - Service users with a low-risk pattern of drug use are directed towards non-residential treatment; those with a high-risk pattern enter the next assessment point
    - Service users with more than one year of abstinence in the last four or a drug history of less than four years are referred for non-residential treatment; the remainder go on to the third point
    - Those with high–risk social factors (living arrangements, peer involvement with drugs, criminal behaviour) are recommended for residential treatment; the remainder move on to the last point
    - Those in need of rehabilitation (education, training or work skills insufficient to earn a living) are referred to residential treatment; the remainder are referred to non-residential treatment.
- A regular and formal process of service evaluation for inpatient or residential treatment, which includes:
    - Appropriateness of referrals
    - The care provided
    - The setting in which it is delivered
    - The aftercare thereafter

[30] Melnick, G., De Leon, G., Thomas, G. & Kressel, D. (2001). A client-treatment matching protocol for therapeutic communities. Journal of Substance Abuse Treatment, 21, 119–128.

5.4.7 Provision of support to families and other significant others of those affected

Support to significant others is not a formal part of the four tiers of intervention in MoCAM, but is mentioned in other sources. The following are priorities for development in Central Bedfordshire :

- *Alcohol Strategy Implementation Toolkit* recommends that one element of an alcohol strategy should be 'reducing the impact of alcohol misuse in the work place' and 'examining and tackling the link between alcohol misuse and unemployment'. Many organisations already have existing policy in this regard, and those without one should be encouraged to develop one.
- In addition, the sections on 'Including Family and Friends in Treatment' in the National Treatment Agency Review clearly argue for their involvement, for example in encourage alcohol misusers to engage with treatment.
- The *Alcohol Needs Asssessment* has also identified that children under the age of 10 who have a household member who is suffering from alcohol problems require further support.

6. COMMUNITY SAFETY

6.1 Strategic Aims, Objectives and Related Targets

Strategic Aims: 3. To reduce the levels of alcohol related violent crime 4. To reduce the percentage of the public who perceive drunk and rowday behaviour to be a problem in their area
Strategic objectives: ▪ to challenge and change the idea that drunken anti-social behaviour is acceptable or normal; ▪ Increase the harm reduction opportunities for those arrested ▪ to vigorously implement and action measures to reduce alcohol related crime and disorder ▪ to target support to those most at risk of harm including the family harms that are associated with alcohol misuse through domestic violence and child abuse to reduce repeat incidents ▪ to ensure that business and industry reinforce responsible drinking messages
These strategic aims and objectives are linked to the following targets: NI 30: Re-offiending rate of prolific and other priority offenders NI 32: Repeat incidents of domestic violence PSA 23, Priority Action 1: Reduce the most serious violence, including tackling serious sexual offences and domestic violence PSA 23, Priority Action 3: Tackle the crime, disorder and antisocial behaviour issues of greatest importance in each locality, increasing public confidence in the local agencies involved in dealing with these issues PSA 25: Reduce the harm caused by Alcohol and Drugs

6.2 Links with Crime and Antisocial Behaviour

6.2.1 Areas of Concern Identified by the 2004 Alcohol Harm Strategy

Drinking is strongly linked to crime, disorder and anti-social behaviour. According to the Alcohol Harm Reduction Strategy for England 2004 (AHRSE) the areas of concern for most people included:

- Alcohol-related disorder and anti-social behaviour in towns and cities at night
- Under-age drinking
- Crime, disorder and anti-social behaviour - often caused by repeat offenders
- Domestic violence
- Drink-driving

6.2.2. Alcohol-related disorder and anti-social behaviour in towns and cities at night

The British Crime Survey found that 47% of violent crime is alcohol related and at peak times over half the admissions to A&E are alcohol related, often as a result of alcohol-related fighting or accidents after closing hours.

People who visit pubs and bars three or more evenings per week are over twice as likely to be the victims of violence, compared to those who rarely visit pubs or bars. Over half of alcohol- related violence between strangers and acquaintances occurs in or around pubs, clubs or discos; 70 per cent of these incidents took place on weekend evenings[31].

6.2.3. Under-age drinking

See Children and Young People section

6.2.4 Crime, disorder and anti-social behaviour

The relationship between alcohol and offending is intricate, and causal relationships between alcohol and offending include offences which occur because the offender has consumed alcohol, typically public disturbance, violence and domestic violence. Contributory relationships include drinking to facilitate an offence (Dutch courage) or used to excuse offending behaviour. Co-existing relationships include acquisitive offences to maintain habit (ie shoplifting for alcohol). In particular alcohol misuse is associated with anti-social behaviour and public disorder, violence, injury, victimisation, domestic violence, sexual assaults and road traffic accidents.

(a) Street Drinking

In 1996 a Mental Health Foundation report said the average street drinker is likely to be *'a white unemployed man aged 35 or older; who is probably homeless and sleeping rough or in temporary accommodation; who may be alcohol dependant, certainly often drunk, and who may also be using controlled drugs; perhaps also suffering from psychiatric disorders.often in poor state of health.at risk of arrest for public drunkenness offences, begging and other minor public order offences, and at risk of being the victim of assault.'* Recently, the picture of the classic street drinker has changed to include a wider diversity of cultural and ethnic backgrounds. For

[31] Strategy Unit, 2003

example, street drinkers are younger and often have serious substance misuse problems.

Though street drinking is often seen as a threat to public safety and appears regularly in surveys around public perception of crime and safety, there is little real evidence to substantiate this. However, the presence of intoxicated, possibly rowdy and unkempt groups of people in public places can foster a sense of a danger for many members of the public - especially the elderly. Street drinkers are not necessarily homeless; they may choose to drink outside for a number of reasons.

(b) Anti-social behaviour

Anti-social behaviour includes a range of problems such as noisy neighbours, vandalism, litter and youth nuisance - all of these have associations with drinking. In 2003, nearly a quarter of people canvassed by the British Crime Survey (22%) perceived a high level of disorder in their local area - an increase from 2001.[32]

6.2.5. Domestic violence

Domestic violence involves any act or threat of physical, emotional, mental, psychological, financial or sexual abuse in the context of a current or past intimate relationship. Unlike other alcohol related crime, it is largely hidden with only a percentage of incidents reported to the police. However, almost one in four women are estimated to have been assaulted by a partner since the age 16. Rates of alcohol misuse are significantly higher among perpetrators than in the general population according to the Strategy Unit's Interim Analytical Report for the national alcohol strategy (2003). The same report gives a figure of 360,000 (around a third) reports of alcohol related domestic violence per year.

There is not just a connection between alcohol and the perpetrators of domestic violence; many victims use alcohol as a form of self-medication, a coping mechanism. Also, perpetrators may use their partners' drunkenness as an excuse for their own aggression.

There is one further area which must be included in the Alcohol Strategy for Central Bedfordshire and this is:

6.2.6. Community safety and the physical environment

The term 'environment' encompasses a range of issues from 'green issues' such as pollution and waste management through land use to 'the built environment' ie housing, businesses etc. It includes open spaces and public spaces, buildings including housing estates and private property, footpaths, public highways, businesses and shops, public transport and public amenities eg toilets, phone boxes. In local surveys, the creation and maintenance of a pleasant, clean environment is generally second only to crime in the list of residents' concerns.

With few exceptions, Local Authorities are responsible for the local environment. Local Authorities aim to create/maintain a safe and clean environment for local residents, which in turn is an important factor in achieving objectives on economic regeneration, crime reduction and a healthy community. Many Local Authorities now

[32] Strategy Unit, 2003

employ street wardens, town centre managers and street population coordinators, particularly in known 'hot spots'.

Alcohol has an effect on many aspects of the local environment, including:

- Consequences of overindulgence in alcohol such as urination and vomiting in public places
- Cans, bottles and other alcohol-related paraphernalia
- Alcohol-related criminal damage (vandalism)

To assess how national concerns about alcohol abuse are shared by people in the Central Bedfordshire area, we need to look at the local situation.

6.3 Local Situation

6.3.1 Alcohol-related disorder and anti-social behaviour in Central Bedfordshire:

Alcohol is a bigger issue than drugs across Central Bedfordshire in terms of the night time economy, public order, binge drinking and the levels of criminal damage and anti-social behaviour. Although both Mid Bedfordshire and South Bedfordshire do not have the attendant problems of the night economy associated with Bedford, there are a number of "hotspots" related to alcohol abuse in both Districts, and measures are being taken through the local Community Safety Partnerships to deal with these:

- The Criminal Damage Working Group in Mid Bedfordshire has Identified hotspots in Flitwick, Biggleswade and Stotfold with problems of anti-social behaviour associated with alcohol, and the group has been working with the police on "Operation Columbus" which has confiscated alcohol from local youths
- Mid Beds Safe – the Mid Bedfordshire Community Safety Partnership has been working with the Beds Safe Anti-Social Behaviour Reduction Co-ordinator
- There are "No Alcohol Designated Zones" in Flitwick, Stotfold, Cranfield, Sandy and Ampthill, and a number of Alcohol Ban areas in South Bedfordshire

Using data provided by Bedfordshire Police, and analysed using GIS to identify alcohol and drug-related crime hotspots from January 2003 to June 2004, the following alcohol-related incidents were recorded:

Town/Village	Number of alcohol related offences
Dunstable	1009
Houghton Regis	242
Leighton Buzzard	402
Linslade	122
Toddington	44

Dunstable's total represented 52% of the total number of alcohol related offences for South Bedfordshire during the period, followed by Leighton Buzzard with 21% of the total number. In June 2008, a South Beds Safe Co-ordinator was appointed, and has introduced a Pub Safe Scheme in Leighton Buzzard, similar to that in Bedford. A radio link scheme is now a major part of the Pub Safe Scheme, which provides communication between pubs and clubs in Leighton Buzzard about people causing trouble, and who can be prevented from entering other pubs. The BAND scheme, again similar to that in Bedford, now has now been introduced, and 27 pubs and

clubs in Leighton Buzzard are signed up to the Pub Safe Scheme. There is also an ongoing project to promote "safe" travel with licensed taxis and private hire vehicles, as well as how to help licencees identify forged £20 notes. Good liaison with licensees in the Leighton Buzzard means that issues of concern are being identified on a regular basis. Funding permitting, it is hoped that similar schemes can now be introduced into Dunstable.

6.3.2 Crime, Disorder and Antisocial Behaviour in Central Bedfordshire

Alcohol related crime figures, 2005-2006, Mid and South Bedfordshire		
	Mid Bedfordshire	**South Bedfordshire**
All Recorded crime - Number attributable to alcohol	564	946
Recorded crime attributable to alcohol / 1,000 pop	4.44	8.29
Violence against the person - Number attributable to alcohol	327	605
Violent crime attributable to alcohol / 1,000 pop	2.57	4.89
Sexual Offences - Number attributable to alcohol	11	15
Sexual Offences attributable to alcohol / 1,000 pop	0.08	0.13

The all recorded crime figure, attributed to alcohol, is comparatively low compared to that of Bedford during the same period where there were 1400 crimes recorded. However, many people from both South and Mid Bedfordshire do travel by train to Bedford to go to the pubs and clubs in the town. It may well be that a proportion of those crimes can be attributed to people living outside the Bedford area.

Bedfordshire as a whole has a lower level of violent crime that the most similar force (MASF) average. In extreme cases, alcohol related disorder can lead to tragic consequences, as in the Robert Barrington Gill case in December 2007, thrown into the River Ouse in Bedford by two local youths for refusing to give them his bank card and pin number. As he jailed the pair for murder, Judge John Bevan laid responsibility for the tragedy with the pubs and clubs in Bedford, but also with the families:

"There are elements here of parental control or lack of it. The parents and grandparents, according to Luddington and Downes, also plied them with drink and they must have know that these two were liable to be aggressive in drink"

"If premises like that put financial gain ahead of the appalling damage they do to youngsters, in particular Robert Gill, they should have a feeling of shame about the events of Boxing Day in Bedford."[33]

The Bedfordshire Best Value General User Survey 2006/07 indicated that the biggest issue for all Bedfordshire residents was parents not taking responsibility for their children (63%), with people being drunk/rowdy in public places felt to be the most important concern of 26% of local residents. Whilst anti-social behaviour is not always associated with alcohol, it is contributory factor, and leads to the increased fear of crime by the community as a whole. For example, in 2007 the Blue Light Survey analysed 2021 responses from members of the public across Bedfordshire, and identified the following concerns:

	Mid Bedfordshire	South Bedfordshire
Anti-social behaviour type		
	Teenagers hanging around on the streets (23%)	Teenagers hanging around on the streets (25%)
	Speeding vehicles (14.2%)	Noise nuisance (18.1%)
	Vehicle related nuisance (11.9%)	Speeding vehicles (11.2%)
	Noise nuisance (11.7%)	Vehicle related nuisance (9.6%)
	Rubbish or litter lying around (9.4%)	Rubbish or litter lying around (7.8%)

6.3.3. Street drinking in Central Bedfordshire

Street drinkers can be divided into two groups:

- Those individuals who may have a dual alcohol/drugs-related diagnosis, and who are classified as "rough sleepers", and who may choose to drink alcohol in the street
- Those individuals, usually younger people, who congregate in groups and whose drunken and rowdy behaviour is seen as a potential threat to local residents.

In 2006/2007, Bedfordshire Police Anti Social Behaviour incident data recorded 394 incidents of street drinking in Bedfordshire (including Luton). From this total, there were 83 incidents in South Bedfordshire, and 38 in Mid Bedfordshire. Despite having the lowest number of incidents overall, Biggleswade was identified was a particular "hotspot" for incidents of street drinking.

The trend in 2007/2008 for incidents of street drinking recorded 362 incidents in Bedfordshire (including Luton) to September 2008. The majority of incidents occurred in Bedford (137), with Mid Bedfordshire having the least number (26).

[33] Bedford Today, 16 September 2008

Most of the dates where there were high numbers of street drinking incidents took place at the weekend, starting on Friday evening, and throughout Saturday and Sunday. The day of the week trends also confirm high numbers recorded on a Monday or a Tuesday as well. Most incidents occur between 6 pm and 9 pm, and the majority of incidents take place during the warmer months in spring and summer in 2006, and summer and autumn in 2007.

6.3.4. Domestic violence in Central Bedfordshire

Figures for April to September 2007 show that there were 354 incidents of domestic violence in Mid Bedfordshire, and 718 in South Bedfordshire, with 38% and 46% of these being repeat incidents respectively.

Domestic violence impacts on anti-social behaviour, drug and alcohol issues, criminal damage and youth offending, and although data is not available to support these links in Central Bedfordshire, over the last 18 months, the county as a whole has progressed from being a poor performing county with less than minimal service provision for victims and perpetrators of domestic violence, and now meets 10 out of 11 BVPI 225 requirements. The LAA target of increasing the number of incidents to the police has also been exceeded, and with the launch of a local help line, has the potential to reduce repeat incidents of domestic violence. The Independent Domestic Violence Advisor (IDVA) service also has the potential to reduce repeat victimisation as victims are better supported.

6.4. Gap Analysis and Areas for Development in Central Bedfordshire

- Although Mid and South Bedfordshire do not have the problems associated with the night time economy in Bedford town centre, both Community Safety Partnerships are nevertheless wholly committed to tackling alcohol abuse in their areas. It has been difficult to find figures which show the impact these initiatives are having in combating this problem, and it is too early to say what impact the introduction of a Pub Safe Scheme is having on alcohol related crime and disorder in Leighton Buzzard. There are two areas which might be developed here:

    1. Engagement with local agencies, such as the Community Safety Partnerships, by the larger pub retailers at a corporate level, instead of leaving this to pub managers at a local level
    2. A strong message to go out to all those using pubs and clubs in Mid and South Bedfordshire that rowdy and drunken behaviour is not acceptable, and of the consequences drinkers face if they continue to indulge in unacceptable behaviour

- For many people in the community, younger people hanging around with nothing to do only increases fears of intimidation and crime. More needs to be done to encourage young people not to drift into using alcohol and anti-social behaviour. This could be done by providing young people with alternative, meaningful, and alternative activities.
- Ensure that any targeted publicity on alcohol includes ethnic minority groups in Central Bedfordshire
- With regard to domestic violence and alcohol, an early intervention system identified on repeat incidents including the provision of information about how to get violent people into services.

- More “Safer Clubbing” schemes to reduce the incidents of street drinking, and extension of the Safer Neighbourhood Schemes. This will reduce street noise, and reduce the fear of crime within the wider community.

Gap Analysis	Areas for Development
Current initiatives aimed at tackling anti-social behaviour and alcohol consumption to be continued, and extended	More engagement needed with larger pub and restaurant chains at a corporate level so that they can contribute to reducing levels of alcohol abuse, underage drinking and anti-social behaviour
More awareness raising needed of the dangers of alcohol abuse	A strong message from all partners involved in managing the night time economy in Mid and South Bedfordshire to be distributed around pubs and clubs
To ensure "hard to reach" groups are included in publicity on alcohol abuse	A message about the dangers of alcohol abuse which also includes BME groups will ensure that the needs of these groups are met
The provisions of alternative venues for young people to stop them drinking alcohol because they feel there is little else to do	To develop affordable activities in and around alcohol "hotspots" aimed at younger people
An early intervention system for victims of domestic violence to ensure repeat incidents are quickly identified	To protect children from abusive parents
To reduce the fear of crime within the community	Continuation and extension of the Safer Neighbourhood Schemes in Central Bedfordshire

Appendix A: Tiers 1 to 4 as featured in Models of Care for Alcohol Misusers

Tier 1 interventions: alcohol-related information and advice; screening; simple brief interventions; and referral	
Definition	Tier 1 interventions include provision of: identification of hazardous, harmful and dependent drinkers; information on sensible drinking; simple brief interventions to reduce alcohol-related harm; and referral of those with alcohol dependence or harm for more intensive interventions.
Interventions	• Commissioners need to ensure that a range of generic services provide as a minimum the following Tier 1 alcohol interventions: • Alcohol advice and information • Targeted screening and assessment for those drinking in excess of • DH guidelines on sensible drinking and for those who may need alcohol treatment • Provision of simple brief interventions for hazardous and harmful drinkers • Referral of those requiring more than simple brief interventions for specialised alcohol treatment • Partnership or 'shared care' with specialised alcohol treatment services, e.g. To provide specific alcohol treatment interventions within the context of their generic services.
Settings	• Tier 1 interventions can be delivered by a very wide range of agencies and in a range of settings, the main focus of which is not alcohol treatment. For example: Primary healthcare services; acute hospitals, e.g. A&E departments; psychiatric services; social services departments; homelessness services; antenatal clinics; general hospital wards; police settings, e.g. custody cells; probation services; the prison service; education and vocational services; and occupational health services. • Such interventions can also be provided in highly specialist non-alcohol specific residential or inpatient services, which have service users with high levels of alcohol-related morbidity who may require care plans and support to facilitate their access to alcohol-specific provision. Examples include: specialist liver disease units, specialist psychiatric wards, forensic units, residential provision for the homeless, and domestic abuse services.
Competency	This is provision that depends on at least minimal skills in alcohol misuse identification, assessment and interventions. Those delivering Tier 1 provision may require the following competences from the Drugs and Alcohol National Occupational Standards (DANOS): • AA1 Recognise indications of substance misuse and refer individuals • to specialists • AF1 Carry out screening and referral assessment • AH10 Carry out brief interventions with alcohol users • AB2 Support individuals who are substance misusers • AB5 Assess and act upon immediate risk of danger to substance misusers.

Tier 2 interventions: open access, non-care-planned, alcohol-specific interventions	
Definition	Tier 2 interventions include provision of open access facilities and outreach that provide: alcohol-specific advice, information and support; extended brief interventions to help alcohol misusers reduce alcohol-related harm; and assessment and referral of those with more serious alcohol-related problems for care-planned treatment.
Interventions	Tier 2 interventions include open access facilities and outreach targeting alcohol misusers, which provide: • Alcohol-specific information, advice and support • Extended brief interventions and brief treatment to reduce alcohol-related harm • Alcohol-specific assessment and referral of those requiring more structured alcohol treatment • Partnership or 'shared care' with staff from Tier 3 and Tier 4 provision, or joint care of individuals attending other services providing Tier 1 interventions • Mutual aid groups, e.g. Alcoholics Anonymous • Triage assessment, which may be provided as part of locally agreed arrangements.
Settings	Tier 2 provision may be delivered by the following agencies, if they have the necessary competence, and in the following settings: • Specialist alcohol services • Primary healthcare services • Acute hospitals, e.g. A&E and liver units • Psychiatric services • Social services • Domestic abuse agencies • Homelessness services • Antenatal clinics • Probation services and the prison service • Occupational health services.
Competency	Tier 2 interventions require competent alcohol workers who should have basic competences in line with DANOS, including those required for Tier 1. Competency can also depend on what cluster of services is provided. Front-line staff would normally have competence in motivational approaches and brief interventions. Those providing interventions at Tier 2 may require the following competences from DANOS: • AB2 Support individuals who are substance users • AB5 Assess and act upon immediate risk of danger to substance users • AF2 Carry out assessment to identify and prioritise needs • AG1 Plan and agree service responses which meet individuals' • identified needs • AH10 Carry out brief interventions with alcohol users.

Tier 3 interventions: community-based, structured, care-planned alcohol treatment	
Definition	Tier 3 interventions include provision of community-based specialised alcohol misuse assessment, and alcohol treatment that is care co-ordinated and care-planned.
Interventions	Tier 3 interventions include: • Comprehensive substance misuse assessment • Care planning and review for all those in structured treatment, often with regular keyworking sessions as standard practice • Community care assessment and case management of alcohol misusers • A range of evidence-based prescribing interventions, in the context of a package of care, including community-based medically assisted alcohol withdrawal (detoxification) and prescribing interventions to reduce risk of relapse • A range of structured evidence-based psychosocial therapies and support within a care plan to address alcohol misuse and to address co-existing conditions, such as depression and anxiety, when appropriate • Structured day programmes and care-planned day care (e.g. interventions targeting specific groups) • Liaison services, e.g. for acute medical and psychiatric health services (such as pregnancy, mental health or hepatitis services) and social care services (such as child care and housing services and other generic services as appropriate).
Settings	• Tier 3 interventions are normally delivered in specialised alcohol treatment services with their own premises in the community (or sometimes on hospital sites). • Other delivery may be by outreach (peripatetic work in generic services or other agencies, or domiciliary or home visits). • Tier 3 interventions may be delivered alongside Tier 2 interventions. • Some of the Tier 3 work is based in primary care settings (shared care schemes and GP-led prescribing services), but alcohol specialist-led services are required within the local systems for the provision of care for severe or complex needs and to support primary care. • The work in community settings can be delivered by statutory, voluntary or independent services providing care-planned, structured alcohol treatment.
Competency	Tier 3 services require competent drug and alcohol specialised practitioners who should have competences in line with DANOS. The range of competencies required will depend on job specifications and remits. Those delivering Tier 3 interventions may require a wide range of competencies from Key Area A in DANOS and many of the competences from Area AH, depending on the type of alcohol treatment provided. Medical staff (usually addiction psychiatrists and GPs) will require different levels of competence, depending on their role in alcohol treatment systems and the needs of the service user, with each local system requiring a range of doctor competences (from specialist to generalist) in line with joint guidance from the Royal Colleges of General Practitioners and Psychiatrists, *Roles and responsibilities of doctors in the provision of treatment for drug and alcohol misusers*, summarised in the National Treatment Agency for Substance Misuse briefing document *Roles and responsibilities of doctors in the provision of treatment for drug and alcohol misusers*.

Tier 4 interventions: alcohol specialist inpatient treatment and residential rehabilitation	
Definition	Tier 4 interventions include provision of residential, specialised alcohol treatments which are care-planned and co-ordinated to ensure continuity of care and aftercare.
Interventions	Tier 4 interventions include: • Comprehensive substance misuse assessment, including complex cases when appropriate • Care planning and review for all inpatient and residential structured • treatment • A range of evidence-based prescribing interventions, in the context of a package of care, including medically assisted alcohol withdrawal • (detoxification) in inpatient or residential care and prescribing interventions to reduce risk of relapse • A range of structured evidence-based psychosocial therapies and support to address alcohol misuse • Provision of information, advice and training and 'shared care' to others delivering Tier 1 and Tier 2 and support for Tier 3 services as appropriate.
Settings	Specialised statutory, independent or voluntary sector inpatient facilities for medically assisted alcohol withdrawal (detoxification), stabilisation and assessment of complex cases. Residential rehabilitation units for alcohol misuse. Dedicated specialised inpatient alcohol units are ideal for inpatient alcohol assessment, medically assisted alcohol withdrawal (detoxification) and stabilisation. Inpatient provision in the context of general psychiatric wards may only be ideal for some patients with co-morbid severe mental illness, but many such patients might benefit from a dedicated addiction specialist inpatient unit. Those with complex alcohol and other needs requiring inpatient interventions may require hospitalisation for their other needs (e.g. pregnancy, liver problems) and this may be best provided for in the context of those hospital services (with specialised alcohol liaison support).
Competency	Inpatient and residential interventions providing medically assisted alcohol withdrawal (detoxification) and specialist assessment and stabilisation would normally require medical staff with specialist competence in substance misuse (rather than generalist GPs). The level of specialised medical staff competence required will depend on the types of service provided and the severity of the service users' problems. Addiction specialist competences will be needed for inpatient units for severe and complex problems. Suitably competent GPs can provide support to some units for patients with less complex needs. Staff in residential rehabilitation units that are registered care homes will need to meet relevant social care national occupational standards. Hospital-based services will also be required to meet practitioner standards for independent or NHS hospitals. Those delivering Tier 4 interventions may require a wide range of competences from Key Area A in DANOS, and in particular many of the competences from Area AH 'Deliver healthcare services, depending on the alcohol treatment provided'. All staff working in all residential settings are advised to demonstrate competence against DANOS at both manager and practitioner levels.

2009 Community Safety Plan				2010 Community Safety Plan			
Month	**Action**	**Method**	**Consultation**	**Month**	**Action**	**Method**	**Consultation**
January 2009	Strategic Assessment Process Begins	District Community Safety Managers		August '09	Strategic Assessment Process Begins	Partnership Intelligence Group & Consultants	
February '09				September '09			
March '09	Assessment completed and emerging priorities identified			October '09	Initial draft Assessment completed		Partnership Operational Delivery Group to approve final draft for consultation.
April '09	Community Safety Plan drafted	CBC Community Safety Team		November '09	Assessment completed and emerging priorities identified	Assessment Executive Summary completed	Consult on emerging priorities with: **Local Strategic Partnership** **Sustainable Communities O&SC** **Council Members** **Partnership Executive Group**
May '09			Public Consultation using News Central on emerging priorities	December '09	Draft Community Safety Plan prepared	Partnership Intelligence Group	Consult with **Public** on emerging priorities including the use of Citizens Panels, surveys, Community Safety Groups and Fora, Parish and Town Council publications etc.
June '09	Community Safety Partnership Executive agree draft plan and priorities	Partnership Executive Meeting	Consultation on Plan and priorities with Council Members	January 2010	Draft Community Safety Plan revised as necessary to reflect public consultation responses. Executive Summary drafted. Partnership Executive agrees plan & summary	Partnership Intelligence Group Partnership Executive	Consultation on revised draft plan & Executive Summary with **Council Members** **Sustainable Communities O&SC** **Partnership Operational Delivery Group**
Jul '09	Executive Summary Completed	CBC Community Safety Team		February '10	Executive Summary Completed & Published Community Safety Plan 2010 signed off by LSP	Partnership Intelligence Group LSP Safer Thematic Lead	**Final public consultation on Executive Summary**. **Local Strategic Partnership**
Aug '09	Community Safety Plan endorsed by Council Executive	Report to Council Executive		March '10	Community Safety Plan 2010 signed off by Council Executive	Report to Council Executive Meeting	**Central Bedfordshire Council Executive**
				April '10	**Community Safety Plan Published**		
Sep '09	Executive Summary Published Community Safety Plan 2009 signed off by LSP	 LSP Safer Thematic Lead	Final public consultation on Executive Summary Local Strategic Partnership				
Oct '09	**Community Safety Plan 2009 Published**						

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