

1. ANTI SOCIAL BEHAVIOUR ACTION PLAN

THEMATIC LEAD: Ch Insp Neighbourhoods (Dave Toor)
ACTION POINT LEADS: DT – Dave Toor CS – Community Safety Manager
 YOS – Youth Offending Service (Julie Dinsdale) THL – Tristar Homes LTD

No	LEAD	ACTION	UPDATE
1	MW	Ensure an intelligence led approach is maintained to tackle ASB: a) Use data analysis to direct operational activity, especially within the top five wards. b) Maintain a uniform presence on the streets particularly in hot spot areas and at key times c) Escalate ongoing issues that cannot be problem solved at the JAG to the PSG group	All actions are on-going
2	CS & MW	Ensure the current system to identify, monitor and support repeat callers of ASB and those classed as at risk is robust and fit for purpose	Action on-going with the victim and witness support officer monitoring repeat callers who are discussed at the relevant JAG meetings.
3	CS	Continue to utilise focus groups to gain a better understanding of residents' perceptions of ASB including reporting levels to different agencies, and identify any barriers to reporting.	A total of four focus groups have been held in March and April 2013, a full report detailing all findings will be available from May 2013.
4	CS	Monitor and improve satisfaction levels with how the Council and Police deal with ASB measured by: a) Viewpoint b) Council Survey c) Police Authority Survey	a) Community Safety was included in the may edition of viewpoint (32) b) No survey to date c) No survey to date
5	CS	Work with alcohol support services to improve the early identification of those misusing alcohol and causing ASB.	MA-ASB team continue to make referrals to lifeline, and provides Lifeline contact number in every Section 27 letter that is sent from the ASB Team.

2. ALCOHOL RELATED CRIME AND ANTI SOCIAL BEHAVIOUR ACTION PLAN

THEMATIC LEAD: DAAT Strategic Manager (Emma Champley)

ACTION POINT LEADS: EC – Emma Champley TA – Ted Allen

CS – Community Safety Manager

No	LEAD	ACTION	UPDATE
1	EC	Review the current Alcohol Strategy & Action Plan in line with the new National Alcohol Strategy. a) Continue to fully explore issues via the Alcohol Needs Assessment to inform the Strategy	The Alcohol Action Plan has been reviewed for 12/13 and updated to reflect actions required as a result of identified need. It was also reviewed in light of the National Alcohol Strategy released earlier this year. A revised Alcohol Needs Assessment is in development and will be published shortly after the financial year end.
2	CS	Look at the Terms of Reference of the Multi-Agency Strategic Group to be more focused on Alcohol Related Offending. a) Review the structure of the group as well as other MA groups focused on alcohol in light of the National Alcohol Strategy.	Completed.
3	CS	Continue to use a brief intervention for all of those who come to the attention of the MAASBT for incidents involving misuse of alcohol. a) Ensure that referrals are made to support services.	On-going. The brief interventions process has been implemented for those aged under 14 years. Referrals from ASB team to Alcohol Community Safety officer continue.
4	EC	Continue to use an Integrated Offender Management (IOM) style process for those on an ATR. a) Identify a cohort of those who misuse alcohol b) Measure their offending behaviour one year prior, during and one year after they have been given an Alcohol Treatment Requirement. c) Include a gravity score for the seriousness of the offending.	ATRs are continuing to be provided in Stockton a copy of the performance report has been submitted to SSP. Further analysis has been carried out around the offending behaviour of the initial cohort, report submitted to SSP. It was decided that a more in-depth piece of analysis needed to be carried out to ascertain actual cost of crime versus cost of treatment.
5	EC	Monitor the success of Alcohol Specified Activity Requirement (ASAR) to assess their effectiveness by looking at criminal activity one year prior, during and one year after for those receiving an order.	On-going – as above.
6	CS	Ensure there is a clear flow of information in relation to those on ATRs who are issued section 27 notices or arrested for public order offences	The Police Officer within the MA-ASB team now researches those on ATR's for any public order offences or section 27 notices.
7	CS	Review the role of the Think B4U Drink campaign to ensure it is still fit for purpose in light of the National Alcohol Strategy and associated publications / campaign materials.	An evaluation of the campaign was presented at SSP in May and the campaign has been endorsed for the year. Action achieved for 2012/13.

No	LEAD	ACTION	UPDATE
8	EC	Review the Alcohol Arrest Referral Scheme, especially in relation to the 75% of people who are not seen	<p>Changes have been implemented to the arrest referral process that has freed up considerable time to allow the arrest referral workers to see more of those arrested for alcohol related offending. This has gradually increased the number of alcohol related arrests that receive an intervention from 20% in June to over 50% in August and the final quarter of 2012/13 saw 46% of all alcohol related arrests being seen. Additional changes to drug testing from the 1st of October has free up additional resources that are being focussed on the number of alcohol related domestic incidents that receive an intervention. Only 17% of these were seen in June but this has increased to 47% in the last quarter of 2012/13.</p> <p>This work forms part of the work identified in point 5 under drug offending. Work is on-going between Lifeline and Arrest Referral to improve referrals from the custody suite of young people. We are investigating the juvenile treatment history of any referrals to adult services for this age group and will be following up any issues this raises during contract reviews. We are satisfied that exits from youth substance treatment were appropriate but clients continue to have other issues and long-term risks such as leaving care and mental health issues that need to be better managed to reduce the likelihood of presenting at adult substance treatment in their late teens.</p>
9	EC	Assess the treatment journey of 18 / 19 year olds with alcohol issues to ensure there are no gaps in their treatment	<p>Changes have been implemented to the arrest referral process that has freed up considerable time to allow the arrest referral workers to see more of those arrested for alcohol related offending. This has gradually increased the number of alcohol related arrests that receive an intervention from 20% in June to over 50% in August and the final quarter of 2012/13 saw 46% of all alcohol related arrests being seen. Additional changes to drug testing from the 1st of October has free up additional resources that are being focussed on the number of alcohol related domestic incidents that receive an intervention. Only 17% of these were seen in June but this has increased to 47% in the last quarter of 2012/13.</p> <p>This work forms part of the work identified in point 5 under drug offending. Work is on-going between Lifeline and Arrest Referral to improve referrals from the custody suite of young people. We are investigating the juvenile treatment history of any referrals to adult services for this age group and will be following up any issues this raises during contract reviews. We are satisfied that exits from youth substance treatment were appropriate but clients continue to have other issues and long-term risks such as leaving care and mental health issues that need to be better managed to reduce the likelihood of presenting at adult substance treatment in their late teens.</p>

3. VIOLENCE ACTION PLAN

THEMATIC LEAD: Ch Insp Operations (Lynn Beeston)
ACTION POINT LEADS: LB – Lynn Beeston CS – Community Safety Manager

No	LEAD	ACTION	UPDATE
1	LB	Maintain the tactical Violence Crime meetings and continue to be intelligence led using analysis document to highlight trends and emerging issues based around the victim, offender, and location framework. a) Scanning document presented at meetings to include A&E data b) Extend membership to include DV services	All actions are on-going
2	LB & CS	Maintain and develop where possible all existing initiatives to tackle violence in the night-time economy including: a) Operation Tranquility – increase the number of Specials b) Pubwatch – maintain number of members and monitor number of barrings issued c) Street Pastors – consider extending to Yarm d) CCTV – Monitor number of assisted arrests e) Section 27's – increase number issued f) A&E data – monitor number of licensing reviews where data has contributed	All actions are on-going
3	CS	Continue the Domestic Violence family intervention pilot project	The pilot project has now been completed and evaluation is underway with a full evaluation report due to be taken to the DV Strategy Group.
4	CS	Provide support to repeat cases of domestic violence that are presented to the MARAC: a) Update on Safe at Home b) Feedback from DVSG c) Domestic Homicide Review update	a) Referrals to Safe at Home have been steady b) On-going c) DHR procedure in place- shared arrangements agreed with Hartlepool
5	CS	Raise awareness of DV issues within Health to empower health practitioners to deal with DV more effectively. a) Progress update in relation to DV training and outreach support offered in health settings (Harbour) b) Increase the number of DV assessments made by health c) Carry out a study to establish the cost of DV in relation to health services in Stockton.	All actions are on-going
6	CS	Establish an 18 month Service Level Agreement with Harbour for domestic violence service provision in the Borough a) Set up a monthly proforma return for performance monitoring	The Domestic Violence Strategy Group has agreed a 12 month service agreement with the option of a 6 month extension a) Proforma now completed each quarter

4. DRUG RELATED OFFENDING ACTION PLAN

THEMATIC LEAD: Detective Ch Insp (Rob Donaghy)

ACTION POINT LEADS: RD – Rob Donaghy EC – Emma Champley JE – Jeff Evans

No	LEAD	ACTION	
1	RD	Re-establish and agree terms of reference for the Drugs 'Reducing Supply' Group	<p>The group has been re-established under the name of Drugs Reducing Harm Group which meets every 2 months. It was felt that this better reflected the national drugs strategy around reducing harm in communities. Terms of reference have been produced and agreed by the group.</p> <p>This group has now become part of the Reducing re offending and Harm Group which meets bi monthly.</p>
2	JE	Maintain our IOM approach for the most prolific of drug using repeat offenders. a) Reduce drug related repeat offending	On-going – details within target document
3	EC	Increase housing opportunities for drug users by maintaining a range of support services.	Specialist housing support Officer funded via the DAAT in the SBC housing team to support clients' needs. Contributory funding from DAAT to SBC successful bid for funds to provide enhanced support in CAB for debt related housing needs. The Housing Officer post within HMP Holme House is no longer available due to long term sickness. Reappointment is not viable due to low capacity within Housing Options. Continuing funding of supported housing schemes. Local housing support panel has been recently convened represented by DAAT, LA, and housing providers, to produce and manage a robust referral pathway for service users requiring the support and intervention of housing services. A coordinated approach has been adapted to the management of occupancy and vacancies, of available stock to ensure No Second Night Out. Consideration and forward planning for the possible consequences of welfare reform, are a also priority. The Prison Service has appointed a Gov as regional lead on the prison housing pathway whose role it is to ensure fluid transition of offenders into appropriate housing on release, and to define roles and develop coordination between all stakeholders within the local prison establishments. This work is in its infancy and will develop over the coming months.
4	EC	Increase employment opportunities for drug users.	<p>Through the Communities Fund process there have been 33 of substance misuse clients who have gone into employment; and 184 into training due to joint working arrangements between CRI Recovery Service and 5 Lamps organisations.</p> <p>CRI have an identified "employment" lead within their staff who has responsibility for the coordination of ETE within the service. Employment is seen as a core component of a service users recovery journey and is embedded in service delivery and care planning with an assessment of "job readiness" conducted as part of initial assessment when entering treatment.</p> <p>The NTA/JCP Joint Working Protocol is fully embedded within treatment services whereby all those who are in receipt of JSA are offered the opportunity to have a joint working relationship with their JCP Advisor and Treatment Support Worker to ensure that each makes a positive and coordinated response to addressing ETE needs.</p> <p>DAAT have recently commissioned a research report on an assessment of the job</p>

No	LEAD	ACTION	
			<p>readiness for substance misusers and the barriers into employment. The outcomes and recommendations from this report will be shared widely and acted upon accordingly.</p> <p>The research report has been completed containing 8 recommendations. This report has been circulated to all partnership organisations and treatment providers and presentations of its findings given to the Employability Consortium, DAAT Employment Network and DAAT Commissioning Group. An action plan has been produced which outlines areas eg professional responsibility for partnership implementation.</p> <p>An employment fund has been provided within the DAAT budget to support employment initiatives available within the Borough eg. Flexible Support Fund, Youth Employment Initiative.</p> <p>Through non recurrent DAAT funds there has been grant funding provided to improve the employability of those in drug and alcohol treatment by increasing access to volunteering and volunteering placements and reduce barriers into training & education and subsequently to also provide opportunities for work placements within the industrial sector.</p> <p>There has been an update to the JCP/NTA Joint Working Protocol which now incorporates the Work programme Providers into existing practice. The new protocol included areas considered best practice and Stockton was cited within this.</p>
5	EC	<p>Improve the transition from the young people's service to adult services and thereby reduce drop out.</p>	<p>There were only four young people that were transferred to adult treatment in 2011/12. The numbers of 18 and 19 year olds in treatment has fallen 33% in Q1 2012/13 compared to Q1 2011/12. There continues to be no 18-19 year old opium or crack users in treatment. The majority are receiving help for cocaine, amphetamine and cannabis misuse. The DAAT now receive an exception report for all 18 or 19 year olds accessing adult treatment and new protocols are being developed to deal with young people who might need to move into adult treatment services. We aim to build a picture that to inform future service provision. (there is only one 19yr old and no 18yr olds in treatment at Q3 2012/13)</p>

No	LEAD	ACTION	
6	EC	Increase the number of female drug users accessing and maintaining attendance at support services.	<p>CRI complete a hostel outreach on a weekly basis rotating hostels in order to cover all accommodation providers. A women's specific leaflet was made in order to raise awareness of the service. This leaflet was placed in all hostels, pharmacies, police stations, job centres, colleges, leaflet drops in targeted areas such as Port Clarence, sure start centres, etc. The service has been marketed at Probation team meetings to ensure Officers were aware of what was on offer in Stockton for female clients and were aware of referral routes in. Numerous specific activities in partnership with A Way Out.</p> <p>The CRI Family Service also offers a route into treatment for treatment naïve mothers where referrals have been received direct from social services or via the CAF team as well as supporting families who are already in treatment. CRI conduct prison in-reach at HMP Low Newton and also offer all female clients a lift back into Stockton with a view to attending all of their initial appointments with them ensuring they engage in treatment once released into the community.</p> <p>It has been agreed to continue with and extend the sex worker project that has been on-going in Stockton since May 2011. The group are supporting research being carried out into sex work and will look at how they can embed any findings. The group are also looking to widen its membership to include young people.</p>
7	EC	Use peer mentors to work in drug using communities as part of rehabilitation and support.	Two Recovery Workers have been appointed by the new providers of the Birchtree Practice. In addition, Peer Mentors form part of each service provision and Recovery Groups run by Peer Mentors and Recovery Champions are taking place throughout the week.
8	EC	Increase the number of planned exits from treatment services.	An action plan is in place aimed at increasing planned exits and forms a central part of service performance management. Performance to date shows an increase from the 2011/12 baseline (50%) to 59% of all exits. Further work on reducing unplanned exits, better joint working between service providers and increasing focus on recovery are aimed at increasing this figure significantly over the coming year.
9	EC	Encourage the development of Narcotics Anonymous in the Borough	A Recovery meeting takes place in Stockton every day of the week, this is not only NA but SMART Recovery and groups ran by Peer Mentors.

5. CRIMINAL DAMAGE ACTION PLAN

THEMATIC LEAD: Ch Insp Neighbourhoods (Dave Toor)
ACTION POINT LEADS: DT – Dave Toor CS – Community Safety Manager

No	LEAD	ACTION	UPDATE
1	DT	Review the terms of reference of the Multi-Agency Strategic Criminal Damage and ASB group to ensure it is meeting current objectives. a) Strategic Group (SG) to monitor specific action plan, which will also be reviewed weekly by the Police. b) SG to be intelligence led using analysis to highlight trends and emerging issues based around the victim, offender, and location framework - scanning document presented at quarterly meetings	All actions are on-going. a) Action plan was introduced early 2012 but the group felt the scanning document was best used rather than the action plan. b) Scanning document used for meeting
2	DT	Identify repeat victims / properties and ensure that they are visited to identify and correct any risk factors a) Repeat victims to be referred to support and a problem plan created if necessary following risk assessment b) The number of repeat properties that are THL owned identified	New tool to identify repeats has been developed by the Police senior analyst so this process should now be more robust. Next SG meeting will ensure that the support element is working correctly and that THL can identify their premises.
3	DT	The most prolific locations to be registered as a POP to be owned and managed by NPT Insps via the JAGs a) SG to monitor activities and resources tasked at the JAGs which should be clearly reflected within the JAG meeting minutes	On-going. Process to be re-visited at next SG meeting on 21/08/12 to ensure POPs are being registered where necessary.
4	CS	Maintain our prevention programme in schools to raise awareness of the harm caused by criminal damage and deliberate fire setting. Schools in hotspot areas as identified by the SG to be targeted.	On-going

6. EMERGING ISSUES ACTION PLAN

THEMATIC LEAD: Probation PPO Manager (Jeff Evans)

ACTION POINT LEADS: JE – Jeff Evans RD – Rob Donaghy

No	LEAD	ACTION	UPDATE
1	JE	Maintain the use of the IOM model to provide intensive support and enforcement work with a cohort of high crime causers (HCCs) managed by the IOM Strategy Group. a) Cohort of HCCs identified yearly b) Secure funding beyond 2012 & maintain staff numbers in team c) Maintain counselling model & monitor number accessing counselling	a) 30 offenders identified as the 2011/12 b) Funding remains a difficulty- however current indications are that existing staff will be supported in this role by their respective organisations. c) all 30 offenders accessing treatment All actions are on-going
2	JE	Monitor the number of those on IOM requiring drug treatment.	All accessing drug treatment
3	JE	Assess the family history of all those on IOM by completing a geneogram	Completed by Probation staff
4	JE	Ensure that a brief intervention is carried out for all of those who are arrested for shoplifting involving alcohol and/or they are given details of support services. a) Monitor the take up of support	Completed by Addaction at arrest stage
5	JE	Monitor the number of ATR's / ASAR/ DRR that are: a) Granted b) Breached c) Completed	Monitoring is on-going - full details included in the target report
6	JE	All IOM clients to have a Planned Discharge from treatment a) Monitor the number of planned and unplanned discharges	None to date
7	JE	Monitor the number of families of IOM clients requiring support, and the number taking up support.	On-going
8	JE	Identify the most persistent offenders within the HCC group and offer additional service to reduce their offending.	On-going- 6 persistent offenders currently being reviewed
9	CS	Monitor the number of first time offenders for shoplifting (based on PNC ID year) to see if this is increasing in the current economic climate.	Scheduled to be completed in the next quarter
10	RD	Maintain the Other Theft group and action plan including a) Volume Crime Team to investigate all Other Theft offences especially theft of metals and shoplifting. b) Police crime prevention officers to continue to provide advice and support to retail stores and repeat locations for metal theft identified c) Maintain support for the Retailers Against Crime group.	This Other Theft group has expanded and is now the Acquisitive Crime group. All acquisitive crimes are robustly investigated with crime prevention advice given where necessary. The Retailers Against Crime group continues. There is daily / regular deployment of Crime prevention officers to support retail stores and victims (both commercial and private households) who are subject to metal theft.

No	LEAD	ACTION	UPDATE
11	RD	<p>Focus on Burglary, particularly dwelling burglary and ensure rigorous investigation is carried out for each offence</p> <ul style="list-style-type: none"> a) All repeat victims to be visited by crime reduction and offered target hardening advice b) Burglary offences to be prioritised when selecting IOM clients 	<p>All actions on-going – burglary features within the Acquisitive Crime group</p> <p>The District has developed an improved Burglary investigation policy which provides minimum standards of investigation to be carried out for each offence. Detective officers are now (when operational available) first responders to house burglary to provide a professional police response. A number of initiatives have been implemented at Stockton and across the force including Super Cocooning (where a large number of households in the vicinity of house burglaries are visited by Neighbourhood Police (PCSO) to obtain evidence and provide dynamic crime prevention / reassurance to householders.</p> <p>Burglary is a priority for the District / Force and IOM targets are prioritised accordingly</p>