

# ***Vulnerability in Breckland***



# Introduction

We play a key role in identifying and preventing vulnerability to improve the health and wellbeing of our residents. We provide core local services, including community safety, economic development, planning, housing, leisure, wellbeing and environmental services for local communities – areas that are increasingly recognised as vital components of population health systems.

Due to the sound management of our finances, we have already been able to deliver significant interventions designed to improve the lives of vulnerable people across our District:

- We have invested in a Regeneration Team that is working to improve skills and tackle social mobility
- We have designed and delivered the acclaimed Silver Social project addressing loneliness and social isolation in older people
- We have designed and funded 'Our Day Out' a programme of day time activities for people with Dementia and their Carers which has been shortlisted for national awards
- We have worked in partnership to develop and fund innovative schemes such as 'Tripstart' that aims to identify those hard to reach people furthest from employment and supporting them back into work.

But we are ambitious. And there is more we could do.

**This proposal has identified areas of vulnerability within our District and developed evidence based interventions that will help us and our partners make a real difference and put vulnerability at the heart of what we do.**

# Our Focus

There are many definitions of vulnerability. For the purposes of this action plan we have adopted the *College of Policing* definition for vulnerability, which is:

‘A person is vulnerable if, as a result of their situation or circumstances, they are unable to take care of or protect themselves or others from harm or exploitation’.

In order to make best use of our resources we have looked at the evidence held by ourselves and our partners and we have prioritised our focus on those people that are vulnerable to:

- **county lines exploitation (including child sexual exploitation, modern slavery and trafficking);**
- **domestic abuse and violence;**
- **becoming socially isolated and lonely in later life;**
- **developing poor mental health and associated issues.**

Each of these areas are known to be a national issue, but the evidence tells us they are also a local problem.

# County Lines: The Big Picture

County Lines is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or “deal lines”. It involves criminal exploitation as gangs use children and vulnerable people to move drugs and money. Gangs establish a base in the market location, typically by taking over the homes of local vulnerable adults by force or coercion in a practice referred to as ‘cuckooing’.

The national picture on county lines continues to develop but we know children and adults are vulnerable to County Lines exploitation in different ways:

## **Adults**

Gangs must establish a base in the county location to develop a market and this is typically done by taking over the address of a local vulnerable adult by force or coercion; a practice known as ‘cuckooing’. Typically, this involves the home of a vulnerable woman or Class A drug user who is supplied drugs to initiate the relationship; however, there is a new trend of gangs targeting adults with mental health problems/learning disabilities and there is evidence of gangs exploiting familiar links to get accommodation and settling down in County areas

## **Children and young people**

Gangs are recruiting and exploiting children to assist criminal activities; exploited children range from 12-18 years with 15-16 being the most common age range. Most commonly children from deprived backgrounds engaged in offending behaviour, facing difficulties at home or in care of social services are amongst the most vulnerable to gangs. They are often listed as a missing person and/or have poor school attendance.

# County Lines: The Local Picture

## STRATEGIC CONTEXT: NORFOLK COUNTY LINES STRATEGY 2018 – 2021

The areas of focus are:

- Awareness and training around County Lines across agency staff, ensuring those on the frontline can recognise the signs of vulnerability and exploitation, and are able to take appropriate action.
- Combining the data that we hold across agencies to provide a more holistic view of the issues, to inform identification and characteristics of hotspots and vulnerable individuals
- Targeted interventions for key risk groups and locations.

### Why is this a priority for us?

- 890 people were arrested between December 2016 and December 2018 in conjunction with Operation Gravity (Norfolk wide).
- There have been 309 recorded crimes associated with County Lines Activity since October 2015 and 379 investigations.
- Over 100 young people known to the Youth Justice System are strongly suspected to be involved in, or at risk of, criminal exploitation at any one time.
- Numbers of children “missing” in Norfolk have risen by 80% since 2015 and stood at 977 in 2017.
- Knife crime in Norfolk has been rising over recent years, from 88 in 2014/15 to 316 in 2016/17.
- The number of attendees at Norfolk hospitals due to knife or bladed article injury has risen by 25% since 2014.

# Domestic Abuse & Violence: The Big Picture

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background. There are different kinds of abuse that can happen in different contexts. Exiting abuse is harder, takes longer and is more complex for rural victims as there are significant additional barriers in rural communities compared to urban areas.

The latest figures from the Crime Survey for England and Wales show little change in the prevalence of domestic abuse in recent years. In the year ending March 2018, an estimated 2.0 million adults aged 16 to 59 years experienced domestic abuse in the last year (1.3 million women, 695,000 men).

The police recorded 599,549 domestic abuse-related crimes in the year ending March 2018. This was an increase of 23% from the previous year. This in part reflects police forces improving their identification and recording of domestic abuse incidents as crimes and an increased willingness by victims to come forward.

The police made 225,714 arrests for domestic abuse-related offences (in the 39 police forces that could supply adequate data). This equates to 38 arrests per 100 domestic abuse-related crimes recorded.

The percentage of convictions secured for domestic abuse-related prosecutions is at its highest level since the year ending March 2010. In the year ending March 2018, 76% of prosecutions resulted in a conviction.

# Domestic Abuse & Violence: The Local Picture

## STRATEGIC CONTEXT: NORFOLK DOMESTIC ABUSE STRATEGY 2018 – 2021

The areas of focus are to:

- Commission joined up services that raise awareness and support victims, putting DA at the top of everyone's agenda
- Have a skilled workforce confident and competent at encouraging and responding effectively to disclosure from both victims and perpetrators
- Ensure services offer both early help, which reduces risk and improves health for all victims, and allows survivors to thrive and live a life free from abuse
- Drive consistency and better performance in response to DA across all local areas

### Why is this a priority for us?

- There are 17.1 incidents of Domestic Abuse for every 1000 residents in Norfolk.
- As much as 9% of all recorded crime in Norfolk is Domestic Abuse.
- Females account for 73.9% of all Police recorded Domestic Abuse Crime – however we know incidents are vastly underreported, especially for men
- In 48% of incidents of Domestic Abuse reported to Norfolk police, at least one child was involved (equates to 8,212 incidents and 5.6% of all under 18 year olds in Norfolk). In 17 of 18 Serious Case Reviews conducted in Norfolk, Domestic Abuse is a factor.
- Those who identify as having a long standing illness or disability have much higher levels of victimisation than those without – especially in the category of familial abuse.

# Social Isolation & Loneliness: The Big Picture

These two terms are sometimes used interchangeably, but they are different things, and can exist independently of each other. Social isolation is an objective measure of the number of contacts a person has, irrespective of their closeness or quality. Loneliness, on the other hand, is all about how we feel about our social relationships:

Social isolation is becoming more prevalent and is associated with increased risk of mortality, higher rates of hospital admissions and earlier entry into care homes. Loneliness can lead to depression and poor cardiovascular health, although little is known about what causes this. Rural areas, such as Breckland, have a unique set of circumstances that can exacerbate the social isolation of older residents.

National data from the Office for National Statistics (ONS) based on the most recent Opinions and Lifestyle Survey (sample size 5,169) suggest that the following proportion of people by age band report high levels of loneliness:

- Age 16 to 64: 14.8%
- Age 65 to 79: 14.6%
- Age 80+: 29.2%

Compounding this issue is the impact of being 'digitally excluded'. Digital exclusion is the inability to access online products or services or to use simple forms of digital technology. This disproportionately affects vulnerable people, low-income groups, the elderly and the more marginalised communities in our society. This creates a strong correlation between digital exclusion and social exclusion.



# Social Isolation & Loneliness: The Local Picture

## **STRATEGIC CONTEXT: NORFOLK OLDER PEOPLE'S STRATEGY: PROMOTING INDEPENDENCE AND WELLBEING 2019 – 2021**

The areas of focus are:

- Encourage and recognise opportunities for social contacts that challenge loneliness
- Support Norfolk's In Good Company campaign. Encourage others to gain the Norfolk Kite Mark. Support Norfolk's No Lonely Day
- Organisations are challenged to recognise their responsibilities and act to tackle loneliness in communities

### **Why is this a priority for us?**

- Across Breckland approximately 20% of pensioners live alone.
- Research has found that loneliness and poor social relationships were associated with a 29 per cent increase in risk of developing coronary heart disease and a 32 per cent increase in risk of stroke.
- Age UK reports that loneliness can be as harmful to health as smoking 15 cigarettes a day, and people with a high degree of loneliness are twice as likely to develop Alzheimer's as people with a low degree of loneliness.

We have developed our own response to this issue at a local level. The Silver Social is an ambitious programme of daytime events aimed at socially isolated older people, in community venues across Breckland. The Project uses a range of art forms, delivered by professional practitioners, to promote participation and independent living in our communities.

# Mental Health: The Big Picture

Mental health problems are widespread, at times disabling, yet often hidden. People who would go to their GP with chest pains will suffer depression or anxiety in silence. One in four adults experiences at least one diagnosable mental health problem in any given year.

People in all walks of life can be affected and at any point in their lives, including new mothers, children, teenagers, adults and older people. Mental health problems represent the largest single cause of disability in the UK.

The cost to the economy is estimated at £105 billion a year – roughly the cost of the entire NHS.

# Mental Health: The Local Picture

## Why is this a priority for us?

- Women experiencing domestic abuse are more likely to experience a mental health problem, while women with mental health problems are more likely to be domestically abused, with 30-60% of women with a mental health problem having experienced domestic violence.
- Exposure to domestic violence has a significant impact on children's mental health and poorer educational outcomes and increases chances of engaging in risky behaviours (e.g. County Lines).
- There are a number of factors specific to rural areas such as demography, access to services, social exclusion and deprivation that contribute to stress, anxiety and depression; some rural occupations – including farming – have high suicide rates; and those that develop mental illness in rural areas are less likely to seek treatment compared to their urban counterparts.
- Within the lowest social economic class, 26% of women and 23% of men are at high risk of mental health problems.
- Older people living alone are 20% more at risk of developing mental health conditions than people living in the company of others.
- Men working in the Agricultural sector are 6 times more likely to commit suicide than the national average.
- Ex-military personnel are 6 times more likely to suffer poor mental health than the national average.

# The New Picture

- We will:** know our place and our people and use this to design predictive, preventative interventions
- We will:** understand our role in delivering targeted interventions in complex, high impact areas of vulnerability (e.g. Domestic Abuse and County Lines)
- We will:** lead on the provision of mobile service delivery, taking services to the places our vulnerable people need them most
- We will:** lead on the creation of a Districtwide network of Mental Health First Aiders and Community Champions providing front line capacity in high risk areas (e.g. Farmers, Victims of Domestic Abuse, Older People, the Armed Forces and with the Breckland YAB to address mental health in young people)
- We will:** continue to deliver the highly acclaimed Silver Social, helping to improve the lives of socially isolated and lonely older people across our District
- We will:** continue to fund TripStart, delivering a transport scheme to unemployed or economically inactive individuals in our District who face barriers to employment
- We will:** continue to support the delivery and development of Early Help collaborative working, helping to use shared resources earlier to prevent vulnerable people transitioning to crisis point

# County Lines: We Can

Action	How	Resourcing	Timescale
Prioritise a mapping exercise for Breckland to develop a clear data picture of the people and places most vulnerable.	Direct delivery	Prevention Team	Year 1
Establish data-sharing agreements and processes to ensure the data picture remains current and accessible.	Work with partners	Prevention Team	Year 1
Improve collaborative working opportunities, data sharing processes and staff awareness training in response to county lines.	Work with partners		Year 1
Work with key sectors of the night time economy (licensed premises / door staff / taxi drivers) to raise awareness of child sexual exploitation (CSE) and county line exploitation, modern slavery and trafficking.	Direct delivery	BTS/Licensing Team	Year 2
Work with hotels across the district to raise awareness of CSE and county line exploitation, modern slavery and trafficking.	Work with partners	BTS/Prevention Team	Year 2
Work with registered providers across the district to raise awareness of CSE and county line exploitation, modern slavery and trafficking.	Direct delivery	BTS	Year 2

# County Lines: We Can

Action	How	Resourcing	Timescale
Develop and sustain our network of CCTV cameras to be responsive to the activities associated with County Lines	Direct delivery	Prevention Team	Year 3
Support the early-help hub to respond quickly to those complex cases that cannot be prevented.	Work with partners	Prevention Team	Year 1
Have a flexible approach to housing solutions that is responsive to change when challenges occur.	Direct delivery	Housing Team	Year 2
Fund the local voluntary and community sector to provide diversionary activities for at risk groups.	Work with partners	Prevention Team	Year 2
Ensure the continued safeguarding of victims.	Work with partners	Safeguarding Officer	Year 1
Publicity campaign targeted at vulnerable and at risk groups.	Direct delivery	Communications Team	Year 2

# Domestic Abuse & Violence: We Can

Action	How	Resourcing	Timescale
Ensure that Domestic Abuse training is in line with legislation and delivered to all relevant officers.	Work with partners	Leeway/Daisy Programme	Year 1
Strengthen evidence and intelligence gathering and sharing to inform policy, practice and priorities for future action.	Direct delivery	Prevention Team	Year 1
Ensure there is access to refuge and effective community based support.	Direct delivery	Prevention Team/Housing Team	Year 1
Create a network of trained Mental Health First Aiders to support victims of Domestic Abuse across the District	Direct delivery/Work with partners	BTS/Prevention Team/Leeway/Daisy Programme	Year 2
Work in partnership with Domestic Abuse support agencies to ensure our services are tailored to meet the needs of victims	Work with partners	Prevention Team/Housing Team	Year 2
Ensure professionals in a range of settings are aware of local services available to families experiencing Domestic Abuse	Work with partners	Prevention Team/Housing Team/Leeway/Daisy Programme	Year 2
Improve the partnership response and action to perpetrators utilising national best practice, innovation and lessons learnt to address domestic abuse offenders' behaviours at all risk levels	Work with partners	Prevention Team/Housing Team/Leeway/Daisy Programme	Year 3

# Domestic Abuse & Violence: We Can

Action	How	Resourcing	Timescale
Continue to raise awareness of DA Disclosure Scheme/Clare's Law so that victims and their families may have heightened risk awareness	Direct delivery	Prevention Team/Housing Team/Communications Team	Year 2
Coordinate the development of services available to victims and children who are recovering from DA to raise awareness and prevent future victimisation	Work with partners	Prevention Team/Housing Team/Leeway/Daisy Programme	Year 2
Develop community programmes offering meaningful activities for those in recovery	Work with partners	Prevention Team/Housing Team/Leeway/Daisy Programme	Year 2
Support the early-help hub to respond quickly to those complex cases that cannot be prevented.	Direct delivery	Prevention Team/Housing Team	Year 1
Have a flexible approach to housing solutions that is responsive to change when challenges occur.	Direct delivery	Housing Team	Year 2
Fund the local voluntary and community sector (Daisy Programme) to provide diversionary activities for at risk groups.	Work with partners	Prevention Team	Year 1
Ensure the continued safeguarding of victims.	Work with partners	Safeguarding Officer	Year 1



# Social Isolation & Loneliness: We Can

Action	How	Resourcing	Timescale
Develop a mobile service delivery unit to take our services and our partners services to places residents need them	Work with partners	Prevention Team	Year 1
Continuation of the 'Silver Social' beyond 2020	Direct delivery	Prevention Team	Year 1
Develop an enhanced community connector model, aligned to the prevention approach to tackle vulnerability associated with isolation and loneliness	Work with partners	Prevention Team	Year 1
Develop options for sustaining and improving our Community Car Schemes and wider community transport	Work with partners	Prevention Team	Year 1
Develop training/awareness programmes with a focus on prevention, reducing stigma and promoting self-care	Direct delivery	BTS/Prevention Team	Year 2
Utilise existing community resources, including libraries and local businesses/traders to raise awareness, identify and respond to older people experiencing or who are at risk of experiencing social isolation and/or loneliness.	Work with partners	Prevention Team	Year 2
Increase targeting of older people to become volunteers	Work with partners	Prevention Team	Year 3
Ensure services are in place to support income maximisation of older people	Work with partners	Prevention Team	Year 2
Provide opportunities for older people to develop their technological skills where younger people can share with older people in order for them to remain	Work with partners	Prevention Team	Year 2

# Social Isolation & Loneliness: We Can

Action	How	Resourcing	Timescale
Work with Primary Care to consider support those at risk of developing social isolation and loneliness i.e. around life transitions and “triggers” such as when older drivers who have not had their driving license renewed	Work with partners	Prevention Team	Year 2
Develop links with local churches and faith groups to develop/promote local activity with those who are experiencing or are at risk of experiencing social isolation and/or loneliness	Work with partners	Prevention Team	Year 2
Promote social prescribing/referral to local activities as a means to preventing social isolation and loneliness around a life transition or “trigger point”	Work with partners	Prevention Team	Year 2
Investigate the potential to developing stronger partnerships and programmes between schools and care homes, including sheltered housing to provide opportunities for intergenerational connection in those who are chronically isolated and lonely	Work with partners	Prevention Team	Year 3
Data analysis to help us understand and support the most at-risk and vulnerable groups.	Work with partners	Prevention Team	Year 1

# Mental Health: We Can

Action	How	Resourcing	Timescale
Strengthen evidence and intelligence gathering and sharing to inform policy, practice and priorities for future action.	Direct delivery	Prevention Team	Year 1
Work with partners (LEEWAY, DAISY PROGRAMME, etc.) to increase the amount of MHFA trained people in the district working with survivors of domestic abuse	Work with partners	BTS/Leeway/Daisy Programme	Year 2
Work with the NSFT (Wellbeing Norfolk) to train (50) mental health 'Community Champions' from within Voluntary Sector Community (VSC) organisations operating within our most deprived areas.	Work with partners	Prevention Team/BTS/NSFT	Year 2
Work with NSFT (Wellbeing Norfolk) to recruit mental health 'Community Champions' in our target areas where we have high numbers of older people living in isolation, e.g. recruiting from Silver Social participation base as a legacy outcome of the project	Work with partners	Prevention Team/BTS/NSFT	Year 2
Work with the charity YANA to ensure that 15 of the 100 #yanaarmy MHFA trained agriculture workers they are looking to recruit through 2019/20 across Norfolk and Suffolk are Breckland based	Work with partners	Prevention Team/BTS/YANA	Year 1
Work with the Armed Forces Covenant and explore options for channelling access to support beyond this	Work with partners	Prevention Team/BTS	Year 1
Train Breckland Officers to be Train the Trainers to work with the VCS to increase the capacity to deal with early signs of Mental Health issues	Direct delivery	Prevention Team/BTS	Year 2

# Mental Health: We Can

Action	How	Resourcing	Timescale
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