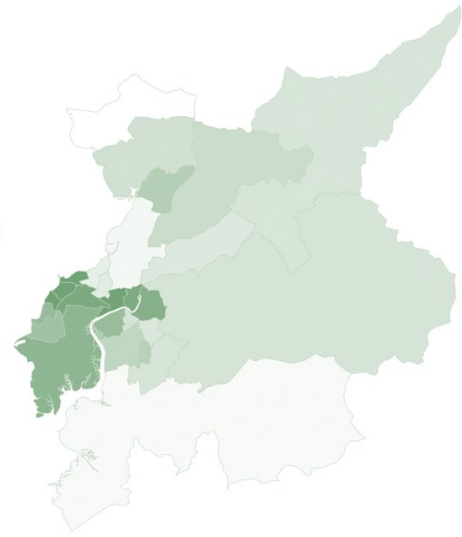




LANCASTER DISTRICT
COMMUNITY SAFETY PARTNERSHIP

LANCASTER 2018



STRATEGIC ASSESSMENT LOCAL PROFILE

Lancaster is the second largest Lancashire authority geographically. It covers 568 square kilometres and has 27 wards, following a recent boundary change. The number of people per square kilometre is well below the national average.

Most deprived wards of Lancaster (dark shading)

Lancaster ranked 125/326 in Index of Multiple Deprivation against all local authorities in England.

The health of people in Lancaster is varied, compared with the England average. About 17% of children (3,800) of children live in low income families. The life expectancy for both women and men is lower than the England average.

The city contains a university, a hospital and a prison.

Community Safety acknowledges that it is no one organisation's sole responsibility to deliver a reduction in crime and disorder and the fear of crime, but something which needs to be tackled collectively and in partnership with others.

Repeat offending: the local rate is 32%. This is higher than the Lancashire rate of 29%. Financial gain crimes (robbery and theft) are strongest at predicting future reoffending.

Repeat victimisation: the rate is 27%. The Lancashire rate is 21%. Victims are more likely to be targeted within 3 months of the initial offence.

Anti-social behaviour: local issues are nuisance, noise, mental health and problems with neighbours.

85% of local residents consider their local area to be safe.

The interdependency and interactions between factors affecting Community Safety



PARTNERSHIP
INTELLIGENCE

THREATS AND RISKS

A threat assessment undertaken by Lancashire Constabulary using **Management of Risk in Law Enforcement** (MORILE) methodology found these crime types were the **highest risk** across Lancashire.

- Terrorism
- Violence: domestic assault
- Hate: incidents and crime
- Collisions: Killed / Serious Injury
- Child abuse
- Domestic abuse
- Human trafficking
- Sexual: rape

HARM AND PUBLIC PERCEPTION

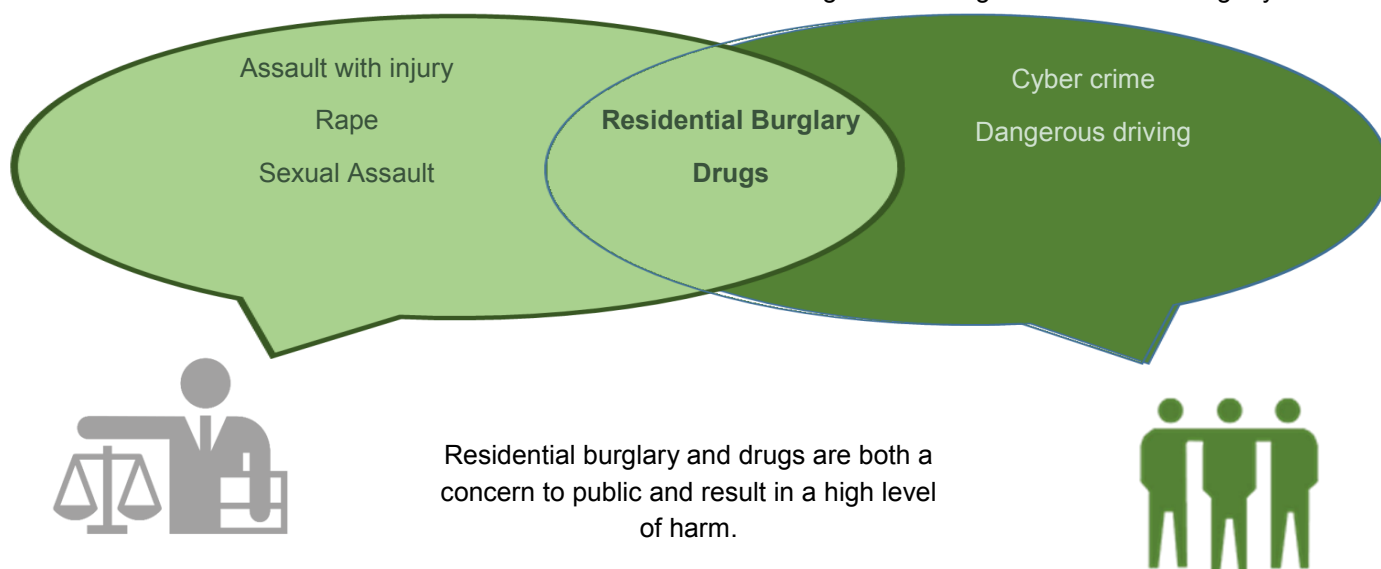
The **Office for National Statistics Crime severity tool** was used to calculate the level of harm of crime in Lancaster.

The crime groups with the highest harm were assault with injury, rape, residential burglary and sexual assault.

The **Living in Lancashire Survey** provided an indication of the community safety issues important to the public of Lancaster.

85% of residents consider their local area to be safe.

The areas of most concern were cyber crime, drugs, dangerous driving and residential burglary.



ROAD SAFETY

- 50% of public surveyed considered dangerous driving to be a problem.
- Three consecutive years of reductions in seriously-injured road casualties have been recorded across Lancaster (2015-2017).
- Although Lancaster recorded the largest number of seriously-injured pedal cyclist casualties out of the 14 Lancashire districts over the past five years, significant reductions have been made in 2016 and 2017.
- In line with the relatively 'young' population of the district, child casualties are above the Lancashire average, although there have been no child fatalities during the past five years.



VICTIMISATION

The **REPEAT VICTIMISATION** rate for Lancaster is 27%.

Violence against the person was the most commonly reported crime group in relation to repeat victimisation, followed by theft offences.

Domestic abuse accounted for 19% of repeat victimisation and **alcohol** related crime accounted for 16% of repeats.

Repeat victims were predominantly **white British** and the peak age group was between **20 and 24 years**, followed by 30 and 34 years.

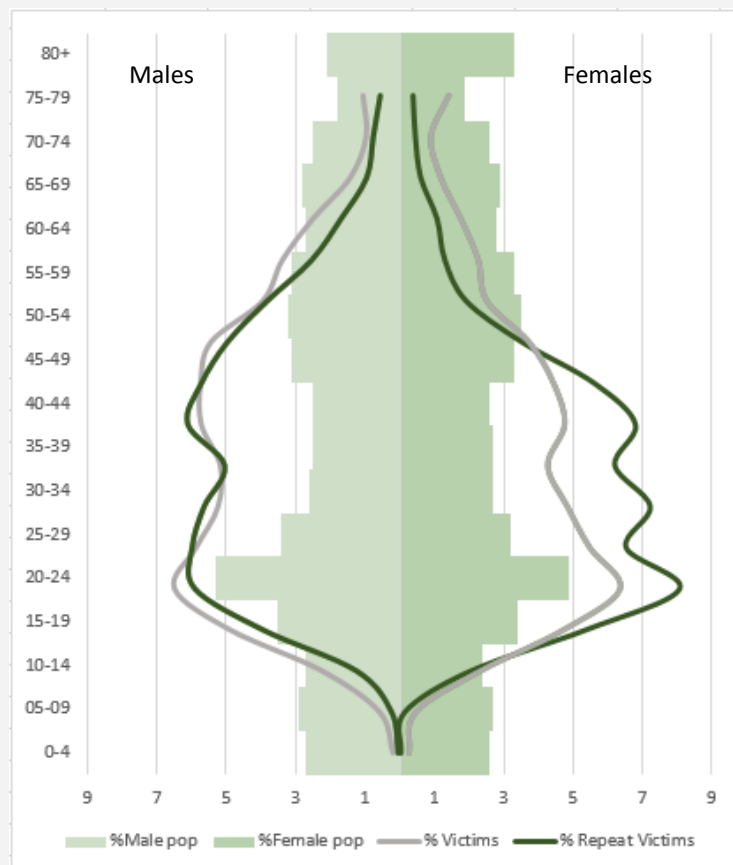
Females aged 20 to 24 years were over represented group of victims and were more likely to be a repeat victim.

There were slightly more **female** repeat victims.

Females were more likely to be a repeat victim of violent crime and **males** more likely to be a victim of theft offences.

The elderly were less likely to be a victim of crime and even less likely to be a repeat victim.

The chart highlights the percentage population of Lancaster by gender overlaid with the percentage repeat victim population in Lancaster and the percentage victim population in Lancaster.



DOMESTIC ABUSE

During a one year period, there were 979 domestic abuse victims recorded by police.

The life style of nearly half of all domestic abuse victims belong to two main groups (MOSAIC)

23% domestic abuse victims are from "Transient Renter" group

Age 20 - 30

Private renters

Low length of residence

Singles or Sharers

Older terraces



22% domestic abuse victims are from "Family Basics" group

Age 25 - 40

Families with children

Limited resources

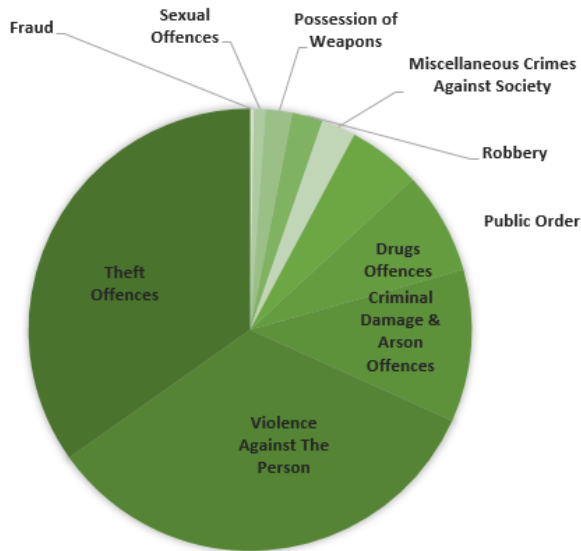
Fewer employment options

Some own low cost homes

Some rent from social landlords



REOFFENDING

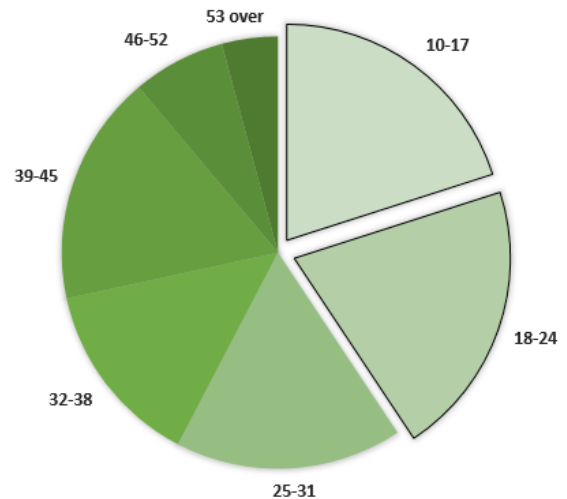


Last offence distribution of reoffenders

Peak crime types committed: shoplifting, assault with injury and assault without injury.

19% of reoffenders have been involved in a domestic related offence during the last 12 months.

67% of shoplifting offences committed by reoffenders were aged 32+.



Age distribution of reoffenders

Peak age groups for all were 18-24 years and 10 - 17 years. Peak age groups for females were 10-17 years and 39 - 45 years.

REPEAT REOFFENDER rate for Lancaster is **32%**. This is the highest rate in Lancashire.

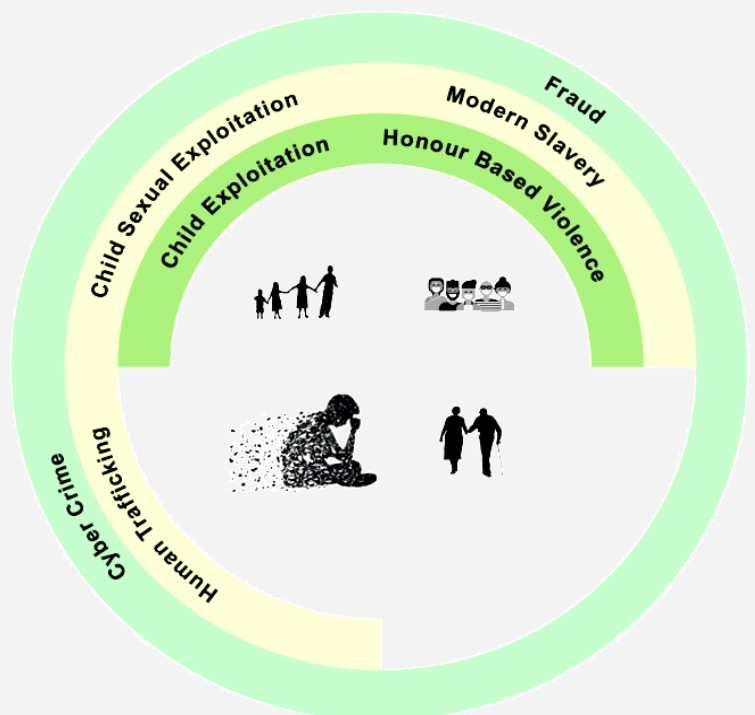
Reoffender gender split; 86% male, 14% female.

EXPLOITATION

- Over 45% of Lancaster respondents in a Lancashire survey were worried about being a victim of **online crime**.
- 55% of respondents felt **people using or dealing drugs** was a problem.
- The use of 'county line' telephone numbers are being used to deal drugs.
- Drug suppliers use vulnerable local nominals to deal drugs on their behalf.

Vulnerable groups include:

Young people and children, diverse communities, people with mental health issues and the elderly.



SUBSTANCE MISUSE



Alcohol was a factor in 33% of violence against the person crimes compared with 16% of all crime.

A quarter of all **domestic violence** offences were alcohol related.

A higher density of on and off licensed outlets is associated with **higher hospital admissions** for conditions wholly attributable to alcohol.

The relationship between alcohol licensed outlets density and hospital admissions is largely the same for men and women, though this appears more pronounced for older people. This appears to be **the same in deprived areas and affluent areas**.

Whilst the number (per 100,000) of **claimants of benefits** due to alcoholism has decreased in England the number is significantly greater in Lancaster and is increasing.



Drug dealing is the most common activity of **organised crime groups** in Lancaster.

The use of '**county line**' telephone numbers are used by groups from outside of Lancashire.

There are drug dealers from Manchester and Merseyside in the North of the county which brings threat of associated violence.

Cannabis grows are a continuing issue throughout the area.

There is an increase in demand to services from the number of reports of new psychoactive substances "**spice**".

Over half the individuals in treatment services are aged between 35 - 49 years.

The first choice of substance misuse in **young people** referred into partners is cannabis, then alcohol. There is an increase in young people taking cocaine (18-20 years).

ANTI-SOCIAL BEHAVIOUR

Almost half of **people surveyed** in Lancaster would report anti-social behaviour to the Local Authority and a further 36% would report the same to the police.

Anti-social behaviour is over represented in the same MOSAIC profile groups as Domestic abuse: "**Transient Renters**" living in low cost sub-divided older accommodation and aged 26-30 years.

Mental health is reported in nearly half of high risk anti-social behaviour cases, this is greater in cases between **direct neighbours**.

There is a significant correlation between **mental health** and lower tolerance to **noise**.

Alcohol and drugs and mental health are common factors relating to anti-social behaviour.

Youth related anti-social behaviour focuses on groups congregating, causing nuisance, being **rowdy and abusive** with smaller localised trends of dangerous behaviour incorporating **criminal damage** when items are thrown.

The percentage of hate crime reported in Lancaster is 8%, this was predominantly in the City Centre where diverse groups are most likely to come into contact with others.

The most common offending group of racist / religious crimes are **males aged 15 to 19 years**, whilst the most common victim group are males between 35-39 years.



VULNERABILITIES

The **elderly population (+65 years)** is expected to increase by 3% over the next three years, the elderly are vulnerable to domestic abuse, fraud, scams, health related injury and missing episodes and anti-social behaviour.

There is an increase in demand for mental health services as well as combined services for those affected by mental health and substance misuse.

An increase in demand for domestic abuse services together with recent reductions and changes in services reveals a need to overhaul the current service provision for adults, young people and children.

Health and deprivation are determining and interlinking factors in community safety.

The health of people in Lancaster is varied compared with the England average. Approximately 17% (3,000) of children live in low income families.

Crime and anti-social behaviour is more prevalent in deprived areas.

A large proportion of health indicators including life expectancy are significantly worse in Lancaster than the England average.

The **young (0-15 years) population** is expected to increase by 3% over the next 3 years.

Young people are vulnerable to criminal exploitation especially violent crimes involving knives, drugs, and sexual assault.

There is an increase in malicious communication and sexualised behaviour on cyber technologies criminalising young people.

Mental health problems in England affect 1 in 10 children (depression, anxiety, conduct disorder, self harm) and link to substance misuse.

The number of alcohol specific hospital stays for under 18s is much higher than the national average.

A lack of appropriate facilities and services for children and young people to thrive is highlighted by the partnership.



PROCESS

This profile forms part of the output of the 2018 Pan-Lancashire Strategic Assessment – it is accompanied by 13 other profiles covering the Lancashire district authorities and unitary authorities, along with a strategic overview at a pan-Lancashire level. Here you will find more detailed references.

Analysis in this profile is underpinned by the strategic threat matrix, developed on a Lancashire wide footprint and highlighting key threats at a local level. Existing Partnership Intelligence Assessments and local analytical products have been used to provide supporting evidence; additional research and analysis has been conducted where necessary.

Consultation with local stakeholders has taken place through the Pan-Lancashire Strategic Assessment Stakeholder Conference (April 2018) and local area Consultation Workshops (May 2018).

The date parameters for analysis within this profile (unless otherwise stated) is the last 3 year period. Author: Hannah Cartmell, Lancashire Community Safety Partnership Analyst team.

For any queries relating to the information and analysis contained within, or underpinning, this profile please contact the **CSP analyst team using the e-mail address:**

CSPAnalysis@lancashire.pnn.police.uk