

## Crime

### Introduction

According to Public Health England, 'Violence and crime have major impacts on health and well-being, affecting victims, witnesses, their families and wider communities'<sup>1</sup>. Norfolk remains a very safe place, the 2013 UK Peace Index named Broadland as the 'most peaceful area' in England and Wales. However, the risk of violence and crime is not uniform across all parts of the county or across all demographic types.

Within the English Indices of Deprivation, the Crime domain for Norfolk is within the lowest 7% of all upper tier local authorities, with the key indicators for this domain covering violence, burglary, theft and criminal damage<sup>2</sup>, the aim is to measure the risk of personal and material victimisation at local level<sup>3</sup>

This briefing explores the relevance of violence and crime to health and well-being, levels of and trends in violence and crime in Norfolk along with geographic and demographic variations, existing local and national policies as well as the opportunities for health agencies to help reduce violence and crime.

### Summary

- Violence and crime affect health and well-being through injuries and long-term trauma sustained by individuals, and through fear of crime created in communities. In turn health and well-being can influence violence and crime.
- Norfolk as a whole has comparatively low levels of violence and crime. Rates are highest in Norwich and lowest in Broadland and Males are most likely to become victims of violent crime, and 16-24 year-olds are most at risk.
- Hospital admissions for violence have been falling at a regular rate and are substantially below both the Regional and England levels. Health agencies can help to reduce violence, for example violence in the night-time economy and tackling substance misuse.
- Re-offending rates in Norfolk have remained constant though they are slightly above the England average.

### Headlines

Norfolk has a lower level of police recorded crime than most other police force areas in England and Wales according to Her Majesty's Inspectorate of Constabulary (HMIC)<sup>4</sup>. Figures 1 and 2 below outline Norfolk's situation in the 12 months to December 2014. For all recorded crime, Norfolk ranks 12<sup>th</sup> out of 43 local police force areas, (49.32 crimes per 1,000 population compared to an average of 61.42 for England and Wales). For victim-based crime only<sup>5</sup>, Norfolk ranks 8<sup>th</sup> out of 43 local authorities, (42.00 crimes per 1,000 population compared to an average of 54.56 for England and Wales).

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<sup>1</sup> <http://www.apho.org.uk/resource/view.aspx?RID=78565>.

<sup>2</sup> [The English Indices of Deprivation 2015 – A county summary, LSOA analysis and comparison of change](http://www.norfolkinsight.org.uk/wp-content/uploads/2018/09/JSNA_PHOF_Summary_Deprivation_2015_v2.pdf) [http://www.norfolkinsight.org.uk/wp-content/uploads/2018/09/JSNA\\_PHOF\\_Summary\\_Deprivation\\_2015\\_v2.pdf](http://www.norfolkinsight.org.uk/wp-content/uploads/2018/09/JSNA_PHOF_Summary_Deprivation_2015_v2.pdf)

<sup>3</sup> Department for Communities and Local Government (2015) – The English Indices of Deprivation 2015 - <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015> (Accessed 25<sup>th</sup> October 2016)

<sup>4</sup> Her Majesty's Inspectorate of Constabulary (HMIC) – Crime and Policing Comparator - <http://www.justiceinspectors.gov.uk/hmic/crime-and-policing-comparator/> (Accessed 25<sup>th</sup> October 2016)

<sup>5</sup> Victim-based crime means police-recorded crimes that have a direct victim, either an individual or an organisation.



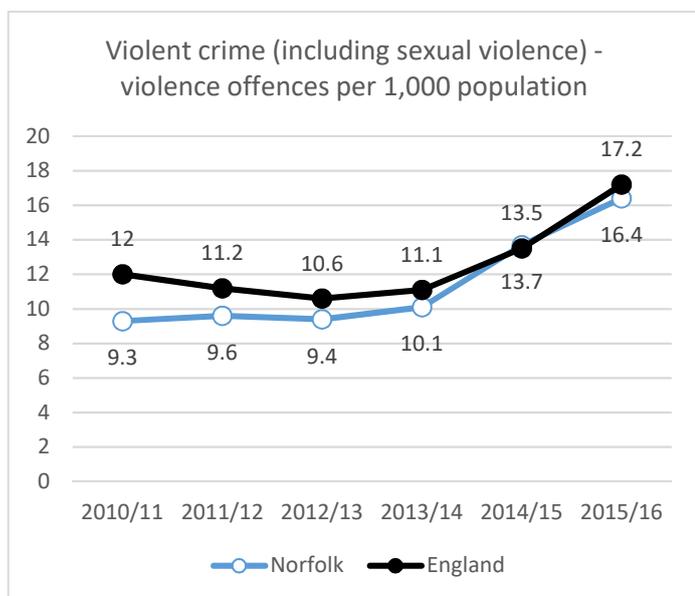


Figure 3 - Violent crime (including sexual violence) violent offences per 1,000 population – Public Health England

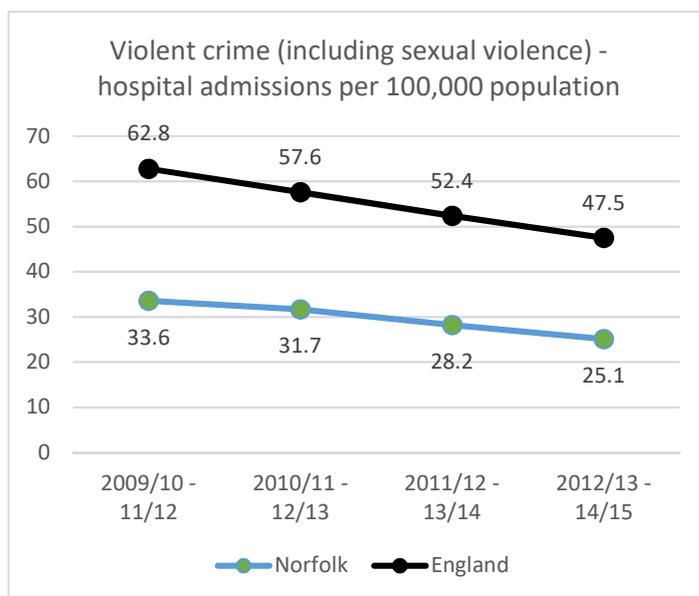


Figure 4 – Violent crime (including sexual violence) – hospital admissions for violence – Public Health England

Hospital admissions for violence (not all of which will be reported to police) offer an alternative means of measuring trends in more serious violence. In Norfolk, as can be seen in figure 4 above, hospital admissions due to violence fell continuously between 2009/10-11/12 and 2012/13-14/15, when there were 25.1 admissions per 100,000 people. This was lower than the National level (47.5), which also fell continuously over the same period (Rates are calculated on 3 year pooled admissions and ONS Mid-year population estimates).

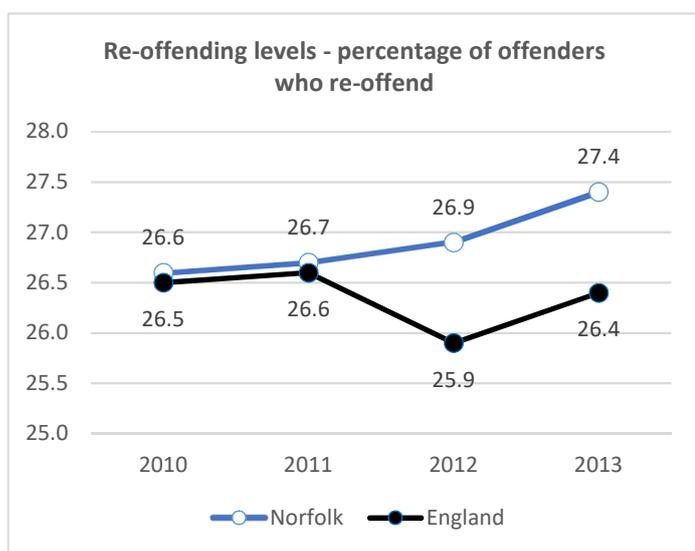


Figure 5 - Re-offending levels – percentage of offenders who re-offend – Public Health England

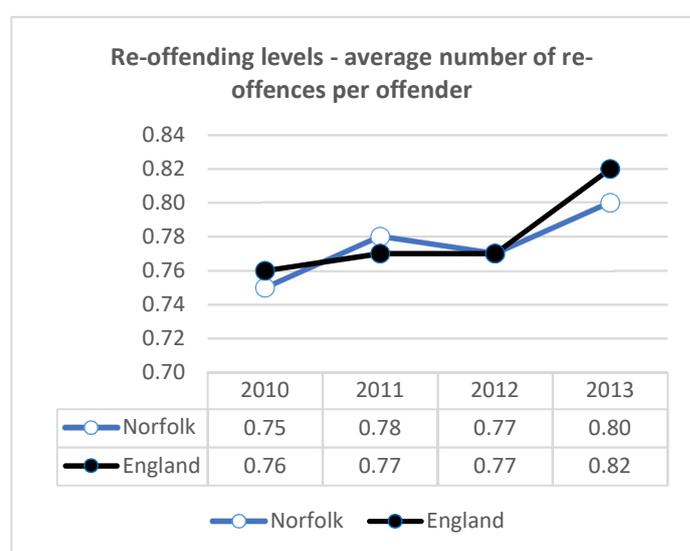


Figure 6 – Re-Offending levels – average number of re-offences per offender – Public Health England

Between 2010 and 2013 both the percentage of offenders re-offending and the average number of re-offences per offender in Norfolk (figures 5 and 6) have remained stable. In 2013, 27.4% of offenders re-offended, just above the national level of 26.4% and the East of England level of 24.9%. In the same year, the average number of re-offences per offender was 0.8, just below the national level of 0.82 and just above the East of England level of 0.76<sup>8</sup>.

<sup>8</sup> Public Health England - <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/gid/1000041/pat/6/par/E12000006/ati/102/are/E10000020/iid/11302/age/1/sex/4> - Accessed 25<sup>th</sup> October 2016

## Influences on Health and Wellbeing

Victims of violence with injury suffer an immediate impact to their physical health, as well as victims of other types of crime may also suffer longer-term health consequences such as mental health problems. Crime, particularly violent crime, creates substantial costs for the victim, for public services and for the wider community. For example, hospital resources may be required to treat the victim both immediately after any incident and in the future. Multiple studies, across nations, age ranges and wealth levels have attempted to monetarise these costs, for example the Department for Transport in 2015 estimated the loss of life through road casualty to be £1.78m<sup>9</sup>, whilst Cohen et al (2004)<sup>10</sup> and Viscusi and Aldy (2003)<sup>11</sup> both attempted to represent the social costs of crime by adopting a willingness to pay approach.

A key influence on wellbeing is the fear of crime. The Office of National Statistics measures National Wellbeing through a wide range of indicators including Mental Health. Lorenc et al (2012)<sup>12</sup> links fear of crime and mental health status with anxiety, potentially limiting an individual's physical activity and levels of social engagement.

The Department of Health (2014)<sup>13</sup> has released information outlining why wellbeing is relevant to health policy. This outlines the strong negative relationship between violent crime in an area and residents' wellbeing. Furthermore, it highlights disadvantaged neighbourhoods where residents lack access to safe parks and thus are less likely to participate in physical activities than residents in more affluent neighbourhoods.

In turn, health and well-being can influence violence and crime. The Modern Crime Prevention Strategy (March 2016)<sup>14</sup> highlights six drivers of crime, some of which are health-related; Opportunity, Character, Effectiveness of Justice System, Profit, Drugs and Alcohol.

Offenders in prisons, exhibit a wide range of problems and issues for example; family situations, unemployment, mental health issues and substance misuse problems. Existing services are aimed at attempting to tackle these issues, especially substance misuse, within prisons with the hope of reducing re-offending on release back into the community.

## Social, environmental, population context

Norfolk as a whole continues to have one of the lowest crime rates in England. The Norfolk average is just over 14 crimes per 1,000 population in the three month period Jul-Sept 2015. There are variations among Local Authority Districts however from about 25 in Norwich to just over 8 in Broadland.

Lorenc et al (2012)<sup>15</sup> identified social factors (including social inequalities and interpersonal networks, along with neighbourhood and community factors) and the built environment (including all factors relating to the physical environment primarily formed through the actions of humans) as having an influence upon levels of wellbeing through crime. More widely recognised influences upon levels of crime include; deprivation (Barrington et al 2014)<sup>16</sup>, inequality (Kelly 2000)<sup>17</sup>, and income (Rufancos et al 2013)<sup>18</sup>.

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<sup>9</sup> Reported road casualties Great Britain, annual report 2015

<sup>10</sup> Cohen. M.A, Rust. R.T, Steen. S, Tidd. S.T (2004) - Willingness-to-pay for crime control programs. *Criminology*. 2004;42:89–109.

<sup>11</sup> Viscusi. W.K, Aldy. J. E (2003) - The value of a statistical life: a critical review of market estimates throughout the world. *J Risk Uncertain*. 2003;27:5–76.

<sup>12</sup> Lorenc. T, Clayton. S, Neary. D, Whitehead. M, Petticrew. M, Thomson. H, Cummins. S, Sowden. A, Renton. A (2012) – Crime, fear of crime, environment, and mental health and wellbeing: Mapping review of theories and causal pathways. *Elsevier Volume 18, Issue 4, July 2012, Pages 757–765*.

<sup>13</sup> Department of Health (2014) – Wellbeing and why it matters to health policy

<sup>14</sup> Modern Crime Prevention Strategy (March 2016) - <https://www.gov.uk/government/publications/modern-crime-prevention-strategy>. Accessed 25<sup>th</sup> October 2016.

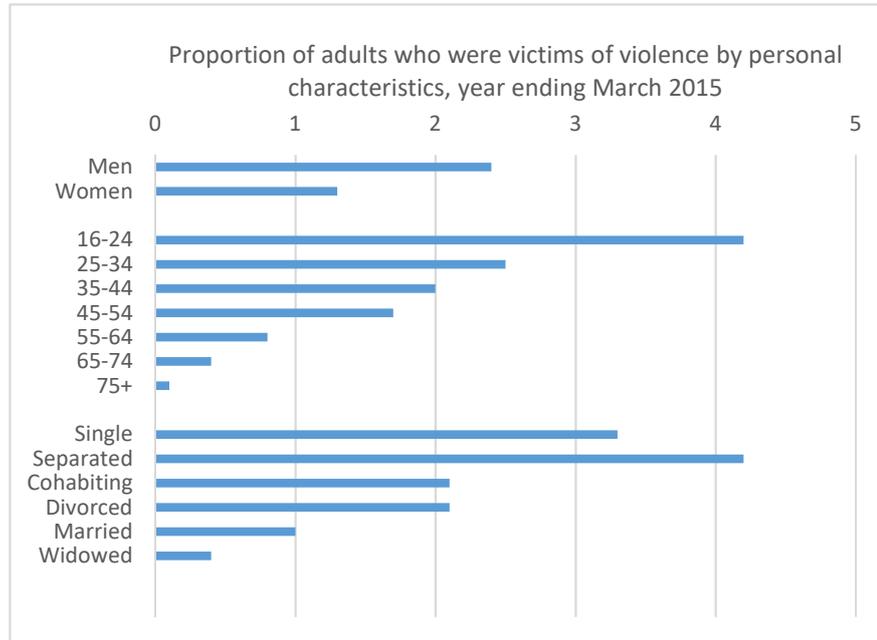
<sup>15</sup> Lorenc. T, Clayton. S, Neary. D, Whitehead. M, Petticrew. M, Thomson. H, Cummins. S, Sowden. A, Renton. A (2012) – Crime, fear of crime, environment, and mental health and wellbeing: Mapping review of theories and causal pathways. *Elsevier Volume 18, Issue 4, July 2012, Pages 757–765*.

<sup>16</sup> Barrington. W.E, Stafford. M, Hamer. M, Beresford. S. A. A, Koepsell. T, Steptoe. A (2014) – Socioeconomic deprivation, perceived neighbourhood factors, and cortisol responses to induced stress among healthy adults. *US National Library of Medicine National Institutes of Health*. 2014 May; 27: 120-126.

<sup>17</sup> Kelly. M (2000) – Inequality and Crime. *MIT Press Journals Vol 82, No.4 pages 530-539*

<sup>18</sup> Rufancos. H. G, Power. M, Pickett. K.E, Wilkinson. R (2013) – Income Inequality and Crime: A Review and Explanation of the Time – Series Evidence. *Sociology and Criminology – Open Access*.

For individuals, age and gender can have a strong bearing on the risk of victimisation. *Focus on Violent Crime and Sexual Offences: Year ending March 2015*<sup>19</sup>, a compendium published by the Office for National Statistics, reports that, according to the Crime Survey for England and Wales, men were more likely to have been a victim of violence in the period than women (2.4% versus 1.3%), and that adults aged 16 to 24 were more likely to have been a victim of violence than adults of any other age group. Figure 7 below illustrates the findings.



*Focus on Violent Crime and Sexual Offences: Year ending March 2015* also reports that, according to the Home Office Homicide Index, 64% of homicide victims in the period were male. On the other hand, according to the self-completion module of the Crime Survey for England and Wales, which is asked of adults aged 16-59, women are more likely to be the victim of domestic abuse with 8.2% of women having experienced some form during the past year (4.0% of males had experience during this period).

Figure 7 – Characteristics associated with being a victim of violence, year ending March 2015  
Crime Survey for England and Wales

## Current services, local plans and strategies

Public health services have an important role to play in tackling violence. Directors of Public Health are tasked with looking widely at issues including; crime reduction, violence prevention, responses to violence and reducing levels of reoffending, which can also prevent health inequalities. With the implementation of the Health and Social Care Bill, Directors of Public Health in local authorities have become responsible for the public health aspects of the promotion of community safety, violence prevention, responses to violence, and local initiatives to tackle social exclusion. These statutory changes took place on 1st April 2013.

Norfolk's Police and Crime Commissioner (PCC) uses the Police and Crime Plan for Norfolk to set the overall direction for tackling crime and disorder in the county. A new plan for 2016-2020 is currently in draft<sup>20</sup> following an 8 week consultation with the Chief Constable and people of Norfolk. The draft includes seven strategic aims; Increase visible policing, support rural communities, improve road safety, prevent offending and rehabilitate offenders, support victims and reduce vulnerability, deliver a modern and innovative service and good stewardship of PCC finances.

Partners work together to tackle crime and disorder through Norfolk's County Community Safety Partnership (NCCSP). This is a statutory partnership and is required to determine priorities for joint working. These are reflected in the NCCSP Plan 2015/18<sup>21</sup>, and focus on: domestic abuse & sexual violence; anti-social behaviour; preventing radicalisation & extremism; and improving community resilience. The NCCSP and PCC cooperate and take account of each other's priorities.

Norfolk Constabulary works with health partners in Norfolk, including Public Health and Type 1 hospital emergency departments, to reduce alcohol-related violence in the night-time economy. One main focus of joint working is information sharing to tackle violence, which, as highlighted in the Government's Modern Crime Prevention Strategy, helps to drive preventative action.

<sup>19</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015>

<sup>20</sup><http://www.norfolk-pcc.gov.uk/what-we-do/police-crime-plan/>

<sup>21</sup><https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/crime-and-disorder-partnerships/community-safety-partnership>

## Voice – the perspective from the public, service users, referrers and front line staff

Safer Neighbourhood Teams<sup>22</sup> offer opportunities for local people and partners to work together to identify and deal with concerns in their neighbourhood.

Norfolk County Council consultation hub<sup>23</sup> gives an opportunity to take part in public consultations on current issues of concern for the County Council. This also publishes all consultations undertaken previously. Review of Enforcement Policy was undertaken in December and January of 2012/13.<sup>24</sup>

Your Voice<sup>25</sup> also offers an opportunity to have your say on local issues and take part in focus groups, surveys, mystery shopping, volunteering and helping to design and commission services.

The Office of the Police and Crime commissioner for Norfolk have undertaken and publish consultations<sup>26</sup> including Have your say on Norfolk's new draft Rural Policing Strategy and Have your say on what Norfolk's crime and policing priorities should be and help shape your PCC's Police and Crime Plan 2016-2020.

In 2015, University of Suffolk carried out a community safety survey across Norfolk and Suffolk on behalf of Norfolk and Suffolk Constabularies. Due to sample size, it is not possible to report in detail on findings for Norfolk specifically. In general, respondents had few concerns about the effect of anti-social behaviour and crime on their quality of life. Many respondents, however, said they had been a victim of harassment or a physical assault. Issues rated as either serious or worrisome included a lack of facilities for young people, dog fouling, dangerous traffic, drug use, vehicle crime and cyber-crime.

## Considerations for HWB and commissioner

Policies aimed at tackling the root causes of crime from a health perspective should be taken into consideration, for example the drugs and alcohol aspects of The Modern Crime Prevention Strategy (March 2016).

## References and information

Norfolk Constabulary - <https://www.norfolk.police.uk/> - accessed 04/11/2016

Office of the Police & Crime Commissioner for Norfolk - <http://www.norfolk-pcc.gov.uk/> - accessed 04/11/2016

Public Health England – Public Health Outcomes Framework - <http://www.phoutcomes.info/> - accessed 04/11/2016

## Author and key contacts

Guy Owen – [guy.owen@norfolk.gov.uk](mailto:guy.owen@norfolk.gov.uk)

Anne-Louise Ollett – [anne-louise.ollett@norfolk.gov.uk](mailto:anne-louise.ollett@norfolk.gov.uk)

With contributions from Joint Performance and Analysis Department, Norfolk and Suffolk Constabularies

Online feedback:

Send us your query or feedback online using our online feedback form at <http://www.norfolkinsight.org.uk/feedback>

Email: [JSNA@norfolk.gov.uk](mailto:JSNA@norfolk.gov.uk)

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17<sup>th</sup> January 2017

<sup>22</sup> <https://www.norfolk.police.uk/your-area>

<sup>23</sup> <https://norfolk.citizenspace.com/>

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[https://norfolk.citizenspace.com/consultation\\_finder/?sort\\_on=iconsultable\\_modifieddate&sort\\_order=descending&advanced=1&tx=&pc=&st=&au=&in=Crime+and+community+safety+&de=&ar](https://norfolk.citizenspace.com/consultation_finder/?sort_on=iconsultable_modifieddate&sort_order=descending&advanced=1&tx=&pc=&st=&au=&in=Crime+and+community+safety+&de=&ar)

<sup>25</sup> <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/have-your-say/your-voice>

<sup>26</sup> <http://www.norfolk-pcc.gov.uk/what-we-do/community-involvement/have-your-say/>