

Describing and assessing interventions to address anti-social behaviour

Key findings from a study of ASB practice

Alan Clarke, Kate Williams and Sarah Wydall (Department of Law and Criminology, Aberystwyth University)
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This report explores how interventions for anti-social behaviour (ASB) are used in some local areas and the nature of the ASB. It pulls together two strands of work: a quantitative strand using data from local areas to look at Crime and Disorder Reduction Partnerships' (CDRPs)¹ use of ASB interventions and a qualitative investigation of the context in which ASB interventions are made, focusing on persistent adult perpetrators.

The study has provided information about those who receive interventions for ASB and what interventions were received. The findings are in line with other research, for example about half of those receiving interventions in the study areas were young people aged under 18 and most interventions were lower level with few people getting more than one intervention in the study period. The detailed consideration of cases of persistent ASB by adults highlights the complex needs of many of the perpetrators and the challenges faced by practitioners in dealing with these types of ASB.

¹ CDRPs have been renamed Community Safety Partnerships (CSPs) since the research was carried out.

Both the quantitative and qualitative aspects of the research raise issues for practitioners in effectively dealing with ASB.

- Current ASB data-collection practice does not tend to generate the kinds of data-sets which can underpin robust assessments of the effectiveness of ASB interventions, although there are practical steps which could be taken to help move ASB practice in a more focused (and perhaps cost-effective) direction.
- Data management systems were often not designed to enable easy access to information by multi-agency groups involved in ASB work. This could lead to delays in the decision-making process and duplication of service provision.
- Data sharing was one of the most contentious aspects of ASB practice. Not only were practitioners uncertain about both informed consent and the requirements of the Data Protection Act but also many commented on the reluctance of some partner agencies to share information.

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Keywords

Anti-social behaviour

Disorder

Intervention

Community Safety Partnerships

Adult perpetrators

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- Practitioners were aware that a balanced response, incorporating elements of both enforcement and prevention, was essential, especially for perpetrators with complex needs. High-end interventions were more likely to succeed where they were combined with support services aimed at addressing the underlying causes of ASB. However, practitioners commented that lack of support services meant that many adult perpetrators experienced 'enforcement without support'.
- While local partnerships may adopt control, rehabilitative, restorative or other ideologies in their work, what they actually deliver may not always reflect the prevailing ideology, especially where access to specific services is limited.
- A strong emphasis on the front line in ASB work was seen as essential. ASB managers and co-ordinators recognised that many front-line workers (i.e. paid and voluntary workers working directly with service users in the community) would benefit from more effective training on the principles and practices of evidence gathering, building case files, steering applications through the legal process and supporting victims and witnesses.
- Practitioners were concerned that the needs of victims and witnesses should be addressed, particularly where vulnerable adults are concerned. More effective ways of eliciting the views and concerns of the most vulnerable individuals and groups in the community, who may be victims of ASB, need to be explored. This is particularly important in areas where members of the community are afraid to report ASB for fear of retaliation and/or need support throughout the court process when acting as witnesses.
- Practitioners felt that investment in permanent staff contracts would enable ASB managers to build trust in the local community and between partner agencies, develop inter-agency rapport and facilitate more effective long-term planning at both strategic and front-line levels.

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The term anti-social behaviour (ASB) covers acts of nuisance, disorder and crime. It includes such things as graffiti and noisy neighbours through to harassment and intimidation. All types of ASB can have an impact on the lives of victims and communities, particularly when repetitive or persistent.

This report explores how interventions for ASB are used in some local areas and the nature of the ASB. It pulls together two strands of work: a quantitative strand using data from local areas to look at Crime and Disorder Reduction Partnerships' (CDRPs) use of ASB interventions and a qualitative investigation of the context in which ASB interventions are made, focusing on persistent adult perpetrators.

The original aim of the quantitative strand was to build on previous work and to address some of the gaps in knowledge about the effectiveness of interventions, looking at ASB incidents, interventions and outcomes over time in local areas. Limitations in the range and quality of available data meant that this aim could not be met. However, the findings provide a useful supplement to previous research and the work undertaken to access the data in the local areas provided an opportunity to look at issues with ASB data-collection practice and identified a number of weaknesses in the systems used.

The qualitative strand focused on the context of ASB committed by adults, looking at those who were some of the most persistent perpetrators, and exploring through interviews and a sample of individual case studies the nature of the ASB and how practitioners use a range of interventions to address ASB.

Key findings

ASB interventions, perpetrators and incidents

In the quantitative study, data for the previous two to five years were collected from ten CDRPs. The sample consisted of 4,307 ASB interventions for 3,382 individuals. The areas were not selected randomly, but were broadly representative of CDRP areas nationally. The fieldwork was conducted between January and December 2009.

- The most common interventions were warning letters (44% of interventions) and Acceptable Behaviour Contracts (ABCs) (22%). The more punitive interventions were less common with only nine per cent of interventions being Anti-Social Behaviour Orders (ASBO) or ASBOs on conviction (CRASBO). Generally speaking, young people (under 18s) were more likely to receive lower-end interventions like warning letters and ABCs, while adult perpetrators were more likely to receive ASBOs or CRASBOs.
- The vast majority of ASB perpetrators (83%) received only one intervention within the time frame covered by the study with very few having four or more (1%). Because of limitations with the data we can not say whether receiving only one intervention was due to a change in an individual's behaviour.
- How ASB was categorised varied considerably across areas; the most common behaviour was a generic disorder category which included incidents such as noise, disorder, trespass and loitering.
- Just over half (55%) of perpetrators in the sample were under 18 and nearly three-quarters were aged 25 or younger. Nearly two-thirds of perpetrators (63%) were male.

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- The gender split varied by type of intervention; similar percentages of males and females received housing-related interventions (49% and 51% respectively) and warnings (53% and 47%) whilst 85 per cent per cent of those who received ASBO/CRASBOs were male.

Data issues

Some of the most important findings from this part of the study were concerned with issues of data collection and data sharing in local areas. The management of ASB falls to a number of different agencies including the police, housing, and local authorities. The way in which CDRPs collect and store data concerning ASB and interventions varied widely across the areas. Most areas had some form of computerisation of records, with some areas having bespoke systems which allowed data sharing between partners; in other areas individual partners maintained separate databases. Some areas, however, did not have computerised records but hard copies of documents held in filing cabinets or practitioners relied on personal knowledge.

There was often no consistency within CDRPs in what data were collected. This sometimes resulted in key information on the incident (such as the type of behaviour or the date) and on the perpetrator (for example age, breach details and perpetrator's needs) being missing. Although some areas felt their systems were fit for purpose, other areas expressed concerns over the impact the data collection had on their ability to case manage ASB perpetrators. This was exacerbated in a number of areas by reluctance on the part of some partners to share information, which practitioners felt narrowed the scope for effective ASB practice. Poor data on outcomes as well as details of the perpetrator and the incident also limited any assessment of the effectiveness of ASB interventions, including attempts by this study to do so.

The report makes a number of recommendations for data collection in local areas. Including improving access and data sharing across agencies and standardising record keeping.

Nature, type and context of adult ASB

This strand explored, through interviews with ASB practitioners in 24 areas, their perceptions of the type, nature and context of ASB committed by adults. The researchers also looked in four areas at 33 case studies of adults displaying persistent ASB. The findings highlight the complex needs of many of the perpetrators and the challenges local ASB teams face when using ASB tools and powers.

Types of ASB

Two categories of adult ASB were identified. The first category was labelled 'transitional' ASB: practitioners felt that this ASB could arise when an individual encountered difficulties in adapting to life changes. These can include life course, geographical, institution to community and status transitions, with some individuals experiencing more than one type of transition at any one time. Practitioners tended to focus on the experiences and circumstances of individuals when describing transitional ASB, acknowledging the complexity of the issues and that ASB often needed to be understood in a wider socio-economic context.

The second category of 'entrenched' behaviour – refers to when a particular group, often members of the same family, in a specific locality, displays long-term, well-established behaviours that serve to instil a degree of fear in the surrounding community. Families who exhibited entrenched ASB often had complex needs including at least one member having mental health issues, living in an area of economic and social deprivation, experiencing multi-generational unemployment and having limited life skills and difficulties interacting with people from outside the family.

The authors also found that different behaviours and perpetrators were associated with different settings.

- Residential areas were more likely to have disputes between neighbours, threatening and abusive behaviour towards local retailers and problems caused by adults who had been displaced from central areas as a condition of an ASBO.
- Commercial areas saw rough sleepers, local day migrants, day trippers and night-time revellers as the main perpetrators of ASB.

Use and delivery of interventions

Many cases of adult ASB were linked to neighbour disputes that occurred across all types of housing tenure. Overall, the research findings suggest that housing landlords are generally in a good position to respond to ASB. However, there are clearly limited options available to address ASB in owner-occupied properties and practitioners found these neighbour disputes often became far more protracted.

Practitioners claimed that higher-end interventions, such as ASBOs, were particularly effective in dealing with problematic street behaviour in urban centres, although this could lead to displacement of the people and the problem to other areas. Practitioners also placed a heavy emphasis on a prevention-led approach by, for example, deterring rough sleepers from city centre areas by making the environment less conducive.

Practitioners considered the effectiveness of interventions with perpetrators were influenced by a range of factors including:

- the successful identification of the cause(s) of the ASB through intensive front-line work and appropriate information sharing by agencies;
- the nature and type of personality of the perpetrator, their motivation to change and the quality of the relationship established between the perpetrator and the practitioner;
- the effectiveness of inter-agency working and multi-agency policy and practice;
- the availability of appropriate local support services to tackle the issues underlying the behaviour and a commitment by those services to feed into the process.

Practitioners were aware that a balanced response, incorporating elements of both enforcement and prevention, was essential to deal with the ASB, especially for perpetrators with complex needs. However, practitioners commented that the limited availability of support services meant that many adult perpetrators experienced 'enforcement without support'.

Developing and maintaining a strong front-line emphasis in ASB work was seen as essential. ASB managers and co-ordinators recognised that many front-line workers would benefit from more effective training covering the principles and practices of evidence gathering, building case files, steering applications through legal processes and supporting victims and witnesses to ensure successful resolution.

Practitioners also felt that more needs to be done to address the needs of victims and witnesses, particularly where vulnerable adults are concerned. More effective ways of eliciting the views and concerns of the most vulnerable individuals and groups in the community, who may be victims of ASB and may be afraid to report ASB for fears of retaliation, need to be explored as practitioners felt these groups were most likely to be under-represented in public consultation meetings.

Conclusions

- Whilst this study was unable to fully explore the effectiveness of interventions to address anti-social behaviour, there is some evidence that the great majority of individuals responsible for incidents of ASB receive just one intervention.
- Good data management and data sharing is essential to strengthen service provision and feed into local thinking about effectiveness and value for money.
- Practitioners report the key to successful interventions is to incorporate elements of both enforcement and prevention, especially for perpetrators with complex needs.
- More work needs to be done to ensure the needs of victims and witnesses are adequately identified and addressed to ensure they continue to work with practitioners to secure a successful outcome to their complaint.

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I Introduction

Background

Politicians, practitioners and the public have over the last 15 years paid increasing attention to 'anti-social behaviour' (ASB). Although there is no direct measure of ASB available, some observers question whether ASB has increased (Housing Corporation, 2007). There has nevertheless been a raft of legislative and policy initiatives providing new powers and tools for addressing ASB (Burney, 2009). With housing playing a central role in the local governance of ASB (Flint and Nixon, 2006); social landlords and housing professionals have powers to regulate the conduct of tenants (Burney, 2005; Flint and Pawson, 2009; Tenant Services Authority, 2010). But despite moves to control ASB, the concept is not precisely defined. Under the Crime and Disorder Act 1998 ASB is acting 'in a manner that caused or was likely to cause harassment, alarm or distress...'² This can be interpreted in many ways and has a focus on the victims' experiences 'rather than focusing on the behaviour of the perpetrators' (Home Office, 2005). Absence of a concise and comprehensive definition means that areas develop their own definitions informed by partner agencies and members of the local community (Armitage, 2002).

ASB assumes acceptance of basic common values and standards of behaviour, which can alter according to context and place (Millie, 2008). Behaviour falling below the 'accepted' local standards should be controlled to prevent damage to social cohesion from repetitive or persistent minor nuisances. The concept has been readily embraced by a public increasingly concerned about safety and well-being. However, focusing on ASB is criticised for producing both a hardening of enforcement, coupled with a blurring of the

boundaries between care and control (Brown 2004), and a difficulty in strategic planning in partnership work due to the lack of a clear definition of the problem (Millie *et al.*, 2005).

However, although ASB sits, sometimes uncomfortably, between civil and criminal activities, at its core it refers to a set of behaviours which can have a destructive impact on the quality of social life and individual well-being, particularly when committed repetitively or persistently. However, as criminal sanctions are applied when some ASB orders are breached, there is a blurring of boundaries between the criminal and the civil. Some see this as necessary to enforce personal responsibility and deliver public safety (Ramsey, 2009).

At the time the research was conducted, in managing ASB, practitioners could choose from many enforcement tools and powers. These can be grouped into four broad categories: individually focused, housing-related, parenting-related and geographically focused (Easton, 2008). Only the first two are covered in the current study. Individually focused tools include lower-end interventions such as warning letters, mediation and Acceptable Behaviour Agreements (ABAs)/Contracts (ABCs), as well as higher-end interventions such as ASB Orders (ASBOs) and ASB Orders on Conviction (CRASBOs). Housing-related tools and powers include ASB Injunctions (ABSI), Housing Benefit Sanction, Demoted Tenancy and Eviction.

2 Crime and Disorder Act 1998, Section 1 (1) (a).

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Since 1998 some commentators have described individual measures to deal with ASB as increasingly punitive (Burney, 2008, Burney 2009). However, recently the numbers of ASBOs issued has dropped.³ It is claimed that, at the local level, ASB policy strategies are showing more nuanced ways of dealing with the problem and signs of a tiered approach, reflecting a graduated and proportionate response to enforcement, with ASBOs being used more as a measure of last resort (Millie *et al.*, 2005). However, whether this is reflected in actual practice has been questioned (Youth Justice Board, 2006). While recent research has explored the nature and extent of local variations in the use of ASB tools and powers (Cooper *et al.*, 2009), there is a dearth of published research into the effectiveness of the different measures designed to combat ASB and little information about relative effectiveness in different settings and among different groups (Committee of Public Accounts, 2007).⁴ Furthermore the use of housing-related tools appears to be increasing (Housing Corporation, 2007; Tenant Services Authority, 2010).

The research

This research study was originally designed to focus on the effectiveness of ASB interventions, and to address the key research question – *Which interventions for ASB are most effective, for whom, and for which types of ASB incidents?*

There were two interrelated strands to the project:

- a quantitative strand focusing on gathering and analysing ASB data from a sample of Crime and Disorder Reduction Partnerships (CDRPs) to examine perpetrator “pathways”; and
- a qualitative strand designed to generate more detailed data concerning the context in which ASB interventions are made, to focus on persistent adult perpetrators and to construct a range of “case studies”.

A key aim of the quantitative element of the project was to build on previous work such as that undertaken by the National Audit Office (National Audit Office, 2006) and address some of the gaps in knowledge about the effectiveness of interventions with individuals to address ASB. This report makes some comparisons between the data collected as part of this project and that collected by the NAO.

³ <http://rds.homeoffice.gov.uk/rds/pdfs/11/asbo2009.xls>

⁴ Committee of Public Accounts (2007) *Tackling Anti-Social Behaviour*, HC 246, London: The Stationery Office.

However, limitations with the range and quality of available data meant that the scope of this element of the study was constrained. In particular, it was not possible to use inferential statistics to address some of the more specific research questions concerning links between ASB interventions, types of ASB and perpetrators, and outcomes. The study could not therefore address the key research question about the effectiveness of interventions for ASB. In spite of these limitations the team was able to gather an ASB data-set covering a large number of cases. Findings from the analysis of that material provide a useful supplement to previous research. In addition, the wide-ranging and detailed consultations undertaken as part of the quantitative strand of the research provided a rich additional data-set about current ASB data-collection practice, which has informed key sections of this report.

The qualitative strand focused on the nature and context of adult ASB, looking at adults who were some of the most persistent perpetrators, and exploring how practitioners use a range of interventions to address ASB and what factors facilitate or impede effective case management. The qualitative strand of the work provided an extra dimension in understanding the context of adult ASB, about which there had been little previous research.

Methods

Quantitative strand

The final quantitative data-set for the study is made up of local ASB data-sets from ten CDRPs, consisting of records of 4,307 ASB interventions. These records concern a total of 3,382 individual perpetrators. The fieldwork was carried out between January and December 2009 and data was collected for the previous two to five years depending on individual site’s data collection practice. Details of the date ranges for each site are detailed in Appendix I Table A1.5.

This final sample of areas and cases followed from initial contacts with representatives in 82 areas (from a total of 332 CDRPs in England and Wales) where returns from a previous survey⁵ suggested that local ASB data-sets were both computerised and sufficiently detailed to allow for aggregation and analysis of the sort planned initially. However, despite extensive consultations, the research team was only able to access useable data-sets from the ten areas because, overall, ASB data-sets from individual areas were of poorer quality than expected. Similar

⁵ An Ipsos MORI survey reported on in Cooper *et al.* (2009).

problems concerning data quality – and in particular, problems concerning missing data – were encountered by the NAO in compiling their report.⁶

Despite this, the local consultations were very productive. They allowed the team to “map out” and categorise current ASB data-collection arrangements, and also to identify a mix of areas where local data-sets could be accessed and aggregated into an overall data-set for the study.

The areas in the final sample are not named in this report, as the research team gave guarantees of confidentiality to local representatives, but they reflect a mix of urban, rural, industrial and suburban CDRP⁷ areas. In broad terms, the final sample is fairly representative of CDRP areas nationally, although it does not include areas in some non-urban classifications (e.g. coastal countryside), and therefore has a slight urban bias and a higher than average population density. The findings may not therefore necessarily reflect the picture across the whole country, although where available, national figures are provided for comparison. More detailed comparisons of the final sample with national figures are provided in Appendix 1, along with further details of the final data-set.

Qualitative strand

Fifty-four qualitative, semi-structured interviews were conducted with key professional practitioners from 24 sites in England and Wales (including all ten areas where quantitative data-sets were eventually secured; see Appendix 2). Four of these sites were selected for more in-depth study and from each of these a number of sample cases were chosen to help determine the apparent impact of the ASB intervention in each individual case. Using the 2001 Census Area Classification, Sites A and C represent prospering smaller towns, Site B is categorised as an industrial hinterland and Site D as a manufacturing town.⁸ The sample of individual case studies was a purposeful one, chosen to reflect the different types of ASB, the broad range of interventions used and the socio-demographic profile of the perpetrator group. Particular attention was paid to ensuring that the sample

included some of the more difficult and challenging cases that attracted higher-end interventions and involved adult perpetrators with complex needs because this group present particular challenges in managing their behaviour. Thirty-three case studies were reviewed (see Appendix 3). All the qualitative interviews were fully transcribed and data entered into NVIVO for coding and analysis.

2 Findings

ASB interventions and data collection

This component of the study was set up to provide detailed information on the pathways of individuals receiving interventions for ASB. Although the data were more limited than anticipated the large dataset allowed for a descriptive account of the interventions used in the areas and some details of who received interventions and the nature the behaviour. This section also considers some of the issues raised by the limitations in the data collection in some of the areas.

The most common interventions in the ten areas were warning letters (44%) and ABCs/ABAs (22%). The more punitive interventions were less common, with ASBIs (12%) being more common than ASBOs and CRASBOs (9%). Housing-related interventions (Notice of Seeking Possession (NOSPs), evictions, demotion of tenancy) together accounted for about 11.5 per cent of all interventions. Percentages are summarised in Figure 1, by intervention type.

There are some differences between these figures, and those presented in the NAO report in 2006, where, for example, 23 per cent received an ASBO (NAO, 2006⁹). This is mainly because the NAO method deliberately sampled from cases where individuals had received an ASBO. In addition, the numbers of ASBOs issued in recent years has reduced – after reaching a peak of 4,122 ASBOs issued in the calendar year 2005, numbers fell to 2,705 in 2006, and 1,671 in 2009.¹⁰

⁶ Authors of the National Audit Office report on ASB described similar difficulties, for example, particularly in relation to missing data on key indicators.

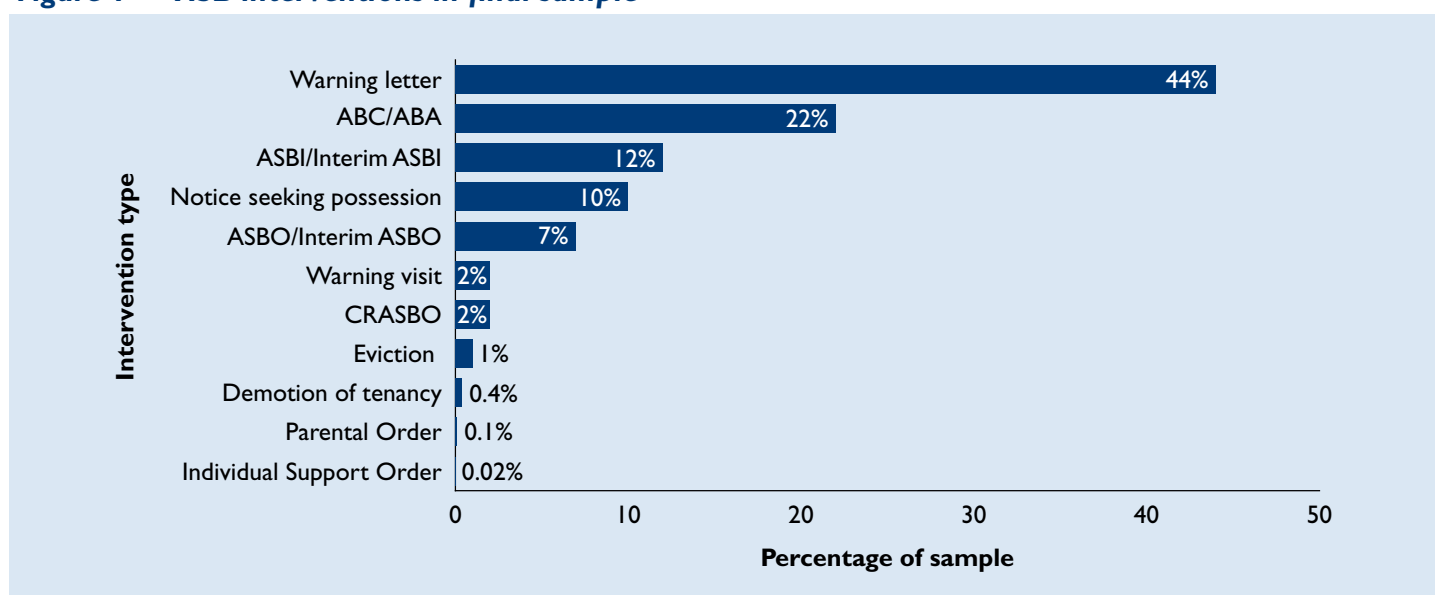
⁷ CDRPs were created under the Crime and Disorder Act 1998, although some areas at that time (and even prior to it) had branded their own structures as Community Safety Partnerships (CSPs), as the term “community safety” was felt to more accurately reflect the breadth of issues that these structures were intended to address locally. Many areas have also more recently re-branded their local CDRP as a CSP, but the former term is retained throughout the report for the sake of convenience.

⁸ Two of the case study sites were also sites where the team was able to secure quantitative data-sets.

⁹ See Page 21 within the National Audit Office report on ASB in particular, and also Table 16, page 32.

¹⁰ Figures taken from *Anti-Social Behaviour Order Statistics – England and Wales 2009*; <http://rds.homeoffice.gov.uk/rds/pdfs/11/asbo2009.xls>

Figure 1 ASB interventions in final sample



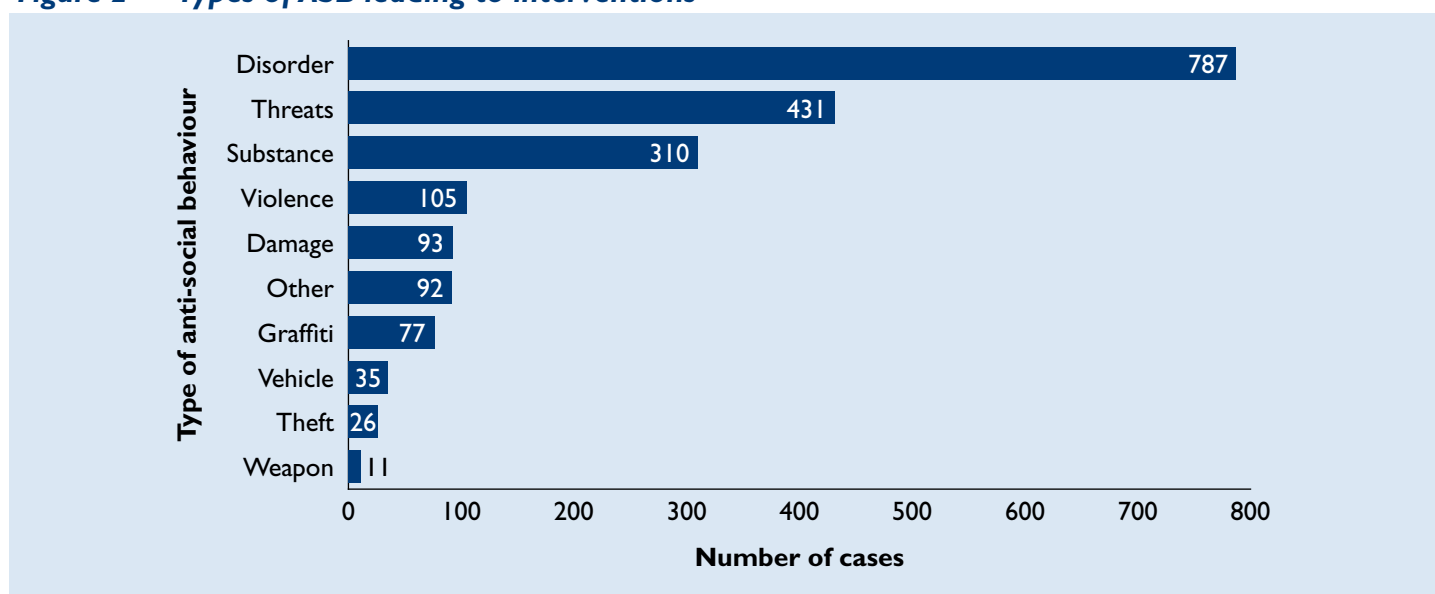
Percentages calculated on N=4,307.

Types of ASB receiving an intervention

The types of behaviour that led to the ASB intervention were described in just over a third of the records (35%, 1,512).A

summary of the number of cases for each behaviour type is shown in Figure 2, with more details in Appendix 1.

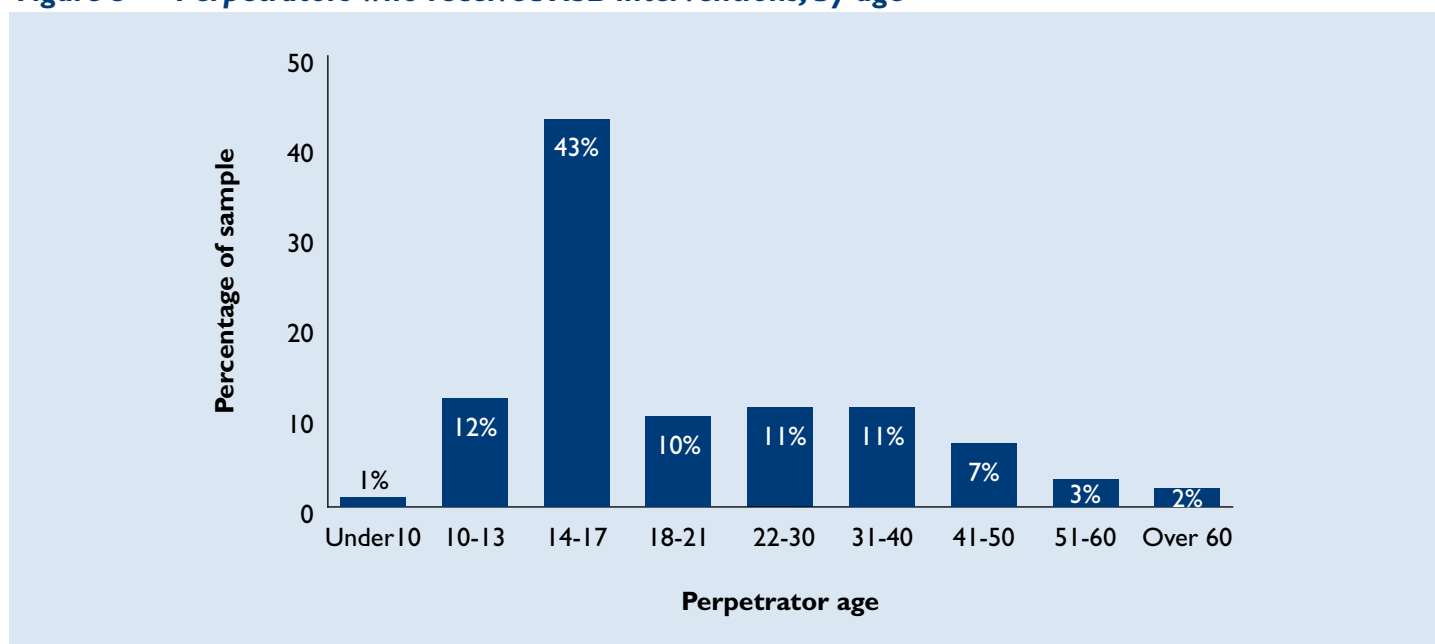
Figure 2 Types of ASB leading to interventions



N=1,512 cases; individual cases can involve more than one listed type of ASB.

Notes:

Disorder – includes incidents recorded as “noise”, “disorder”, “hooliganism”, “discord”, “loitering”, “throwing missiles”, “trespass”, “games in inappropriate areas”, “impeding access to communal areas”, “begging”, and “urinating in public places”; **Threats** – includes incidents recorded as: “threats”, “abuse” (including racial), “harassment”, “threats of violence”, and “bullying”; **Substance** – includes incidents recorded under “drugs”, “drunk”, “street drinking”, and “alcohol”; it was not possible to disaggregate drug-related and alcohol-related incidents, as local records often involved single categories such as “substance”, or “drugs/alcohol”; **Violence** – incidents recorded as “assault”, “violence”, “fighting”, or “wounding”; **Damage** – includes “vandalism”, “criminal damage”, and “arson”; **Other** – includes “misuse of property”, “unauthorised alterations to property”, “alarms”, “prostitution”, “fraud”, “animal-related problems”, “inappropriate sexual conduct”, and incidents listed as “gang”; **Graffiti** – also includes littering; **Vehicle** – includes all ASB recorded as being vehicle-related; **Theft** – also includes robbery, shoplifting, handling stolen goods; **Weapon** – includes all ASB incidents listed as being weapon-related.

Figure 3 Perpetrators who received ASB interventions, by age

Percentages calculated on N=2,444.

The ASB categories used varied considerably across areas, with terms such as “disorder” often being used in a generic way to include a very wide range of behaviours or incidents. The incidents included criminal behaviours as well as nuisance behaviour falling outside the criminal law. Comparisons with findings from other studies are difficult to make, and the team also had some difficulty in aggregating categories from across the sample areas.¹¹

Age of perpetrators

Just over half (55%) of perpetrators were under the age of 18 at the start of the ASB intervention. Nearly three-quarters of perpetrators were aged 25 or younger. Figure 3 provides a detailed age breakdown for ASB perpetrators, and highlights a peak in the 14-to-17 age band. This peak is consistent with findings from other research on both ASB and crime.¹²

¹¹ Cases referred to in local data-sets simply as “antisocial behaviour” were re-categorised as “missing” in the aggregated data-set, but all cases were screened manually to ensure that where text descriptions of incidents were included, they agreed with the overall descriptor used. Cases were redistributed where very specific categorisations could be meaningfully collapsed into broader categories (e.g. “persistent loud shouting late in the evening” could be re-categorised as “noise” and included under the more generic “disorder” category, see notes for Figure 2).

¹² A useful overview of such estimates can be found in Newburn, T., “Youth Crime and Youth Culture”, in Mike Maguire, Rod Morgan and Robert Reiner, 2007, *The Oxford Handbook of Criminology*, Fourth Edition, Oxford: Oxford University Press.

Perpetrators’ ages were missing in relation to just over two-fifths (43%) of interventions, a further breakdown of the 2,444 interventions where date of birth was provided, is in Appendix I, Tables A21–24.

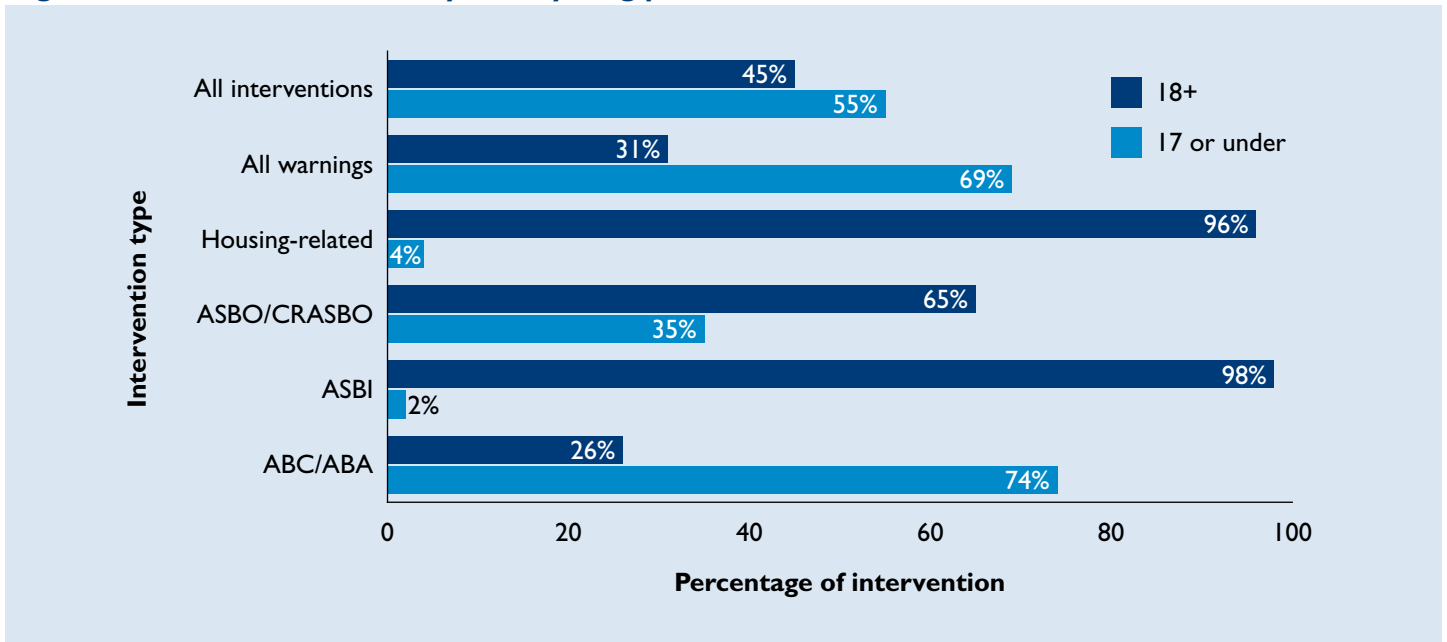
As would be expected, age breakdowns varied considerably by type of ASB intervention: ASBIs and housing-related interventions were focused primarily on adults, (see Figure 4 overleaf) while young people more frequently received warnings and ABCs/ABAs.

Figures for ASBOs and CRASBOs also indicated that adults were more often the focus of these interventions, and this is consistent with the “60/40” adult/young person split suggested in the national figures for these interventions.

Gender of perpetrators

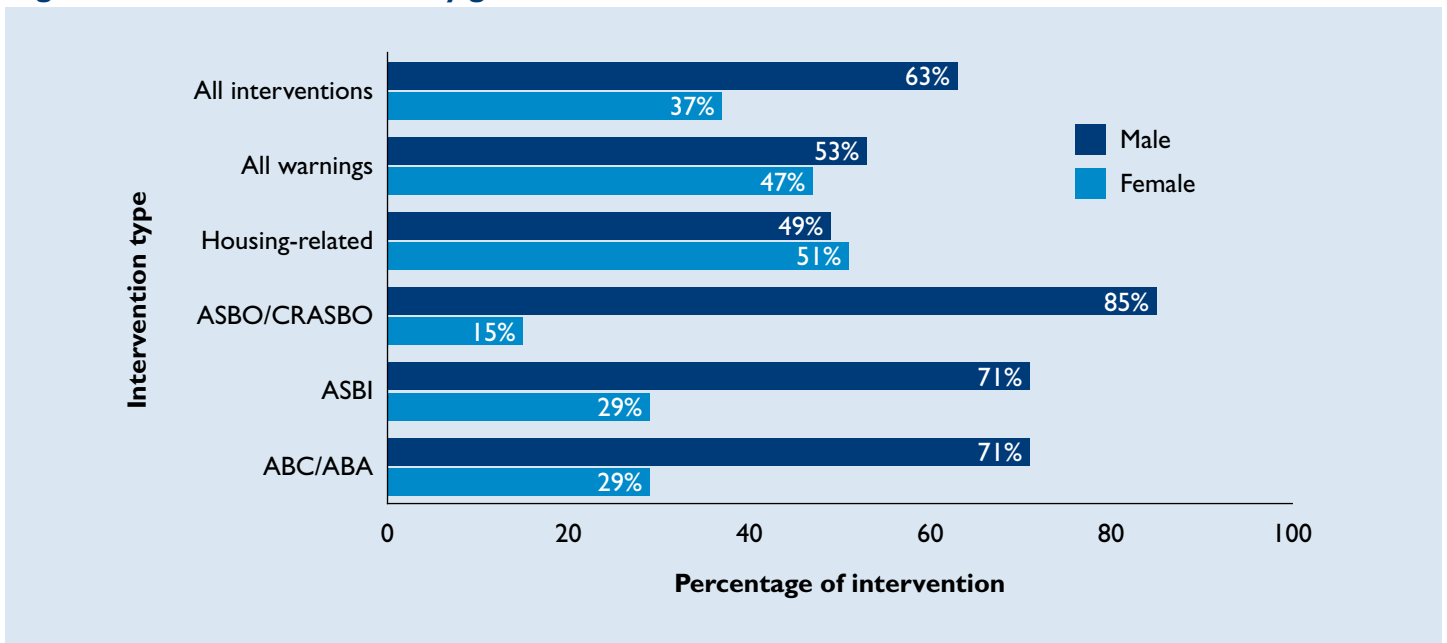
Nearly two-thirds of perpetrators (63%) were male, with details on gender recorded for just under four-fifths of cases, (N=3,401). A preponderance of male perpetrators is indicated in all studies of ASB that the authors are aware of (with the National Audit Office study describing a male/female breakdown of 73%/23%, for example), although percentages obviously vary by type of intervention.

Figure 4 ASB interventions by adult/young person



Percentages calculated on N=2,444.

Figure 5 ASB interventions by gender



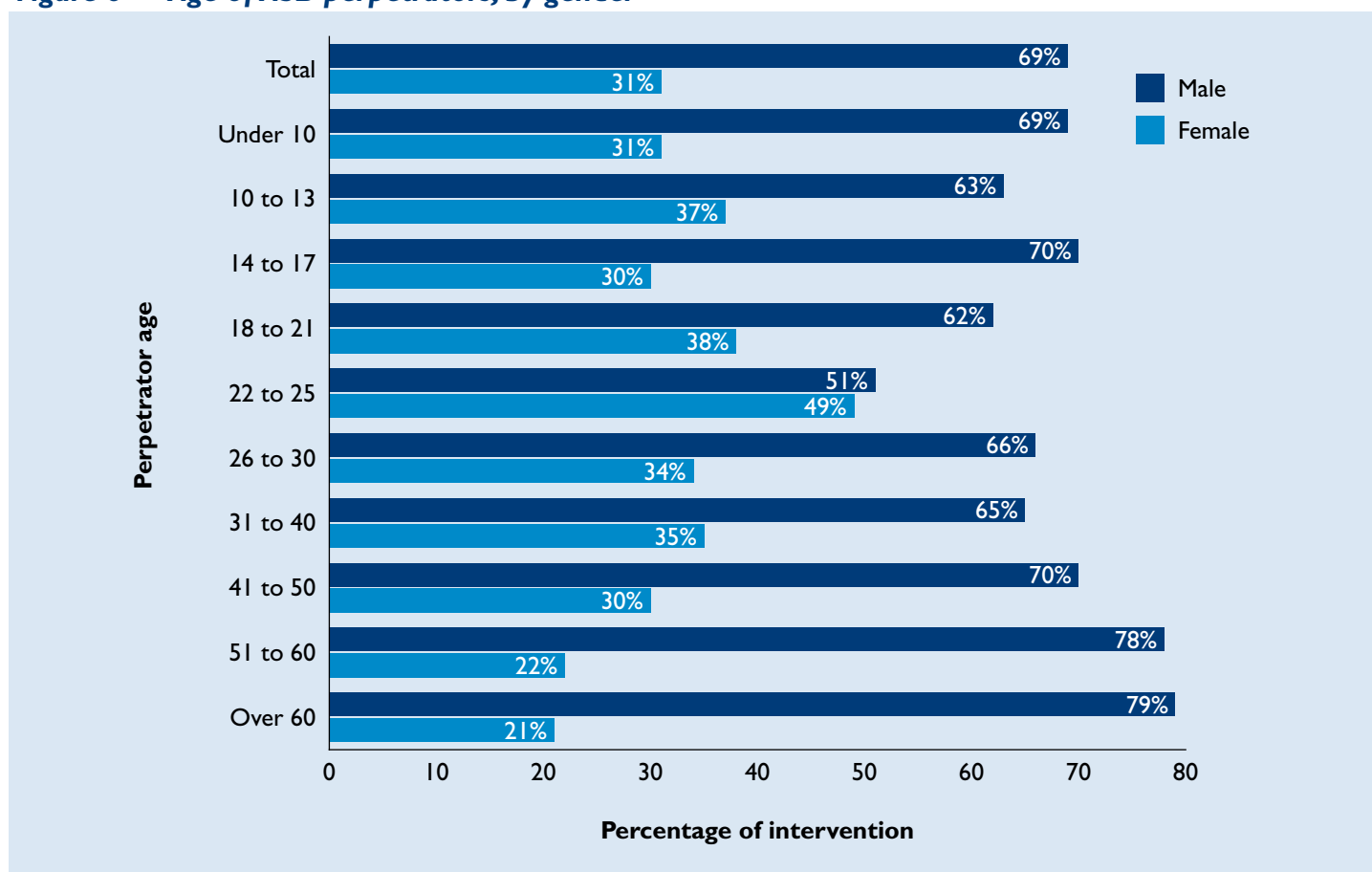
Percentages calculated on all records for which information on gender was present (N=3,401); “warnings” includes both warning letters and warning visits; “housing-related” interventions include demotion of tenancy, eviction, and Notice Seeking Possession; figures for ASBO/CRASBO include interim ASBO, and figures for ASBI include interim ASBI.

Figure 5 shows that 85 per cent of those who received ASBOs or CRASBOs were male, as were 71 per cent of those who received ASBIs and 71 per cent of those who received ABCs/ABAs. Similar percentages of males and females received housing-related interventions (49% and 51% respectively) and warnings (53% and 47% respectively). A possible explanation for this has been explored by Hunter *et al.* (2001) who found that female tenants were often held responsible for the behaviour of male visitors to their

property or the behaviour of their children. They also found once possession action was initiated the risk of home loss was greater for female tenants than for male or joint tenants. National figures for these interventions are broadly consistent with these percentages. National figures for ASBOs for calendar years from 2001 to 2009 indicate that, on average, 86 per cent of those who received ASBOs were male.¹³

¹³ Figures taken from *Anti-Social Behaviour Order Statistics – England and Wales 2009*; <http://rds.homeoffice.gov.uk/rds/pdfs/11/asbo2009.xls>

Figure 6 Age of ASB perpetrators, by gender



N.B. gender percentages for “total” in row one differ from percentages given for “all interventions” in preceding figure, because the above presentation focused on all cases where details concerning both gender *and* age were present – i.e. N=1,683. This number differs from the base number used in the previous figure (N=3,401).

The approximate two-thirds/one-third split for males/females was apparent for most age groups in the sample, including the peak age band of 14–17 (Figure 6).

The only exception to the above appears to be the 22-to-25 age band, where it was almost evenly split (51% males and 49% females), although the reason for this is not immediately apparent.

Repeat interventions

The vast majority of perpetrators in the sample (83%) were recorded as receiving only one ASB intervention, with 17 per cent having two or more,¹⁴ and very few having four or more (1%). Because of limitations with the data we can not say whether receiving only one intervention was due to a

¹⁴ This compares with a figure of 65 per cent of the NAO sample referred to earlier, for perpetrators having only one intervention. As noted earlier, the sample focused on in that research also had a disproportionate number of ASBO recipients, and these perpetrators are also more likely to have had previous interventions.

change in an individual’s behaviour. Figure 7 summarises the number of interventions per person (N=3,382).

The small numbers of repeat interventions and uncertainty, in some cases, about the sequencing of the interventions mean that it was difficult to piece together individual perpetrator “pathways”. It was not always known whether subsequent interventions related to the persistence of the ASB for which the first intervention was given or for new issues.

Focusing on those who had only one intervention and those who had two or more, the team looked for possible differences in key variables. For gender, there was a no difference between males and females who had repeat interventions.

In relation to age, Figure 8 provides a full breakdown of “only one” and “two or more” across all age bands.

Figure 7 Number of interventions per person, by percentage

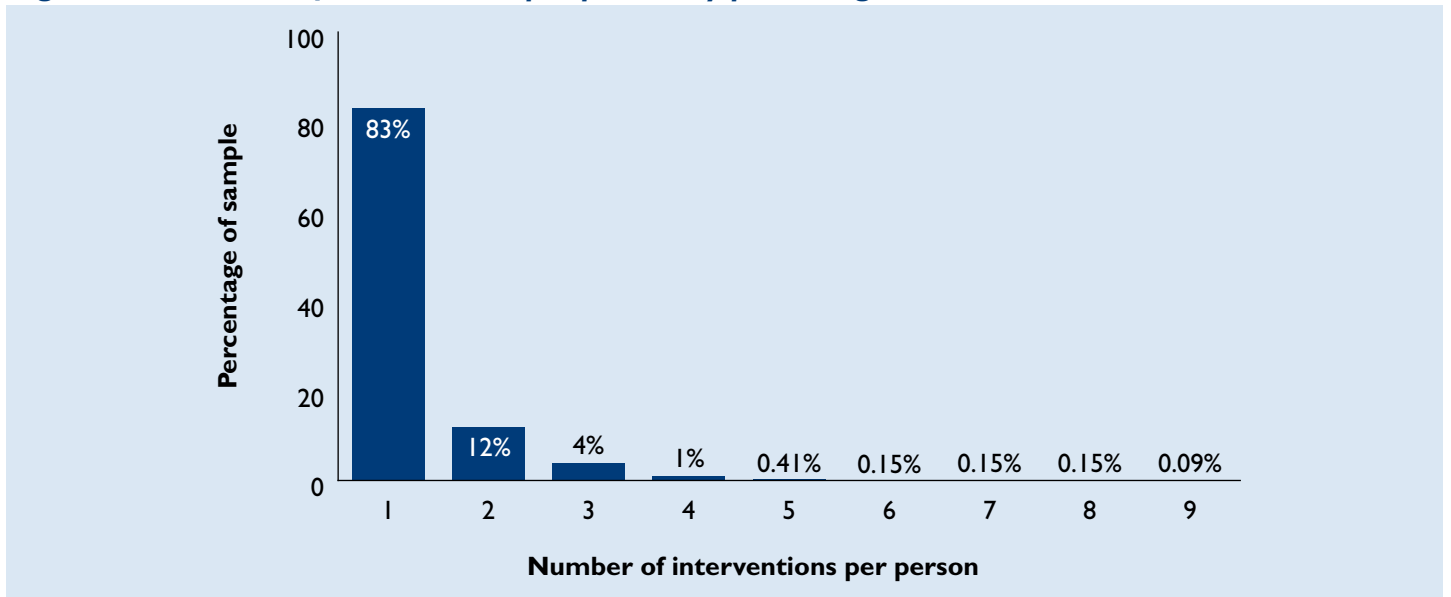
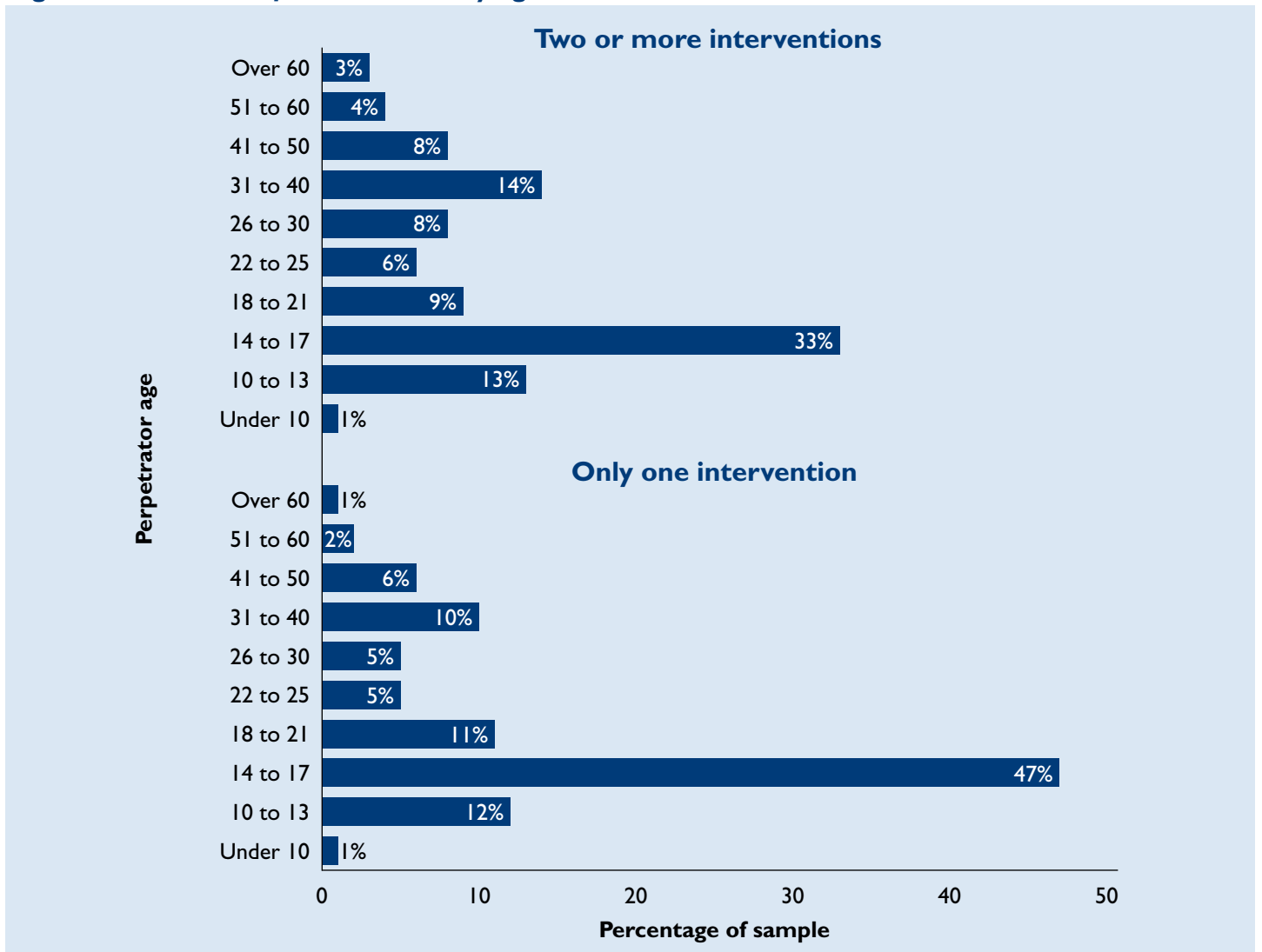


Figure 8 Number of interventions, by age



Percentages calculated on N=1,865.

Adults were more likely than people under 18 to have had two or more interventions (52% for adults, as compared with 48% for people under 18). The percentages for “only one” intervention differed slightly, with 41 per cent of those in this category being adults, and 59 per cent being young people under 18.

Data issues

Some of the most significant findings from the quantitative element of the project concern a range of issues relating to the collection, storage and use of ASB data in local areas.

Local ASB data-collection practice

The consultations with all 82 local areas about their ASB data-collection practices were the basis of a detailed analysis to understand some of the key issues, and the (local and other) factors that affected how the data were collected and stored.

ASB data-collection and data storage

How CDRP areas collect and store data concerning ASB and interventions to address it, varied widely across the areas focused on by the research team.

- *Mode of storage.* Most areas had some form of computerisation of records. Some areas had bespoke systems that covered the CDRP area (with key partners feeding their own data into that over-arching system); others had several different computerised systems used by the different partners in the area. For those areas without computerised records, some stored hard copies of key documents concerning ASB cases whereas in others information was stored nowhere at all except “in the heads of workers”, as one respondent put it.
- *Collection of data.* There was often no consistency, even within one CDRP, in the data that were collected. Some areas and some partners collected information on some aspects of the ASB and characteristics of the perpetrator and victim, but not others. In many CDRPs responsibility was divided among the partners, with the relevant partner managing the type of ASB or a particular intervention and often collecting the data about it. For example, practitioners in the housing sector often dealt with noisy neighbours and gathered the information about these cases.

How these factors influenced particular local data-collection practice also depended on the skills that representatives brought to the work in their area – some ASB workers were highly computer literate, for example,

and spent a great deal of time designing systems that would serve local purposes, while in other areas, the development of data-collection practice was more ad hoc.

In areas that had bespoke ASB databases, some had inherited these from other partners who used them for different purposes, and in many areas such systems had been installed only recently. Some of these systems were incident or case-based (as are most systems used by the housing sector, for example), and others were individual-based systems.

Most areas suggested that they were revisiting their current data-collection arrangements with a view to improving them.

Access and data sharing

Many practitioners raised issues about data retrieval and data sharing. Although some areas seemed satisfied that their data-collection systems were fit for purpose and allowed them to retrieve the information that they needed to (when they needed to), the majority of respondents expressed some disappointment about their current practice – including a few who had “inherited” some of the bespoke systems referred to above. As one respondent put it: “Currently, ASB is recorded here on a system that makes it very, very difficult to do any searches or bring any reports or anything on it, or really even case manage.”

Data sharing proved to be one of the most contentious areas of ASB practice, and many respondents referred to the way in which reluctance on the part of some partners to share information narrowed the scope for effective ASB practice – particularly in relation to the work of ASB “problem-solving” groups which many areas have implemented.

Some practitioners thought that ASB teams could use further guidance on information sharing, although many areas have also developed data-sharing agreements across key partners, with some of these involving signed protocols which were deemed to be binding on all partners.

In areas where data-sharing agreements were less formal, staff turnover was highlighted as causing problems in relation to data-sharing.

Feedback from local ASB professionals suggested that there was uncertainty about the requirements of the Data Protection Act (1998), about issues concerning informed consent, and about the extent to which partners are legally free to share personal and/or sensitive data with key partners.

Recommendations for future practice on data

In many areas the ASB data-sets are being used quite effectively in terms of case monitoring and decision-making/problem-solving. However, there are a number of steps that could be taken to improve the quality and usefulness of this material both for routine ASB work and for identifying and communicating good practice.

Collection of standardised details on perpetrators

The research indicated that many areas could strengthen their collection of information for individual perpetrators by:

- using dates of birth rather than numerical age;
- while recognising some of the practical difficulties involved in recording ethnicity, using standard categories for this – such as the 18 Census 2001 categories, which could be collapsed into five categories where small numbers were involved; and
- collecting more detailed information on the background and needs of perpetrators, for higher-end interventions in particular, but with some basic information also for all recorded cases.

Data collection of this kind need not be labour-intensive, and could use a standard set of codes to cover main areas such as:

- mental health;
- physical health;
- disability;
- substance misuse;
- family violence;
- training/education;
- accommodation, housing; and so on.

A good model here would be the sets of codes used routinely by Youth Offending Teams (YOTs) in their assessments of young people.

Use of key ASB incident descriptors

Some local areas might find it useful to record more details about ASB incidents (or series of incidents) giving rise to an intervention.

The categories that already exist for this could be used, even in cases where an intervention has multiple causes, although guidance would be needed to ensure consistent use of categories in such cases.

It could also be useful to record and assess the impact on the victim in order to categorise the potential harm caused by the incident. This would establish if the incident giving rise to the intervention was an isolated event or part of a series of incidents the victim had experienced. This approach would support partners in addressing the findings of the HMIC inspection of the policing of anti-social behaviour (HMIC, 2010).

Use of unique identifiers for individuals

Unique identifiers for individuals can make data sharing easier and less risky in data protection terms (and can also provide individual-based data-sets to help areas assess their own practice, and also “note-share” with other areas – see further below).

Some of the ASB databases that the team examined were incident or case-based, and they automatically generated unique case numbers, but did not necessarily have similar identifiers for individuals.

In some areas local representatives would need to take advice or engage the services of the designers of their IT systems, to allow these routinely to generate unique identifiers for individuals.

Collection of standardised details on intervention types (including forms of support)

While existing computerised information on intervention types is usually complete and reliable, areas vary widely in terms of the information they collect about how interventions are delivered. The research team in interviews with local ASB workers identified some cases where interventions were recorded in a database as being an ABC or an ASBO without detailing the involvement of case workers or even several professionals (e.g. a substance misuse worker) who provided support to the perpetrator. The level and extent of additional support to the individual or family is critical in judging the effectiveness of the intervention and in deciding on appropriate further action if needed. Case workers could use a standardised list, such as that used by YOTs for example, which refers to “housing/accommodation”, “substance misuse treatment”, “anger management” and so on. This could be tailored to ASB work.

Recording of information on timing (of events, interventions and outcomes)

It can be difficult in some cases for practitioners to assign precise times to ASB events – some cases of neighbour nuisance have a long history and involve a sprinkling of (often very minor) “events”. Even in relation to lower-end

interventions such as warning letters, action is sometimes not taken until there have been many incidents (and reports concerning them).

However, areas should be encouraged to assign dates to events (and interventions and breaches) where this is possible. This would allow local practitioners to keep more accurate track of individual cases and to undertake some useful analysis concerning, for example, the amount of time being spent on particular kinds of interventions.

In cases where it is not possible to enter a date for an ASB event or intervention, it should be noted that the information is “not available”, rather than simply leaving a blank.

Clarification of data-sharing protocols and of relevant data-protection requirements

Some areas highlighted difficulties around data-sharing as a key impediment to effective ASB practice, and during the consultation work it was apparent that there was a need for guidance on data protection issues. Such guidance is of course widely available already, but many ASB practitioners were unclear both about what their own data-protection practice should “look like”, and what constraints there might be in relation to data-sharing with other ASB partners. In these cases, ASB professionals sometimes err on the side of caution, and simply do not share data with anyone. This limits the effectiveness of multi-agency actions to deal with ASB.

Building quality control into local ASB data-collection systems

In order that local ASB data-sets can be used to improve local management and assessment of practice, it is also important to pay attention to quality control, and to the management and oversight of local ASB data-collection.

Even the best designed database can, over time, generate data-sets that are of decreasing value, if issues concerning management and quality control are not properly addressed. The team is aware of numerous examples where even large local expenditure on IT systems has been followed by erosion of data quality over time, because the information entered by key workers is not checked for accuracy or completeness.

Some of these “checks” can be designed into an IT system or database (so that a new case cannot be saved until a key piece of information has been entered, for example), but many missing data problems can only be solved by regular monitoring of data quality, by someone to whom this task is specifically delegated.

Moving toward using individual-based, rather than aggregate data-sets

Finally, the benefits of local ASB data-collection can be maximised by generating individual-based, rather than aggregate, ASB data. This would also help with data sharing between agencies.

While aggregate data obviously provide a useful and necessary snapshot of ASB activity (for example, by allowing local professionals to see quickly how many perpetrators or victims they are engaging with, how many cases of various types are “live” etc.), individual-based ASB data-sets would allow local areas, or groups of areas, directly to address questions such as:

- are young people more likely to comply with an ABC than adults?
- are warning letters coupled with visits more likely to result in “no further action”, than just warning letters on their own?
- do types of ASB intervention used vary by ethnicity of the perpetrator?

None of these questions can be answered using aggregate data, but all of them can if individual-based data-sets are used (providing of course, that levels of missing data are not too high).

Implementing this sort of change to reporting requirements might, however, require changes to local IT systems, which currently do not allow for easy downloading of individual-based ASB data-sets. The team found some areas that had very comprehensive computerised ASB data, but where retrieval of this material in an appropriate form was not allowed because of the structure of the data-base itself (see Appendix 1). These systems can, in practice, be altered to allow such downloads, however, and associated costs would normally be both low and “one-off”.

Nature, type and context of adult ASB

There has been limited research into the nature of ASB committed by adults; most studies have looked at young people as perpetrators. The qualitative strand of this study aims to address this by exploring ASB practitioners’ perceptions of the type, nature and context of ASB committed by adults. The data collected from interviews with a broad range of practitioners (see Appendix 2)

highlight challenges local ASB teams face when utilising ASB-related enforcement tools. Furthermore, these interviews provided an opportunity for exploring practitioners' suggestions for improving the delivery and effectiveness of interventions.

A common theme emerging in interviews with practitioners was that ASB can arise when an individual encounters difficulties in adapting to life changes (either situational and/or temporal) or when a particular group, in a specific locality, displays long-term, well-established behaviours that instil a degree of fear in the surrounding community. These two categories, which may be loosely labelled 'transitional' and 'entrenched', were associated with different types of perpetrator behaviour.

Transitional phases

Many practitioners felt that the inability of an individual to successfully adapt to a significant change in their personal situation could, in certain contexts, lead to ASB. Four types of transitional phases were identified: life course, geographical, institution to community and status transition. These are not mutually exclusive, as some individuals may experience more than one type of transition at any one time.

Life course transition

The transition from adolescence to adulthood was identified by practitioners as being problematic for some young people, between the ages of 18–25 years, who lacked the basic skills necessary to move successfully from the parental home to live independently. They appeared to be unaware of, or chose not to consider, the impact of their lifestyle on other members of the community. These individuals were, in the main, male, unemployed and living in social housing. Their ASB often took the form of playing excessively loud music and/or poor management of household waste.

While some individuals first came to the attention of ASB practitioners after leaving the parental home, others were already known as a result of episodes of ASB while living with their parents. Although interventions could be effective in one setting, ASB could recur following a change in personal circumstances.

Site B: Case Study 4

Matthew, aged 20, first came to the attention of the ASB team when he was 16 years of age and was causing a nuisance in his neighbourhood. He received three warning letters over an 18-month period and the possibility of his parents losing their tenancy was used to persuade him to take part in mediation supervised by an external agency. Following mediation no further complaints were received about Matthew's behaviour while he was living with his parents. However, when he moved from the parental home to live independently, he again came to the attention of the ASB team, as described by the co-ordinator: '*... when he was living with his parents we ... did all the interventions, and he did go very, very quiet. He's now been given a tenancy in his own right, and the type of behaviour we're seeing with this guy now is the parties, the noise, the neighbours complaining.*'

The transition into adulthood can make some individuals vulnerable to exploitation. Practitioners saw young mothers and their children as potential victims of their particular life circumstances. They were vulnerable to exploitation by predatory males who would move in to the property and use it as a temporary residence for recreational drinking and drug taking. Practitioners expressed concern over child protection issues, especially when young children were present in these chaotic environments. They stated that these houses often became sites where the young mother and her guests were perpetrators of ASB. In situations such as these, vulnerable young mothers were both victims and perpetrators.

Geographical transition

Individuals who left the family home because of a marital or relationship breakdown and struggled to settle in a new location, formed a distinct group. They were often male, homeless and tended to be in their late 20s to early 40s. They were described as pursuing very self-destructive lifestyles, especially in terms of substance misuse, and either refused to, or were unable to, access any support from an extended family. Consequently, they relied heavily on the camaraderie of other rough sleepers on whom they came to depend both socially and financially. These rough sleepers were more commonly found in cities and large towns than in rural areas.

Transition from institution into community

A common view amongst practitioners was that individuals can struggle to adapt to independent living and community life after losing the structured support and daily supervision provided by an institution. For those leaving an institutional environment (such as a prison or mental health hospital),

the lack of adequate support, isolation from family and friends and being housed with other vulnerable individuals was felt to increase the likelihood of ASB.

Site B: Case Study 5

Katrina, aged 34, who has a history of psychosis, was released from a mental institution several years ago. She has struggled to adapt to community living. Although Katrina is Caucasian, she describes herself as being of mixed race and believes she is the victim of racist abuse. Katrina makes regular calls to the police, ASB teams and other emergency services and feels she is being persecuted by her local community. She is extremely abusive to her neighbours and can also be physically aggressive. Her neighbours tolerated her behaviour for two years, but they were too scared to pursue a complaint because they were afraid of retaliation. Katrina had a full mental health assessment and has the capacity to understand the consequences of her actions. The police and ASB workers explained to Katrina that there was no evidence of racist abuse against her and warned her that she was a perpetrator of ASB. The ASB team offered her mediation and, as part of an ABC, also provided her with guidance both as to what constitutes ASB and inappropriate emergency calls. However, after a brief period of respite Katrina resumed her ASB and continued to make spurious calls to the police.

Status transition

Some individuals had problems adjusting to changes in personal circumstances. For example, practitioners felt that making the transition from rough sleeper to that of a permanent resident, living alone in the community, was difficult for individuals who were used to the companionship of the 'rough sleeper community'. Each phase in the transition to independent living involved adapting to a different type of accommodation, and sometimes a different neighbourhood; each move had the potential to be unsettling for the individual concerned.

'... when they [rough sleepers] go from a communal bed to an allocated bed, and then from an allocated bed into a hostel place, they are critical times ... when people go from a communal room into the supported hostel, they often talk about missing the camaraderie. Because being alone and having your own space isn't particularly nice for a lot of these people, that are actively looking to fill that space with drink and drugs and maybe have mental health issues, and self-harm ...'

(Homeless Shelter Manager: Site A)

Practitioners identified a number of factors as potentially impeding the successful transition to independent living:

- multiple physical health needs associated with rough sleeping, especially for individuals over 30 years (e.g. organ damage caused by substance misuse and limited contact with primary health care providers);
- an unwillingness by some health professionals to undertake a full mental health assessment where the individual is a known substance misuser. Without such an assessment individuals may not qualify for priority housing;
- substance misusers may be addicted to a combination of both alcohol and drugs, which makes rehabilitation difficult unless drugs and alcohol addiction are tackled simultaneously;
- rough sleepers tend to have limited social skills, poor decision-making abilities and often fail to keep appointments.

Practitioners tended to focus on the experiences and circumstances of individuals when describing transitional ASB, there was an appreciation of the causal complexity of the issue and recognition that ASB needed to be understood in a wider socio-economic context.

Entrenched behaviour

Practitioners saw some ASB as a product of entrenched behaviour observed within some individual families and certain local neighbourhoods.

Families

The following characteristics were commonly referred to by practitioners when describing families in which ASB was considered to be entrenched:

- living in an area of economic and social deprivation;
- experiencing unemployment with second- and third-generation family members being unemployed;
- at least one family member suffering from depression or having more serious mental health needs;
- having extended family living in the same neighbourhood and sharing similar values;
- displaying negative intergenerational influences in terms of substance misuse and/or petty criminality;

- having limited life skills and difficulties in interacting with people from outside the family.

Some of these families had such a degree of notoriety in the locality that their actions and behaviour were very rarely challenged by neighbours for fear of reprisals. Interviewees described such families as living chaotic lives and containing members who were extremely aggressive. Practitioners related examples of cases where such families used their children to prolong 'campaigns' against local residents who attempted to confront them about their ASB. However, in some instances, children were perceived as victims of individual family circumstances, especially when they suffered as a direct consequence of their parents' disorganised lifestyles.

Site A: Case Study 3

Joanne, aged 29, is a single parent with three children living in an area of social deprivation. There is a history of domestic violence and evidence of clinical depression. Prior to the involvement of the FIP¹⁵ worker, Joanne had received four warning letters over 12 months. There is evidence of a lack of appropriate life skills insofar as Joanne is unable to establish a daily routine for meal times and getting the children to school. As the FIP manager commented, the '... children are being affected by the behaviour, especially in terms of ... school... You say, "Well, why aren't you turning up to school?" "Well, mammy's having parties all night ... I'm too tired to get up." It's a simple reason and it's not the child's fault'. Also, Joanne is unable to control the behaviour of adult visitors to her home. Her ASB takes the form of noise nuisance, abusive behaviour and intimidating language.

Neighbourhoods

Practitioners described incidents of ASB in some localities as resulting from a combination of the following factors:

- poorly designed physical environment and shared public spaces (e.g. alleyways, poorly lit stairwells in tower blocks, open access car-parks, unsecured rear entrances to local businesses and allotment sheds);
- ignorance of cultural and/or ethnic diversity;
- vulnerable individuals/groups housed in close proximity to one another;
- lack of community cohesion and social integration.

While practitioners referred to the characteristics of particular individuals, families and neighbourhoods when describing entrenched patterns of ASB, they acknowledged the importance of wider socio-economic factors when accounting for such behaviour. Practitioners also shared the view that, with appropriately tailored support and mediation, the majority of ASB issues could be resolved.

Where is ASB committed?

Practitioners felt that the type of ASB varied according to the community setting. In this study two broad types of community setting were covered: residential areas and commercial centres.

Residential areas

Residential areas included small shops. Practitioners reported that, as far as adults were concerned, the two most commonly reported types of ASB were disputes between neighbours and ASB directed at local retailers.

In disputes between neighbours, the literature suggests that ASB occurs more frequently among private tenants (DCLG, 2007) or residents in social housing (DEFRA, 2000). In the present study, examples of ASB were found across all types of housing tenure (local authority, social landlord, private rented and owner occupied). These disputes presented practitioners with a complex set of circumstances. For example, the distinction between perpetrator, victim and witness was not always clear. An individual perpetrator may also be a victim and witness simultaneously. Consequently, practitioners were aware that they had to be seen to be sympathetic but also remain impartial until they had clearly corroborated evidence on which to base a judgement. The evidence-gathering process and the evaluation of claims and counter claims was often time-consuming and impacted upon staff resources. Furthermore, practitioners sometimes had to deal with residents who were not sure what could be appropriately expected of the ASB team. Problems were also created when the different parties in a dispute provided spurious, inaccurate or fabricated reports. A case could be further complicated if the neighbours involved requested or attempted to coerce or intimidate other local residents to 'take sides' in a dispute and act as witnesses on their behalf. Ultimately this could have a negative impact on community cohesion.

According to practitioners, the second major type of adult ASB occurring in residential areas was partly attributed to the displacement of adults with ASBOs and CRASBOs from city centres. Geographical displacement has also been reported by other studies (Johnsen and Fitzpatrick, 2007).

¹⁵ Family Intervention Project.

'...our [residential] area has seen an increase in ... certain types of vagrants as a result of ASBOs that have been served on certain people within the inner city... a line on a map is a great thing for an ASBO. But a line on the map ... there's still people that live on the other side of the line ... so we've seen an increase in the amount of people [vagrants with ASBOs] ... it's quite intimidating for individuals because most of these off-licences in parades are generally ... only staffed with maybe one person.'

(Community Safety Warden: 2)

Practitioners identified these adult perpetrators as invariably unemployed males in their late 20s to early 40s, often with substance misuse problems. There was a concern that the drunken and abusive behaviour of these individuals deterred customers from shopping in these areas, and that shop workers were often intimidated by abusive behaviour and would sell drunken perpetrators alcohol in order to encourage them to leave the premises as quickly as possible. This was seen as counterproductive by practitioners because the perpetrators would return to the area on a daily basis and the cycle of intimidation of customers and staff would continue.

Commercial centres

The following types of perpetrator and ASB behaviour were more characteristic of commercial and tourist districts than residential areas.

Rough sleepers: These individuals posed a daily challenge for both the police and community safety wardens because of the multiple problems they could cause. Although they were commonly viewed as potential perpetrators, they were sometimes the victims of ASB. Two broad types of rough sleeper were identified: 'old school vagrants' and younger rough sleepers. The former group consisted mainly of men over 50 years. They were often very vulnerable in terms of their general health needs and the risk of personal victimisation, especially at night. These individuals were often addicted to alcohol, and while they appeared to be dishevelled and unclean, practitioners felt that they were more likely to be the victims of ASB rather than the perpetrators. When they did cause ASB it was at a relatively low level, such as leaving waste material in public areas. They were seen as a public nuisance, causing minor problems for small local businesses by sleeping in shop doorways at night and loitering outside shops during opening hours.

The younger rough sleepers were males between the ages of 20 and 40 years who "worked the system". Practitioners had noticed a shift in substance misuse behaviour among

this group; they now misused both alcohol and drugs. In contrast to the 'old school vagrants' they were much more confrontational and intimidating towards retailers and members of the public. They indulged in aggressive begging and petty theft. Some of them were less considerate than the 'old school' rough sleepers when it came to where they deposited their human waste.

Local day migrants This group consisted of males and females, in their mid-20s to late 30s, some of whom were involved in substance misuse. These individuals were described by practitioners as 'the usual suspects'. They lived locally and travelled daily into the centre of the town or city where they caused minor disturbances in shops or public areas.

Day trippers: These were young people in their mid-teens to mid-20s who travelled as a group from other areas, usually at the weekend. They came, for example, to attend football matches and other events, and often used soft drugs and alcohol. These individuals were not usually malicious but as they became more intoxicated problems with other members of the public could occur.

Night-time revellers: ASB and breaches of public order were commonly associated with the night-time economy. Practitioners perceived this to be an increasing problem, especially since the change in the licensing laws.

Enforcement interventions

The use of specific measures for dealing with ASB in commercial areas and residential districts varied.

Commercial centres

Practitioners claimed that higher-end interventions, such as ASBOs, were particularly effective in dealing with problematic street behaviour in urban centres. The powerful deterrent effect of ASBOs in this context has been commented on by others (Johnsen and Fitzpatrick, 2007). In Site A, where a tiered approach was in evidence, individual interventions started with warning letters and culminated in ASBOs and CRASBOs. This was in contrast to some other study sites where a less systematic approach was adopted.

Practitioners reported a reduction in higher-end interventions in recent years. This may be due to the need for high levels of proof in order to obtain an order, delays in processing cases, or ASB teams gaining experience in using lower-end interventions more effectively.

'We would all like to see cases get in court quicker and be dealt with quicker. ... His behaviour changed for a while but he couldn't sustain that. Then he's been involved in anti-social behaviour and threatening behaviour and street robbery and now we're still waiting ... for our hearing in November, where we'll say to the judge, "Nothing's changed, here's the evidence, can we have our ASBO please?"', which they could have done back in late spring.'

(ASB Manager: 9)

ASB co-ordinators felt it would be useful, both in terms of increasing response rates for victims/witnesses and reducing expenses, to receive training on representation to enable them to bring their own cases to court rather than relying on local authority lawyers or police intervention. CRASBOs offered the opportunity of introducing an intervention as an adjunct to the criminal proceedings and were considered cost effective by practitioners as they were funded from a different budget.

Practitioners were frustrated when addressing ASB caused by rough sleepers. Many minor offences are only seen as an offence under the Vagrancy Act if it can be shown that the perpetrator has refused free accommodation. As many places did not have hostels offering free accommodation, a considerable amount of ASB by rough sleepers had to be tolerated. Nevertheless, practitioners were concerned about the health risks to the general public, the harmful effects on tourism, and the negative consequences of such low-level ASB for local businesses.

Police practitioners in some areas used section 27 of the Violent Crime Reduction Act (2006) to deal with street-related ASB, especially involving day trippers, the night-time economy or young adult rough sleepers. Section 27 empowers a police officer to direct an individual (aged 16 years and over) to leave a locality (for up to 48 hours) in order to reduce or minimise the risk of alcohol-related violence occurring. This power was not widely used in the sites studied, so perceptions of its effectiveness were difficult to ascertain. Although practitioners said that they could see its potential for producing beneficial results in certain circumstances, they acknowledged that the over-use of this power could be counter-productive. Furthermore, as a temporary intervention, the measure does not address the ASB itself; it merely moves potentially troublesome individuals to other areas.

Practitioners emphasised a prevention-led approach. They suggested that rough sleepers could be deterred from city-centre areas by making the environment less conducive to rough sleeping by:

- encouraging off-licences not to sell alcohol to 'known' alcoholics and rough sleepers; providing a letter of support from the police to protect shopkeepers from retaliation by perpetrators; guaranteeing shopkeepers a rapid police response when problems arose;
- holding monthly meetings with retailers to ensure feedback to the police and ASB team about any ASB problems businesses may be experiencing; providing helpful practical information to businesses about ASB prevention methods;
- adapting the physical environment to discourage sleeping in the city centre - e.g. asking retailers to remove or lock up access to cardboard and fence off loading areas at the back of shop stores; erecting trees and fencing off corner areas in shopping areas; hosing down shop fronts so they are too damp for rough sleepers to lie down in;
- redesigning car parks and putting pyramid pavements in areas that are dark and secluded;
- deterring the general public from giving money to people who beg on the streets.

However, there was some resistance to preventative measures. For example, at Site A, providing safe places for intravenous drug users to inject was the subject of considerable debate at a strategic level. While some agencies felt that this might resolve the ASB problems associated with illicit drug use, many were reluctant to support such initiatives in case this was interpreted as condoning an illegal activity.

Residential areas

ASB problems involving neighbours occurred across all types of housing tenure. Overall, the research findings suggest that housing landlords are in a good position to respond to ASB, although the outcomes may not be positive if landlords are not sufficiently supported by a robust 'in-house' ASB policy. Successful interventions were more likely in situations where landlords had developed good reporting mechanisms for tenants and responded appropriately, promptly and in a measured way to complaints. Lower-end interventions, such as mediation, ABAs and ABCs were felt by practitioners to be useful tools for addressing the majority of neighbour disputes. There was a tendency to try mediation or restorative-justice-type interventions in the first instance and continue to offer mediation at appropriate stages throughout the dispute resolution process.

'... except where there's violence or serious threats of violence we always, always offer mediation, all the way through, at the start we'll offer mediation and even at various points, if they don't accept it we keep offering mediation.'

(Legal Adviser, Social Housing: Site D)

Practitioners commented that where such approaches were not conducted by suitably trained workers, the outcome could exacerbate rather than ameliorate a situation.

Tenancies as leverage for compliance

The threat of higher-end interventions was often used as leverage for compliance. Practitioners believed that if perpetrators thought there was the possibility that they might lose their home, they were more likely to comply with an intervention.

ASB Co-ordinator: *'When you get over 18 [year olds], then we've got bigger problems. That's why I love it when somebody like [Housing Manager] [with] somebody who's got a tenancy comes as a problem because that's one of our first ins.'*

Housing Manager: *'That's the stick isn't it?'*

(Social Housing Manager: 3)

ASB Co-ordinator: *'That's the stick to get them to work with me.'*

(Joint Interview: Site C)

In serious cases, where compliance was not forthcoming, hard forms of enforcement, such as demotion of tenancies, injunctions and eviction orders, were adopted. However, both local authority and social housing landlords were reluctant to evict tenants, and claimed only to use this measure as a last resort because eviction merely presented them with a homeless tenant who may need re-housing.

Practitioners claimed that the intervention process was more efficient and effective where:

- they had sufficient training and confidence to steer an application through the legal process without having to pay for legal representation;
- the local authority and/or social housing association had access to good legal advice and there were no delays in communication between the legal team and practitioners;

- social housing landlords had a dedicated ASB legal adviser;
- ASB practitioners were well organised in terms of evidence gathering and inter-agency information sharing.

Injunctions were viewed as extremely versatile instruments of control; they were considered particularly effective in producing compliance and having an influence not only on the actual tenant holder but also on other members of the family or household. Practitioners felt the threat of an injunction should always have a support element to facilitate long-term positive change.

'... we find injunctions very effective, ... [we] can't take out an injunction against someone under the age of 18, but the tenancy agreement says you are responsible for the behaviour of members of your household, the family, visitors etc ... if a ten-year-old is causing a problem in the community ... the person responsible for that should be the parents. ... So [we] ... get an injunction against the parents and then say to them, "You are now accountable ...". ... It really does get their attention and ... we would be offering help and support, because we have an outreach support worker and he would be working closely with that family.'

Injunctions only require civil levels of evidence so are relatively easy to present at court and can be dealt with in-house (without recourse to a lawyer), thus rendering them relatively cost effective.

Owner-occupied housing

There are clearly limited options available to address ASB in owner-occupied properties. Practitioners could not exercise the same legal powers as when dealing with disputes in other types of housing tenure. Because they had less control over the behaviour of each party involved, they found owner-occupied neighbour disputes often became far more protracted, and produced less satisfactory outcomes.

Introductory and starter tenancies

Although social landlords had a range of powers to deal with ASB, practitioners commented that responding to such behaviour was often very labour intensive. Many felt it was more cost effective to adopt a generic preventative approach. Introductory and starter tenancies were used to try to pre-empt possible problems with tenants. Housing practitioners stated that most problems with new tenants arose in the first 12 months of their tenancy. These

tenancies are less secure and require good behaviour in order to secure a full tenancy. This allows time for new tenants, particularly those experiencing a transitional life phase, to adapt to the responsibilities of social living. These tenancy agreements were also used with previously evicted families as a deterrent measure.

Effective case management

Practitioners distinguished between the success with which individual perpetrators engaged with the intervention process and the extent to which there was a positive change in behaviour. Both process and outcome were largely felt to be contingent upon the following:

- successfully identifying the cause(s) of the ASB through intensive front-line work and agencies sharing information;
- the nature and type of personality of the perpetrator, their motivation to change and the quality of the therapeutic relationship established between the perpetrator and the practitioner;
- factors inhibiting the ability of the perpetrator to engage with the intervention process;
- the availability of local support services to meet perpetrators' needs;
- the ethos of the ASB team; and
- the effectiveness of inter-agency working and multi-agency policy and practice.

Facilitating a change in behaviour presented a considerable challenge for practitioners, not only when trying to encourage the perpetrator to engage with the process but also when facilitating long-term positive outcomes for both the perpetrator and the community.

Identifying the underlying causes of ASB

Practitioners acknowledged that tackling ASB was difficult given the complex needs and chaotic lifestyles of many perpetrators. Finding the right solution required an in-depth understanding of the underlying causes of the ASB in each case. In order to achieve this a very high level of communication and trust between different agencies and the perpetrator had to be established. Practitioners commented that front-line inter-agency transparency was invaluable in terms of identifying causes and assessing levels of perpetrator compliance. A greater awareness of each agency's remit, and a willingness to share information,

would prevent duplication and reduce costs. The reciprocal benefits of inter-agency communication resulted in facilitating more effective and efficient responses, not only in ASB work but in supporting the work of other agencies.

ASB Co-ordinator: *'The social worker said "We didn't know this [child protection issue] was going on." And we said, "That's why we want you here because, not only can we make valid decisions, you can as well."*

Housing Manager: *'Because essentially, what they're doing when working with other agencies is increasing their staff base, isn't it, in a sense, the eyes and ears on the ground.'*
(Joint Interview: Site C)

Individual factors and the quality of the therapeutic relationship

Individual personalities and the quality of the therapeutic relationship established between practitioner and perpetrator were identified as key issues influencing compliance. The extent to which the perpetrator was motivated to change at the time professional support was offered was considered crucial to the intervention having a positive outcome. Interviewees felt an awareness of when the individual was sufficiently motivated was highly contingent on the strength of the therapeutic relationship and the level of trust established as a consequence of this relationship. Many practitioners stated that opportunities for change occurred infrequently in the lives of perpetrators, many of whom had multiple, complex needs. Being able to identify and take advantage of the 'triggers' or 'windows of opportunity' for change were considered to be fundamental in ensuring the success of an intervention.

Barriers to engagement

Factors inhibiting engagement, such as substance misuse, were seen as potential barriers to change. Where perpetrators displayed a genuine motivation to change and their relationship with the drug and/or alcohol support worker was positive, there was evidence of perpetrators managing their substance misuse and engaging with the intervention process. However, perpetrators with complex mental health needs and/or cognitive deficits were more difficult to manage, especially when they lacked any informal support from family and friends.

The nature and strength of social alliances and informal social support networks in the local community were perceived by practitioners as having a strong impact on the willingness

of perpetrators to engage with an intervention and subsequently sustain a commitment to change. In order to maintain engagement and facilitate compliance, practitioners had to challenge the negative group/partnership dynamics experienced by some individual perpetrators.

Site A: Case Study 8

Hugh is 35 and a rough sleeper in a city centre. He is a heavy drinker and occasional drug user. He has numerous convictions for begging. In 2009 he was subject to an ABC as a result of his begging, but within a short space of time he breached the conditions. Six months later he received a CRASBO. The hostel manager feels that Hugh has made a significant effort to address his drink problem, but his social network (the local group of rough sleepers) is preventing him from changing his way of life. As one interviewee explained, individuals in the rough sleeper group tend to rely on each other for financial support to maintain their lifestyle. Consequently, Hugh has found it difficult to distance himself from the group, as individual members actively dissuaded him from leaving the small 'community' of rough sleepers.

Awareness and availability of support services

Interventions can be a contributory factor in deterring further ASB, particularly where other support is provided to the perpetrator (National Audit Office, 2006). Practitioners commented on the disparity in the provision of support services between adult perpetrators and those aged under 18. The lack of support for adult perpetrators resulted in an enforcement-led strategy. However, practitioners were sometimes unaware of the range of services available to address the needs of adult perpetrators. The referral procedures involved in accessing available services were also unclear. Practitioners expressed concern that when a perpetrator did engage with support services, information about their progress was not always fed back to the ASB team. They felt there needed to be more transparency and improved information sharing with support workers.

Practitioners frequently commented that, while agencies may identify the cause of the ASB and the type of support needed to reduce the risk of further ASB, the specialist support was not always available. This was particularly the case with perpetrators who had high-level mental health needs and where mental health services did not have the capacity to support them at the level required. In such instances, practitioners were reluctant to take an

enforcement route when they knew that the perpetrator was unlikely to be able to access suitable support services.

'The interventions that we have got available for adults ... is another frustration because in terms of young people there is such an enormous number of services available to them compared to adults ... if you don't engage with the drug and alcohol teams available ... then you drop off the radar. Then at the end of the day there's nobody left, only people like me and the police to pick up the pieces.'

(ASB Co-ordinator: Interview 11)

This represents a form of 'enforcement without support', where ASB teams have no alternative but to follow an enforcement-led agenda. For some perpetrators this resulted in 'a revolving door' syndrome, where enforcement without support resulted in up-tariffing the intervention without any discernible positive impact on behaviour.

Generally, practitioners felt that the level of complexity of perpetrator need called for far more intensive support than was currently available, particularly in the following areas:

- substance misuse services, especially those providing support for perpetrators addicted to both drugs and alcohol;
- parenting classes and one-to-one advice for parents;
- access to high-level mental health services;
- supported accommodation (especially for perpetrators leaving prison);
- support for the elderly;
- support for adults with learning difficulties; and
- adult social care.

Practitioners felt that outreach workers (mainly from housing, health and third sector agencies) played an important role in helping perpetrators with a wide range of general needs. Intensive support to help perpetrators manage their often chaotic lifestyles increased the likelihood of successful outcomes. A good example is provided by Family Intervention Project (FIP) workers. FIPs were perceived as an integral part of the ASB process; not only did they provide victim impact statements, pre-intervention and post-intervention, to measure the change in perpetrator behaviour but they also provided outreach workers who gave the type of intensive support that other

agencies were unable to offer. For ‘entrenched’ families with complex multiple needs, this helped them to maintain their tenancy, address their ASB behaviour and also positively influence the attitudes of children in the family.

Site A: Case Study 7

Jane and Phil are third-generation unemployed and Phil suffers from depression. They are both heavy drinkers and lead highly erratic lives. They have two teenage sons. Jane and Phil use threatening behaviour towards several of their neighbours and encourage their children to continue the intimidation at school with their neighbours’ children. They have already had an ASBI served against them while living in another area. Following a number of unsuccessful low-level interventions, the ASB team enlisted the help of the local FIP. The FIP has worked with the family for six months and there have been significant changes. Not only has the school commented on the improvement in the behaviour and academic performance of their children, but Phil’s outlook is more positive, he has successfully completed a rehabilitation programme, and has been ‘dry’ for 11 weeks. There have been no further reports of ASB.

Ethos of the ASB team

ASB teams differed in terms of their prevailing ethos; some revealed a strong rehabilitative mentality (a causation-based approach), whereas others favoured a more displacement-based approach. In the former, emphasis was placed on attempting to identify and address the underlying causes of the ASB. Meeting the needs of the individual perpetrator was considered essential to ensure the successful, long-term effectiveness of an intervention. With a displacement-based strategy, more emphasis was placed on actions designed to move the perpetrator out of the area rather than attempting to bring about a positive change in behaviour.

The causation-based and displacement-based perspectives are not two uniquely discrete categories or mutually exclusive approaches. For example, in one study site, which tended towards a rehabilitative ethos, there was evidence of practitioners resorting to a displacement-based approach towards some prolific perpetrators who continually failed to engage with the support provided. In some areas, practitioners preferred a causation-based approach but did not have the resources, or access to specialist staff, to support such a strategy. In essence, the nature of the overall response to tackling local ASB issues appeared to be influenced by:

- the physical location of the ASB team and the prevailing institutional culture;
- the freedom of access of the ASB team to official databases to support information gathering;
- the prevailing individual and/or institutional perspectives on how to tackle various types of ASB;
- practitioners’ backgrounds, length of time in their current role and access to relevant training; and
- practitioners’ local knowledge of the various support services available for adults and the co-ordinators’ degree of expertise in facilitating and sustaining multi-agency working.

Interestingly, a few ASB professionals suggested that the work of some local ASB teams might also involve “building tolerance” within particular neighbourhoods. They felt that local ASB problems were sometimes related to low levels of tolerance (e.g. where some residents persistently complained about “young people hanging around”, but subsequent investigations by ASB staff suggested that the behaviour in question was actually quite “normal” and acceptable to most residents). Views of this kind are of course linked to some of the definitional issues referred to earlier in this report, and they underline how some practitioners view “anti-social behaviour” as being a relational concept involving both the subjective views of complainants and the behaviour of alleged perpetrators.¹⁶

Inter-agency and multi-agency practice

The need to encourage information sharing and multi-agency working across local areas was a key recommendation of the National Audit Office report on tackling anti-social behaviour (National Audit Office, 2006). Practitioners in the current study commented that since the Crime and Disorder Act 1998 there was evidence that agencies were working together far more effectively.

ASB Co-ordinator: *‘We talk ... going back as a police officer, we talk so much more. I wouldn’t have known John [Housing Officer] existed, even eight years ago.’*

Housing Manager: *‘And now you know an awful lot.’*

ASB Co-ordinator: *‘... I wouldn’t have known people like John. ... I said to a ... Senior Probation*

¹⁶ Some of these issues are usefully discussed in Mackenzie *et al.*, 2010.

Officer, as an inspector in the police, I would not have had any dealings with the Probation Service. And he said, "Oh, that's rubbish". I said, "How many times have you spoken to police officers?" And he thought, and he said, "You're right. We didn't speak to each other."

(Joint Interview: Site C)

While barriers to information sharing have been identified in other studies of the local management of ASB (Cooper *et al.*, 2009), in the current study there was evidence that in some areas this problem had been partly overcome by establishing a clear set of guidelines and agreed procedures for sharing information at the local level. This initiative had a positive impact on joint working and helped the decision-making process. Having an effective information-sharing protocol ensures that practitioners can identify perpetrator needs with greater accuracy and establish the right balance between enforcement and prevention in individual cases.

Developing inter-agency rapport and building trust were seen as essential to facilitating good information sharing. Practitioners felt that short-term contracts impacted negatively on this process, particularly in terms of training and consolidating local knowledge. This could restrict the development of inter-agency practice in an area.

Although the importance of information sharing was recognised, the collection, storage and use of quantitative data across the sites varied considerably (as discussed earlier in this report). The data-management systems available to many co-ordinators were poorly designed and information was difficult to access. Extracting a broad range of information relating to a particular perpetrator or intervention could be a cumbersome and time-consuming process. Furthermore, in some areas, data protection issues hindered the sharing of data between the different agencies and consequently led to delays in making decisions.

An example of good collaborative working was provided by the ASB team at Site A. They adopted a clearly articulated tiered approach to addressing ASB, in which the severity of the interventions increased in line with the seriousness of the behaviour and the number of reported incidents. A high premium was placed on front-line work and a multi-agency panel met to consider complex cases. They collated detailed information from the various agencies regarding perpetrators' levels of engagement with support services and also closely monitored perpetrators' levels of compliance with interventions.

This site was confident that every effort was made to provide opportunities for perpetrators to change their behaviour. Regular multi-agency meetings were held to monitor and assess the progress of individual perpetrators. This continuous monitoring meant that they were able to be less punitive when a perpetrator who was seen to be genuinely responding positively to an intervention experienced a minor relapse.

'... from the complex needs meeting ... he's [the perpetrator] ... made some attempts to change. He's accessed the night shelter, he's ... reducing his alcohol so that he can go on ... rehab. ... he's got to show willing, and he's doing that. ... what's the point of us going back a step and arresting him for three beggings?... If he drops back again, there's still evidence for the future, you know ... there's no point in arresting him, in custody, charged, in court, fine, and that vicious circle...'

(Police Lead, Complex Needs Group: Site A)

Eliciting the views of victims and witnesses

Practitioners' definitions and interpretations of 'success' were explored in relation to specific individual cases and particular measures and interventions. The findings support previous research in suggesting that ASB co-ordinators see the primary purpose of interventions in terms of prevention and protection (Cooper *et al.*, 2009). Practitioners viewed the success of an intervention on the basis of whether or not the victim felt their complaint had been dealt with satisfactorily and the extent to which the local community felt safer.

Interviewees acknowledged that methods currently used for evaluating multi-agency responses to ASB, such as consultation exercises and postal, email and online questionnaires, were a relatively crude way of measuring public confidence in the work of local ASB teams. Public consultation meetings were felt to be of limited use in this context.

'You've perhaps got a dozen people [who] will come and attend those meetings, come hell or high water, and a considerable number of them, all due respect to them, do not reflect the wants and needs and views of the local community.'

(ASB Manager: 6)

Many practitioners felt that the most vulnerable groups in the community, such as the elderly, those with special needs and those living in areas of social deprivation, were the most severely under-represented in such exercises, yet were among those most likely to encounter ASB. Indeed, research shows that ASB is more likely to have

an impact on those people living in the inner cities and areas characterised by social deprivation (Flatley *et al.*, 2008). In these situations, gathering the necessary evidence to support a court application presents a considerable challenge. Practitioners felt that better communication with vulnerable victims helped to increase reporting of ASB and the likelihood of victims and witnesses working with practitioners to secure a successful outcome. They expressed concern about areas where ASB was not reported at all because they felt that residents might feel too intimidated and afraid to report nuisance behaviour and thus suffer in silence.¹⁷

‘... unfortunately there are a lot of people who, maybe because communities have broken down, are less likely to get in touch, ... It effectively just means that ... they grin and bear it and they take it ... I know of elderly ladies in one street who have had burglaries, crap through their back doors and have thought not to report it for the fact that they did not want to be seen to be talking to the police.’

(Community Safety Warden, Site A)

Practitioners saw receiving reports of ASB from the public and the feeding back of responses from the various agencies as a cyclical process. While efforts were made to collect and collate such information, some ASB teams claimed they had neither the expertise nor the capacity to undertake local sample surveys and address the needs of victims and witnesses. Vulnerable victims, such as the elderly and those with learning difficulties, were particularly felt to need specialist support.

“... they [vulnerable witnesses] just fall apart because of the process in the courts. It just lets them down so badly. Because we go through the process of best interests and achieving best evidence ... When they get to [the] magistrates’ court ... you’re just at the mercy of the court. It’s difficult.”

(Vulnerable Adults Co-ordinator/Investigator: 1)

The situation could be exacerbated when solicitors representing perpetrators adopted strategies that slowed down the processing of cases through the system.

3 Conclusions and implications for practice

The study has provided information about those who receive interventions for ASB and what interventions were received. The findings are in line with other research, for example about half of those receiving interventions in the study areas were young people aged under 18 and most interventions were lower level with few people getting more than one intervention in the study period. The detailed consideration of cases of persistent ASB by adults highlights the complex needs of many of the perpetrators and the challenges faced by practitioners in dealing with these types of ASB.

Both the quantitative and qualitative aspects of the research raise issues for practitioners in effectively dealing with ASB.

- Current ASB data-collection practice does not tend to generate the kinds of data-sets which can underpin robust assessments of the effectiveness of ASB interventions, although there are practical steps which could be taken to help move ASB practice in a more focused (and perhaps cost-effective) direction.
- Data management systems were often not designed to enable easy access to information by multi-agency groups involved in ASB work. This could lead to delays in the decision-making process and duplication of service provision.
- Data sharing was one of the most contentious aspects of ASB practice. Not only were practitioners uncertain about both informed consent and the requirements of the Data Protection Act but also many commented on the reluctance of some partner agencies to share information.
- Practitioners were aware that a balanced response, incorporating elements of both enforcement and prevention, was essential, especially for perpetrators with complex needs. High-end interventions were more likely to succeed where they were combined with support services aimed at addressing the underlying causes of ASB. However, practitioners commented that lack of support services meant that many adult perpetrators experienced ‘enforcement without support’.

¹⁷ Previous research has highlighted the fact that intimidation can be a barrier to reporting ASB and there is a role for dedicated witness support schemes. See for example, Audit Commission (2003) and Hunter *et al.*, (2004).

- While local partnerships may adopt control, rehabilitative, restorative or other ideologies in their work, what they actually deliver may not always reflect the prevailing ideology, especially where access to specific services is limited.
 - A strong emphasis on the front line in ASB work was seen as essential. ASB managers and co-ordinators recognised that many front-line workers (i.e. paid and voluntary workers working directly with service users in the community) would benefit from more effective training on the principles and practices of evidence gathering, building case files, steering applications through the legal process and supporting victims and witnesses.
 - Practitioners were concerned that the needs of victims and witnesses should be addressed, particularly where vulnerable adults are concerned. More effective ways of eliciting the views and concerns of the most vulnerable individuals and groups in the community, who may be victims of ASB, need to be explored. This is particularly important in areas where members of the community are afraid to report ASB for fear of retaliation and/or need support throughout the court process when acting as witnesses.
 - Practitioners felt that investment in permanent staff contracts would enable ASB managers to build trust in the local community and between partner agencies, develop inter-agency rapport and facilitate more effective long-term planning at both strategic and front-line levels.
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Appendix I Further details on the quantitative research

Implementation of area-based ASB data collection

An initial sample of CDRPs was chosen based on findings from an earlier survey.

“Mini-interviews” were held with one or more key representatives in each area to assess the quality and availability of computerised data-sets concerning local ASB activities, and how areas gathered and held information on the more specific variables of interest: age, gender, ethnicity, offending/anti-social-behaviour history, perpetrator needs, anti-social-behaviour incident details, level of compliance with ASB interventions, and reports of further anti-social behaviour.

These discussions varied in length and usefulness, but were only partially transcribed, and formed part of the ongoing record of liaison with each area.

Although areas were mostly keen to co-operate, as the work progressed it soon became clear that returns to the earlier survey¹⁸ did not provide an accurate guide to the way in which local areas actually gathered and stored their ASB data. There were no details about the format or the extent of centralisation of ASB data.

Either information concerning key variables was not collected at all, it was collected but only in hard copy, or it was collected only for some ASB activity (e.g. in relation to activity conducted by only one of several partners) – or for too limited a time frame (e.g. in cases where an ASB database had only been in operation for a few months).

In order to find as many areas using centralised bespoke systems as possible, the team significantly broadened its consultation work during 2009. After a lengthy process of consultation and negotiation across a total of 82 areas, it successfully generated a sample of several thousand ASB cases across ten areas toward the end of 2009. (The final sample of areas and cases is described in the main report, and further tables are provided in this Appendix.)

In order to generate more records, the team implemented a final and much more intensive phase of “on the ground” work in a small number of areas where it was felt that direct data-entry, “gap-filling” or face-to-face work with key ASB team members on site to assist with data downloads would help to increase the size and quality of the overall data-set. This exercise did in fact generate a significant number of new ASB data records, although the quality of the information gathered was highly variable.

The team encountered a range of difficulties in relation to access, and an occasional reluctance to make local ASB data-sets available. In these cases it seemed to be related to one or more key factors:

Concerns about data protection issues, and about the handling of personal (and/or sensitive) data. In most areas where data protection concerns were raised, local representatives needed to be satisfied with the research team’s procedures for the handling, downloading, transfer and analysis of data which might be personal and/or sensitive. In a few cases, however, data protection concerns prevented the team from accessing local ASB data.

An awareness on the part of local representatives about the limitations of their ASB data, and a reluctance to open this up to outside scrutiny. Some local representatives pointed out that their ASB data-collection practice was lacking, and that they would prefer this not be communicated too widely (or linked to their area specifically). Representatives were assured that the team was not involved in a data ‘policing’ exercise and that they were included in the sample because they compared very well with other areas of the country in terms of their ASB data collection.

¹⁸ An Ipsos MORI survey reported on in Cooper *et al.* (2009).

Worries about resources, in terms of staff time, needed to help the research team access ASB data.

Issues about resourcing were particularly significant in some areas, and “lack of staff time” was probably the most common reason for declining to participate in the research. The field team tried to address this by offering to create and download ASB data-sets themselves, but this was not always successful in generating local involvement.

Lack of office space and/or computer terminals (to allow team members to access ASB data directly on site). There were cases where existing computing and/or desk space was in constant use by ASB staff or other partners, and therefore not available to field researchers even for brief periods of time.

Lack of technical expertise in downloading data-sets. In some cases ASB team members were used to working with databases themselves but they did not know how to download and/or transfer data-sets from their own systems.

Constraints on data provision that are “built-in” by ASB database system designers, and which require separate funding to resolve. In some areas where ASB teams use bespoke databases for their ASB information, it became clear that the downloading of full data-sets would have required special programming by the system designers. The team did manage to convince system designers to provide some material “pro bono”, although in one other case the team would have needed to pay several thousand pounds to an IT provider to access local ASB data.¹⁹

Perhaps ironically, the multi-agency nature of ASB work also resulted in lengthy delays because of a perceived necessity to consult widely about data-access issues across partners.

Final sample of areas

The following tables compare the sample areas and all CDRPs, in terms of Groups, Super-groups, Government Office Region, and average population characteristics, respectively.

Table A1.1 Census area classification (by Groups) of CDRPs and final sample

	All CDRPs		Sample areas	
	Frequency	Percentage	Frequency	Percentage
Centres with Industry	21	5.7	1	10.0
Coastal and Countryside	49	13.4	0	0
Industrial Hinterlands	30	8.2	0	0
London Centre	7	1.9	0	0
London Cosmopolitan	7	1.9	1	10.0
London Suburbs	12	3.3	1	10.0
Manufacturing Towns	34	9.3	0	0
New and Growing Towns	22	6.0	0	0
Prospering Smaller Towns	109	29.7	5	50.0
Prospering Southern England	45	12.3	1	10.0
Regional Centres	20	5.4	0	0
Thriving London Periphery	9	2.5	1	10.0
Not Known	2	0.5	-	-
<i>Total</i>	<i>367</i>	<i>100.0</i>	<i>10</i>	<i>100.0</i>

¹⁹ The team might have done so in other circumstances, but we had already examined the data-set “on site” in this case, and it was of such poor quality that we decided it would not be worth commissioning a download.

Table A1.2 Census area classification (by Supergroups) of CDRPs and final sample

	All CDRPs		Sample areas	
	Frequency	Percentage	Frequency	Percentage
Cities and Services	50	13.6	2	20.0
Coastal and Countryside	49	13.4	0	0
London Centre	7	1.9	0	0
London Cosmopolitan	7	1.9	1	10.0
London Suburbs	12	3.3	1	10.0
Mining and Manufacturing	64	17.4	0	0
Prospering UK	176	48.0	6	60.0
Not Known	2	0.5	-	-
<i>Total</i>	<i>367</i>	<i>100.0</i>	<i>10</i>	<i>100.0</i>

Table A1.3 Regional classification (by Government Office region) of CDRPs and final sample

	All CDRPs		Sample areas	
	Frequency	Percentage	Frequency	Percentage
East	46	12.5	2	20.0
East Midlands	41	11.2	3	30.0
London	33	9.0	3	30.0
North East	23	6.3	0	0
North West	40	10.9	1	10.0
South East	66	18.0	0	0
South West	43	11.7	0	0
Wales	21	5.7	1	10.0
West Midlands	32	8.7	0	0
Yorkshire & Humberside	22	6.0	0	0
<i>Total</i>	<i>367</i>	<i>100.0</i>	<i>10</i>	<i>100.0</i>

Table A1.4 Average population characteristics of CDRPs and final sample

	All CDRPs	Sample areas
Age 0-4	6.0%	5.9%
Age 5-14	12.9%	12.7%
Age 15-24	12.2%	12.4%
Age 25-44	29.2%	29.5%
Age 45-64	23.8%	23.9%
Age 65 and over	16.0%	15.7%
White ^a	90.9%	86.5%
Asian	4.6%	6.1%
Black	2.3%	4.4%
Population density	3.5	17.0
Crime rate	50.0	47.5
Deprivation score ^b	19.0	19.1
Base	367	10

Source for age and ethnicity data: *Census 2001 Key Statistics for Local Authorities in England & Wales*.

See http://www.statistics.gov.uk/downloads/census2001/KS_LA_E&W_part1.pdf

Source for crime data: *Crime in England & Wales 2008/09*. See <http://www.homeoffice.gov.uk/rds/crimeew0809.html>

Source for deprivation data: *Indices of Deprivation 2007*.

See <http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/>

Note

a The percentages shown relating to ethnicity are for the nine CDRPs in England. The percentages (with the average for Wales in brackets) for the single Welsh CDRP in the sample are: White 98.9% (97.9%); Asian 0.4% (0.8%); and Black 0.1% (0.3%).

b The average score for all CDRPs does not include the Welsh CDRPs (where average deprivation score data are unavailable).

And finally, Table A1.5 summarises date ranges for ASB data-sets from the final sample of areas.

Table A1.5 Date ranges by sample area

	Number of cases		Date range of data	
	Frequency	Percent	From	To
Area 1	645	15.0	7/2/06	29/12/09
Area 2	352	8.2	20/4/04	13/5/09
Area 3	516	12.0	27/7/04	24/7/09
Area 4	121	2.8	12/7/07	29/9/09
Area 5	196	4.6	9/8/06	11/3/09
Area 6	153	3.6	14/4/04	15/7/09
Area 7	1,107	25.7	26/7/04	18/11/09
Area 8	810	18.8	26/5/04	3/11/09
Area 9	322	7.5	4/9/06	29/5/09
Area 10	85	2.0	6/10/03	23/10/08
Total	4,307	100.0		

Approach to analysis

The broad aim of the quantitative research was to explore relationships between ASB perpetrators, specific forms of ASB, interventions, and outcomes, in order to understand the way in which particular interventions might “work” in particular types of cases.

In order to explore those relationships, the planned analysis was to involve several key stages, with the outcome of each stage determining the form of following stages:

- analysis of specific variables;
- creation of new variables, where possible (e.g. area-specific variables);
- distributional analysis, cross-tabulations (in order to discover possible patterns across variables or connections between key variables);
- multivariate analysis.

In terms of specific multivariate techniques, the team initially planned to explore two main options. The first and more straightforward option was to use a regression model – or more specifically a logistic regression model where the dependent variable would be escalation of anti-social behaviour (a binary variable). The advantage of such a model is that it would enable us to explore how particular characteristics of the perpetrator or the incident of anti-social behaviour are linked to the probability of escalation. It would also have allowed us to predict the likelihood of escalation, given a certain set of characteristics.

Findings from an analysis of that sort would be useful, for example, for the targeting of individuals (who are deemed to be at high risk of escalation) at an early stage. What such a model will not do is enable us comprehensively to explore how time may factor into this. For example, the time between interventions may be related to escalation of anti-social behaviour and the timing of incidents and escalations may be related to the characteristics of perpetrators and/or incidents.

The second option – an event history analysis model – allows all of the advantages of the logistic regression model but with a much more dynamic form of analysis. Event history analysis (or survival analysis as it is termed in medical research) is a multivariate statistical modelling technique used to predict the risk of an event happening over time.²⁰ The most common form is a hazard model in which the “risk” of experiencing an event (in this case an escalation of anti-social behaviour) at a certain point in time is predicted with a set of contributing factors (termed covariates or independent variables). In this case, these would be variables related to the characteristics of the perpetrator and the incident.

As noted in the methods section of the main report, however, problems associated with key missing data precluded any of these forms of analysis, although the available material did allow the team to undertake a range of standard descriptive analyses, and to link this wherever possible to other (e.g. qualitative) material collected as part of the overall research.

Final ASB data-set

The final sample was made up of records of 4,307 ASB interventions, and covering 3,382 individuals.

Some comments concerning area representativeness have already been made, but it is also worth raising some issues concerning potential bias in the final sample (in terms of the range of cases gathered from particular areas).

Because of the multi-agency nature of ASB practice there is usually a local “division of duties” in terms of particular forms of ASB and interventions to address them, with some partners taking the lead in relation to a particular set of interventions or types of ASB case, but not in others. This obviously complicates local data-collection practice, but, wherever possible, the research team aimed to secure data-sets that were “over-arching” and that did not exclude any key ASB activity in the sample area.

²⁰ For the application of such models in social research, see Yamaguchi, K. (1991) and Steele, F.A. (2005).

For the most part this approach was successful, and the resulting area data-sets provide a reasonably accurate picture of each area's ASB activity (although they do not capture those strands of work which are primarily preventive in nature). In one of the larger areas, however, this was provided by only one of the local partners (though the "main" one), and focused mostly on "high-end" interventions. A somewhat larger data-set covering "low to medium" interventions was held by a second partner, and could not be accessed. Hence, the overall sample of cases from that area is biased toward "heavy-end" cases, and this will in turn have had some impact on bias associated with the overall sample. Again, issues of this kind need to be kept in mind when interpreting findings from the analysis.

The following three tables summarise how the ASB intervention records are distributed by census area classification (Group and Super-group) and Government Office region.

Table AI.6 ASB intervention records by CDRP Group

	Frequency	Percentage
Centres with Industry	1,107	25.7
London Cosmopolitan	645	15.0
London Suburbs	196	4.6
Prospering Smaller Towns	1,685	39.1
Prospering Southern England	322	7.5
Thriving London Periphery	352	8.2
<i>Total</i>	<i>4,307</i>	<i>100.0</i>

Table AI.7 ASB intervention records by CDRP Supergroup

	Frequency	Percentage
Cities and Services	1,459	33.9
London Cosmopolitan	645	15.0
London Suburbs	196	4.6
Prospering UK	2,007	46.6
<i>Total</i>	<i>4,307</i>	<i>100.0</i>

Table AI.8 ASB intervention records by Government Office region

	Frequency	Percentage
East Midlands	2,433	56.5
East of England	407	9.4
London	1,193	27.7
North West	121	2.8
Wales	153	3.6
<i>Total</i>	<i>4,307</i>	<i>100.0</i>

In terms of data quality, there were significant levels of missing data, as noted in the main report. The following table provides more detailed information on levels of missing data.

Table AI.9 ASB intervention records – percentage missing data in key fields

	Percentage missing
Date of ASB that resulted in ASB intervention	95%
Type of ASB that resulted in ASB intervention	61%
Date of birth	43%
Gender	21%
Ethnicity	66%
ASB intervention end date	76%
ASB intervention breached or not	70%
Date of breach	98%
Reason for breach	71%
Breach details ^a	72%
Breach outcome	71%
Perpetrator needs	98%
Perpetrator ASB/offending history	97%
Base	4,307

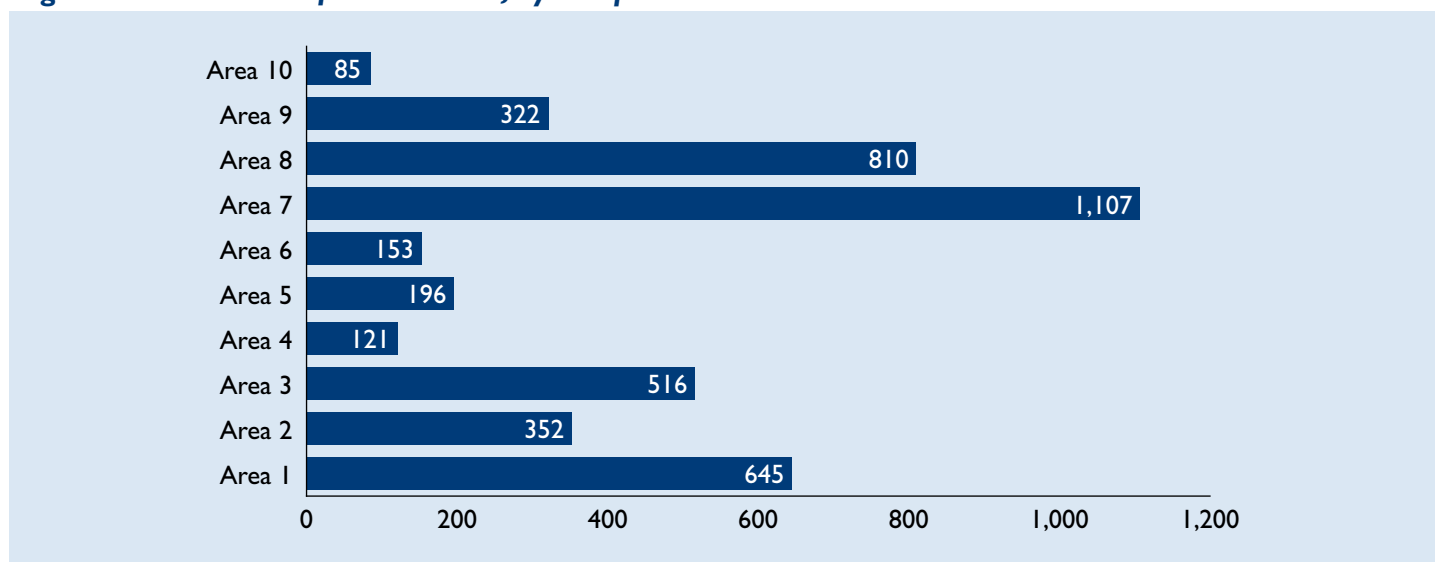
Note

- a Although there was an overlap between this category and ‘Reason for breach’, it was retained because it sometimes contained open text descriptive data concerning the breach – e.g. that an individual had visited an area that they were prohibited from visiting. ‘Reason for breach’ was simply pre-set categories such as “offending”.

Key variables

Figure AI.1 summarises the spread of ASB interventions across the final ten sample areas

Figure AI.1 Number of ASB records, by sample area



Total records=4,307.

Types of ASB leading to intervention

Presentations dealing with types of ASB in the main report are based on raw figures presented in the following table, and also in the more detailed Table AI.11.

Table AI.10 Examples of behaviour that led to ASB intervention

	Threats		Substance		Violence		Disorder		Vehicle	
	Frequency	Percentage	Frequency	%	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
ABC/ABA	132	30.6	47	15.2	63	60.0	286	36.3	2	5.7
ASBI	70	16.2	73	23.5	6	5.7	5	0.6	0	0.0
ASBO	14	3.2	16	5.2	2	1.9	6	0.8	1	2.9
CRASBO	2	0.5	9	2.9	0	0.0	8	1.0	5	14.3
Demotion of tenancy	0	0.0	5	1.6	0	0.0	0	0.0	0	0.0
Eviction	1	*	16	5.2	1	1.0	0	0.0	0	0.0
Ind. Support Order	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Interim ASBI	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Interim ASBO	5	1.2	7	2.3	0	0.0	5	0.6	0	0.0
Not. Seeking Possession	13	3.0	84	27.1	7	6.7	21	2.7	1	2.9
Parental Order	0	0.0	0	0.0	0	0.0	0	0.0	26	74.3
Warning letter	171	39.7	46	14.8	22	21.0	433	55.0	0	0.0
Warning visit	23	5.3	7	2.3	4	3.8	23	2.9	0	0.0
Totals ^a	431	100	310	100	105	100	787	100	35	100

Note

* Less than 0.5%

a There were 2,795 cases where the 'behaviour that led to ASB intervention' was not provided. Therefore, the base is 1,512 cases – totals presented are those cases where the behaviour did lead to an intervention. Totals do not add up to 1,512 as an intervention could be given for more than one behaviour.

See notes for Figure 2 in main report, for a breakdown of each ASB category.

Table AI.11 Behaviour that led to ASB intervention

	Threats		Substance		Violence		Disorder		Vehicle		Graffiti		Damage		Theft		Weapon		Other	
	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%
ABC/ABA	132	30.6	47	15.2	63	60.0	286	36.3	2	5.7	43	55.8	53	57.0	20	76.9	7	63.6	20	21.7
ASBI	70	16.2	73	23.5	6	5.7	5	0.6	0	0.0	0	0.0	4	4.3	0	0.0	1	9.1	3	3.3
ASBO	14	3.2	16	5.2	2	1.9	6	0.8	1	2.9	9	11.7	1	1.1	3	11.5	0	0.0	7	7.6
CRASBO	2	0.5	9	2.9	0	0.0	8	1.0	5	14.3	1	1.3	1	1.1	1	3.8	1	9.1	6	6.5
Demotion of tenancy	0	0.0	5	1.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Eviction	1	*	16	5.2	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	4.3
Ind. Support Order	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Interim ASBI	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Interim ASBO	5	1.2	7	2.3	0	0.0	5	0.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Not. Seeking Possession	13	3.0	84	27.1	7	6.7	21	2.7	1	2.9	4	5.2	6	6.5	2	7.7	2	18.2	7	7.6
Parental Order	0	0.0	0	0.0	0	0.0	0	0.0	26	74.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Warning letter	171	39.7	46	14.8	22	21.0	433	55.0	0	0.0	19	24.7	26	28.0	0	0.0	0	0.0	39	42.4
Warning visit	23	5.3	7	2.3	4	3.8	23	2.9	0	0.0	1	1.3	2	2.2	0	0.0	0	0.0	6	6.5
Totals^a	431	100	310	100	105	100	787	100	35	100	77	100	93	100	26	100	11	100	92	100

Note

* Less than 0.5%

a There were 2,795 cases where the 'behaviour that led to ASB intervention' was not provided. Therefore, the base is 1,512 cases – totals presented are those cases where the behaviour did lead to an intervention. Totals do not add up to 1,512 as an intervention could be given for more than one behaviour.

See notes for Figure 2 in main report, for a breakdown of each ASB category.

ASB interventions

Presentations focusing on ASB intervention type in the main report are based on raw figures in Table A1.12, and those summarising variations in the use of ASB interventions by area are based on raw figures from Table A1.13,

Table A1.12 ASB intervention type

	Frequency	Percentage
ABC/ABA	960	22.3
ASBI	494	11.5
ASBO	268	6.2
CRASBO	76	1.8
Demotion of tenancy	16	*
Eviction	43	1.0
Individual Support Order	1	*
Interim ASBI	8	*
Interim ASBO	46	1.1
Notice seeking possession	436	10.1
Parental Order	4	*
Warning letter	1,877	43.6
Warning visit	78	1.8
<i>Total</i>	<i>4,307</i>	<i>100.0</i>

NOTE

* Less than 0.5%

Interventions by area

Variations in the use of ASB interventions by area are summarised in Tables A1.13 and A1.14.

Table A1.13 Breakdown of main ASB interventions across sample areas by percentage

Sample areas	ASB interventions					
	ABC/ABA	ASBI	ASBO	Notice seeking possession	Warning letter	Other
Area 1	0.0	0.2	0.0	1.1	31.6	16.5
Area 2	34.8	0.0	6.7	0.0	0.0	0.0
Area 3	8.4	4.0	6.3	3.0	18.3	15.4
Area 4	10.1	0.0	4.9	0.0	0.0	4.0
Area 5	11.4	1.2	8.2	7.3	1.3	0.7
Area 6	4.1	2.8	3.7	.2	4.4	2.2
Area 7	5.2	88.5	59.7	73.4	0.3	49.3
Area 8	14.8	0.2	0.7	2.1	34.3	4.8
Area 9	5.4	2.2	1.5	12.8	9.7	5.9
Area 10	5.8	0.8	8.2	0.0	0.0	1.1
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

Table AI.14 Area by intervention type

Area	Intervention type															
	ABC/ABA		ASBI		ASBO		Notice seeking possession		Warning letter		Other		Total			
	F	%	F	%	F	%	F	%	F	%	F	%	F	%		
1	0	0.0%	1	0.0%	0	0.0%	5	1.1%	594	31.6%	45	16.5%	645	15.0%		
Percentage	0.0%		0.0%		0.0%	0.8%		92.1%		7.0%		100.0%				
2	334	34.8%	0	0.0%	18	6.7%	0	0.0%	0	0.0%	0	0.0%	352	8.2%		
Percentage	94.9%		0.0%		5.1%		0.0%		0.0%		0.0%	100.0%				
3	81	8.4%	20	4.0%	17	6.3%	13	3.0%	343	18.3%	42	15.4%	516	12.0%		
Percentage	15.7%		3.9%		3.3%		2.5%		66.5%		8.1%	100.0%				
4	97	10.1%	0	0.0%	13	4.9%	0	0.0%	0	0.0%	11	4.0%	121	2.8%		
Percentage	80.2%		0.0%		10.7%		0.0%		0.0%		9.1%	100.0%				
5	109	11.4%	6	1.2%	22	8.2%	32	11.3%	25	1.3%	2	0.7%	196	4.6%		
Percentage	55.6%		3.1%		11.2%		16.3%		12.8%		1.0%	100.0%				
6	39	4.1%	14	2.8%	10	3.7%	1	0.0%	83	4.4%	6	2.2%	153	3.6%		
Percentage	25.5%		9.2%		6.5%		0.7%		54.2%		3.9%	100.0%				
7	50	5.2%	437	88.5%	160	59.7%	320	73.4%	6	0.0%	134	49.3%	1,107	25.7%		
Percentage	4.5%		39.5%		14.5%		28.9%		0.5%		12.1%	100.0%				
8	142	14.8%	1	0.0%	2	0.7%	9	2.1%	643	34.3%	13	4.8%	810	18.8%		
Percentage	17.5%		0.0%		0.0%		1.1%		79.4%		1.6%	100.0%				
9	52	5.4%	11	2.2%	4	1.5%	56	12.8%	183	9.7%	16	5.9%	322	7.5%		
Percentage	16.1%		3.4%		1.2%		17.4%		56.8%		5.0%	100.0%				
10	56	5.8%	3	0.8%	22	8.2%	0	0.0%	0	0.0%	3	1.1%	85	2.0%		
Percentage	65.9%		4.7%		25.9%		0.0%		0.0%		3.5%	100.0%				
Total	960	100.0%	494	100.0%	268	100.0%	436	100.0%	1,877	100.0%	272	100.0%	4,307	100.0%		
Percentage	22.3%		11.5%		6.2%		10.1%		43.6%		6.3%	100.0%				

* Less than 0.5%.

Length of interventions

Table A1.15 Length of ASB intervention

	Frequency	Percent
Up to 1 month	92	5.0
1 to 3 months	112	6.0
4 to 6 months	365	19.7
7 to 12 months	246	13.2
1 to 2 years	138	7.4
2 to 3 years	38	2.0
3 to 4 years	11	0.6
4 to 5 years	18	1.0
Over 5 years	3	*
Missing	834	44.9
Total^a	1,857^a	100.0

* Less than 0.5%.

a Time frame not applicable to 2,450 interventions (including: Demotion of tenancy, Eviction, Notice seeking possession, Warning letter and Warning visit).

Intervention numbers, by case

A more detailed breakdown of ASB cases by “intervention number” is provided in Table A1.16. The information shows that 3,382 records (79% of total) concerned first ASB interventions, for example, whereas three of the records were for a ninth intervention, and so on.

Table A1.16 Intervention number, by case

	Frequency	Percent
1st	3,382	78.5
2nd	587	13.6
3rd	197	4.6
4th	67	1.6
5th	32	0.7
6th	18	*
7th	13	*
8th	8	*
9th	3	*
Total	4,307	100.0

* Less than 0.5%.

A more detailed cross-tabulation is presented in Table A1.17 of number of interventions (divided here into “only 1” and “2 or more”), by a range of key variables. This is followed by a cross-tabulation of “first” and “second” ASB interventions in Table A1.18.²¹

²¹ It needs to be emphasised that the team had no way of knowing whether the ‘first intervention’ that we had a record of was actually an individual’s first ASB intervention, given that the computerised data-sets were usually preceded by paper files or other records which went further back in time (and were not incorporated into the ASB data-base).

Table A1.17 Number of ASB interventions, by key variable

	Only 1 intervention		2 or more interventions	
	Frequency	Percent	Frequency	Percent
Age at intervention start^a				
Under 10	10	*	5	0.9
10 to 13	173	6.2	48	8.2
14 to 17	701	25.1	121	20.6
18 to 21	168	6.0	33	5.6
22 to 25	74	2.6	21	3.6
26 to 30	74	2.6	31	5.3
31 to 40	146	5.2	51	8.7
41 to 50	96	3.4	30	5.1
51 to 60	35	1.3	15	2.6
Over 60	22	0.8	11	1.9
Missing	1,296	46.4	221	37.6
Gender				
Male	1,445	51.7	280	47.7
Female	842	30.1	164	27.9
Missing	508	18.2	143	24.4
Ethnicity				
White	840	30.1	171	29.1
Black	72	2.6	23	3.9
Asian	16	0.6	3	0.5
Mixed	21	0.8	10	1.7
Missing	1,846	66.0	380	64.7
ASB intervention type^b				
ABC/ABA	697	24.9	108	18.4
ASBI	238	8.5	130	22.1
ASBO	203	7.3	16	2.7
CRASBO	65	2.3	3	0.5
Demotion of tenancy	12	*	2	*
Eviction	26	0.9	1	*
Individual Support Order	0.0	0.0	0.0	0.0
Interim ASBI	3	*	5	0.9
Interim ASBO	3	*	24	4.1
Notice seeking possession	281	10.1	52	8.9
Parental Order	4	*	0.0	0.0
Warning letter	1,220	43.6	231	39.4
Warning visit	43	1.5	15	2.6
Base	2,795	100.0	587	100.0

a For those with two or more interventions, this is the age at the first intervention.

b For those with two or more interventions, this is the first intervention type.

* Less than 0.5%.

Table A1.18 'First' intervention type, by 'second' intervention type

'First' intervention type	'Second' intervention type (received within 12 months of 'first' intervention)										
	ABC/ABA	ASBI	ASBO	CRASBO	Demotion of tenancy	Eviction	Interim ASBO	Notice seeking possession	Warning letter	Warning visit	Total
ABC/ABA	24 42.1%	0 0.0%	2 3.5%	2 3.5%	0 0.0%	0 0.0%	0 0.0%	5 8.8%	24 42.1%	0 0.0%	57 100.0%
ASBI	4 7.0%	29 50.9%	1 1.8%	0 0.0%	0 0.0%	0 0.0%	2 3.5%	16 28.1%	5 8.8%	0 0.0%	57 100.0%
ASBO	0 0.0%	0 0.0%	1 50.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 50.0%	0 0.0%	0 0.0%	2 100.0%
CRASBO	0 0.0%	1 50.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 50.0%	0 0.0%	0 0.0%	0 0.0%	2 100.0%
Demotion of tenancy	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 100.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 100.0%
Interim ASBI	0 0.0%	1 33.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 66.7%	0 0.0%	0 0.0%	3 100.0%
Interim ASBO	2 11.1%	0 0.0%	7 38.9%	0 0.0%	0 0.0%	0 0.0%	9 50.0%	0 0.0%	0 0.0%	0 0.0%	18 100.0%
Notice seeking possession	1 4.5%	7 31.8%	0 0.0%	0 0.0%	0 0.0%	1 4.5%	0 0.0%	7 31.8%	5 22.7%	1 4.5%	22 100.0%
Warning letter	8 8.3%	1 1.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	4 4.2%	79 82.3%	4 4.2%	96 100.0%
Warning visit	1 16.7%	1 16.7%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 16.7%	3 50.0%	0 0.0%	6 100.0%
Total	40 15.2%	40 15.2%	11 4.2%	2 0.8%	1 **	1 **	12 4.5%	36 13.6%	116 43.9%	5 1.9%	264 100.0%

* Less than 0.5%.

Gender

Information on gender in the main report is drawn from the raw figures included in Table A1.19.

Table A1.19 Gender of ASB perpetrator, by a selection of intervention types

	Male		Female		Missing		Total	
	Frequency	Percentage						
ABC/ABA	568	26.6%	229	18.10%	163	18.00%	960	22.30%
Percentage	59.2%		23.90%		17.00%		100.00%	
ASBI	347	16.20%	135	10.70%	12	1.30%	494	11.50%
Percentage	70.20%		27.30%		2.40%		100.00%	
ASBO	220	10.30%	35	2.80%	13	1.40%	268	6.20%
Percentage	82.10%		13.10%		4.90%		100.00%	
Notice seeking possession	190	8.90%	217	17.20%	29	3.20%	436	10.10%
Percentage	43.60%		49.80%		6.70%		100.00%	
Warning letter	637	29.80%	568	44.90%	672	74.20%	1,877	43.60%
Percentage	33.90%		30.30%		35.80%		100.00%	

* Less than 0.5%.

A more detailed cross-tabulation of gender and ASB intervention type is provided in Table A1.20.

Table A1.20 Gender of ASB perpetrator, by intervention type

	Male		Female		Missing		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
ABC/ABA	568	26.6%	229	18.10%	163	18.00%	960	22.30%
Percentage	59.2%		23.90%		17.00%		100.00%	
ASBI	347	16.20%	135	10.70%	12	1.30%	494	11.50%
Percentage	70.20%		27.30%		2.40%		100.00%	
ASBO	220	10.30%	35	2.80%	13	1.40%	268	6.20%
Percentage	82.10%		13.10%		4.90%		100.00%	
CRASBO	56	2.60%	13	1.00%	7	0.80%	76	1.80%
Percentage	73.70%		17.10%		9.20%		100.00%	
Demotion of tenancy	7	*%	9	0.70%	0	0.00%	16	*%
Percentage	43.80%		56.20%		0.00%		100.00%	
Eviction	29	1.40%	13	1.00%	1	*%	43	1.00%
Percentage	67.40%		30.20%		2.30%		100.00%	
Individual Support Order	0	0.00%	1	*%	0	0.00%	1	*%
Percentage	0.00%		100.00%		0.00%		100.00%	
Interim ASBI	3	*%	5	*%	0	0.00%	8	*%
Percentage	37.50%		62.50%		0.00%		100.00%	
Interim ASBO	37	1.70%	8	0.60%	1	*%	46	1.10%
Percentage	80.40%		17.40%		2.20%		100.00%	
Notice seeking possession	190	8.90%	217	17.20%	29	3.20%	436	10.10%
Percentage	43.60%		49.80%		6.70%		100.00%	
Parental Order	3	*%	1	*%	0	0.00%	4	*%
Percentage	75.00%		25.00%		0.00%		100.00%	
Warning letter	637	29.80%	568	44.90%	672	74.20%	1,877	43.60%
Percentage	33.90%		30.30%		35.80%		100.00%	
Warning visit	39	1.80%	31	2.50%	8	0.90%	78	1.80%
Percentage	50.00%		39.70%		10.30%		100.00%	
Total	2,136	100.00%	1,265	100.00%	906	100.00%	4,307	100.00%
Percentage	49.60%		29.40%		21.00%		100.00%	

* Less than 0.5%.

Age of perpetrators

Presentations of data on age of perpetrators in the main report are drawn from raw figures summarised in Table A1.21, and a more detailed cross-tabulation of age (broken down as “Adult” and “Young Person”) and ASB intervention is provided in Table A1.22.

Table A1.23 is a reduced cross-tabulation, focusing links between age and only a selection of ASB interventions.

Table A1.21 Age of ASB perpetrator at intervention start date

	Frequency	Percent
Under 10	16	*
10 to 13	292	6.8
14 to 17	1,046	24.3
18 to 21	255	5.9
22 to 25	119	2.8
26 to 30	147	3.4
31 to 40	266	6.2
41 to 50	176	4.1
51 to 60	76	1.8
Over 60	51	1.2
Missing	1,863	43.3
Total	4,307	100.0

* Less than 0.5%.

Table A1.22 Age of ASB perpetrator at intervention start, by intervention type

	Young person		Adult		Missing		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
ABC/ABA	598	44.2%	214	19.60%	148	7.90%	960	22.30%
Percentage	62.3%		22.30%		15.40%		100.00%	
ASBI	5	*%	259	23.80%	230	12.30%	494	11.50%
Percentage	1.00%		52.40%		46.60%		100.00%	
ASBO	47	3.50%	80	7.30%	141	7.60%	268	6.20%
Percentage	17.50%		29.90%		52.60%		100.00%	
CRASBO	15	1.10%	56	5.10%	5	*%	76	1.80%
Percentage	19.70%		73.70%		6.60%		100.00%	
Demotion of tenancy	0	0.00%	5	0.50%	11	0.60%	16	*%
Percentage	0.00%		31.20%		68.80%		100.00%	
Eviction	1	*%	30	2.80%	12	0.60%	43	1.00%
Percentage	2.30%		69.80%		27.90%		100.00%	
Individual Support Order	1	*%	0	0.00%	0	0.00%	1	*%
Percentage	100.00%		0.00%		0.00%		100.00%	
Interim ASBI	0	0.00%	6	0.60%	2	*%	8	*%
Percentage	0.00%		75.00%		25.00%		100.00%	
Interim ASBO	20	1.50%	18	1.70%	8	*%	46	1.10%
Percentage	43.50%		39.10%		17.40%		100.00%	
Notice seeking possession	6	*%	130	11.90%	300	16.10%	436	10.10%
Percentage	1.40%		29.80%		68.80%		100.00%	
Parental Order	2	*%	0	0.00%	2	*%	4	*%
Percentage	50.00%		0.00%		50.00%		100.00%	
Warning letter	657	48.50%	279	25.60%	941	50.50%	1,877	43.60%
Percentage	35.00%		14.90%		50.10%		100.00%	
Warning visit	2	*%	13	1.20%	63	3.40%	78	1.80%
Percentage	2.60%		16.70%		80.80%		100.00%	
Total	1,354	100.00%	1,090	100.00%	1,863	100.00%	4,307	100.00%
Percentage	31.40%		25.30%		43.30%		100.00%	

* Less than 0.5%.

Table AI.23 Age of ASB perpetrator at intervention start, by a selection of intervention types

	Young person		Adult		Missing		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
ABC/ABA	598	44.2%	214	19.60%	148	7.90%	960	22.30%
Percentage	62.3%		22.30%		15.40%		100.00%	
ASBI	5	*%	259	23.80%	230	12.30%	494	11.50%
Percentage	1.00%		52.40%		46.60%		100.00%	
ASBO	47	3.50%	80	7.30%	141	7.60%	268	6.20%
Percentage	17.50%		29.90%		52.60%		100.00%	
CRASBO	15	1.10%	56	5.10%	5	*%	76	1.80%
Percentage	19.70%		73.70%		6.60%		100.00%	
Warning letter	657	48.50%	279	25.60%	941	50.50%	1,877	43.60%
Percentage	35.00%		14.90%		50.10%		100.00%	

* Less than 0.5%.

Ethnicity

The team expected that there would be high levels of missing ethnicity data, and as summarised in Table AI.24, ethnicity details were missing for about two-thirds of interventions. For the 1,476 interventions where data on perpetrator ethnicity were provided, the vast majority (87%) were classed as 'White' (largely reflecting the ethnic make-up of the sample areas themselves).

Table AI.24 Ethnicity of ASB perpetrator

	Frequency	Percent
White	1,285	29.8
Other ^a	191	4.4
Missing	2,831	65.7
<i>Total</i>	<i>4,307</i>	<i>100</i>

a 'Other' includes: 'Black' - 126 (2.9%); 'Asian' - 23 (0.5%); and 'Mixed' - 42 (1.0%).

Breaches

The levels of missing data on breaches of orders meant that detailed or robust analysis was not possible. Hence, they are not included in this report.

Appendix 2 Further details on the qualitative research

Methods

The qualitative data were collected from two main sources: semi-structured interviews (including individual face-to-face interviews, telephone interviews and joint interviews) and the case files of a sample of adult perpetrators drawn from four of the 24 research sites.

Preliminary fieldwork consisted of a number of site visits and informal interviews with ASB managers and practitioners. This helped to inform the construction of a semi-structured interview schedule which covered the following themes:

- the background experiences of practitioners and managers;
- perceptions of the impact and effectiveness of the range of ASB interventions;
- how strategic and operational factors influence the deployment and effectiveness of particular interventions;
- what constitutes best practice;
- what factors influence the ability to deliver an effective service; and
- plans for future service provision.

Fifty-four practitioners were interviewed. They included ASB managers and co-ordinators; police officers; local authority housing staff; social landlords; community safety wardens; substance misuse managers and outreach workers; day centre and homeless shelter managers; legal advisers and a Family Intervention Project manager.

A coding frame was created in NVIVO format for categorising and analysing the qualitative data, with the structure of the frame being based on a combination of key research questions/issues, and the format of our data-collection instruments.

Practitioners interviewed

A full breakdown of interviewees is provided.

Practitioners interviewed

Census Area Classification	Number of sites	Interviewees (N=54)
Industrial Hinterland	4	ASB Reduction Co-ordinator (2) LA ASB Co-ordinator Police ASB Co-ordinator Family Intervention Project Manager Substance Misuse Interventions Manager Legal Adviser (L A Housing) Legal Adviser Manager Social Housing ASB Case Manager for Neighbourhood Support Unit (LA Housing) Victims and Witness Housing Officer Police Officer Vulnerable Adult Co-ordinator/investigator YOS ASB and Restorative Justice Worker Frontline Case Worker Outreach Worker (RSL Housing)
Prospering Smaller Town	9	ASB Manager (3) ASB Case Manager ASB Co-ordinator (2) Community Safety and Community Development Manager LA Community Safety Warden Supervisor Housing Manager (2) Manager of Day Centre and Homeless Shelter Substance Misuse Manager Clinical Lead for Drugs and Alcohol (Health) Police Sergeant and lead on the Complex Needs Group Housing Trust Community Safety Co-ordinator LA Community Safety Warden (suburban) Police Lawyer Legal Adviser Police ASB Officer (2) ASB Officer (2)
Manufacturing Town	3	ASB Manager ASB Co-ordinator (2) Community Safety Officer Police ASB Lead ASB Frontline Officers (2)
New and Growing Towns	1	ASB Manager
London Periphery	1	ASB Co-ordinator
London Suburbs	1	ASB Manager
Centre with Industry	3	ASB Manager (2) ASB Co-ordinator (Housing) ASB Lead Implementation Manager (Community Protection Partnership)
Coastal and Countryside	2	ASB Managers (2)

The case study element of the research entailed reviewing the quantitative and qualitative content of a selection of individual case management files. The majority of cases originated in the first quarter of 2007 to give us a realistic follow-up period over which to assess the impact of interventions. However, in some cases there was evidence of the use of low-level interventions prior to 2007. A variety of service providers were interviewed to elicit different practitioner perspectives on individual cases. Triangulation (bringing together data from different sources) across individual case files and the case-study-focused interviews, combined with the more generic qualitative interviews, contribute to the validity of the research findings.

Given that the case study was based on only four sites, it was not possible to generate a representative sample of interviewees. Interviews were conducted with a range of managers at a strategic level and at least three operational staff or front-line practitioners at each site. The sample included both statutory and third sector agencies. Representatives from all key stakeholder groups (e.g. housing, police and dedicated ASB workers) were involved in at least one initial, face-to-face, case-study interview and in some instances a follow-up interview was conducted after a preliminary analysis of the case study data. The case-study-focused interviews explored both process and outcome issues. They also explored the complex circumstances of, and problems faced by, perpetrators and victims.

Both the qualitative interviews and the case-study-focused interviews gave an insight into practitioners experiences of dealing with a broad range of cases and their perceptions of the impact and effectiveness of different types of intervention. Where the views of an individual practitioner are presented in the text, these should not necessarily be taken as being representative of the group as a whole. The attitudes and opinions expressed by individual practitioners may be influenced by numerous factors including present and previous work experience, professional practice culture and the current political climate regarding attitudes towards ASB policy.

Appendix 3 Summary details on individual case studies

Table A3.1 Outline of Individual Case Studies

Case No	Perpetrator(s)	Gender (pseudonym)	Age	Interventions	Support offered/given	Type of behaviour	Perpetrator need
Site A							
1	Individual	Male (lives with girlfriend)	21	Verbal warnings, visits, 2 warning letters, moved to alternative housing with starter tenancy, no further ASB.	None given.	Nuisance, poor waste management, parties and late night visitors and a disregard for other neighbours in flat.	Unknown.
2	Individual and visitors	Male	19	Tenant had a starter tenancy. The housing agency started eviction proceedings. ASB being addressed.	Social Housing outreach worker on a weekly basis.	Drugs, violence, threats by his visitors (older males who came to use drugs and who the tenant could not control or stop), thousands of pounds worth of damage to housing stock.	Because of the threat of eviction a third sector organisation (who would otherwise have had to re-house him) started to work with him to help prevent his behaviour. It was cheaper for this organisation to support him in his present accommodation than to step in after eviction.
3	Individual	Female (Joanne)	29	Four warning letters over six month period. ASB ongoing.	Currently working with Family Intervention Project.	Noise nuisance, verbally abusive behaviour.	History of clinical depression and domestic abuse, unable to cope with three young children to establish daily routine.
4	Individual	Female	60	Warning letters, mediation, ABC with referral to alcohol services. ASB ongoing.	Does not engage with services despite family support.	Nuisance and roaming in a state of undress at night. Spurious calls to emergency services	Bereavement counselling and alcohol dependence, no mental health needs according to GP.
5	Individual	Female	65	Warnings, ABA, ASB ongoing	Substance misuse services but fails to engage.	Nuisance.	Alcohol dependence developed after the loss of husband, knocking on neighbours doors to talk, lying in road, vulnerable not aggressive.

6	Individual	Male	22	They threatened to end the tenancy. He sobbed when he was threatened with the tenancy being ended. He now has the offer of permanent work at the end of his training, has no debts and has a girlfriend. The outreach worker no longer sees him, no further ASB.	He worked with the outreach worker in social housing. Outreach worker helped him sort out his debts and get a training contract.	Before getting his tenancy he had been living rough after the council evicted him. He was a small time dealer. He had massive debts and had fallen in with a bad crowd of youths.	He had been in care; his parents lived close-by but were not giving advice or supporting him. Once he left care the support just dried up. He wanted work but did not know how to get any.
7	Couple with teenage children	Male (Phil) Female (Jane)	49 45	ASBI whilst living in another area, multiple warnings and low level interventions. No further ASB reported.	Now working successfully with FIP and substance misuse worker, no further ASB and 'dry' for three months. School reports improvement in children's behaviour academically and socially.	Intimidation in form of verbal threats, encouraged sons to do likewise in school with neighbours children.	Both heavy drinkers, long terms unemployed and Phil suffers from depression.
8	Individual	Male (Hugh)	35	ABC for begging, breached conditions. Was later given a CRASBO beginning to change behaviour concerns about negative influence of social group. No further ASB reported as yet.	Homeless hostel and substance misuse worker.	Begging, littering.	Alcohol and drug misuse, homelessness after marital breakdown.
9	Individual	Male	40	ASBO and evicted. Breached ASBO on 22 occasions. ASBO did not work. Since rehabilitation no further ASB reported.	Probation got involved after some of the breaches. Probation, RSL, GP, ASB team got together to get him into a rehabilitation programme. Basic support and counselling as well.	Noise, abuse and violence associated with alcohol abuse. Worked with Alcohol Project to start with but did not really engage with them. Put him into rehabilitation and it has been a remarkable success as he has been re-housed away from his old friends.	Substance misuse mild mental health needs.
10	Family	Male Female	32 24	Drew up a Family Behaviour Contract. Moved the family. SHL attended a meeting of the whole community (many of the houses had been bought from the council). No further ASB.	There was no way of resolving it amicably. They arranged a house swap with a family who had been placed in an area they thought was too rough.	Family did not really control their children. They allowed gangs of children to hang around outside their house. Neighbour complaints were petty - of children hanging around and dropping small bits of rubbish.	Did not integrate into community they were in. Both families now fit better into the communities they are living with and there are no more problems.

Site B	Individual	Male	37	ASBO for racist abuse. CRASBO due to racial nature of the action. ASB ongoing.	None given.	Racist behaviour towards a number of people. Put a pig's head and other things on the doorstep of a Muslim family.	Racist behaviour has stopped but there are still some other ASB problems.
1	Individual	Male	37	ASBOs (a series of them over the past 5-6 years). Breached many times and imprisoned for the breaches. Banned for going within a 5 mile radius of her home (Owned). The exclusion zone was lifted. At the moment she is on remand for breach of another ASBO so there are no complaints. She is still causing problems.	None given.	Long-term threats to neighbours and to children in the area. Noisy, violent, filth.	Long term unemployed, area of social deprivation, depression and lack of social skills, no known mental health needs.
2	Individual	Female	31	ASBOs (a series of them over the past 5-6 years). Breached many times and imprisoned for the breaches. Banned for going within a 5 mile radius of her home (Owned). The exclusion zone was lifted. At the moment she is on remand for breach of another ASBO so there are no complaints. She is still causing problems.	None given.	Long-term threats to neighbours and to children in the area. Noisy, violent, filth.	Long term unemployed, area of social deprivation, depression and lack of social skills, no known mental health needs.
3	Family – Parents and young people all involved	All family involved but most frequently grandson daughter -in-law, father.	18 37 56	ASB. Eviction threatened. Could not get ASBOs as the evidence was insufficient. ASB ongoing.	No support given but considerable multi-agency input to support victims.	The family tried to terrorise and control their community, sometimes with other families. The problems had been going on for many years before neighbours complained.	No specific problems known, three generations unemployed, area of social deprivation, history of petty crime, poor social skills. Some alcohol dependence.
4	Individual	Male (Matthew)	20	Three warning letters over 18 months when under 18 yrs. Mediation with parents. Behaviour improved as a result of threat of injunction on parental home. Resumed ASB on transition to adult independent living. ASB ongoing.	Mediation with parents.	Nuisance, verbal and physically threatening behaviour, ring leader in causing neighbourhood problems prior to 18. As an adult: noise, late-night parties, poor waste management.	Poor social skills, unable to integrate with local community, inconsiderate behaviour to other community members, needs employment and basic skills support.
5	Individual	Female (Katrina)	34	Multiple verbal warnings, followed by ABC with mediation. ASB ongoing.	Mediation.	Believes herself to be a victim of racist abuse, aggressive, confrontational, and can be physically aggressive to neighbours and surrounding community.	Mental health needs (released from institution several years ago) has capacity to understand – given full mental health assessment, isolation, difficulty integrating in local community

6	Family	Female Male	25 50	<p>ABC first. This was breached. Injunction. This was breached. Possession/Eviction. Family evicted. Offered help by another agency (arranged by former landlord) and they do seem to have altered their behaviour in the new community. No more ASB.</p>	<p>Social Housing outreach worker tried to help the family but the adults refused to get involved. Social services were NOT involved.</p>	<p>F: Verbal abuse, violence and threats to neighbours. M: Soft drugs use not dealing. General abuse to neighbours.</p>	<p>Unemployment, long-term, depression, lacking basic skills. They wanted a Family Intervention Programme but those are not available in their area.</p>
7	Individual	Male	35	<p>He has an injunction. They considered eviction Since the threat of eviction they have moved his medication onto an injection every two weeks so it is closely monitored. This has improved his behaviour and eviction seems unlikely, No further ASB.</p>	<p>Social housing outreach worker worked intensively with him when the tenant agreed but sometimes he shut himself off and refused any help. Social services were working with him intermittently and he was receiving support from community-based statutory mental health services.</p>	<p>He is alright when the medication controls the mental difficulties but he causes ASB issues when his mental health deteriorates - Violence, verbal abuse etc.</p>	<p>Mental health problems.</p>
8	Individual	Male	37	<p>CRASBO. on breach of the CRASBO he was assessed and placed in a secure mental institution</p>	<p>None offered.</p>	<p>Was pestering young female neighbours with pornographic magazines and inappropriate sexual advances.</p>	<p>Unknown.</p>
9	Individual	Male	40	<p>Tried an ABC, it did not work. Got an injunction with a power of arrest attached to it. He asked his son to hold the guitar for a year so he was not tempted to play. He still felt it was unfair but he did comply. No further ASB.</p>	<p>Outreach worker worked with him. He could not see why he should have to change his behaviour just because their circumstances changed. He was more thoughtful than intentionally causing ASB. Outreach worker also supported the couple.</p>	<p>Played the guitar until the early hours. He had done this for years and it had never been a problem. One person in the flat below fell terminally ill, his wife was having difficulty coping and complained it had become ASB.</p>	<p>None except inconsideration to couple in flat below.</p>

Site C												
1	Individual	Female	30	Got three months in prison Threatened eviction if she misbehaved.	No support for behaviour change.	Drugs-based ASB. Doors slamming, noise, committed burglaries to feed the habit, handling stolen goods, other flat owners were frightened of her. Eventually she was prosecuted.	Substance misuse. Behaviour has improved but with no support it may not last					
2	Individual	Female (six children)	37	Warnings,ABC,ASBO breached, fined social services paid fine to avoid children being taken into care. Child safety order and parenting order issued.ASB reduced but not stopped.	Parenting classes offered but chronic drink problem means that she is unable to maintain any appointments.	Highly abusive and intimidating to neighbours, shopkeepers and local school.	Unemployed and long term depression, chronic alcoholic.					
3	Son living with parents (victims of son's behaviour)	Male	25	Multiple warnings but the neighbours information has not been sufficiently detailed to allow them to apply for an ASBO, it has just been complaints not evidence. Threat of eviction does result in reduction in behaviour for a brief period. ASB ongoing.	None offered because the parents are the tenants and they are victims as much as the other neighbours so they have not used housing.	Intimidation and bullying in form of physical and verbal threats. The parents are too scared to give evidence against the young man.	Inconsideration for parents and neighbours.					
4	Female living with partner who has criminal record	Female	36	Four warning letters, mediation failed, tried mediation six months later and behaviour improved for 12-month period, then neighbours reported DV and ASB began again. Currently working on ABC. ASB ongoing.	No mental health support available for this high level of need, refusal to work with perpetrator because of serious drink problem, no alcohol support services available currently. Domestic support offered with IDVA, but said she was too scared to take support. Partner is impacting on ability to engage with ASB team.	Despite temporary improvement in behaviour, since neighbours reported incident of domestic abuse because they were concerned for female's welfare, her nuisance behaviour towards the neighbours had increased, shouting, street drinking, shop lifting, intimidating local shopkeepers, threatening and sometimes urinating in local shops.	Serious psychosis, concerns for safety of perpetrator given levels of domestic abuse.					

5	Individual with 3 children	Female	30	Warning letter,ABC breached. Since working with FIP behaviour has improved. No further ASB reported.	Social services had concerns over safety of 14 yr old but withdrew input because mother and house were tidy and well presented. FIP worker: Social Housing outreach worker helped her. She forced her partner to get rid of the drugs from her flat. She took more control of her life.	Abusive and threatening to neighbours. Multiple partners who are abusive to neighbours, parties, noise at unsocial hours, and damage to property. Tenancy was in female's name. Her partner was growing small amounts of cannabis. She did not know.	Alcohol misuse, child protection concerns, children asking neighbours for food and eldest child F: 14yrs left alone for long periods with different men. Unknown.
6	Couple	Female Male	20 24	Demotion of tenancy (they threatened a possession order but agreed to demotion of tenancy if she agreed to work with the outreach worker.) She worked well and how has had her full rights reinstated. No further ASB.			
7	Individual	Female	76	Visits, three verbal warnings, two warning letters,ABC, behaviour fluctuated over a period of four years. However recently issued with an ASBO. Behaviour has improved dramatically. Still concerns about husband's wellbeing. No further ASB.	Refuses to engage.	Physically and Verbally aggressive to neighbours and to holiday makers, damage to property and domestic abuse – perpetrator to elderly husband who has chronic health needs.	Team tried with support of vulnerable adults lead to get mental health assessment. This took almost 15 months; assessment felt minor personality disorder, but had capacity to understand her behaviour.
Site D							
I	Individual	Female with son and daughter in teens; both children are also ASB perpetrators	34	Warning letters,ABA and now possibly considering Parenting Order. ASB ongoing.	Counselling and parenting offered but parenting offer refused as couldn't face attending group because felt she wouldn't 'fit in'.	Abusive language to local shop keepers and school, poor waste management	Depression and struggling to cope with children. History of extreme domestic abuse with children's father. Now relationship has finished, although he still stalks her and threatens children.

2	Individual	Male	28	Warnings and ABA. Previously had ASBO issued in city centre. Now loiters around local shops. Homeless. ASB ongoing.	Not engaging with substance misuse services, no mental health services available to meet needs.	Abusive language to shoppers and shop keepers and school children who visit local shops, leaving bedding and human waste material in this area. Aggressive begging and urinating in shops.	Extreme drug and alcohol addiction, high level mental health needs.
3	Individual	Female		Numerous warning letters and mediation offers, refused to engage, ASBO breached, ASBI resulting in exclusion from own home (owner occupied). ASB stopped in community when injunction issued. No further ASB reported.	Did not engage with services offered.	Verbal abuse, poor waste management and noise pollution.	Aggressive behaviour, no known cause.
4	Same-sex couple	Males	26 51	None. The problem was intermittent so dealt with by warnings. No further ASB reported.	A little support from the outreach worker.	Turbulent and often violent relationship. Noise of arguments disturbed the neighbours. Also played music loudly, especially after an argument.	Generally ASB reduced. Eventually one was imprisoned for violence against the other and the problem stopped.
5	Same-sex couple	Females	18 25	Injunction. In court they even threatened the judge. No further ASB.	Social housing outreach worker involved. It took time to change their behaviour. Behaviour altered.	They were victims of prejudice, particularly from youths but they reacted violently or by shouting abuse. They were reported as anti-social for fighting, shouting and slamming doors.	Helped them realise that violence was not the way to deal with homophobic behaviour.
6	Individual	Male	19	Two warning letters with six-month period when behaviour stopped in between each one, behaviour resumed when moved out of parental home. ABC set up with mediation, a year followed when behaviour resumed again, currently under threat of eviction and working with environmental health to bring down noise pollution. ASB ongoing.	Conflict resolution, environmental health, needs intensive youth (NEET) type work which is unavailable.	As a youth was previously bullying young children, now bullying post mistress, very abusive and aggressive to neighbours and towards local community, poor waste management and playing music loudly and holding parties.	Very poor social skills, presents as depressed and introverted, living in area of social deprivation, long-term unemployed.
7	Two couples involved in dispute	Couple A&B both male and female	A: 35 43 B: 39 47	Warning letters to both parties, mediation, ABA then ABC with ongoing mediation. Situation appears to be improving slowly.	Mediation.	Claims and counter claims of noise, parties late-night visitors – ongoing for five years.	Couple A None known. Couple B: Male obsessive compulsive disorder. Both owner-occupied in affluent area

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