

Exploration of local variations in the use of anti-social behaviour tools and powers

Christine Cooper, Geraldine Brown, Helen Powell, Ellie Sapsed

This study examined the differences and similarities between Crime and Disorder Partnerships (CDRPs) in their use of anti-social behaviour (ASB) interventions, focusing on their experiences of the process of: implementing interventions; local and national influences; and the perceived effectiveness of interventions. The information was collected through an online survey of ASB co-ordinators in CDRPs and a series of focus groups with ASB practitioners in local areas conducted by Ipsos MORI.

Perceptions and the local agenda

The research highlighted the key part played by the local community in setting the agenda for ASB interventions, illustrating the need for local agencies to inform communities about what is being done locally in tackling ASB and for the Home Office to address perceptions of levels of ASB – the Home Office is working with some local areas to draw out promising approaches in informing communities about action to tackle ASB.

The use of tools and powers

Most practitioners felt content with, and well-informed about, the range of powers available to them, although some saw a need for an intervention that ‘bridged the gap’ between the non-compulsion of Acceptable Behaviour Contracts (ABCs) and the strictures of ASBOs. But practitioners mostly wanted a consolidation of the Government’s approach, with an indication of the future policy direction.

Practitioners commonly reported a tiered approach to implementing interventions to tackle ASB, with an initial focus on preventative, supportive interventions, working up to a multi-agency enforcement approach.

The areas involved in the research used an array of supportive interventions, but there were concerns about the accessibility of support services for adults.

Partnership working and information sharing

While practitioners valued local flexibility, they saw national sharing of good practice as key to ensuring that good and innovative work that is being carried out across the country is used to inform policy and practice developments. Some practitioners thought that an effective practice guide illustrating a range of case study examples would be a useful tool to front-line staff, while others pressed for guidelines to assist them in making informed decisions about how to most effectively use the interventions.

Multi-agency working was seen as vital for dealing effectively with ASB, but barriers to the sharing of information were reported, in particular between statutory and non-statutory bodies. Some practitioners wanted guidelines on information-sharing protocols and establishing effective partnerships, especially with those agencies currently outside of many ASB partnerships.

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Keywords

Anti-social behaviour
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Introduction

The study explores local variations in the use of tools and powers, provides information about the local processes which underpin the use of these powers and begins to build a picture of how interventions are being used in local areas. The key aim of this research is to examine reasons for local variation in the use of ASB interventions, focusing particularly on Anti-Social Behaviour Orders (ASBOs) and Acceptable Behaviour Contracts.

Methods

The research design encompasses both quantitative and qualitative approaches, both elements carried out by Ipsos MORI between February and May 2008. The research was focused on practitioners who dealt with issues on the ground, rather than on higher level strategic decision-making executives. There was an online survey of ASB co-ordinators in all CDRPs to find out how they viewed their role and how they used ASB interventions in the local area. There were 230 responses, representing a response rate of 61 per cent. There were focus groups in eight diverse areas. The groups were made up from a range of ASB practitioners within the area.

Findings

1. Local anti-social behaviour problems

- The areas responding to the survey had different reported levels of ASB with a different mix of problems. In nearly all areas teenagers hanging around were seen as the most prevalent problem and alcohol was identified as fuelling a range of anti-social and criminal behaviour.
- The role of local people and community groups was considered by practitioners to be important in defining the particular anti-social behaviours that

were a priority in their area. However, practitioners also felt that the level of public concern about ASB was generally high compared with the actual incidences of behaviour locally.

- Although young people were generally seen as the main perpetrators, some adults were persistent in their ASB. Some of these adult perpetrators were seen as vulnerable with mental health or other issues; others were viewed less sympathetically with their behaviour fuelled by recreational drinking and drug use.
- There were differences in the perceptions of the amount and types of ASB amongst CDRPs and within CDRPs. Whilst many ASB behaviours were common across all CDRPs, certain areas had 'hotspots' with a concentration of behaviours apparently because of their demographic make-up or level of urbanisation or deprivation.

2. Interventions: use and selection

- Co-ordinators were generally well informed about the whole range of interventions available to them. Some interventions – warning letters, ABCs and ASBOs – were used in nearly all areas.
- There is evidence from the survey that those areas where co-ordinators had perceptions of a high level of ASB and where there were high levels of deprivation were also those areas where a wide range of interventions were used.
- Interventions for ASB were seen as acting as a gateway to other services in all the CDRPs, with support services being most used with young people. Practitioners differentiated between the availability and use of support measures for adults and younger people. Most practitioners felt that adults have fewer options for support available to them than their younger counterparts.

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- Two of the most commonly used interventions, ASBOs and ABCs, were generally used for different behaviours, with ABCs nearly always used for young people and ASBOs most likely to be used for adults.
- In deciding on interventions, the nature and extent of the ASB was considered important by all co-ordinators, with the nature of the complaints, local standards and public concern being considered important by more people than national standards and the political agenda.
- Practitioners in some areas tended to consider the severity of the behaviour and its impact on the community in deciding on the intervention; in other areas there was more emphasis on the needs of the perpetrator.
- In most CDRPs there appears to be a tendency to use more low-level, preventative and support measures with children and young people. However, there were also examples of the needs of adults being taken into account in the carrying out of the interventions
- The majority of respondents felt the interventions that they used were effective in successfully addressing ASB. Lower-level interventions, such as warning letters, were felt to be most effective.
- The use of more punitive measures was seen as a multi-agency decision and a variety of agencies (sometimes as well as residents through the use of residents' diaries) would be involved in putting together the evidence package that would make up the application for tools such as ASBOs to be implemented.
- Information sharing was consistently seen as key to multi-agency working and successfully tackling ASB. For all CDRPs involved in the discussion groups, building up a body of knowledge relating to the perpetrator was important in delivering appropriate interventions, although there were some issues raised about data protection.
- There were concerns among some practitioners that the Government was not taking into account their views in developing policy and that the current implementation of policy was 'top-down'.
- Just over a half of co-ordinators thought that their approach to ASB differed from other CDRPs. They generally put this down to ways of working and differences in the characteristics of the area.

3. Interventions; approach and delivery

- Most areas adopted a 'tiered' approach to tackling ASB in which the severity of interventions and the number of agencies involved increased in line with the seriousness of the behaviour and the number of incidents. There were some variations between locations in the degree of prevention used prior to enforcement.
- Co-ordinators generally felt that the purpose of ASB interventions was to prevent and protect, with many practitioners in the discussion groups gauging the success of an intervention by the satisfaction of the victim or complainant and whether the community felt safer.
- Working in partnership with others was considered crucial to the work of ASB co-ordinators. The police, housing and local authorities were seen as key players in the decision-making process and the delivery of ASB interventions.

Conclusions

This study has shown that there were variations in the use of tools and powers by different CDRPs. Practitioners felt that these variations were driven by differences between areas both in levels and types of ASB experienced, and in ways that ASB interventions were delivered (the latter sometimes reflecting variations between areas in structures for multi-agency working). There was a clear relationship between levels of use of interventions and the perceived levels of ASB in the areas.

But despite the variations in the use of tools and powers by different CDRPs, most areas had a generally similar underlying way of working that can be characterised as a tiered approach to using interventions, with an initial focus on preventative, supportive interventions, working up to a multi-agency enforcement approach.

'Top-down' support from the Government was seen as very important, particularly in addressing issues of information sharing and disseminating good practice, but practitioners strongly supported the flexibility to pursue locally-determined agendas on ASB.

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I. Introduction

Background

The Government's policy focus on ASB can be traced back to the Crime and Disorder Act (1998). The Act in defining anti-social behaviour as 'acting in an anti-social manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as the perpetrator' set the agenda for the policy area.

ASB encompasses a broad range of behaviours including nuisance, intimidation and vandalism. Unlike crime, there is no central measure of incidents of ASB, with levels of ASB measured through public perceptions. The British Crime Survey (BCS)^{1,2} asks people about how much of a problem they think particular types of ASB are in their local area. These are:

- teenagers hanging around on the streets;
- people being drunk or rowdy in public places;
- rubbish or litter lying around;
- vandalism, graffiti and other deliberate damage to property;
- people using or dealing drugs;
- noisy neighbours or loud parties;
- abandoned or burnt out cars.

The seven strands are combined to form an overall measure of ASB. There has been a fall in the proportion of the population with a high level of perceived ASB since 2001 (when this measure was first used), from 19 per cent to 16 per cent in 2007/08.

The introduction of Anti-Social Behaviour Orders (ASBOs) to deal with persistent, anti-social behaviour was the first of a number of new tools and powers to tackle ASB. In the ten years since the Act, ASB has remained a major focus for government policy, with the introduction of new ways of tackling ASB and high profile initiatives such as the Together and Respect campaigns. In 2007, the responsibility for ASB was split between the Home Office and the Department for Children, Schools and Families (DCSF) with DCSF taking the lead on the setting up of the Youth Task Force. A number of new interventions have been introduced and there is now a wide range of tools and powers available to practitioners to tackle ASB in local areas. As well as ASBOs, the interventions include Acceptable Behaviour Contracts (ABCs), crack house closures and parenting orders. The Anti-Social Behaviour Act 2003 strengthened the use of these powers so that in addition to police and enforcement agencies, other organisations, including local authorities and housing organisations, have the authority to implement the interventions. A series of surveys (CDRP survey³) administered by the Home Office shows that there has been an increase in the uptake of powers in the last year, with increasing use of early interventions such as warning letters and ABCs.

Analysis of the CDRP survey shows that the rise in the use of these powers has not been consistent across areas. The National Audit Office (NAO) report, *Tackling Anti-Social Behaviour*⁴ highlighted the extent of local variations in the use of interventions to tackle anti-social behaviour.

1 Upson, A. (2006) *Perceptions and Experience of Anti-social Behaviour: Findings from the 2004/05 British Crime Survey*. Home Office Online Report 21/06. London: Home Office.
2 Wood, M. (2004) *Perceptions and Experience of Anti-social Behaviour: Findings from the 2003/04 British Crime Survey*. Home Office Online Report 49/04. London: Home Office.

3 <http://www.respect.gov.uk/sasurvey.aspx?id=12864>

4 National Audit Office (2006) *Tackling Anti-Social Behaviour*. Report by the Comptroller and Auditor General, HC 99 session 2006-07, 7 December 2007 London: The Stationery Office.

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The report concluded that the variation in the use of different interventions primarily reflected the severity of the intervention and the behaviour which it is intended to address, with Anti-Social Behaviour Co-ordinators and others typically increasing the severity of interventions if the behaviour continues. However, it also found that 'our area visits suggested that in some cases Co-ordinators and others were more likely to use interventions which related to their background or local preference rather than there being a clear relationship to the behaviour exhibited'. Solanki et al. (2006)⁵ reviewing the use of ASBOs for young people found that there were local variations which could not be explained by the types of behaviour for which they were imposed. They concluded that differences tended to be explained by the development of local preferences for a particular route. They identified a number of factors which they found to correspond to high and low ASBO use. Areas with low usage tended to have better partnership arrangements, increased Youth Offending Teams (YOT) involvement and general reservation in the extensive use of ASBOs and those areas with high usage the opposite tendencies.

A key recommendation from the NAO report was for a formal evaluation of different schemes to tackle ASB. This view was further reinforced at the Committee of Public Accounts (PAC) on *Tackling Anti-Social Behaviour*⁶ where it was suggested that the area variations may be due to a lack of knowledge on what works best to tackle anti-social behaviour. It was noted here that the Home Office needed to do more to understand the local variation in the use of powers and more in the way of evaluating the effectiveness of tools and powers designed to tackle anti-social behaviour.

This report presents the findings from the first stage of a research project looking at the comparative effectiveness of interventions for ASB. The study explores some of the reasons behind variations between areas in the use of tools and powers and provides much-needed information about the local processes which underpin the use of these powers. The study begins to build a picture of how interventions are being used in local areas. This paves the way for further work that is being undertaken to assess the comparative effectiveness of a range of interventions.

Aims of the research

The key aim of this research was to examine reasons for variations in the use of ASB interventions, focusing particularly on Anti-Social Behaviour Orders and Acceptable Behaviour Contracts. In order to do this, the research sought to:

- describe anti-social behaviour problems within the local context;
- investigate how interventions are selected and delivered;
- explore the views of practitioners and whether they believe the interventions are working, for whom and why.

The report identifies key recommendations for the Home Office to ensure ASB is being tackled effectively at a local level.

Methods

The approach encompassed both quantitative and qualitative research. This enabled the gathering of robust yet insightful information exploring reasons for local variations in the use of tools and powers. The research was undertaken in three stages.

1. An initial pilot study

An initial discussion group was undertaken with a selection of ASB co-ordinators to inform the development of the online survey that was then piloted on the co-ordinators in the group.

⁵ Solanki, A. (2006) *Anti-social behaviour orders*. London: Youth Justice Board.

⁶ <http://www.publications.parliament.uk>

2. An online survey of Anti-Social Behaviour Co-ordinators

The online survey was administered to ASB co-ordinators in all 373 CDRPs in February and March 2008. The survey was designed to be as user friendly as possible. It took approximately 20 minutes to complete and was developed so that respondents could complete it in stages. At the close of fieldwork, 230 survey responses had been received from ASB co-ordinators, representing a response rate of 61 per cent. The researchers were able to look at the characteristics of those CDRPs that responded and those that did not using the definition of area type based on the 2001 Census area classification⁷ of supergroup. This is a more wide-ranging classification than a simple urban/rural indicator as it is based on using various characteristics from the Census (including demographic structure, household composition, housing, socio-economic character, employment and industry sector) to describe an area. Most CDRPs are similar to local authority areas and so CDRPs were matched to the equivalent local authority area. The sample was broadly representative across areas, regions and supergroups in England and Wales.

The researchers also compared the deprivation levels of those areas that responded and those that did not respond, as the BCS has found an association between deprivation levels and the perception of ASB, with the likelihood of perceiving problems increasing with rising levels of deprivation.⁸ There was no significant difference between the responding areas and non-responding areas on their deprivation scores using the English indices of deprivation 2007.⁹ Findings were not weighted for non-response but the researchers can be reasonably confident that the findings from responding CDRPs were generalisable nationally.

3. Discussion groups of ASB practitioners

Discussion groups were held with a range of ASB practitioners in eight CDRPs in April and May 2008 to investigate in more detail the survey responses and explore and identify examples of practice. The areas were selected to include a mix of urban/rural locations, a variety of ASB priorities, high/low level of ASB, high/low level use of interventions and a mix of agencies involved in partnership working. The practitioners included in the groups varied among areas, but included representatives from housing, police and local authorities. The practitioners were generally at low or middling level in their organisations. More information on the methodology and make-up of the focus groups is in Appendix A, the topline results from the online survey are in Appendix B.

Ipsos MORI were commissioned by the Home Office to undertake all elements of the work. This report is based on their findings from analysis of the data from the online survey and the discussions in the focus groups. Direct quotations from the practitioners in the focus groups are included in the report. The report contains an introduction, three main chapters, looking at: local perceptions of ASB (Chapter 2); the use of interventions (Chapter 3); and how interventions are delivered (Chapter 4). There is a brief concluding chapter looking at policy options.

2. Local anti-social behaviour problems: perceptions and local context

What are the issues for practitioners?

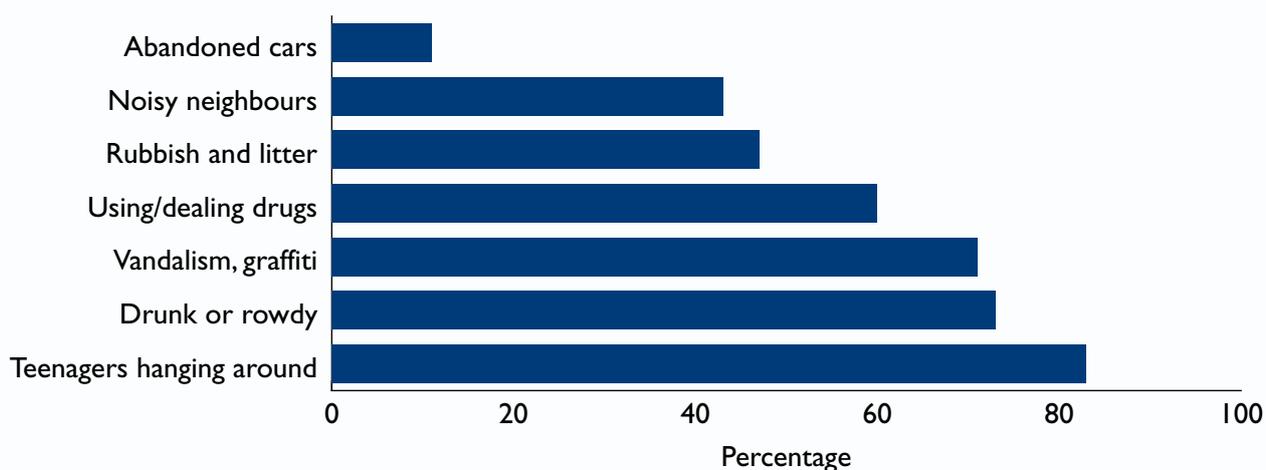
Co-ordinators were asked about their perceptions of seven aspects of ASB in their area with questions taken from the BCS that are used to track levels of ASB.

⁷ See http://www.statistics.gov.uk/about/Methodology_by_theme/area_classification/ for further information.

⁸ *Perceptions of anti-social behaviour: Findings from the 2007/08 British Crime Survey* Supplementary Volume 1 to Crime in England and Wales 2007/08 John Flatley (Ed.), Sian Moley and Jacqueline Hoare.

⁹ <http://www.communities.gov.uk/publications/communities/indicesdeprivation07>

Figure 1 The percentage of CDRPs that said ASB strands were a very/fairly big problem



Four of the strands were thought by co-ordinators to be a very/fairly big problem in over half of the reporting CDRPs. Teenagers hanging around were considered to be a very or fairly big problem by more than 80 per cent of the respondents; drunk and rowdy behaviour and vandalism and graffiti were considered very or fairly big problems in over 70 per cent of areas (Figure 1).

The seven strands were combined into a single score to measure the overall perception of ASB in the area. This was based on the approach taken in the analysis of the BCS where responses to the individual questions were scored and added together to make a single measure. However, the perceptions of ASB were higher amongst co-ordinators in the survey than amongst respondents to the BCS, so different cut-off points were used. The higher levels of perceived ASB amongst co-ordinators may be partly because the co-ordinators were looking across the whole of their area, whereas respondents to the BCS questions are asked about their immediate area. Based on the distribution of scores, areas with high levels of perceived ASB were those with a score of 14 or over, a middle range of 10-13 and low levels of perceived ASB if their score was nine and under. Most areas had scores in the middle ranges (55%) with fewer areas having scores at the extremes.

The focus groups give further insight into how a wide range of practitioners view ASB in their areas. As in the survey, young people hanging around were frequently mentioned in the groups as the issue causing most public concern, with alcohol-related incidents and noisy neighbours also identified as important contributors to the levels of concern about ASB. However, the participants felt that 'teenagers hanging around' covered a range of behaviours, from young people causing actual disturbances to young people just being on the streets in groups and residents feeling intimidated.

Groups of youths has got to be the main problem that everybody complains about, and intimidation. Not necessarily doing anything, it's just people's interpretations of what large groups of kids are going to do there

Alcohol was identified by the group participants as a contributory factor in many reported incidents of ASB amongst all age groups, not only in manifesting itself as drinking and rowdiness in the streets, but also as fuelling other anti-social and criminal behaviours.

Criminal damage and misbehaviour go hand in hand with each other. And that can be through drink-fuelled behaviour, it can be through cannabis, [through] that kind of behaviour. But predominantly anit-social behaviour and criminal damage go hand in hand

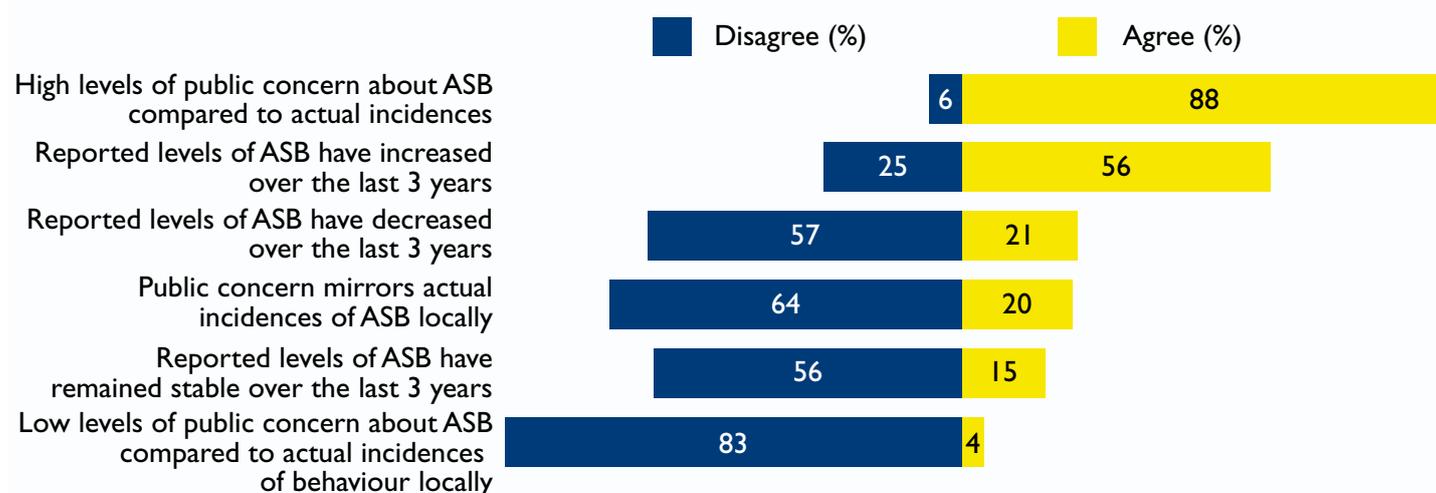
Within the focus groups the issue of noisy neighbours appeared to be a more important aspect of ASB than it appeared from the survey of co-ordinators. This may be because a wider range of organisations were represented in the focus groups, in particular housing organisations which often deal with noise nuisance.

How do local communities view ASB?

The role of local people and community groups were considered important in defining the particular anti-social behaviours that were a priority in their area. During the discussion groups several practitioners from various CDRPs mentioned informal channels and formal meetings that helped to set the local agenda. However, many in the groups felt that the views of local communities were sometimes at odds with how they, as practitioners, saw the issues of ASB.

The level of concern about ASB among local people was felt to be high, with the great majority (88%) of co-ordinators agreeing in the survey that the level of public concern about ASB was high compared with the actual incidences of behaviour locally (Figure 2).

Figure 2 How do practitioners perceive public concern about ASB?



Base: 230 Anti-social behaviour co-ordinators, 6 February – 5 March 2008

Similarly, although in the survey more than a half (56%) of co-ordinators thought that reported levels of ASB had increased in the last three years, in the discussion groups many practitioners expressed the view that the increased level of reporting reflected changes in perceptions and expectations that led to an increased willingness to report ASB incidents, rather than increases in the numbers of incidents. Many practitioners felt that there were high levels of reporting in some areas where they considered the numbers of ASB incidents to be comparatively low.

So quite often in our leafy suburbs you will have more complaints ... about anti-social behaviour where the behaviour... will be accepted as day-to-day stuff and actually that will be OK ... So, there is a massive difference in the expectations from some areas to others.

Many practitioners also mentioned that they considered that the attitude of some residents in local areas, to young people in particular, was unsympathetic and showed a degree of intolerance towards what they felt was typical teenage behaviour. Some practitioners felt that young people's behaviour had not actually become worse over recent years.

I do see myself that there's a large degree of expectation, or maybe intolerance, of what some of the youths are doing which is just congregating but not necessarily doing anything.

In discussions, the changing perceptions of ASB were, in part, put down to a lowering of acceptance and tolerance levels within society. These attitudes to ASB were seen as being compounded and encouraged by messages from the media that sensationalise crime rates and anti-social behaviour, especially amongst young people.

I think there is a danger that the press can sensationalise group anti-social behaviour, certainly with youth in the city.

There were suggestions from some front-line staff that the increased emphasis on ASB by Central and Local Government has focused attention on it as a 'problem', and this, in turn, has increased the number of reported incidents.

I think that we're also a victim of our own success, and the success that happened...that we encouraged people to report it. Consequently, the perception is that anti-social behaviour's a lot worse now than it's ever been. And it's not, in actual fact. There's a certain amount of re-education required of the public, to a degree as to what is actually anti-social behaviour. Kids playing football on the street is not really anti-social behaviour.

There were also practitioners who suggested that the Government, in encouraging individuals to report any ASB to an agency, has taken the responsibility away from the community and parents to play a role in managing ASB.

Who are the perpetrators of ASB?

The most commonly perceived type of ASB was young people hanging around and the focus groups concentrated their discussions on young people as perpetrators of ASB. However, some emphasised that the young perpetrators were not always the typical hoodie youths; in some areas they included other groups such as students.

Despite the discussion groups' focus on ASB by young people, most of the front-line staff recognised that much ASB was committed by adults. The adults who committed these acts were often put into two groups. One group were viewed as vulnerable, with their ASB being linked to, or symptomatic of, other problems, such as poor mental health or alcoholism.

You get a huge problem with street drinkers down in the city centre and they're alcoholics and they take drugs as well, and there's a huge problem in knowing what to do with them. What I find particularly in my remit, it's a very fine line between deeming somebody to be anti-social and deeming them to have mental health problems.

The other group were viewed less sympathetically as it was considered that older people should outgrow disruptive behaviour and 'settle down'. The ASB committed by this group, was often seen as fuelled by recreational or binge drinking and was considered to be serious and often persistent in nature.

And although they talked about anti-social behaviour, lots of it was drug-related and we've got a high level of drug problems... and a lot of that is not children so much as the adults.

How do areas vary in perceptions of ASB?

There were differences in the perceptions of the amount and types of ASB amongst CDRPs and within CDRPs. The researchers looked at whether there was a relationship between co-ordinators' perceptions of levels of ASB and levels of deprivation (the English indices of deprivation 2007) in the CDRPs.¹⁰ The BCS has found an association between deprivation levels and the perception of ASB; the likelihood of perceiving problems increased with rising levels of deprivation. Those living in 'hard pressed' [ACORN¹¹] areas were generally the most likely, and those living in 'wealthy achievers' ACORN areas the least likely, to perceive a problem with ASB.¹² There was a low but significant correlation between the deprivation scores and ASB perceptions (significant at 0.01 level, $r=.31$).

¹⁰ <http://www.communities.gov.uk/publications/communities/indicesdeprivation07>

¹¹ ACORN – 'A Classification of Residential neighbourhoods', developed by CACI Ltd. ACORN is useful in determining the social environment in which households are located. (<http://www.caci.co.uk/acorn/>)

¹² *Perceptions of anti-social behaviour: Findings from the 2007/08 British Crime Survey Supplementary Volume 1 to Crime in England and Wales 2007/08* John Flatley (Ed.), Sian Moley and Jacqueline Hoare.

Discussions in the focus groups showed that whilst many ASB behaviours were common across all CDRPs, certain areas appeared to have a particular concentration of behaviours that practitioners put down to an area's demographic make up, level of urbanisation or deprivation. Most CDRPs identified hotspots for particular types of ASB, for example, as may be expected, town centres with a high concentration of pubs and clubs were most likely to have ASB associated with the night-time economy, in particular drunkenness and rowdiness. Many discussants also identified neighbourhoods with higher levels of deprivation as having higher levels of a whole range of ASB. Within the focus groups this concentration of ASB in poorer neighbourhoods was generally attributed to the numbers of more vulnerable people living in these areas, for example those with mental health problems.

You've got anti-social behaviour attributed to other vulnerable situations. So people who are alcohol dependent may bring in their friends and family and whoever, and they're all having a drinking session. And it's that, and it's those vulnerabilities which lead to a chaotic lifestyle and ... residents will complain. Because there's so much noise going on, police knocking doors down, and that type of chaotic living style.

3. Interventions: use and selection

What interventions are most used?

Co-ordinators were generally well informed about the whole range of interventions available to them. When asked in the survey, only one intervention (Intervention Order) had not been heard of by all respondents, though awareness was still very high (96%).

Some interventions were used in nearly all responding areas (Figure 3). Ninety-nine per cent of areas said that they used ABCs/ABAs and 95 per cent used warning letters. Most areas also said that they used these interventions often. A great majority of areas used ASBOs (85%) and Criminal Anti-Social Behaviour Orders (CRASBOs) (88%), but these were more likely to be used 'sometimes' rather than 'often' with about a third of areas saying that they used them often. Most areas obtained ASBOs through both civil and criminal proceedings.

Some interventions were used by less than half of the CDRPs (demoted tenancy, individual support order and Intervention Order) and generally these interventions were only used 'sometimes', rather than 'often'.

There was considerable variation in the numbers of types of interventions used in CDRPs, with the range from zero to all thirteen. However, most CDRPs used a wide range of interventions (Figure 4) with over a half of areas using eight or more types of interventions. Based on the distribution of the number of types of interventions used, areas using between ten and thirteen intervention types were designated as high users, those using between four and nine medium and those using three or fewer intervention types, low users.

Figure 3 The percentage of CDRPs that use interventions often/sometimes

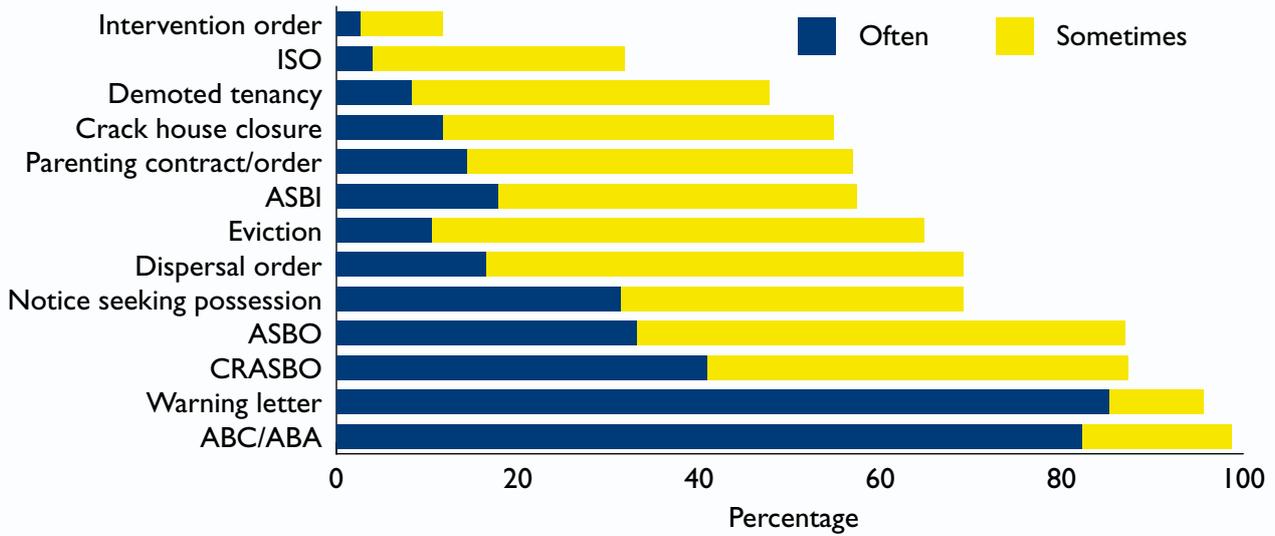
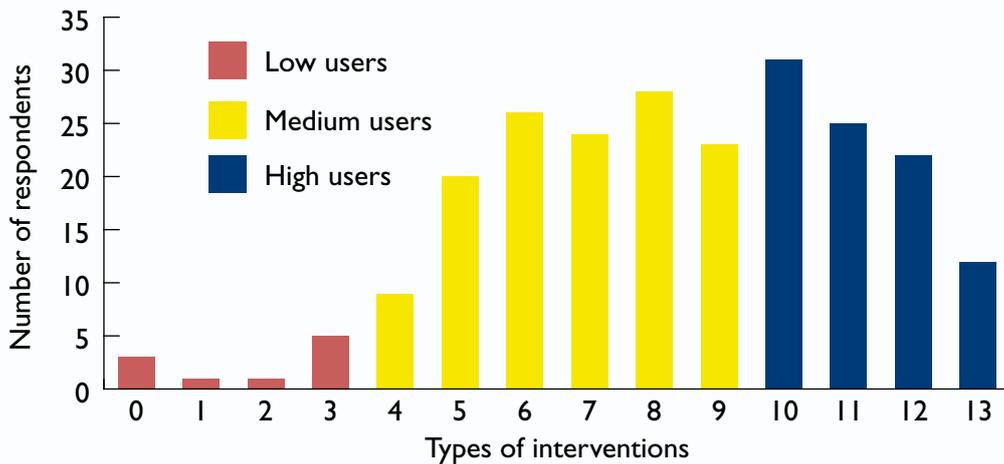
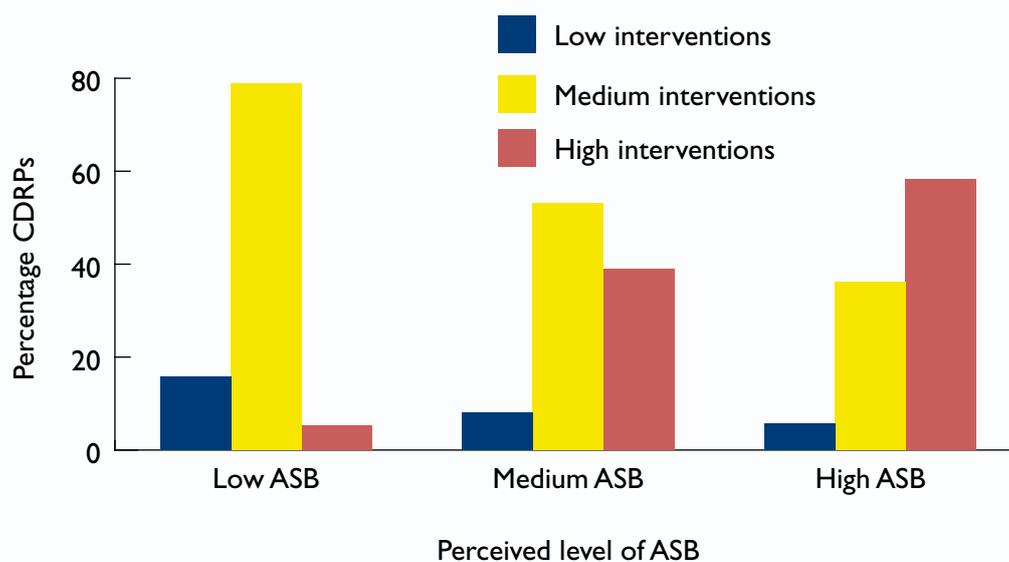


Figure 4 The number of types of interventions used



There was a relationship between the reported use of interventions and both co-ordinators' perceptions of ASB and the level of deprivation in the area. Figure 5 shows how areas with different levels of co-ordinators' perceptions of ASB compare with use of interventions. There is evidence from the survey that those areas where co-ordinators had perceptions of a high level of ASB were also those areas where a wide range of interventions were used, with a statistically significant relationship between areas with high, medium and low perceived levels of ASB and the level of use of the range of ASB interventions (Chi square significant at 0.01).

Figure 5 Perception of level of ASB and number of intervention types used sometimes or often

The researchers also tested whether there was a relationship between the use of interventions and the level of deprivation. There was a moderate but significant correlation between the number of types of interventions used ('sometimes' and 'often') and the deprivation score (significant at 0.01 level, $r=.44$). There was also a significant association between the level of use of some of the most commonly used ('sometimes' and 'often' by more than a half of responding CDRPs) individual interventions and the deprivation scores of the areas. However, it is notable that there was not a statistically significant association (at the 0.05 level) between the level of use of ABCs and the use of warning letters and the area's deprivation score. This probably reflects the wide use of these particular interventions by nearly all CDRPs.

How are support services used?

Interventions for ASB were seen as a gateway to other services by all the CDRPs taking part in the focus groups. However, the practitioners differentiated between the availability and use of support measures for adults and younger people. Generally there was felt to be a much wider range of support available for young people. The most commonly used support services for young people as reported in the survey were a referral to YOT and other youth referral projects, an intervention with the family and an alcohol or substance misuse referral. In the discussion groups there was also evidence of a wide range of diversionary tactics for young people aimed at creating positive diversionary measures away from anti-social and criminal activity.

Football club, Jujitsu has just started up...we try to do things that aren't a punishment, that isn't reactive, it's more proactive. And rather than having the youths out on the street on a Friday night, there's a youth café open.

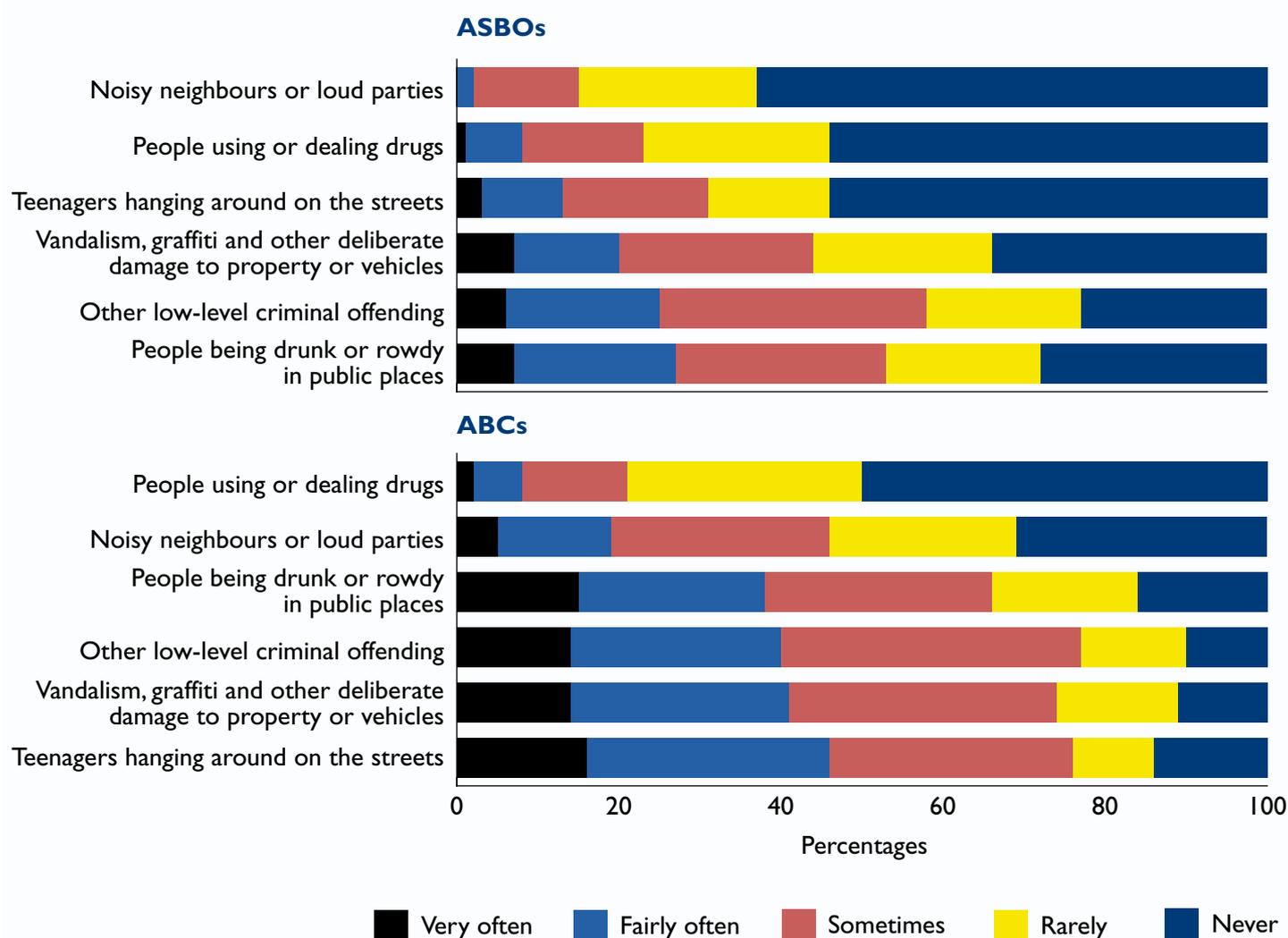
Most practitioners felt that adults have fewer options for support available to them than their younger counterparts and very few activities provided for them. For adults, alcohol- and substance-misuse referrals were the most commonly reported support services in the survey. There was, however, some concern in one focus group that the requirements of self-referral to some drug and alcohol teams can act as a barrier to accessing some services.

I've tried various alcohol agencies for some of the street drinkers...in fact I've tried every single alcohol agency within the borough. But unless the individual contacts them directly and requests their services they won't do anything about it.

What are interventions used for?

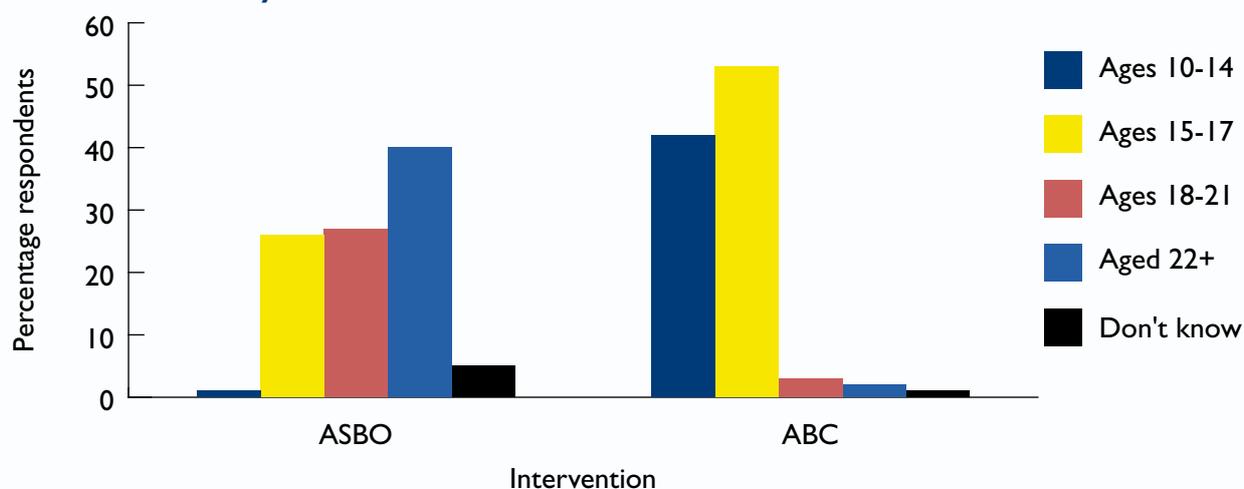
Two of the most commonly used interventions, ASBOs and ABCs were generally used for different ages of perpetrator and for different behaviours. According to respondents to the survey, ASBOs were most frequently used for people being drunk (27% of areas used them very/fairly often), other low-level criminal offending (25%) and vandalism (20%) (Figure 6). ABCs were most frequently used in their areas for teenagers hanging around (46% of areas used them very/fairly often) vandalism, (41%) and other low-level criminal offending (40%). Both interventions were used comparatively infrequently for using and dealing drugs or for noisy neighbours – these are least reported strands of ASB in the areas for which these interventions are likely to be used.

Figure 6: The reported level of use of ASBOs and ABCs for types of ASB



The different types of behaviour for which ABCs and ASBOs are used may reflect the different age groups that are given the interventions (Figure 7). Respondents were asked about the age groups to which they had given ASBOs and ABCs in the last year; two-thirds (67%) of areas said that they were most likely to issue ASBOs to those aged over 18 whilst 95 per cent of areas were most likely to issue ABCs to individuals under the age of 18.

Figure 7 Which age group is most likely to have been given an ASBO or ABC in your CDRP area over the last year?



How are interventions selected?

In an attempt to understand what is taken into account when selecting interventions, co-ordinators were asked how important a number of factors were in deciding which tools to use in tackling ASB. All the respondents to the survey felt that the nature and extent of the ASB was very or fairly important, with 83 per cent considering this to be very important. The nature of the complaints, local standards and procedures and public concern were considered very or fairly important by over 90 per cent of the respondents. National standards and procedures were considered very or fairly important by nearly three-quarters (71%) while only a third said they took account of the political or media agenda. When considering the use of specific interventions, the two most important aspects for most interventions were ASB/ criminal history of the perpetrator and seriousness of the behaviour.

When these factors were explored in the focus groups, there was an indication that practitioners in some areas saw the severity or extent of the anti-social behaviour as important whilst others put more emphasis on tailoring the intervention to the characteristics and needs of the perpetrator. Most practitioners geared interventions to a specific problem and the individual, for example taking into account the type and severity of the ASB and also other factors related to the perpetrator.

I like to think ... it's horses for courses. We use the best measure that we think will resolve the problem.

In most CDRPs there appears to be a tendency to use more low-level, preventative and support measures with children and young people (such as warnings, referrals, discussions with parents, ABAs). However, there were also examples of the vulnerability of adults being taken into account in the carrying out of the interventions.

In relation to crack housing, we've got a lot of vulnerable people in those crack houses, it's not like a situation where you've got organised crime and organised criminals, it's more likely the case that we've got people who are drug users themselves and their tenancies have been taken over as such. So we've had to align our approach according to that. So we've had to seek the assistance of the housing assessment unit, we've had to seek the assistance of Crime Reduction Initiatives (CRI) to put drug and prevention or support packages in place for those vulnerable people.

In some areas, as well as looking at the severity of the ASB and the vulnerability of the perpetrator, other considerations were taken into account. These included a perceived need to manage the expectations of the community, who it was felt often want to see visible action taken by authorities.

Community reassurance, getting into the communities, talking to the local residents. ... showing the community where offenders are involved in problems, they're also involved in providing some level of payback and restoring a little bit of justice to that community. So that's very visible. And then local residents look at that and think, well, at least, it's not just a free for all. There is some level of justice with it.

Although only-one third of co-ordinators in the online survey thought that the political/media agenda was an important factor (33%) in deciding which tools and powers to use in tackling anti-social behaviour in their CDRP, political pressure was mentioned by a minority of front-line practitioners in the discussion groups. In these instances practitioners gave examples where political pressure has dictated the use of particular tools and powers when they consider others might be more effective.

We wanted to use a dispersal order in a residential area. The residents all said yes please. All the agencies, all the professionals said yes, the police fully supported it. The politicians said no and, as you're aware they have to agree to it. The local authority have to agree to the dispersal zone.

How effective are different interventions?

Co-ordinators were asked about their views of the efficacy of the interventions they used. The majority of respondents felt the interventions that they used were effective in successfully addressing ASB. Warning letters and ABCs were seen as the most effective interventions with 96 per cent of respondents reporting that they were very or fairly effective. There is strong evidence from the survey that co-ordinators considered early interventions to be most effective. Co-ordinators were asked whether they thought the majority, about half or not many ASB cases, were resolved through early interventions. Nearly all co-ordinators (92%) felt that at least half of ASB cases were resolved in this way in their area; with 68 per cent of respondents reporting that they thought that the majority of ASB cases were successfully resolved by using informal early interventions.

ASBOs and CRASBOs were generally considered effective by those that used them, in the survey 95 per cent and 93 per cent of respondents who used them, thought they were very or fairly effective. In the discussion groups, opinions were mixed on the use of ASBOs. With the increasing emphasis on diversion and support in tackling anti-social behaviour, any use of ASBOs or CRASBOs was seen as a failure by many ASB practitioners, although most practitioners taking part in the discussion groups also admitted that there were times when this type of intervention is the only option. ASBOs were generally considered as a last resort, but were seen as useful tools for the most persistent perpetrators for whom other measures had not worked in stopping their activities.

There's an unexpected effect of ASBOs which is quite useful. And that is that people can be pulled in, and kept overnight, for a breach of ASBO. Whereas they may not be committing an offence which would be one which they could be detained for anyway. So in that regard, they can be a more effective prevention tool for further anti-social behaviour.

Some practitioners, however, considered the impact of an ASBO on the wider community, and there was a suggestion that in some ways this could be a positive message that action is being taken against ASB.

Publicising ASBOs is to show the success story of how we've dealt with a situation where victims were suffering, for the victims it's a positive outcome to some degree because of the conditions.

In the survey, generally those interventions that were used less frequently and by fewer CDRPs were less likely to be considered effective than the more popular measures. For example only 47 per cent of those that used Intervention Orders thought they were very or fairly effective. Crack house closures, however, that were used by less than two-thirds of the respondents, were considered very or fairly effective by 92 per cent of those that used them.

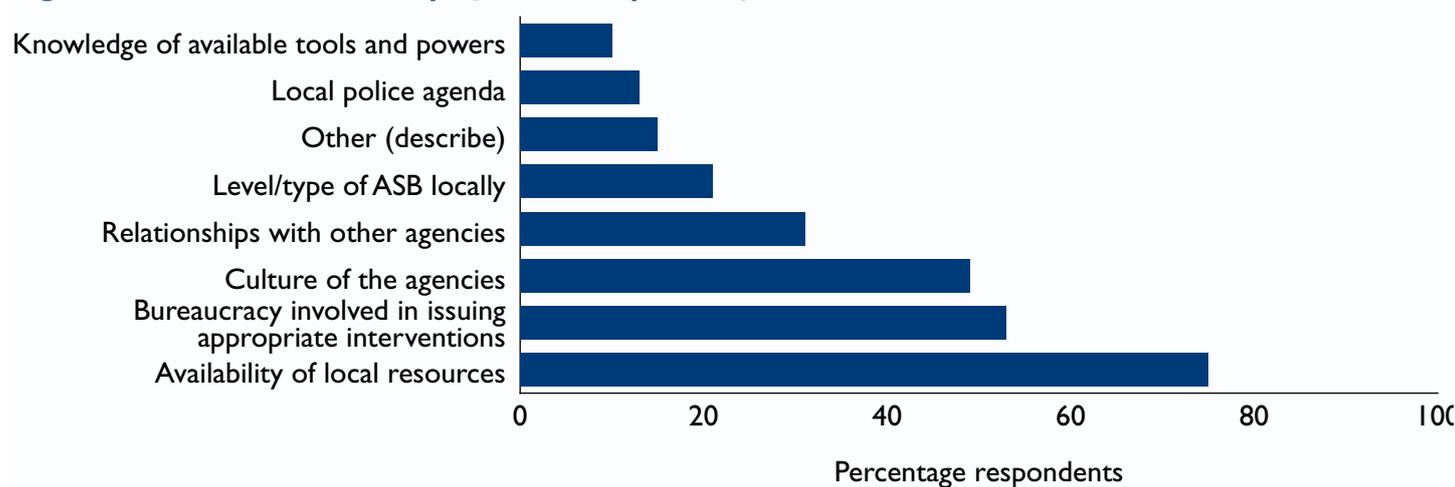
In some areas it was felt that there is a gap in the provision of support and intervention; practitioners in several CDRPs mentioned the need for an intervention that falls in between an ABC and ASBO. The new intervention would need to have an element of compulsion but not such serious consequences as an ASBO and would require a lower level of evidence than an ASBO.

ABC...you will get when you've been in trouble three times, effectively, or been witnessing doing anti-social behaviour three times. An ASBO requires 20, 25, 30, to be effective, to be able to obtain an ASBO from the court.

What are the barriers?

A number of barriers to the delivery of the tools were identified by respondents to the survey. The co-ordinators were asked to rank barriers in their local area. Those reported to most hinder the delivery of ASB interventions were the availability of local resources; bureaucracy involved in issuing appropriate interventions; and the culture of the agencies. These were ranked within the top three by half of the respondents (Figure 8).

Figure 8 Barriers to delivery of tools and powers for ASB



The lack of local resources was mentioned in many of the discussion groups where practitioners specifically asked for more funding from the Government. This request did not appear to be dependent on the level of ASB in the area, as those in rural locations were requesting the provision of more funds as much as those in cities.

4. Interventions: approach and delivery

What approach did areas take?

The majority of practitioners involved in the discussion groups indicated a broadly comparable process in their areas, in which the severity of interventions and the number of agencies involved increased in line with the seriousness of the behaviour and the number of incidents. A variety of descriptions for this process were used across groups including 'tiered', 'graded', 'steps' and a 'pyramid model'. The initial response across CDRPs in the majority of cases is based on diversionary measures, often through a single agency approach. The consensus amongst practitioners was that, in nearly all cases, enforcement would be a last resort and that a range of preventative measures would be taken in order to support people prior to anti-social behaviour reaching levels where enforcement was needed.

Our whole remit really is not to let somebody fail. We're not out to catch them out, we're not out to keep doing the warning letters, to keep doing the visits or we're not out to get an ASBO. We're out to stop the behaviour.

There was a sense that the local approach to anti-social behaviour was one that had evolved, often through trial and error, to meet local demands. Although the approaches were not identical in all locations, there appeared to be a tiered decision-making process and a broad framework for multi-agency involvement in all the areas taking part in the focus groups.

It's a graded response - people are given the opportunity to amend their behaviour at every point along the line.

Although all areas represented in the focus groups use a tiered approach there are some variations between locations in the degree of prevention used prior to enforcement. Action plans tend to include elements of both diversion and enforcement. In several of the discussion groups it was mentioned that in some instances only the threat of enforcement is needed, while in other cases support and enforcement are used in conjunction. The main reason given for this was that in some cases perpetrators will not access support without the threat of intervention.

If the circumstances are appropriate, which most cases are, you would look at that targeted approach before the enforcement but in certain circumstances you might say, yeah we need to do that alongside it. And so it's whether it's appropriate.

Within areas there is often a difference in the level of enforcement for adults and young people. There is usually a stronger emphasis on supportive measures for younger people than for adults, diverting youngsters away from a potential criminal path.

You're more likely to go to enforcement for over-eighteens. Adults are much less likely to be diverted. And it is probably more violence amongst adults. Young people it is easy to divert their attention by giving them something to put their interest in.

There were also indications from the discussions that the use of enforcement has changed over time for some CDRPs. In many areas where there has been a focus on diversion, enforcement is often considered as the last option.

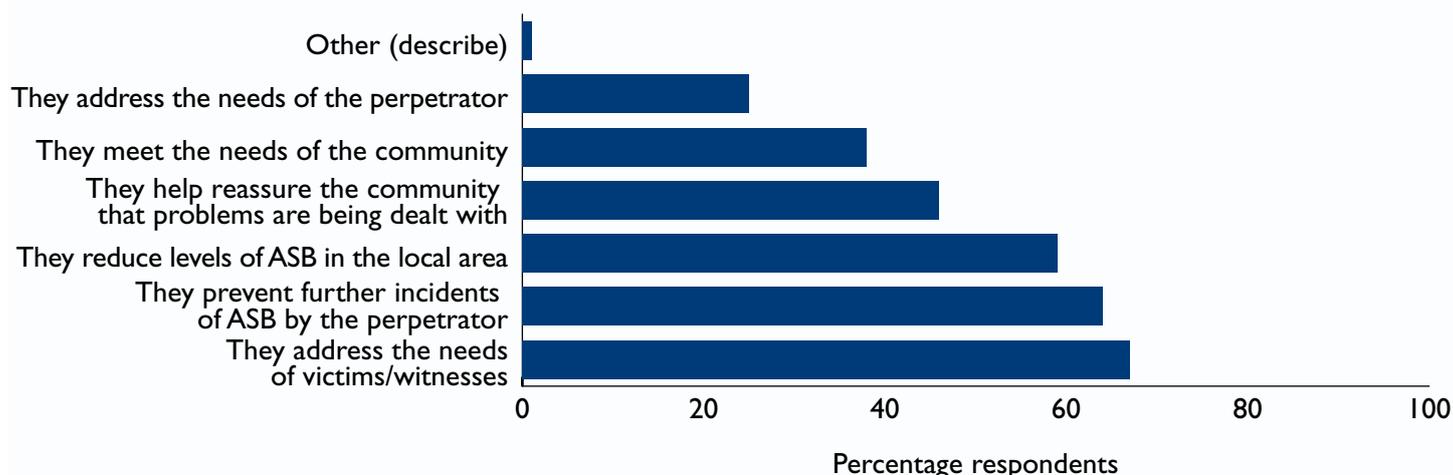
It was very much, right, Joe Bloggs, let's get an ASBO. Because at that time ASBOs had just come in and it was right, we've got to make a massive impression. We've got to get some of the real troublemakers if you like off the street. And now five or six more years later what we've done is the ASBO targets now are ones where we've gone through this big diversionary process.

The tiered approach to interventions and an increasing emphasis on diversionary activities and support, rather than punitive measures, was felt in some areas to be at odds with the views of some of the community.

How did co-ordinators view their role?

The survey and focus groups gave an opportunity to explore practitioners' wider views about tackling ASB and how they viewed their role in this. The co-ordinators in the survey were asked for their views on what they saw as the function of interventions. They generally felt that the purpose of ASB interventions is to prevent and protect. There was strong agreement (over 90% of co-ordinators agreed) that the aim of tools and powers is to protect the community (49% strongly agree) and to effectively manage ASB (47% strongly agree). There was less strong agreement that the aim of tools and powers is to respond to the concerns of the community and to address the causes of ASB, (where 28% disagreed).

These views are similar to those expressed when co-ordinators were asked about what makes a successful outcome for ASB interventions. The co-ordinators were asked to rank a number of statements about what constitutes a successful outcome.

Figure 9 What constitutes a successful outcome of interventions for ASB

Over half of respondents ranked addressing the needs of victims/witnesses, preventing further incidents of ASB by the perpetrator and reducing the levels of ASB in the local area in the top three descriptions of a successful outcome of using an ASB intervention (Figure 9). This perhaps indicates the commitment that co-ordinators feel towards those who have experienced ASB. Generally addressing the needs of the perpetrator, meeting the needs of the community and reassuring the community were considered less of a priority.

Many practitioners in the discussion groups gauged the success of an intervention by the satisfaction of the victim or complainant and whether the community feels safer. Several CDRPs gave examples of using methods such as regular victim contact and satisfaction surveys for complainants to measure interventions and success in tackling ASB.

We've got to feed back to the residents that have been affected by the anti-social behaviour because if we don't how do they ever know that we're doing our job properly? So I would say that's probably one of the biggest parts of our job, communication with the people out there.

The survey also asked co-ordinators how they see their role in tackling ASB, as opposed to the aims of powers to tackle ASB. Almost all (98%) said that their role was that of a strategic partner working with other agencies in tackling anti-social behaviour. A high proportion of co-ordinators felt that they were responsible for responding to the needs/concerns of the local community (92%), addressing the causes of ASB through the application of tools and powers (90%) and think they are directly responsible for reducing ASB in the community (86%). This suggests that many co-ordinators see their wider role in dealing with ASB as responding to the local community and ASB interventions were seen as ways to support victims and complainants.

Who works together?

The importance that co-ordinators gave to working in partnership with other agencies is emphasised by their responses to questions about how frequently they involved a number of agencies in decision making about the use of interventions. All co-ordinators said that they at least 'sometimes' involved the police and over three-quarters said they 'always' involved the police in decision making for both adults and young people. Co-ordinators, however, generally reported higher levels of multi-agency working when dealing with young people, in particular the Youth Offending Teams (86% always/often involved), schools (61%) and children's services (52%). The housing department was involved in decision making for both age groups, 82 per cent of CDRPs always/often involved the housing department for those aged under 18 and 81 per cent for those aged over 18.

These findings are reflected in the discussion groups. The police, housing and local authorities were seen as key players in the decision-making process; in all CDRPs, three main agencies were consistently mentioned as being involved in the

delivery of ASB interventions for all ages, with social services consistently being seen as under-represented in partnership working. The reluctance of social services to be involved was put down in part to an unwillingness to share information because of data protection issues and also because the remit of social services means that they only become involved if a child is deemed to be 'at risk'.

How do practitioners work together?

The discussion groups gave an insight into how practitioners from different backgrounds work together. The role of the anti-social behaviour team was often seen as one of 'co-ordinator', because of the need for accountability over the use of tools and powers, with the involvement of agencies other than the key players being on an 'ad hoc' basis. Practitioners recognised their impact on each other and the importance of the role of complementary agencies in achieving a successful outcome. While not typically represented in ASB meetings, one illustration was gaining the co-operation of schools when young people are involved.

I would go into the school, and talking about young people of school age, it's not rocket science, and it's probably not a shock to everybody that someone who is actually creating anti-social behaviour in an area...are an issue with school.

However, there was also an acknowledgement that there were differences in the approaches and cultures between the agencies, some of whom were concerned with the individual and others where the focus was the community.

As a landlord...looking at the interest of the victim or complainant in the first place...with social services, if the perpetrator is in social services care...their interest first and foremost is to assist the perpetrator.

In some CDRPs there appeared to be more emphasis on multi-agency working than in others and a more developed framework in place for this. The extent that multi-agency working is currently operating in different CDRPs appeared to be influenced by structural issues within agencies and the make-up of some CDRPs. For example, in one area there is one overarching housing authority, whilst in others there is a variety of registered social landlords (RSL) working in conjunction with the local authority, creating a more complex system for multi-agency working.

You've got a two-tier local authority so therefore the differentiation between the services and the agencies are different. You've got social housing provided by RSL, the social landlords, and they're either localised or they may be national companies.

The practitioners spoke of the different levels of involvement of agencies depending on the individual case. Those involved at the prosecution stage are often those responsible for bringing the case forward. This can depend on the nature of the offence; for instance, housing organisations are more likely to get reports about noise, nuisance and neighbourly disputes, whereas the police are more likely to receive complaints about youth intimidation. The use of more punitive measures was seen as a multi-agency decision and a variety of agencies (sometimes as well as residents through the use of residents' diaries) would be involved in putting together the evidence package that would make up the application for tools such as ASBOs to be implemented.

A full ASBO or even an ABC, it's usually a multi-agency decision. We have all sides, we've got the police on the one hand, you've got the Youth Offending Service on another. There's social care, education, housing, that's all coming in.

Information sharing was consistently seen as key to multi-agency working and successfully tackling ASB. Despite some differences in practice, the importance of partnership working and information sharing in providing a holistic approach to individuals involved in anti-social behaviour was mentioned across CDRPs.

One of the key bits of learning that we had, certainly by having the family project here, is there's been a danger of agencies actually working with families and individuals but not having it joined up. So that you end up a myriad of different agencies, all working with the family at different points in time and because it's not joined up then you still have very poor outcomes.

How does information sharing work?

For all CDRPs involved in the discussion groups, building up a body of knowledge relating to the perpetrator was crucial to delivering appropriate interventions. The importance of knowing which agencies are already working with a perpetrator or family before taking action was widely recognised. Added to this, information sharing is needed to get a fully rounded picture of the perpetrator and to jointly assess factors such as vulnerability. Generally, the greatest amount of information possible is gathered on all perpetrators from a variety of sources including other agencies, family members and the wider community. Information is gathered at single-agency level and then if the ASB continues, at multi-agency level by the ASB co-ordinator and team. This is particularly important with persistent ASB offenders, given the emphasis on gathering evidence prior to enforcing interventions such as ASBOs.

Although it was recognised that gathering information from the community can be difficult (as residents are often worried about reprisals if they report issues), some areas mentioned specific attempts to encourage residents to pass on information, which is key in understanding the types and prevalence of ASB being committed.

We send out an anti-social behaviour leaflet, booklet that explains all the different types of behaviour, what's classed as anti-social behaviour, what isn't, who they need to report what sort of behaviours to.

Information sharing is already occurring as part of multi-agency working across all CDRPs, but it was felt by some practitioners that this can be inconsistent. In several of the discussion groups there were concerns that there were barriers to information sharing because of data protection protocols and reluctance by some agencies to share information with non-statutory agencies. Importantly, data protection was seen as an issue preventing effective information sharing. In one group, the example was given where the exclusion of housing associations was necessary in certain cases.

...the way I interpret it, information can be freely shared between statutory organisations, and housing associations is not a statutory organisation, but they can feed in about A, but if the conversation went out of the bounds of A, and brought in an individual B, then they would have to leave the room, which is silly. So what we've done to protect the statutory partners...is ...asked them not to come to the meetings...So if there's any one strong point that I'd like to be taken back through this discussion it's that...

What is the role of Government?

The practitioners in the discussion groups recognised the importance of national policies, but there was a feeling that the Government was not taking into account practitioners' views in developing policy. Some thought that there was too much emphasis on tools and powers rather than other ways of tackling ASB. Most practitioners were concentrating time and resources on preventative methods and understanding the cause of ASB, especially among youths. However, some front-line practitioners acknowledged, and were more positive about, the Government's commitment to investing in initiatives which target the causes of ASB.

But there have been massive changes since the Government came in. Just look at the Sure Start initiative. They are trying to look at the roots of things rather than just banging people up.

There was an appreciation amongst many of the groups of the Respect (and to a lesser extent, Together) agenda. Practitioners considered the implementation of the Respect agenda as a positive and useful resource in tackling ASB, both financially and as a way of accessing best practise information and guidance.

We started off with Together, which was a very good programme, moved onto the Respect, very good. The message was excellent, you give respect, get respect...as part of the action area we were getting £25,000 a year to tackle anti-social behaviour as we saw fit. We saw fit to spend it on not only youth provision but also utilising mediation services; 93 per cent of our cases that went to mediation were successful. They were also on adults, neighbour disputes. It was cross tenure. We went to RSL, housing utilised it, the police referred some to us. So the Respect agenda was particularly good.

However, there was some concern in these areas that the Respect agenda has been dropped, partly because the practitioners felt the change in focus was symptomatic of a lack of long-term planning. There was unease that the focus had moved to young people and they were concerned that funding to tackle ASB by adults may not be available.

We've now moved forward and all that funding has been swiped away but we've been given £25,000 for people to spend on young people. The whole Government agenda is moving towards young people only, and in our experience anti-social behaviour is any age at all and we need the tools, we need the funding, we need the support to tackle it in adults as well as young people.

Many practitioners expressed the view that the current implementation of practice was too 'top-down' and they were not consulted on major changes. Practitioners generally wanted high-level guidance to encourage consistency as well as supporting a longer-term approach to tackling ASB.

And again, there's this problem again of trying to put these interventions in place, but some of them somewhere, in strategy and somewhere, they keep changing, they keep pulling the carpet from under us.

Several ways of doing this were mentioned, including more training and guidance for practitioners and the provision of guidance on ASB powers which is both easy to understand and relevant to practitioners in their local area.

I would have thought that would be an essential role for the Home Office, like a national, overlooking body that produced guidance on what anti-social behaviour is, and what tools you've got available to tackle it. But not really guidance on how you should organise yourself to go about doing that, how everybody should be consistent.

The practitioners in the two CDRPs in the north of England were particularly critical of what they saw as the overemphasis on practice in London, with some feeling that what central London CDRPs were doing was irrelevant to their own areas.

The importance of good information sharing between agencies was again emphasised and some practitioners saw a role for the Government in this.

And whilst they do look at consultation papers and whilst they do make the odd comment, it's very difficult to plough all through 60 pages of it and make one little comment at the bottom. So in the event it would be far better to come down and to explain to us in very simple, straightforward language what they propose to do, why they propose to do it and then we can give our views.

Practitioners were also keen for there to be better sharing of 'best practice'; with some thinking that this is a role where the Central Government could take the lead, with a best practice network or as a facilitator of communication between agencies. The role of the Respect website as a forum for sharing best practice was considered useful.

How do CDRPs vary in their approach?

The focus of the research was looking at variations in the use of interventions in different areas. The findings presented here indicate that most CDRPs took a similar high-level approach to the use of interventions, but local circumstances and preferences meant that there were differences in how the interventions were delivered in the local area. Both the survey and the focus groups explored practitioners' views of how they thought their approach differed from other CDRPs and why this was. When co-ordinators were asked in the survey, nearly one-third (29%) of co-ordinators felt their approach was generally similar to others, with over half (59%) of these thinking this was because of the sharing of best practice and working closely with colleagues in other areas and over a third (35%) mentioning adherence to policy/guidelines/set procedures.

Over half of respondents (52%) to the survey thought that the overall approach to ASB in their CDRP differed from that of other CDRPs. When co-ordinators were asked why they thought the differences occurred, nearly half of the

respondents who felt their approach differed to a great or fair extent from other CDRPs mentioned teamwork and co-operation between agencies as being differently organised in their area compared to others. Some of the differences were felt to be because of the nature of the CDRP, with ten per cent of respondents reporting that differences were due to low levels of crime in the local area and another ten per cent reporting differences were due to the nature of the area being rural area/no large towns/cities.

Discussion in the groups drew attention to the different approaches in different areas to multi-agency working. There was also recognition in the focus groups that local approaches to tackling ASB were often dictated by area characteristics and local ASB issues, in particular local demographics, the type and the prevalence of ASB, alongside the influence of local politics and the attitudes of the community.

Wherever you are in the country, the basic structure is going to be pretty much the same, similar, but you can't suggest that we're going to work in the same way as x City will, or y City... will be completely different ways of working to combat the problems that they have and the enormity of the problems that they have.

Practitioners also spoke of within-area differences, with certain localities in CDRPs being deemed 'ASB hotspots', requiring a different approach to be adopted compared to elsewhere in the CDRP.

The discussions in the focus groups recognised that there were differences in the use of interventions between the CDRPs and smaller neighbourhoods and these were seen as being inevitable, rather than problematic. The practitioners felt that these differences arose because of different types and levels of ASB, varying ways of multi-agency working and different expectations of local communities.

5. Conclusions

This study has shown that there were variations in the use of tools and powers by different CDRPs. This is primarily because there are specific issues that dictate the way ASB is addressed in different localities, with differences between areas in the delivery of interventions arising from differences in the demography and deprivation levels of the areas and the structures for multi-agency working. There was a clear relationship between levels of intervention use and the perceived levels of ASB in the areas. The practitioners generally felt that these differences were not problematic, but reflected differences in their areas and their local communities. Indeed while there were variations between CDRPs in the extent that interventions were used, most employed a wide range, nearly all reporting CDRPs used warning letters, ABCs and ASBOs.

However, underlying these differences most areas had a generally similar way of working that can be characterised as a tiered approach. This usually consists of a single agency taking on the problem in the first instance, using support interventions where considered appropriate. This may be escalated to a multi-agency approach if the behaviour is persistent or is serious, using enforcement as required. Most areas, in deciding on interventions, took into account the nature of the complaints, local standards and public concern. These were considered important by more people than national standards and the political agenda. There were some differences in the approaches of areas in deciding on the type of intervention, with some emphasising the severity of the behaviour and others the vulnerability of the perpetrator. Most co-ordinators felt that the purpose of ASB interventions was to protect the community and to prevent further occurrences of the behaviour, and success was gauged by the response of the community, in feeling safer or by the victims being satisfied.

There was evidence from the study that the focus in most local areas was on dealing with ASB by young people. 'Teenagers hanging around' caused the most public concern; practitioners felt that this description covered a range of behaviour with a number considering that on some occasions this included typical teenage behaviour. Practitioners in

most areas said that they made a distinction between the sort of interventions and the processes that they used with young people and with older people. In some areas it was felt that this emphasis on young people led to a relative disregard for the needs of adults, with limited support services for vulnerable adults.

The study emphasised the importance of partnership working in delivering interventions. Information sharing between voluntary and statutory agencies was flagged up as an issue that needs addressing.

The findings from the research suggest that ASB co-ordinators and other front-line practitioners think that some differences between areas are to be expected and indeed they welcome the flexibility to respond to local issues. However, the practitioners were keen to be guided in delivering good practice and there was a call for the Government to take on an informative but flexible approach in its role in managing ASB.

Appendix A: Methods

The research was conducted in three stages, with an initial pilot study, an online survey of ASB co-ordinators and discussion groups of ASB practitioners.

The pilot study

The research team from Ipsos MORI held a focus group with a selection of ASB co-ordinators who were based in or around London and the South East. The groups included only co-ordinators in the vicinity of London because of practical constraints of time in developing the questions. The purpose of the discussion group was to ensure that the questions within the online survey reflected local policy and practice issues, as well as Home Office concerns. A topic guide of questions based on broad overarching issues was developed as a starting point for the discussion group. Subsequent research tools, including the draft survey, were informed by the outputs from the discussion group.

The draft survey was circulated, via email, to practitioners who had participated in the discussion group, as well as to other areas outside London and the South East. This second stage of the pilot determined whether the group discussions had been interpreted accurately, as well as giving practitioners the option to comment on the relevance and ability to answer specific questions. Both elements of the pilot informed the final development of the survey, alongside comments provided by the Home Office.

The online survey

A database of the email addresses of ASB co-ordinators in all CDRPs in England and Wales was supplied to Ipsos MORI by the Home Office. The survey was scripted into its online CAWI (computer aided web interviewing) format and administered to all 373 ASB co-ordinators within the sample. The survey was designed to be as user-friendly as possible. It took approximately 20 minutes to complete and was developed so that respondents could complete it in stages, around interruptions, if necessary, without losing information they had already entered.

The online survey fieldwork took place between 6 February 2008 and 5 March 2008. The initial email to 373 respondents was issued on 6 February with two reminder emails issued during the four-week fieldwork period. The covering email contained an introductory explanation of the research, along with a specific electronic link to the survey for each respondent/email address.

Throughout the course of this research, two reminder emails were issued. These were variations of the first message, acknowledging that respondents may recall receiving a similar message some time ago and include the same specific link to the survey.

The first email reminder was issued on 21 February, roughly two weeks after the start of fieldwork. The second reminder was sent to non-responders on 28 February, a week after the first, and informed them that there was one week left to complete the survey before the final deadline.

At the close of fieldwork, 230 survey responses had been received from ASB co-ordinators, representing a response rate of 61 per cent. Reflecting the typically recent development of the role, few respondents have been in their position for more than five years. Similar numbers had joined within the last year (14%) as had been in the role for more than five years (15%). Most had been in their current role for two to five years (54%). The ASB co-ordinators who responded to the online survey come from a variety of backgrounds, the most common being anti-social behaviour (33%), community safety (30%), housing (28%) and policing (27%). Over half (53%) of ASB co-ordinators were based in top tier or district councils.

Qualitative focus groups

The third stage of the research was to conduct focus groups with a range of ASB practitioners in local areas. This allowed more in-depth discussion of the issues with a wider range of ASB professionals than in the survey.

The aim was to conduct eight focus groups across a selection of CDRPs displaying different characteristics. During the survey fieldwork, results were monitored to ascertain which sites were responding and any key themes emerging from results. This insight was used to both help identify suitable case study sites and also to develop a topic guide for use with discussion groups in exploring further the results from the survey.

Twelve areas were initially identified according to a number of characteristics including a mix of urban/rural make-up, a variety of ASB priorities, high/low level of ASB, high/low level use of a variety of interventions and a mix of agencies involved in partnership working. In order to ensure representation from all agencies working to tackle ASB locally, the research team contacted the ASB co-ordinator in each area requesting not only his/her participation in the group but also contact details of up to 30 ASB practitioners. These included people working for the police, youth justice, housing, and other local authority services.

These contact details enabled researchers to contact the attendees directly by email and explain the purpose of the research and invite them to participate. In some cases, however, ASB co-ordinators preferred to make this secondary contact themselves and keep researchers informed of who was coming along. Generally, the response to this research was extremely positive and seven of the first eight areas approached were keen to participate. The eighth area, which experienced a variety of barriers in setting up the group for various reasons, was quickly replaced.

Table A1 Summary of discussion group areas

CDRP	Date of Group	Government Region	Urban/Rural	No of participants	Agencies represented
CDRP 1	8 April 2008	North East	Urban	7	Drug & Alcohol, Neighbourhood Safety, Fire Service, Housing (RSL), CDRP/Drug Action Team, Probation, Neighbourhood Management
CDRP 2	10 April 2008	London	Urban	11	Children's services, Housing (3), Council (environment, noise, ASB co-ordinator, case worker), Drug intervention, Police, Youth worker
CDRP 3	15 April 2008	South West	Semi-urban	12	ASB Co-ordinator/ Caseworker (3) Youth Offending, Police, Housing, Education Welfare, Family Project, Youth Worker
CDRP 4	17 April 2008	Wales	Urban	6	ASB Co-ordinator/ Caseworker (3), Police, Housing, Neighbourhood Support Unit
CDRP 5	23 April 2008	North East	Rural	12	Community Safety Team (2), ASB co-ordinator, Police (2), Drug misuse, Local Councillor, Leisure, Youth Worker, Housing, YOT (2).
CDRP 6	23 April 2008	East Midlands	Rural	7	YOT, Legal, Police(2), ASB co-ordinator, Housing, Community Safety
CDRP 7	30 April 2008	East of England	Rural	7	ASB co-ordinator, ASB team member, housing, youth worker, YOT, Council (Tenancy officer, community safety)
CDRP 8	10 May 2008	London	Urban	6	ASB Co-ordinator, Police, YOT, Council (Neighbourhood Services), Housing

An analysis framework was developed whereby points arising from the qualitative research were grouped into themes and put into a grid developed from the discussion guide. This was added to following every discussion group.

Two of the key strengths of qualitative research are that it allows issues to be explored in detail and enables researchers to test the strength of people's opinions. However, it should be remembered that qualitative research is designed to be *illustrative* rather than *statistically representative* and, therefore, does not allow conclusions to be drawn about the extent to which views are held. In addition, it is important to bear in mind that one is dealing with perceptions and views. Throughout the report, use is made of verbatim comments from participants. Where this is the case, it is important

to remember that the views expressed do not always represent the views of the group as a whole, but are used as *illustrative* of a level of feeling coming through from the discussions.

Due to the overall numbers of ASB co-ordinators taking part in the online survey, it should be highlighted that although there may be differences in responses, most are not statistically significant. Added to this, any subgroup comparisons within the report should only be viewed as *indicative* given that sample sizes of subgroups are typically small.

Appendix B: Regional variations in use of anti-social behaviour tools and powers – topline results

- Results are based on 230 responses to an online survey of anti-social behaviour co-ordinators (initially sent to 373 contacts).
- Fieldwork was conducted online between 6 February and 5 March 2008.
- Where results do not sum to 100, this may be due to multiple responses, computer rounding or the exclusion of 'don't knows'/not stated.
- Results are based on all respondents unless otherwise stated.
- An asterisk (*) represents a value of less than one-half of one per cent, but not zero.

Section I Your role

Question 1: How long have you been working as an ASB co-ordinator?

Please select one option only

	Percentage
Less than a year	14
1 – 2 years	17
over 2 years but less than 5	54
5 years or more	15

Question 2: Prior to your current role, which discipline(s) were you working in?

Please select all that apply

	Percentage
Anti-social behaviour	33
Community safety	30
Housing	28
Policing	27
Education	8
Youth offending	7
Children's services	5
Legal/law	3
Probation	3
Crime prevention/reduction	3
Adult social care	2
Prison	2
Healthcare	2
Student	2
Regeneration	2
Other social services	1
Drug rehabilitation/intervention	1
Unemployment services	1
Sport coaching	1
Voluntary work	1
Other (please specify)	8

Question 3: To what extent do you agree or disagree with each of the following statements as a description of your current role as an ASB co-ordinator?

Please select one option for each row

	Percentage					
	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
I am responsible for reducing anti-social behaviour in the community	63	23	7	6	2	0
I am responsible for addressing the causes of anti-social behaviour through the application of tools and powers	60	30	6	3	1	0
I am a strategic partner working with other agencies in tackling anti-social behaviour locally	77	21	1	1	0	0
I am responsible for responding to the needs and concerns of the local community	61	31	3	3	0	0

Section 2 Your local area

Question 4: Which CDRP area are you based in?

Question 5: In which type of organisation are you currently based?

Please select one option only

	Percentage
Local authority community safety	31
Local authority/district council	22
Police	14
Housing	10
Environmental services	7
Crime and disorder reduction partnership	5
Regeneration	4
Adult social care	1
Youth Offending Team	0
Children, schools and families	0
Other (please specify)	5

Question 6: How much of a problem do you personally think the following anti-social behaviours are in your CDRP area?

Please select one option for each row

	Percentage				
	A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	Don't know
Noisy neighbours or loud parties	7	36	55	1	1
Teenagers hanging around on the streets	28	55	17	0	
Rubbish and litter lying around	10	37	48	3	1
People being drunk or rowdy in public spaces	14	59	26	1	0
Abandoned or burnt out cars	2	9	62	25	3
Vandalism, graffiti and other deliberate damage to property or vehicles	17	54	27	1	1
People using or dealing drugs	11	49	36	3	2

Question 7: To what extent do you agree or disagree with the following statements about the levels of public concern about ASB in your CDRP area?

Please select one option for each row

	Percentage					
	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
There are high levels of public concern about ASB compared to actual incidences of behaviour locally	35	53	7	5	1	0
There are low levels of public concern about ASB compared to actual incidences of behaviour locally	0	4	11	47	36	1
Public concern mirrors actual incidences of ASB locally	3	17	17	47	17	0
Reported levels of ASB have increased over the last 3 years	14	42	17	18	7	2
Reported levels of ASB have decreased over the last 3 years	5	16	20	38	19	3
Reported levels of ASB have remained stable over the last 3 years	2	13	27	37	19	3

Question 8: In your opinion, people in which age group are most likely to have been given an ASBO or ABC in your CDRP area over the last year?

Please select one option for each column (ASBO AND ABC)

	Percentage	
	ASBO	ABC
Ages 10 – 14	1	42
Ages 15 – 17	26	53
Ages 18 – 21	27	3
Aged 22 +	40	2
Don't know	5	1

Question 9a: In your opinion how often in the last year have you obtained an ASBO for the following types of ASB/offending behaviour?

Please select one option for each row

	Percentage				
	Very often	Fairly often	Sometimes	Rarely	Never
Noisy neighbours or loud parties	0	2	13	22	62
Teenagers hanging around on the streets	3	10	18	15	54
People being drunk or rowdy in public spaces	7	20	26	19	28
Vandalism, graffiti and other deliberate damage to property or vehicles	7	13	24	22	34
People using or dealing drugs	1	7	15	23	54
Other low level criminal offending	6	19	33	19	23

Question 9b: *In your opinion how often in the last year have you obtained an ABC for the following types of ASB/offending behaviour?*

Please select one option for each row

	Percentage				
	Very often	Fairly often	Sometimes	Rarely	Never
Noisy neighbours or loud parties	5	14	27	23	30
Teenagers hanging around on the streets	16	30	30	10	14
People being drunk or rowdy in public spaces	15	23	28	18	16
Vandalism, graffiti and other deliberate damage to property or vehicles	14	27	33	15	11
People using or dealing drugs	2	6	13	29	51
Other low level criminal offending	14	26	37	13	10

Section 3 Tools and powers

Question 10: *Thinking generally about tools and powers for ASB, to what extent do you agree or disagree with the following statements?*

Please select one option for each row

	Percentage					
	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
The aim of the available tools and powers is to effectively manage anti-social behaviour	47	43	4	4	1	0
The aim of the available tools and powers is to address the causes of anti-social behaviour	24	36	11	20	8	0
The aim of the available tools and powers is to respond to the concerns of the community	30	50	16	2	2	0
The aim of the tools and powers is to protect the community	49	43	7	1	1	0

Question 11: When deciding which tools and powers to use in tackling anti-social behaviour in your CDRP, how important are the following?

Please select one option for each row

	Percentage					
	Very important	Fairly important	Neither important nor unimportant	Fairly unimportant	Very unimportant	Don't know
National standard procedures and policies	21	50	22	5	2	0
Local standard procedures and policies	49	47	3	0	1	0
Political/media agenda	7	26	40	19	7	1
The nature of complaints	65	33	2	0	0	0
The nature and extent of anti-social behaviour	83	17	0	0	0	0
Public concern	45	48	5	1	0	0
The availability of resources	43	40	10	6	1	0

Question 12: Please indicate how familiar you are and how often you use the following interventions?

Please select one option for each row

	Percentage				
	Have never heard of it	Have heard of, but know little about it	Know about it but do not use it	Use it sometimes	Use it often
Acceptable Behaviour Contracts and Acceptable Behaviour Agreement (ABCs/ABAs)	0	0	1	17	82
Anti-social behaviour order on conviction (CRASBO)	0	0	12	47	41
Anti-Social Behaviour Injunction (ASBI)	0	3	39	40	18
Anti-Social Behaviour Order (ASBO)	0	0	13	54	33
Notice of seeking possession	0	3	28	38	31
Eviction for ASB	0	3	32	54	10
Parenting contracts/parenting order	0	1	42	43	14
Warning letter	0	0	4	10	85
Demotion Order/Demoted Tenancy	0	4	48	40	8
Individual Support Orders (ISO)	0	8	60	28	4
Intervention order	4	14	70	9	3
Dispersal order	0	2	29	53	17
Crack house closure	0	3	43	43	12

Question 13a: In deciding whether to use ABCs/ABAs, how important are each of these factors?

Please select one option for each row

	Percentage				
	Very important	Fairly important	Neither important nor unimportant	Fairly unimportant	Very unimportant
Offending/ASB history of perpetrator	82	16	1	0	1
Age of perpetrator	29	31	30	6	5
Family situation of perpetrator	29	50	16	4	1
Housing situation of perpetrator	21	37	33	5	4
Type/ seriousness of ASB	79	19	0	0	1
Number of complaints	49	41	7	1	1
Vulnerability of perpetrator (mental health, drugs, alcohol)	59	34	5	1	1
Vulnerability of victim	68	27	3	2	1

Question 13b: In deciding whether to use CRASBOs, how important are each of these factors?

Please select one option for each row

	Percentage				
	Very important	Fairly important	Neither important nor unimportant	Fairly unimportant	Very unimportant
Offending/ASB history of perpetrator	89	10	0	0	1
Age of perpetrator	24	35	31	5	4
Family situation of perpetrator	15	46	30	6	2
Housing situation of perpetrator	12	31	45	7	4
Type/ seriousness of ASB	82	16	1	0	1
Number of complaints	58	34	6	1	2
Vulnerability of perpetrator (mental health, drugs, alcohol)	50	39	9	0	1
Vulnerability of victim	69	26	3	1	1

Question 13c: In deciding whether to use ASBIs, how important are each of these factors?

Please select one option for each row

	Percentage				
	Very important	Fairly important	Neither important nor unimportant	Fairly unimportant	Very unimportant
Age of perpetrator	37	37	21	2	2
Family situation of perpetrator	21	48	25	5	2
Housing situation of perpetrator	40	34	20	2	3
Type/ seriousness of ASB	78	21	0	0	1
Number of complaints	52	39	5	2	2
Vulnerability of perpetrator (mental health, drugs, alcohol)	53	36	9	0	2
Vulnerability of victim	76	23	1	0	1

Question 13d: In deciding whether to use ASBOs, how important are each of these factors?

Please select one option for each row

	Percentage				
	Very important	Fairly important	Neither important nor unimportant	Fairly unimportant	Very unimportant
Age of perpetrator	30	39	24	4	4
Family situation of perpetrator	19	50	26	5	2
Housing situation of perpetrator	16	40	36	6	4
Type/ seriousness of ASB	82	17	1	0	1
Number of complaints	66	30	3	1	2
Vulnerability of perpetrator (mental health, drugs, alcohol)	55	36	7	0	2
Vulnerability of victim	74	22	3	1	1

Question 13e: In deciding whether to use Notices of seeking possession, how important are each of these factors?

Please select one option for each row

	Percentage				
	Very important	Fairly important	Neither important nor unimportant	Fairly unimportant	Very unimportant
Age of perpetrator	24	34	34	4	4
Family situation of perpetrator	35	46	17	0	2
Housing situation of perpetrator	57	29	10	3	1
Type/ seriousness of ASB	74	22	3	0	1
Number of complaints	57	38	4	0	1
Vulnerability of perpetrator (mental health, drugs, alcohol)	55	35	7	1	2
Vulnerability of victim	70	23	5	0	1

Question 13f: In deciding whether to use Evictions, how important are each of these factors?

Please select one option for each row

	Percentage				
	Very important	Fairly important	Neither important nor unimportant	Fairly unimportant	Very unimportant
Age of perpetrator	29	34	28	7	2
Family situation of perpetrator	46	44	7	1	0
Housing situation of perpetrator	59	30	9	1	0
Type/ seriousness of ASB	87	11	1	0	0
Number of complaints	70	26	3	0	0
Vulnerability of perpetrator (mental health, drugs, alcohol)	65	27	7	0	1
Vulnerability of victim	80	17	2	0	0

Question 13g: In deciding whether to use parenting orders/contracts, how important are each of these factors?

Please select one option for each row

	Percentage				
	Very important	Fairly important	Neither important nor unimportant	Fairly unimportant	Very unimportant
Age of perpetrator	21	31	32	9	8
Family situation of perpetrator	11	34	36	15	4
Housing situation of perpetrator	11	29	40	15	5
Type/ seriousness of ASB	53	32	11	2	2
Number of complaints	42	36	15	5	3
Vulnerability of perpetrator (mental health, drugs, alcohol)	33	40	17	8	2
Vulnerability of victim	48	31	14	5	2

Question 14: In your opinion, roughly what proportion of ASB cases that are dealt with in your CDRP area are successfully resolved by using informal early interventions, such as warning letters and visits?

Please select one option only

	Percentage
The majority of ASB cases	68
About half	24
Not very many (less than a quarter)	5
Other (please specify)	3

Question 15: When considering the practice of issuing ASBOs on conviction, which of the following reflects local practice?

Please select one option only

	Percentage
ASBOs are only ever obtained on conviction	19
ASBOs are only obtained through civil proceedings	3
ASBOs are sometimes obtained on conviction and sometimes through civil proceedings	79

Question 16a: What support services/interventions do you most commonly use in your CDRP for addressing ASB for 10- to 17-year-olds?

Please rank top 3 (please enter the number 1-3, 1=most used; 3=least used)

	Percentage		
	1=Most used	2	3=Least used
Parenting contract	12	40	48
Parenting order	8	20	72
YOT referral	54	31	15
Family intervention	34	43	23
Alcohol/substance misuse referral	14	41	45
ISO	20	13	67
Other (please specify)	56	16	28

Question 16b: What support services/interventions do you most commonly use in your CDRP in addressing ASB for those aged over 18?

Please rank top 3 (please enter the number 1-3, 1=most used; 3=least used)

	Percentage		
	1=Most used	2	3=Least used
Substance misuse referral	31	47	22
Intervention order	32	36	32
Social services referral	25	38	37
Mental health referral	19	35	46
Alcohol/substance misuse referral	49	31	21
Other (please specify)	63	10	27

Section 4 Effectiveness

Question 17: How effective do you think each of the following interventions are in successfully addressing ASB in your CDRP area?

Please select one option for each row

	Percentage					
	Very effective	Fairly effective	Neither effective nor ineffective	Fairly ineffective	Very ineffective	Don't use
Acceptable Behaviour Contracts and Acceptable Behaviour Agreements (ABCs/ABAs)	49	47	3	1	0	0
Anti-social behaviour order on conviction (CRASBO)	29	62	5	2	0	3
Anti-Social Behaviour Injunction (ASBI)	30	40	7	1	0	22
Anti-social behaviour order (ASBO)	33	56	3	1	0	7
Parenting contracts/ parenting order	12	38	18	4	0	27
Notice of seeking possession	20	57	9	3	0	12
Eviction for ASB	33	33	14	5	1	14
Warning letter	46	50	3	0	0	0
Demotion Order/ Demoted Tenancy	13	43	10	1	0	34
Individual Support Orders (ISO)	3	25	17	0	0	55
Intervention order	3	13	18	0	0	65
Dispersion order	17	43	12	6	2	20
Crack house closure	40	20	5	0	0	35

Question 18: In your opinion, which of the following barriers most hinder your ability to deliver tools and powers for ASB in your local area?

Please rank top 3 (please enter the number 1-3, 1=most hindering; 3=least hindering)

	Percentage		
	1=Most hindering	2	3=Least hindering
Availability of local resources	58	24	18
Relationships with other agencies	24	28	48
Culture of the agencies	25	46	29
Local policy agenda	16	42	42
Bureaucracy involved in issuing appropriate interventions	29	40	31
Level/type of ASB locally	27	35	38
Knowledge of available tools and powers	13	26	61
Other (describe)	43	17	40

Question 19: In order of importance, please rank the following statements about what constitutes a successful outcome when considering the use of interventions for ASB?

Please rank top 6 (please enter the number 1-6, 1=Most important, 6=Least important)

	Percentage					
	1=Most important	2	3	4	5	6=Least important
They address the needs of the perpetrator	7	6	13	13	15	47
They prevent future incidents of ASB by the perpetrator	38	17	10	13	20	2
They meet the needs of the community	8	16	14	21	24	17
They reduce levels of anti-social behaviour in the local area	16	25	18	20	10	10
They help reassure the community that problems are being dealt with	8	14	24	19	20	15
They address the needs of victims/witnesses	24	22	21	14	11	8
Other (describe)	17	17	0	0	0	67

Section 5: Information

Question 20: *In thinking about the information held in your case management system please indicate whether the following types of information are recorded electronically, on paper, both, or not at all*

Please select one option for each row

	Percentage			
	Electronically	Paper files	Both	Not recorded
Age of perpetrator	30	13	53	4
Gender of perpetrator	33	12	50	5
Ethnicity of perpetrator	28	11	31	30
Offending/ASB history	27	14	52	6
Needs of perpetrator	19	24	38	19
ASB incident details	28	12	57	3
Victim/complainant details	28	13	54	5
The decision-making process	19	17	58	6
The involvement of other agencies	20	17	59	3
Level of compliance with the intervention	21	17	53	9
Any further reports of anti-social behaviour	26	10	63	2

Section 6 Multi-agency working

Question 21a: *In your work, how frequently are the following agencies involved in deciding the most appropriate tools and powers to address anti-social behaviour for 10- to 17- year-olds?*

Please select one option for each row

	Percentage				
	Always	Often	Some-times	Rarely	Never
Police	75	22	3	0	0
Local businesses (e.g. pub, club, shop)	0	6	40	42	12
Social service	14	29	38	16	3
Drug Action Teams	5	18	48	22	7
CAMHS	2	17	50	22	8
Probation	5	15	40	27	14
Schools/education department	20	41	32	5	2
Community and voluntary sector	3	11	47	27	11
Housing department	27	55	17	1	0
Environmental Health	7	31	44	14	3
Youth Offending Team	48	38	10	3	0
Crown Prosecution Service	4	20	41	24	11
Children's services	23	29	36	10	3
Adult social care	4	13	43	23	17
Victim support	1	10	35	31	22
Other (please specify)	24	19	35	3	19

Question 21b: In your work, how frequently are the following agencies involved in deciding the most appropriate tools and powers to address anti-social behaviour for those aged over 18?

Please select one option for each row

	Percentage				
	Always	Often	Some-times	Rarely	Never
Local businesses (e.g. pub, club, shop)	0	6	40	36	18
Social service	7	15	55	17	6
Drug Action Teams	5	18	53	18	6
CAMHS	2	11	44	23	20
Probation	8	30	44	15	3
Schools/education department	3	6	22	40	29
Community and voluntary sector	3	7	39	34	17
Housing department	25	56	17	1	1
Environmental Health	7	34	47	8	3
Youth Offending Team	8	10	29	27	27
Crown Prosecution Service	7	21	42	20	11
Children's services	2	7	24	31	36
Adult social care	5	23	50	14	7
Victim support	1	10	33	26	30
Other (please specify)	16	24	36	4	20

Question 22: To what extent do you think your overall approach to ASB in this CDRP differs from that of others?

Please select one option only

	Percentage
A great extent	8
A fair extent	44
Barely at all	28
Not at all	1
Don't know	18

Question 23: Please explain the differences and why you think these differences occur?

Please write in your answer below, please limit your answer to the three main reasons

	Percentage
Teamwork/co-operation between different agencies/multi-agency teams	48
Effective use of tools/powers/resources available	32
Use of early intervention/preventative/educative methods	28
Limited resources/lack of staff/funding	16
Reduced use of ASBOs/use ASBOs only as last resort	13
Good communication/access to information/intelligence/regular meetings	12
Level of service provided	12
Lack of involvement/support from other agencies	12
Each agency has different priorities/procedures	11
Rural area/no large towns/cities	10
Low level of crime in local area	10
Meet the needs/expectations of the community	9
Proactive approach/deal directly with perpetrators	8
Dedicated ASB team	7
Strategy tailored towards local area	7
Willing to try new ideas/tools/powers	5
Autonomy/responsibility/ability to make decisions	3
Other	9
Nothing	0
Don't know	1

Question 24: Please explain why you think these similarities occur?

Please write in your answer below and please limit your answer to the three main reasons

	Percentage
Best practice sharing/ working closely with colleagues in other areas	59
Adherence to policy/guidelines/set procedures (i.e. Respect/Youth Taskforce agenda)	35
All use the same tools/powers	29
Areas use similar methods/work in similar ways	24
Issues that affect each area are similar/problems are similar	18
County-wide ASB group for ASB co-ordinators to meet	14
Similar levels of funding/resource issues	12
All have same objectives/working towards same goals	12
Use of standard range of enforcement/prevention/intervention	12
Other	8
Nothing	2
Don't know	0

Question 25: *Please add anything else you feel is important in relation to understanding regional variations in the use of ASB tools and powers, or any key messages that you feel have not been covered within this questionnaire*

Un-coded Question – Verbatims available.

The authors

Christine Cooper and Geraldine Brown are researchers in the Research and Analysis Unit in the Home Office.

Helen Powell and Ellie Sapsed were employed by Ipsos Mori at the time of the study.