

## **EXECUTIVE SUMMARY**

### **The summary findings from two research projects on complex ASB cases**

#### **Introduction**

As part of the Anti-social Behaviour (ASB) review process, two pieces of research relating to complex cases have been produced. These include recent cases that have rapidly escalated in frequency or severity or where there is a long term history of anti-social behaviour or locations that are problematic. The term anti-social does not really capture the nature of some cases which can involve criminal activity including serious levels of harassment, intimidation and violence. There are frequently contributing factors such as drug or alcohol misuse, domestic abuse, mental health issues or where the perpetrators are themselves vulnerable and exploited by others. The research was intended to disentangle some of these issues.

The first analysis took a dip sample of 50 cases that were active at some point between 1<sup>st</sup> April 2012 and 31<sup>st</sup> March 2013. This analysis concentrated on some basic information relating to the perpetrators and victims with a specific focus on the contributing factors behind the perpetrators actions. The second analysis considered a dip sample of 40 cases that were active at some point between 1<sup>st</sup> April and 30<sup>th</sup> September 2013. The following report highlights some of the key findings; the analysis and full findings are included in more detailed individual reports which are available on request. At present, a further piece of research is underway to consult with victims of ASB to gather their views on the process, responses and outcomes.

#### **Basic demographic data on the perpetrators**

Combining the two data sets, 41% (37 of the 90 cases) had a female primary perpetrator. In 44% (40 of the 90 cases) the primary perpetrator was male. In the remaining 13 cases, there were either multiple or unknown perpetrators. The analysis found that where the primary perpetrator was female, it was more likely that a partner or ex-partner or other family members were also involved (in particular teenage sons).

Complex cases buck the expectation that ASB is mainly caused by young people. The peak age for perpetrators is their thirties and forties. This is similar to that identified in an analysis of prolific and priority offenders (PPOs). Essentially both PPOs and perpetrators in complex ASB cases are often entrenched perpetrators (with a lengthy history of the behaviour) and had other issues in their lives such as drug or alcohol misuse; domestic abuse, mental health issues or learning and behavioural difficulties that contributed to their behaviour<sup>1</sup>. Many could themselves be deemed as vulnerable. This is unlike the type of offending and ASB that is caused by young people, many of whom grow out of this behaviour.

The first analysis (2012/13) looked at the type of property where victims and perpetrators lived and found that 70% lived in low rise or high rise blocks of flats. This is most likely to reflect population density meaning that if one resident lives a chaotic lifestyle, it is more likely to impact on near neighbours in blocks of flats.

#### **Contributory Factors**

By combining data from the two studies, only 8.5% (8 of the 90 cases) had no known contributory factors. These were either private sector cases referred to the ASBU for advice early in the process and easy to resolve or were cases with counter allegations. 85.5% (77 of the 90 cases) had at least one contributing factor and many had more than one<sup>2</sup>. The 2012/13 analysis focused on contributory factors and found:

- 54% (n27) were known offenders. The levels and type of offending varied but 22% (n11) had a history of violence which included two MAPPA cases and two known for racially or religiously aggravated assaults. 16% (n8) have recently served prison sentences. Three were known to Portsmouth Mental Health Criminal Justice Team.
- Drug misuse was a factor in 52% (n26) of cases. 30% (n15) were involved or believed to be involved in class A drug use. This was most commonly heroin and crack cocaine. In 12 cases (13%) either the ASB

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<sup>1</sup> These contributory factors do not necessarily lead to ASB but where ASB occurs may contribute to it.

<sup>2</sup> The remaining five cases were about locations or unknown perpetrators.

perpetrator was dealing drugs or involved in drug production or their property was being used by drug dealers from outside of the city. Most were known to drug services but many were difficult to engage.

- 42% (n21) misused alcohol and this contributed to the ASB. 16 (72%) of these are known to services and have significant problems. One was a 'frequent flyer' known to multiple services and regularly involving police, ambulance services and A&E.
- 30% (n15) had reported mental health issues that contributed to the ASB. Nine of these (60%) were known to mental health services and four (26%) had been sectioned under the mental health act at some point during the ASB case history. Usually, the ASB in these cases was linked to mental health issues. In some cases, their behaviour put themselves and other residents at risk.
- Domestic abuse was a factor in 22% (n11) of cases. This is a complex issue. Sometimes the noise and disruption caused by domestic abuse was reported by other residents as ASB. Sometimes, the victim of the abuse was also misusing drugs or alcohol and behaving anti-socially. In some cases, it was clear the domestic abuse offender was causing the ASB. Four are known for other violence and offences as well.
- Only 4 (8%) involved young people under eighteen. There were child protection concerns in all cases.

### **How long have the individuals been known to services for causing ASB?**

The second analysis (1<sup>st</sup> April to 30<sup>th</sup> September 2013) focused on length of time that the perpetrators involved in complex ASB cases have been known to services (not just the ASBU who tended to get the case referred to them later in the process). Of the 40 cases in this dip sample, five do not have a named perpetrator. Of the remaining 35 cases:

- The longest case history had ASB case files dating back 7 years and 8 months.
- The average time (median) that an individual had been known is 33 months.
- The most common time frame is still under one year (n12 34%) with a further 6 (17%) under two years. Eight (66%) do not present as high risk and have been easily resolved. The remaining four are new cases that can already be identified as high risk.
- All 23 remaining cases (66%) could be identified as more complex early in the process. Only 3 (13%) record lower level but on-going incidents and counter allegations.

### **Conclusions**

- Early risk assessment can identify those cases:
  - most likely to be resolved through mediation or Portsmouth Assessment Service and/or prompt referral to relevant services
  - presenting risk factors that would indicate a more complex case. Prompt referral and assertive outreach to engage these people may reduce the on-going impact and length of the ASB
  - that will only benefit from a combined multi agency and in some cases bespoke response.
- Although only limited victim analysis has been conducted at this stage, it is clear that some cases should trigger victim support far earlier in the process. Incidents where perpetrators are known for a history of violence or where there are significant threats of harm should trigger immediate responses. Victim support is promptly implemented where the victim is deemed as vulnerable but does not seem to be consistently applied or regularly reviewed.
- Both reports highlight concerns of yo-yo service responses with interventions and support put in place when the ASB is most pronounced but when things quieten down the services are reduced or withdrawn or the case is not monitored so robustly.
- Some perpetrators with multiple problems do not engage with services and this is sometimes recorded as failure to engage. A more robust and assertive outreach together with enforcement may encourage service take up. This is most noticeable where the perpetrators have serious substance misuse issues.
- There are processes relating to families with multiple problems but the majority of ASB cases involve adults only. Development of Adult Intervention Services may be useful.