

Elmore  
Community  
Services



**Anti Social Behaviour  
Intensive Support Service**  
**An Interim Evaluation**

Jeremy Spafford • December 2009

**Elmore Community Services (ECS) provides high quality services for marginalised and disenfranchised people in Oxford City.**

**Elmore  
Community  
Services**



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# Elmore Community Services

## Anti Social Behaviour Intensive Support Service

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## Summary

- The Elmore Anti Social Behaviour Intensive Support Service (ASB Service) was established in November 2007 to reduce anti social behaviour
  - By helping individual clients to recognise and manage their behaviour, address practical issues and increase appropriate use of mainstream services
  - By improving the ASB system so that it promotes early intervention, diversion, support and long term solutions rather than pure enforcement
  - By influencing national policy based on learning from local practice
- It has worked with 53 clients involved in repeated anti social behaviour and with a range of complex needs. These clients fall under four categories
  - People with entrenched difficulties caused by severe and enduring mental health and substance misuse problems
  - Sex workers
  - People struggling to maintain a tenancy
  - Young people
- Support work divides between therapeutic interventions helping clients to recognise and manage behaviour and practical support linking to mainstream services. The service works in partnership with enforcement agencies such as the police, local authority and courts.
- Analysis of data collected by the project and responses by interviewees consulted for this report confirm that, over the past 2 years
  - There have been fewer of incidents of anti social behaviour
  - There has been a reduction in the number of ABCs and ASBOs
  - There have been fewer breaches of ASBOs
  - There has been less use of custodial sentences
- Interviewees also report a significant shift in the attitudes and practice of enforcement agencies from an emphasis on punishment towards a focus on long-term outcomes. Early intervention to prevent escalation and attend to underlying causes of anti social behaviour by vulnerable people is now regarded as more cost effective. This has been achieved thanks to the skills and competence of ASB Service staff and the preparedness of partner agencies to reflect on practice and work towards common goals.
- It costs an average of £3,450 for the ASB Service to support a client for 12 months. It costs around £40,000 to keep someone in prison for the same period.

## Success criteria

- Excellent staff able to work with challenging clients and negotiate complex professional partnerships supported by strong management
- Assertive, persistent outreach to clients and equally assertive engagement with mainstream services. It takes two to engage.
- Shared ownership by partner agencies at management and practitioner levels
- Co-location of support staff with enforcement practitioners
- Shared protocols to retain focus on outcomes (ie will it reduce anti social behaviour?)
- Independence linked to statutory requirements
- Thorough monitoring and evaluation to support learning

## Recommendations for the future

It is essential that the project is funded for a further two years from November 2009. It then needs to focus on the following:

- Ensure that it continues to recruit and retain excellent staff

- Maintain its good practice in responsive service delivery and close partnership working
- Extend its service to be able to intervene earlier and attract a wider range of referrers
- Deepen and evaluate its user involvement work
- Find ways of embedding good practice in mainstream services through training and mentoring offers
- Engage stronger political ownership and shared leadership of the service from stakeholders who are not currently represented on the steering group
- Consider options for the long term future of the service

## 1 Background and Methodology

In November 2007 Elmore Community Services established a two-year pilot intensive support service for people at the earliest points of the Anti Social Behaviour (ASB) process. Two full time specialist support workers and a part time team leader provide the service in Oxford City. The Tudor Trust contributed £140,000 to the pilot with an additional £40,000 provided by Oxford City Council. This initial two-year funding will cease in November 2009.

The service was established in partnership with local enforcement agencies such as Oxford City Council Crime And Nuisance Action Team (CANACT). The national charity, Revolving Doors, monitored the project from November 2007 until January 2009 and has used these findings to submit recommendations to national policy forums.

The service was created in response to a growing realisation that a concerted enforcement approach was failing to tackle anti social behaviour perpetrated by a small group of individuals. These individuals had a range of complex needs, which meant that they were failing to respond to Acceptable Behaviour Contracts (ABCs) and Anti Social Behaviour Orders (ASBOs). Many were receiving custodial sentences or inpatient mental health care and then drifting back to negative and unacceptable behaviour because their underlying support needs were not being addressed.

Established in 1989, Elmore Community Services has a long history of working with people described as 'difficult to place'. These are typically people with complex needs who fall through the net of existing provision because of the range of problems being presented, the challenging behaviours associated with those problems and the inability of services to respond flexibly. This pilot project attempts to align the Elmore approach of personalised, assertive engagement and support with enforcement of acceptable behaviour.

It appears to be unique. Interviewees with good knowledge of initiatives nationwide, who were consulted for this evaluation, confirmed that they knew of no other project that was offering an intensive support service of this kind in partnership with enforcement agencies. It is therefore significant, not only in terms of local impact but also in terms of national policy.

*'It is unique. It responds very directly to the issuing of ASBOs to people with mental health problems that can't comply.'* [p]

*'As a member of regional and national anti social behaviour practitioner networks, I can confirm that there is no other initiative like this one.'* [p]

This report aims to provide stakeholders with a better understanding of the impact of the service on service users and the local Anti Social Behaviour system and some implications for local and national policy.

The Revolving Doors Agency was responsible for monitoring the project until January 2009. Mark Hillyer and myself were then employed to complete the monitoring exercise and evaluate impact. Mark Hillyer has reviewed all the available client data and all figures about clients quoted in the report are based on his review. He also created the intervention pathways in Appendix B based on his analysis of the monitoring information. I then conducted an evaluation of the project using this data and interviews with stakeholders.

I have interviewed 6 representatives of partner agencies, 4 service users and 2 staff members. The process was also informed by a DVD made by service users supported by an independent filmmaker. In this film, Elmore support staff, representatives from partner agencies and service users describe the impact of the service.

Interviewees and those contributing to the film are listed in Appendix C along with a list of interview prompts.

All quotations in this report derive from interviews. Interviewees were assured that quotations would be anonymised. It is however helpful to know the perspective of interviewees so quotations are identified as follows:

- [p] signifies a representative of a partner organisation
- [w] signifies a worker within the ASB service
- [u] signifies service user

Throughout this report, Elmore Community Services is abbreviated to *ECS* and its Anti Social Behaviour Intensive Support Service is referred to as the *ASB Service*.

## **2 The client groups**

The ASB Service aims to reduce anti social behaviour

- By helping individual clients to recognise and manage their behaviour, address practical issues and increase appropriate use of mainstream services
- By improving the ASB system so that it promotes early intervention, diversion, support and long term solutions rather than pure enforcement
- By influencing national policy based on learning from local practice

### **2.1 Individuals**

Between November 2007 and October 2009, the service received 106 referrals. Of these, 21 received advice and information 23 received short-term interventions and 9 are too new to the service to be able to measure impact. Of the remaining 53, just over half were women.

The service originally expected to work with two categories of people: people with entrenched complex needs and sex workers. Through delivery of the service, two further categories have emerged: people in danger of losing their tenancy and young people.

#### **Entrenched**

This is a group of people with unmet mental health and substance misuse needs, involved in lower level crime activities and anti social behaviour. They are widely known to service providers but failing to effectively engage. Whilst they may well have been involved in anti social behaviour for many years, evidence suggests that ASB legislation has caused a high proportion of this group to enter the criminal justice system for the first time.

#### **Sex Workers**

Outreach work alongside the police identified a group of approximately fifteen women with complex needs who were potentially subject to ASB legislation for their sex working. This group of women had been causing concern within Oxford for a number of years.

#### **Tenancy related**

Usually housed by registered social landlords (RSLs) such as Oxford City Council or housing associations, this group of people face eviction as part of an enforcement action regarding their anti social behaviour. Typically, they are very isolated and have no involvement with support

services. Some appear to have just slipped under the net of service provision all their lives whilst others have often used services in the past but have not had any involvement for years (for example a number had spent a significant amount of time in psychiatric hospitals in the past). This group can be very difficult to engage due to mistrust or ignorance of what support is available.

## Young people

This group are often engaged in more serious crime alongside their anti social behaviour such as drug dealing, kidnapping and assault. They are likely to have experienced a high level of childhood trauma and are usually known to Youth Offending Services and/or the Looked After Services.

Up to March 2009, the ASB Service clients fell into the following categories:

Entrenched	21	40%
Tenancy related	17	32%
Sex workers	9	17%
Young people	6	11%

## 2.2 The ASB system

There are two further client groups. Enforcement agencies regard **the public** as their client (usually referred to as the witness) rather than the perpetrator. By working in partnership with these agencies, the ASB Service now has a shared responsibility to contribute to public protection and to ensure value for money.

The service's contribution to public protection is delivered by improving long-term outcomes for individuals through close working with **partner agencies** and more coordinated responses. The ASB Service seeks to achieve this by changing the attitude of enforcement agencies and creating protocols so that early intervention and intensive support become a standard first response to anti social behaviour.

## 2.3 National policy

The final client group consists of **national policy makers** who are seeking ways of improving outcomes for vulnerable individuals and the wider public and wish to reduce pressure on the criminal justice system.

# 3 The presenting problems

## 3.1 Individuals

On referral to the service, 10 clients had ASBOs, 13 were subject to an ABC and 25 were being discussed by an inter agency anti social behaviour meeting because of concerns.

94% of clients were described as having a mental health problem. Only 3 had no mental health problem and several had more than one problem. Depression was affecting the most clients (42%). A quarter of clients were described as having a personality disorder (25%) and 23% had a diagnosis of schizophrenia.

83% of clients had a substance misuse problem. 11 individuals had an alcohol problem, 18 had a drugs problem and a further 11 had both.

All clients had housing related and financial problems. 32% were sleeping rough (10 people) or staying temporarily with friends (5 people). Eight clients (17%) were recorded as having been in care as a child.

All clients were failing to engage appropriately with mainstream services and all were struggling to understand court processes and were failing to understand the consequences of their behaviour on themselves and the public.

It is important to notice that perpetrators of anti social behaviour are often, themselves, victims. ASB Service staff recorded risk factors for 37 of the 53 clients. Of these, a high proportion had been a victim of crime or anti social behaviour.

Victim of child abuse	8	22%
Involved in sex work	9	25%
Victim of neighbourhood harassment	11	30%
Vulnerable to domestic violence	15	41%
Vulnerable to exploitation	29	78%
In care as a child	9	25%

### 3.2 The ASB system

Interviewees report that some enforcement officers were unaware of the significance of mental health and other issues and were focussed exclusively on punitive measures. Courts were being given little option but to impose custodial sentences for breach of civil orders, which was leading to the criminalisation of vulnerable people. Repeated orders and prison sentences were having little impact on the levels of anti social behaviour. There was very little joint working or shared understanding between enforcement and support agencies.

### 3.3 National policy

Following an extended period in which government policy was focussed on enforcement measures, policy makers were beginning to identify the need to temper these measures with targeted intensive support but had limited practical experience to draw on to inform good practice.

## 4 The model

### 4.1 Individuals

The service is based on a personalised assertive model and is able to work with clients irrespective of where they are. This includes in prison, hospital or hostels, in their own home or on the street. This flexibility provides continuity and consistency to people whose lives can be chaotic and unpredictable.

The service works intensively with clients to help them recognise the patterns of their behaviour, its impact on others and the consequences of breaking enforcement measures. It tries to help them address this behaviour by developing self-management techniques. The service ensures clients fully understand the ASB legal process and provides comprehensive support throughout, including accompanying them and advocating on their behalf in court and custody as appropriate. They take a team approach wherever possible to reduce co-dependency and help the client develop a variety of adult relationships. This is, however, difficult to maintain with such a small team.

*'A very assertive outreach team - we chase them all over town.'* [w]

They also seek to address each client's wider issues such as accommodation, benefits, addictions and health needs. Most clients are failing to access mainstream services appropriately. A key intervention from the service, therefore, is to facilitate effective engagement with those services. Interagency working is crucial with a particular focus on the partnership between enforcement and support. The service aims to be a brief intensive intervention focussed on anti social behaviour and able to refer on quickly to other parts of ECS or other floating support services.

*'When all other doors are shut, we are the last chance saloon.'* [w]

Interviewees report that '**entrenched**' clients often end up in prison as they are regarded as too chaotic to be able to manage a community order. One client had 15 previous custodial sentences resulting from aggressive begging. By working closely with the courts to offer an alternative to custody, the ASB Service was able to help the client re-engage with mental health services, stabilise medication and address substance misuse problems. Small interventions such as holding back money to help the client pace himself through the week helped reduce aggressive begging.

Following growing public concern about the presence of **sex workers** around the Cowley Road in East Oxford, the ASB Service worked alongside a variety of women who the team describe as the hardest group to engage because of a deep level of mistrust. It has taken 18 months of persistent effort to successfully engage one client. Beginning with issuing condoms and sexual health advice, support staff gradually learned how to work with clients creating safe ways to meet and starting to address mental health and substance misuse problems as well as the huge issue of domestic abuse. A new system was created with enforcement agencies whereby sex workers would receive three warnings before action was taken; at the first warning they are referred to the ASB Service. They may be hard to engage but support staff report a big impact with women successfully moving away from street sex work and then away from sex work altogether. Of 9 sex workers, 3 are in the process of leaving it behind and one has managed to exit completely. The latter has moved away from Oxford with the help of the ASB Service. She describes her journey on film and attributes her success to the work of the service. She remains in touch with support workers through occasional telephone calls.

Working with people with **tenancy problems** presents different challenges as it can involve working with partners and children as well as neighbours and landlords.

*'They helped my wife and child too...I couldn't talk to my wife...[the support worker] would sit with us and help us talk.'* [u]

The service has also had to develop its approach to working with **younger clients** who are reluctant to engage. This is not new work for ECS but the numbers are increasing and the ASB Service has had to build on previous work to find ways of getting alongside what can be a very challenging group. In each case they begin by asking the client what works for them. Young people, for example, can respond well to text reminders for appointments.

ECS is committed to finding ways of involving service users in peer support and in wider decision making. The ASB Service has encouraged clients to join its user group and some helped to make a promotional DVD.

## 4.2 The ASB system

The service works in partnership with the local enforcement team (CANACT) and the workers are based in their offices part of the week. The aim of this is to pre-empt potential conflicts that could arise from the two teams advocating on differing but interlinked agendas. Workers also attend all relevant casework and inter-agency planning meetings and contribute to shared decision making in response to reported anti social behaviour. This is described by one interviewee as '*a ground breaking model of partnership working, straddling the two agendas of enforcement and support that historically can work in isolation and against each other.*'

The ASB Service is delivered by a highly experienced team of two support workers and a team leader with support from social work students on placement. It is accountable through ECS to a multi agency steering group consisting of representatives from the following agencies:

- Oxford City Council Homelessness Directorate
- Oxford City Crime and Disorder Reduction Partnership (CDRP),
- Oxford City Council Crime and Nuisance Action Team (CANACT),
- Revolving Doors Agency

- Elmore Community Services

### **4.3 National policy**

The project has monitored activity and outcomes meticulously and commissioned independent evaluation in order to be able to share learning in partnership with the Revolving Doors Agency.

## 5 Impact on individuals

The intervention pathways in Appendix B illustrate graphically how ASB Service interventions have impacted on the lives of the selected clients.

### 5.1 Impact on anti social behaviour

In terms of recorded anti social behaviour, impact has been impressive:

On referral to Elmore Team		Current situation (March 2009)	
Clients with:		Clients with:	
<b>ASBO</b>	<b>11</b>	<b>ASBO</b>	<b>3</b>
<b>ABC</b>	<b>13</b>	<b>ABC</b>	<b>3</b>
<b>Being discussed by ASB Meeting</b>	<b>29</b>	<b>Being discussed by ASB Meeting</b>	<b>5</b>
		<b>No longer considered by ASB Meeting</b>	<b>38</b>
		<b>In breach of ASB conditions</b>	<b>4</b>

Of the four in breach of ASB conditions, two occurred soon after referral and before ASB Service interventions could take effect and no further breaches have occurred since September 2008. Another in breach has been helped to move away by the ASB Service and has settled well. It is reasonable to say that just one client has breached an ASBO despite ASB Service interventions.

ASBOs have reduced by 73%, ABCs have reduced by 77% and the number of people considered for ASBO or ABC has reduced by 76%. Overall, the number of clients causing concern through anti social behaviour has reduced by 83%.

Partner interviewees confirmed that levels of anti social behaviour had reduced and fewer ASBOs and ABCs were being implemented.

*'The numbers coming to the police with complex needs have reduced and those that do come are better supported.'* [p]

*'There has been a large drop in court appearances for a few chaotic individuals. They used to be in court every other week before the ASB Service.'* [p]

*'The drop in ASBOs correlates to the involvement of the ASB Service.'* [p]

### 5.2 Management of behaviour

Three of the four service users interviewed for this evaluation were extremely positive about the work of the ASB Service. All three valued the support staff very highly.

*'Elmore have been really good to me...they never ignore me...always fit me in...I trust them...they always do what they say they'll do...even if things go wrong, they'll be there for me...if it wasn't for them I wouldn't be here, I'd be on the street somewhere.'* [u]

*'My support worker was the best supporter I've ever had...I phoned her regularly and she always got back to me...always there for me...no-one else would listen to me.'* [u]

*'I mess them around but they are always on my case - never give up on me - I respect them for that.'* [u]

*'Really supportive...really straight and honest.'* [u]

*'They give me confidential womanly advice...someone you can talk to on a level.'* [u]

There was some evidence of dependency.

*'It was a sad day when [the support worker] said she was leaving – it upset me when she left – she was there for us...People are here to help and then gone as if they've never existed.'* [u]

*'I wish they could carry on seeing me but they say I don't need them but I don't agree.'* [u]

*'She really does care – brilliant...I'd be devastated if it ended.'* [u]

*'They never let me down...I leave things for them to sort out because people listen to them but they don't listen to me.'* [u]

But they also comment on how their behaviour is changing and they are learning to accept responsibility for their actions.

*'You wouldn't have wanted to see me before I met this team...I spent my childhood in children's homes and 15 years in Rampton...but now I feel optimistic.'* [u]

*'I went to carnival and had coke and ice cream. No cans. I'm accepting my problems and looking at my life differently thanks to my CPN and Elmore.'* [u]

*'When I was about to be evicted from a squat, I asked them to help but they couldn't. I was desperate but there was nothing they could do. I don't blame them. I messed up.'* [u]

*'I used to be a prostitute but I want to leave that behind now.'* [u]

*'There is so much I want to do with my life'* [u]

The fourth service user interviewee was the only person to have disengaged from the service. He complains that all the staff do is ask how he is instead of doing the one thing he wants which is to persuade the GP to prescribe him diazepam. He also complains that when he changed room in his house, the ASB Service contacted the City Council and this affected his Housing Benefit and endangered his tenancy. The interviewee was clearly living a very chaotic lifestyle and was unable to accept the service offered.

As well as helping clients recognise and manage their behaviour, the ASB Service discusses the implications of an ASBO or ABC and the consequences of breaching conditions. The service advocated on behalf of eight clients who appeared in court for breaching an ASBO. Four of these were upheld and led to suspended sentences or community service orders. A further nine clients (19% of the total) were arrested for offences unrelated to any ASBO. The service advocated for eight of these in court.

### **5.3 Practical issues**

Monitoring data indicates that 60% of clients have improved their accommodation since becoming a client of the ASB Service. A further 13% are in the process of improving their accommodation.

Nine of the ten rough sleepers referred to the project were no longer on the streets but two others were evicted from supported housing and are now sleeping rough.

Service users report significant help with accommodation, moving away from negative peer groups and sorting financial problems.

*'We are focussed on the offence whereas the ASB Service is holistic – we can't do 'let's go shopping' or 'get to that appointment' even though that is precisely what is needed.'* [p]

*'They do a great job. We don't have time to focus on the practical issues...I'm jealous of them because they can spend their time doing what really makes a difference.'* [p]

One partner interviewee noted that the service had delivered very effective support to several rough sleepers but had failed to address the housing issues of a small group of challenging rough sleeping women. The interviewee suggested that the service had been less effective with this group than with some of the other groups with whom they are working. This observation does not tally with ASB Service data but is significant as it suggests that a close partner has a different understanding of what the ASB Service is doing and who they are working with.

27% of clients have received specific money management advice, 17% are actively seeking paid or unpaid work and 28% have taken up training courses.

## 5.4 Accessing mainstream services

The engagement of clients in mainstream services has improved:

Service	No. engaged on referral	No. currently engaged	Increase in % of client group engaging
Drug	10	16	+12%
Alcohol	4	16	+23%
Mental Health	9	26	+32%
CMHT	5	10	+10%
GP	23	44	+40%
Counselling	0	10	+20%
Social Services	5	11	+11%
Benefits	17	45	+53%
Day Centres	2	19	+32%
Complex Needs	2	4	+4%
Housing	12	24	+22%

And contact with emergency services has reduced

Service	No. engaged on referral	No. currently engaged	Decrease in % of client group engaging
Police	20	14	-15%
A & E	5	2	-6%

30% of clients have registered with a new GP and are engaging. 40% of clients are accompanied by ASB Service staff to GP/clinic appointments and 36% have changed medication or received appropriate medication for the first time.

*'I'm terrible with appointments – for nearly two years they've been reminding me and going with me.'* [u]

*'They came to hospital with me when my boyfriend broke my arm.'* [u]

*'I don't want to go to rehab but they are pushing hard – maybe I should...'* [u]

## 6 Impact on the ASB System

All interviewees agreed that the service has made a fundamental difference to the entire system of managing anti social behaviour in Oxford.

They report that pre-sentence reports used to be regarded as *'pointless'* for chaotic clients, which resulted in repeated custodial sentences. The ASB Service now manages community orders on behalf of the probation service and succeeds in maintaining clients in the community and holding them to account.

*'The courts listen to the ASB Service more than they do to solicitors. They respect and trust them. The Bench sees the service as valuable and is confident in their work. If I say they're involved, the Bench is less likely to give a custodial sentence.'* [p]

One interviewee reported that landlords are slower to evict tenants if the ASB Service is involved.

Most significant of all has been the relationship with Oxford City Council Crime and Nuisance Action Team (CANACT). ASB Service workers are based in the same office for part of the week and work alongside enforcement officers. They also attend regular problem solving meetings, casework meetings and case conferences.

CANACT regards the public as the client whereas the ASB Service sees the individual as the client. The two teams have very different perspectives and work cultures.

*'I was worried that we wouldn't be able to work together...but the individuals in the ASB Service are excellent and they opened my eyes to the fact that there is another perspective.'*

*'We have forced ourselves to sit down and agree processes with other agencies.'* [p]

One interviewee suggested that, alongside some of the clients, the attitude of some professionals was also 'entrenched'.

*'The greatest success is the change of perception from enforcement agencies – the ASB Service's presence in the CANACT office has led to better understanding of mental health and personality disorder and the reasons for anti social behaviour – two years ago that was frighteningly not there.'* [p]

CANACT now ensures that the ASB service has time to work with a client before considering court action.

*'The meshing of CANACT and the ASB Service has worked perfectly.'* [p]

*'The credibility of the ASB Service means that cynics in the police are happier to allow earlier interventions.'* [p]

*'There is a different feel now – it used to be a police 'clean up' of aggressive begging but now everyone is looking at what will have the best long term outcomes.'* [p]

This is clearly to the credit of all involved. CANACT has changed its procedures and individuals have changed their approach to some very vulnerable clients. The ASB Service has accepted its responsibility to share in public protection and has been prepared to work with decisions with which it disagrees. This has been achieved by focussing on outcomes. Both teams want to see a reduction in anti social behaviour so, as long as their combined approaches achieve this goal, they are able to work well together regardless of differing perspectives.

*'The concept of the ASB Service is now well embedded. Any hint of mental health issues and we immediately involve them. Enforcement is now tempered with support.'* [p]

*'CANACT and the police have been willing to listen and accept our expertise. They don't always do what we want but we will work with the decision.'* [w]

*'The ASB Service never says they can't help but they are honest about enforcement and public protection issues.'* [p]

*'Having the ASB Service within CANACT means that workers are fully appraised of sanctions so there can be no misunderstandings.'* [p]

One interviewee suggested that CANACT is working more holistically – considering the needs of the perpetrator as well as the community. They also noted that the process had sharpened the practice of the ASB Service and helped ECS think through how to operate independently whilst engaging with statutory responsibilities. Specifically, they suggest that practice has improved with regard to child protection and links with children's social care.

One example of productive joint working was a carefully negotiated shared media protocol, which moved CANACT away from a 'name and shame' approach.

Service users, staff and partners noted that awkwardness about the close links with enforcement agencies had been successfully overcome by being honest and straightforward about that relationship. Service users are left in no doubt, for example, that the service is unable to maintain confidentiality around areas that need to be reported to enforcement agencies.

A recent review of anti social behaviour by an Oxford City Council Scrutiny Committee<sup>1</sup> stated

*'The review notes that the Elmore Team ASB pilot project...has had a significant impact on reducing the re-offending rates in relation to ASB case referrals it receives from CANACT. This team's funding will currently cease in November 2009 and the review findings highlight the need to find more secure funding for this project or the services it provides.'*

Interviewees noted that services beyond the local authority and the police have also benefited from ASB Service interventions. Mental health services, drug and alcohol services, homelessness agencies, RSLs, sexual health services, Accident and Emergency, Youth Offending Services, children's social care and primary care have all benefited from more appropriate use of their services. This is hard to quantify without more research but, as one interviewee suggested, *'it must be saving a lot of time and money.'*

## 7 Possible impact of withdrawal of the service

All interviewees thought that withdrawal of the service would result in an increase in anti social behaviour and an escalation in the use of ASBOs leading to more custodial sentences, an increase in the prison population, more re-offending, a drain on the police and an increased cost to the public. Improvements in networking and joint working could also be lost.

*'Far more individuals causing concern will end up being criminalised unnecessarily when support or advocacy could resolve the problem.'* [w]

*'We would lose some of the bridges that have been built.'* [p]

*'It will return to how it was and the reason for creating the service will still be there.'* [p]

*'I'd be devastated.'* [u]

## 8 Areas for development

Interviewees had no fundamental changes to recommend.

*'We need more of the same.'* [p]

*'If it ain't broke, don't fix it.'* [p]

That said, some specifics were mentioned.

- As suggested in 5.3 (above), there may need to be better **external communication** with partners about whom the service is working with and what can be achieved so that expectations are reasonable.
- An interviewee noted that on one occasion an ASB Service worker was unaware of the impact that another client of ECS was having on their client so, in this instance, better **internal communication** in ECS was needed. This was described as an unusual and untypical occurrence.
- Although mental health training has been provided to CANACT colleagues, **more training** could be offered to mainstream enforcement and mental health services to enable them to engage more effectively with challenging clients.

*'In the long term, mental health services should be taking more responsibility for these clients.'* [p]

*'I wish other people would take notice of the ASB Service and do the same thing.'* [u]

- The **team could be bigger**. The current size enables them to carry out the intensive work but with another worker they could intervene much earlier.

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<sup>1</sup> Oxford City Council Communities and Partnership Scrutiny Committee – Tackling Anti Social Behaviour, March 2009

- That said, the team is beginning to **intervene earlier** and is accepting referrals from a wider source. The City Council Temporary Housing Managers are just beginning to realise that they can refer directly to the service to provide an additional intensive floating support service, for example. This could be extended so that more diversionary work is taking place to pre-empt the need to go to court at all.
- **Monitoring** procedures are described as onerous. These could be simplified for the future. Closer monitoring could be introduced of when and why mainstream services fail to engage with clients in order to improve mainstream service responsiveness in the future.
- There is the potential to **extend the service** into Cherwell and the Vale of White Horse
- The steering group is limited to those closest to the project. There needs to be **stronger political ownership** and engagement from health and housing agencies. Marketing of the project to these and other partners could be improved.

## 9 Implications for national policy

The ASB Service was cited as good practice in a joint response with the Revolving Doors Agency to the Bradley Review<sup>2</sup>. Joint responses were also submitted to the government's consultation document, 'Improving Health, Supporting Justice'<sup>3</sup> which is expected to lead to publication of an Offender Health Strategy in Autumn 2009 and to the consultation on the Strategic Plan for Reducing Re-offending<sup>4</sup>. The service may also be highlighted as a case study in the forthcoming national Mental Health Strategy.

One interviewee noted that the ASB Service is delivering high level severe and enduring mental health interventions *'which must be saving time and money for mental health services.'*

*'It is at the vanguard of good practice.'* [p]

The parliamentary Justice Select Committee is due to report soon on its investigation into the Justice Reinvestment Model. The ASB Service is a potential delivery mechanism for this model as it offers an opportunity to invest in prevention in order to save money in the police, prison and mental health services.

All district council anti social behaviour teams in Oxfordshire, including CANACT, now refer all young people being considered for ABCs to the YOS prevention team. This is helping to prevent young people entering the criminal justice system via a breach of a civil order. The ASB service offers a similar solution for people of all ages.

*'It breaks the worrying cycle of a civil measure leading to custody via breach.'* [p]

*'There is a synergy between the ASB Service approach and Home Office directives requiring more focus on support.'* [p]

Interviewees have highlighted the need to increase understanding of mental health issues and personality disorder amongst practitioners in mainstream services. Knowledge and Understanding Frameworks (KUF)<sup>5</sup> are being developed by a national coalition of agencies and will be available as training programmes to support people to work more effectively with personality disorder from September 2009. ECS may be able to help deliver these programmes.

It is clear that the ASB Service is testing in practice the most current thinking on how best to reduce anti social behaviour and, as such, is directly relevant to the development of national policy.

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<sup>2</sup> Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system (April 2009)

<sup>3</sup> Improving Health, Supporting Justice – a consultation, Departments of Health, Children Schools and Families, Ministry of Justice, Youth Justice Board, Home Office (2008)

<sup>4</sup> Strategic Plan for Reducing Re-Offending 2008-2011, Ministry of Justice (2008)

<sup>5</sup> [www.personalitydisorder.org.uk/training/kuf/index.php](http://www.personalitydisorder.org.uk/training/kuf/index.php)

## 10 Success criteria

The project is facing in three different directions. It has to

- deliver to individual clients who are sometimes extremely challenging
- work productively with partners who may have very different perspectives and priorities
- demonstrate and evidence its relevance to a wider audience of funders and policy makers

The most critical success factor is the recruitment and retention of skilled staff. They need to have the experience, emotional intelligence and skills to be able to work responsively, flexibly and safely with challenging and vulnerable clients. They also need to have the confidence and professional sophistication to be able negotiate with partners and present in court. The biggest risk to the project is failure to recruit and retain the right staff.

Governance of the project is also important. Staff are accountable to the ECS trustees but must also be responsible to its steering group. This group should represent key partners and should demonstrate ownership and leadership of the work. This is a shared venture.

The key success criteria

- Excellent staff
- Assertive, persistent outreach to clients and equally assertive engagement with mainstream services. It takes two to engage.
- Strong management
- Shared ownership by partner agencies at management and practitioner levels
- Co-location of support staff with enforcement practitioners
- Shared protocols to retain focus on outcomes (ie will it reduce anti social behaviour?)
- Independence linked to statutory requirements
- Thorough monitoring and evaluation to support learning

## 11 Conclusion and recommendations

There is consistent evidence from data and interviewees that the ASB Service is making a lasting impact on some of the most vulnerable and challenging citizens of Oxford and on levels of anti social behaviour, which can seriously affect the quality of life of others. The service has also secured a significant shift in the attitudes and practice of partner agencies leading to a reduction in ABCs, ASBOs and ASBO breaches leading to custody.

Funding is fragile. Interviewees are clear that withdrawal of the service at this point would be highly detrimental. This begs the question of whether this is an indefinite service masquerading as a pilot project. One interviewee noted that the project's ability to attract funding from charitable trusts makes it very attractive to statutory funders because it brings additional investment to the sector and avoids dependence upon stretched public funds. However this may not be sustainable in the long term. If the goal is to improve the engagement of mainstream services, then the project needs to be involving those services more actively in its development. Critical partners who should be either investing in the project or preparing to pick up the work include community safety organisations, mental health services, Oxfordshire PCT and RSLs. This will not happen quickly or easily so further development funding will be required from national sources.

In its first twenty four months the project has demonstrated that it can deliver. Funds have been secured to extend the life of the project until at least November 2011, it now needs to focus on how the work can be secured into the future either by attracting core costs from a wider range of local stakeholders or by embedding improved practice in mainstream services and thereby rendering the service unnecessary.

I am aware that the service is looking for ways of involving service users in peer support and service development. This is difficult and important work, which could also feed into national policy development. Local authorities now have a new duty to involve and stronger links could be made with Oxfordshire County Council's Taking Part Team and with Oxfordshire PCT's community development workers.

Finally, the project needs to ensure that it is able to continue to recruit and retain the right staff. The service will stand or fall on its ability to do this.

### **Recommended priorities for the next phase of the project**

- Ensure that it continues to recruit and retain excellent staff
- Maintain its current good practice in responsive service delivery and close partnership working
- Extend its service to be able to intervene earlier and attract a wider range of referrers
- Deepen and evaluate its user involvement work
- Find ways of embedding good practice in mainstream services through training and mentoring offers
- Engage stronger political ownership and shared leadership of the service from stakeholders who are not currently represented on the steering group
- Consider options for the long term future of the service

### **COST/BENEFIT**

And finally, several interviewees suggested that the ABC Service must be saving money but suggested this would be hard to prove. Mark Hillyer has conducted a detailed analysis of monitoring information relating to seven ABC Service clients and the interventions of staff. He found that the number of hours worked with these clients ranged from 135 to 654 over the life of the project. This included travel and office time as well as face-to-face contact. He also calculated that it costs approximately £14 per hour for the service to work with a client (including all central support costs).

Using these figures, he was able to calculate that the cost of supporting these seven clients ranged from £1,890 to £9,156.

The average cost of supporting a client over 12 months was £3,450.

It is difficult to draw direct comparisons but is worth noting that the average cost of keeping someone in prison for a year is estimated at £40,000. Given that interviewees have confirmed that custodial sentences for breach of ASBOs have reduced as a result of this work, it could be argued that the service has enabled a considerable saving to the public purse.

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## **Appendix A Some case studies**

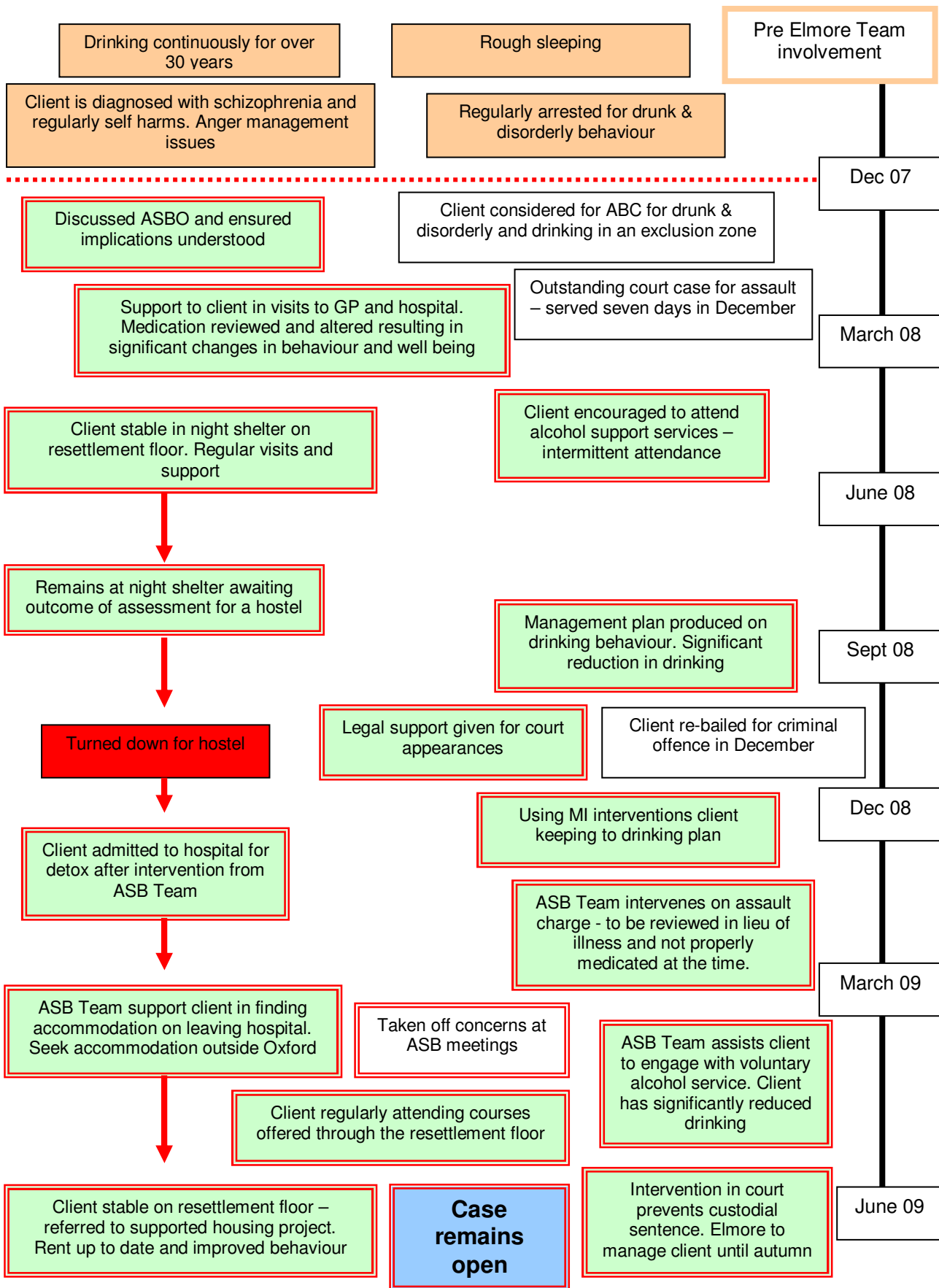
*Ben, 35, was living in temporary hostel accommodation when he was referred to Elmore's ASB Service. He had an ASBO for begging which he had breached twice prior to his referral. Ben has a long-term diagnosis of schizophrenia and a history of street drinking and regularly using crack and heroin. The team worked with Ben to maintain his hostel place whilst applications were made to supported housing projects. Links were made with mental health services to ensure that he had regular medication, which in turn has led to a period of more stable mental health. He was assessed as motivated to begin addressing his addiction issues. Six months on from his referral to the team, Ben was in supported housing, he had reduced his methadone script and achieved a significant reduction in crack use. He was considering volunteering options and had just undertaken a computer course.*

*Ellen, 29, was sleeping rough when the Elmore Team began to engage with her (prior to the ASB pilot coming on board). Addicted to heroin and crack, Ellen had been sex working on a daily basis for fourteen years. She had received numerous custodial sentences over the years for crimes to fund her drug habit and had been identified for an ABC due to the sex work. At the point the ASB service became involved, Ellen had been seriously assaulted and had fled to another city. The team maintained contact with her and secured housing for her when she returned to Oxford. At that time Ellen was not prepared to exit sex work but was willing to begin addressing her drug use and to look at other activities to occupy her day. One year on from her referral Ellen is completing a nine-month drug rehabilitation programme and is beginning to address the issues that led her into sex work. Prior to being ready for rehab Ellen had begun attending college, was doing voluntary work and had been actively part of the user involvement work undertaken by the client group.*

*John, 45, spent over twenty years in psychiatric hospitals but for the last eight years has been living in the community with no support. At the point the team intervened he had received an ABC for harassment, threats and public drinking. On average John was drinking 20 plus cans of lager a day. The team spent approximately 200 hours working with John over an eleven-month period. During that time they assisted him to move into more appropriate housing and supported him to access a GP and an alcohol team. Considerable time was spent with John developing his self-management skills; consequently his ability to cope with problems and manage his emotions has greatly improved. During the time the team were involved John became a father, the team linked him into many of the local parenting services available. Additionally he was supported to access voluntary work. There were no further incidents of antisocial behaviour and the ABC has been ended. The team no longer support John.*

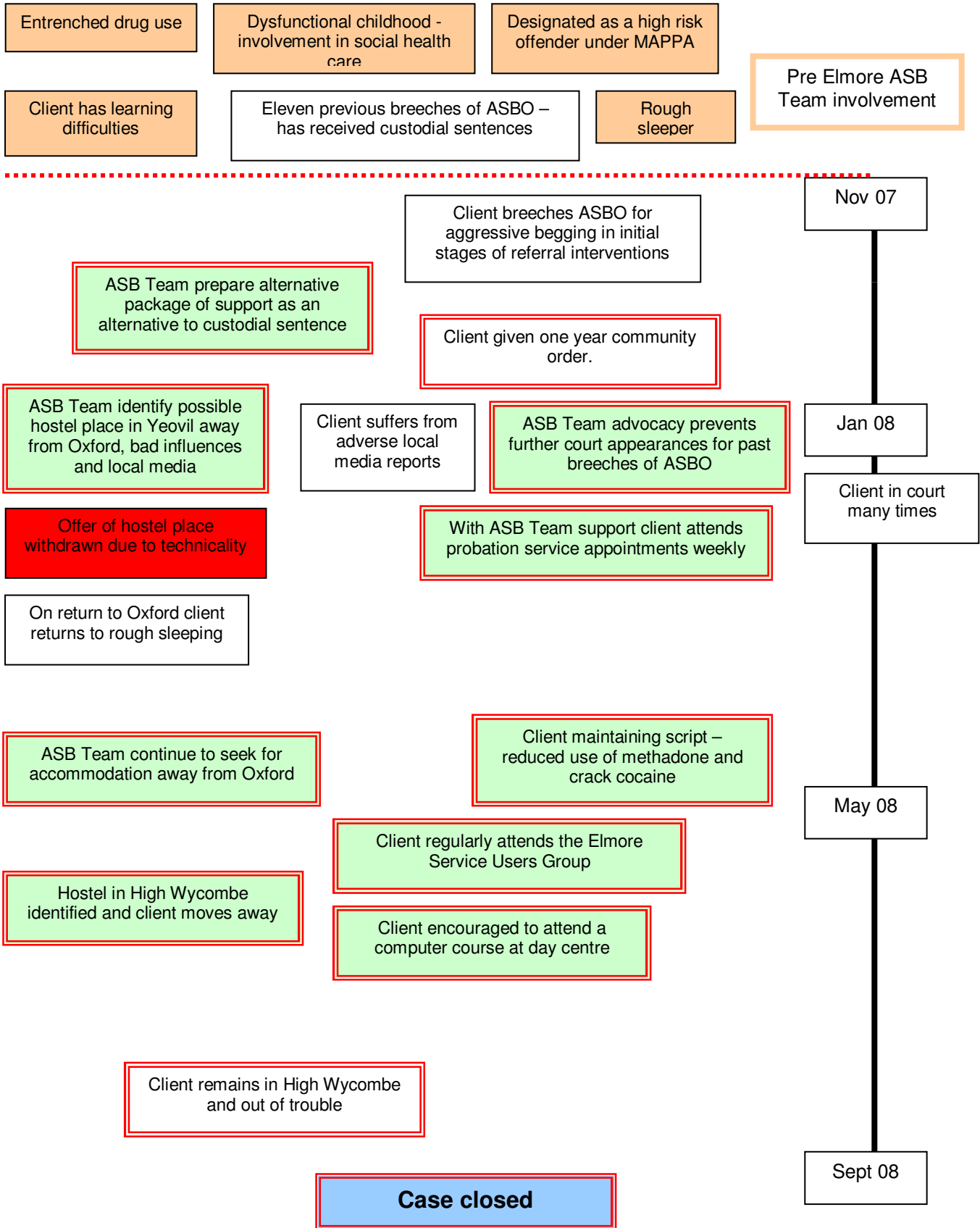
## Appendix B Intervention Pathways

### Client A



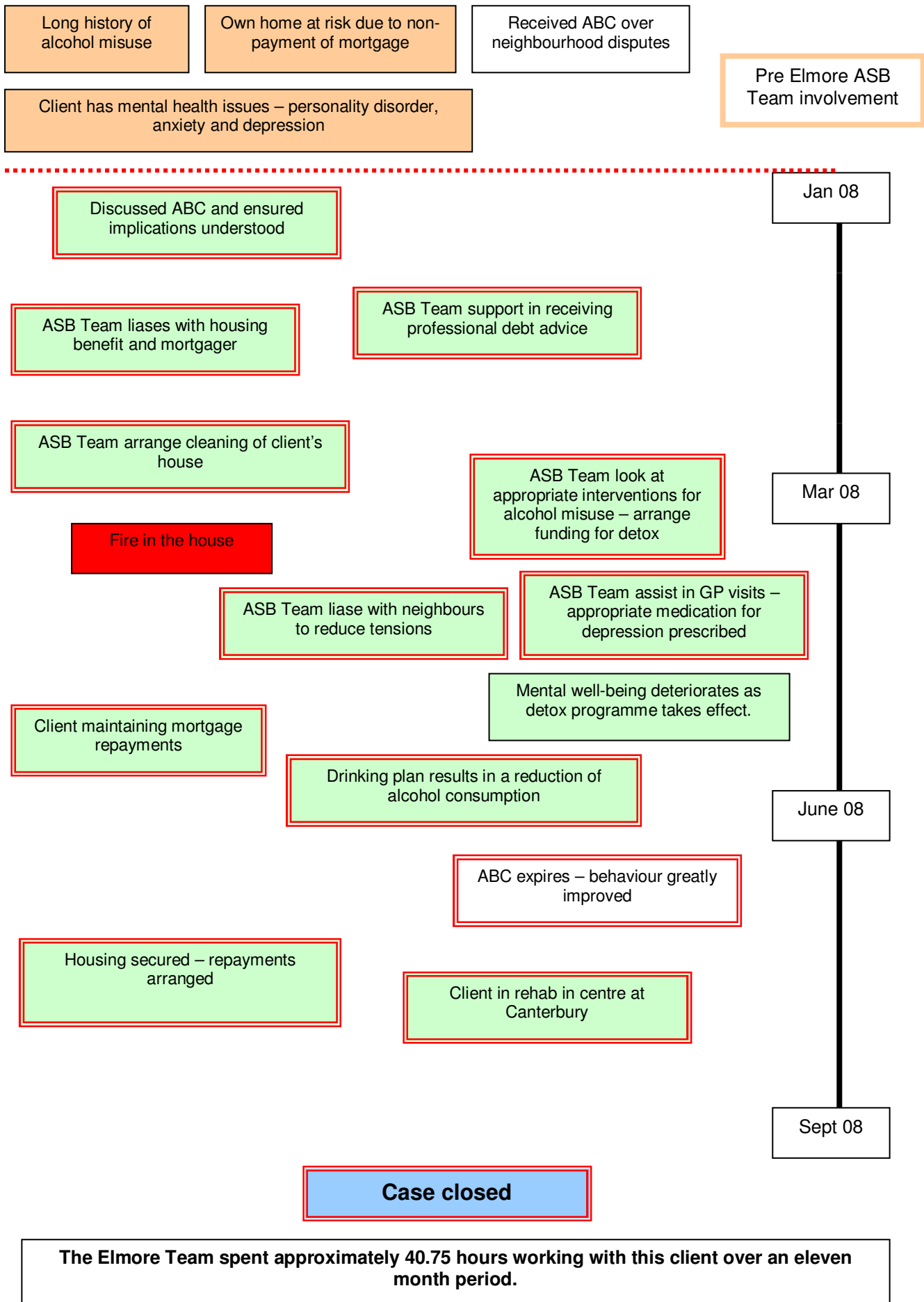
**The Elmore Team spent approximately 196.25 hours working with this client over a seventeen month period.**

## Client B – Intervention Pathway

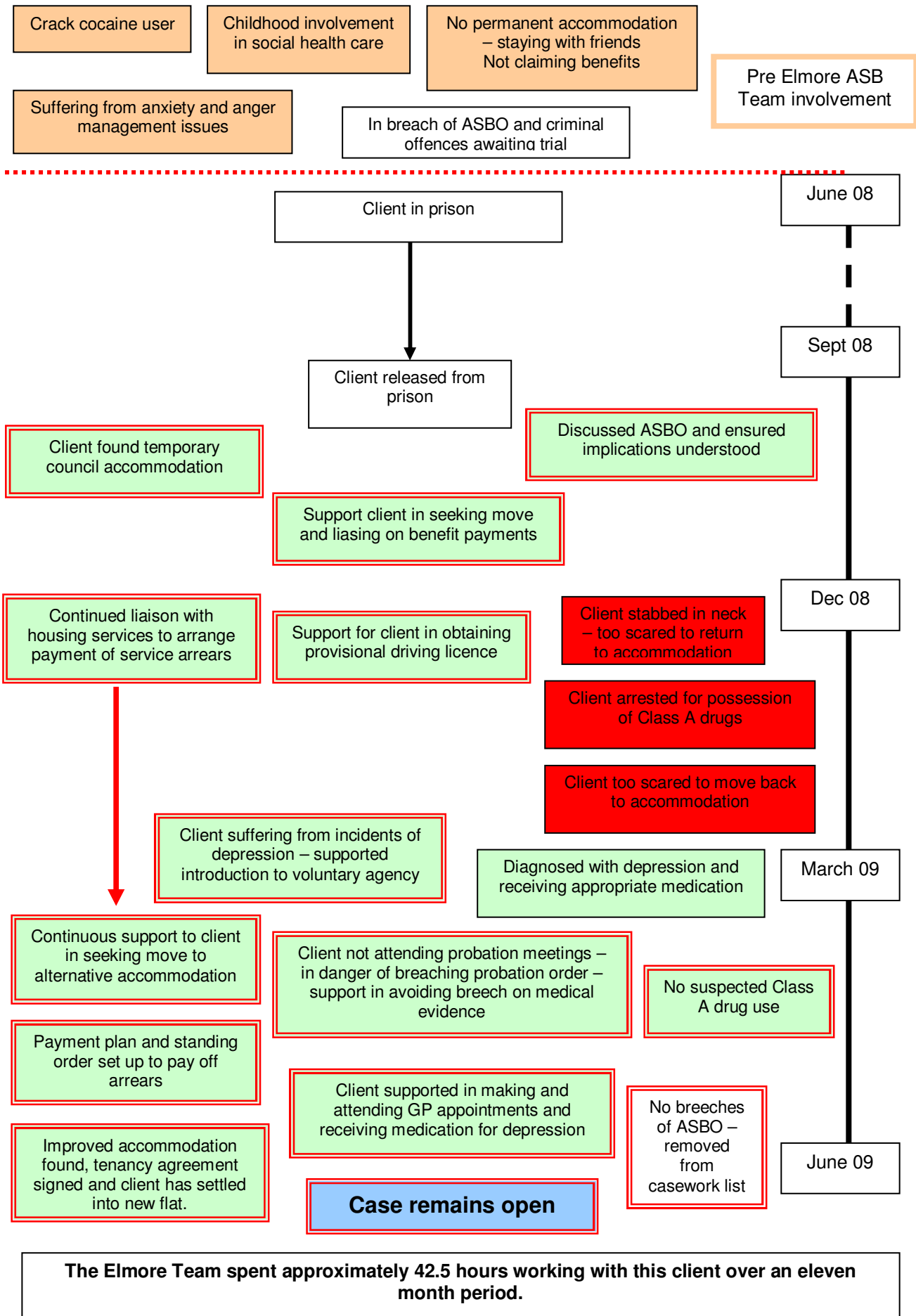


The Elmore Team spent approximately 73.5 hours working with this client over an eight month period.

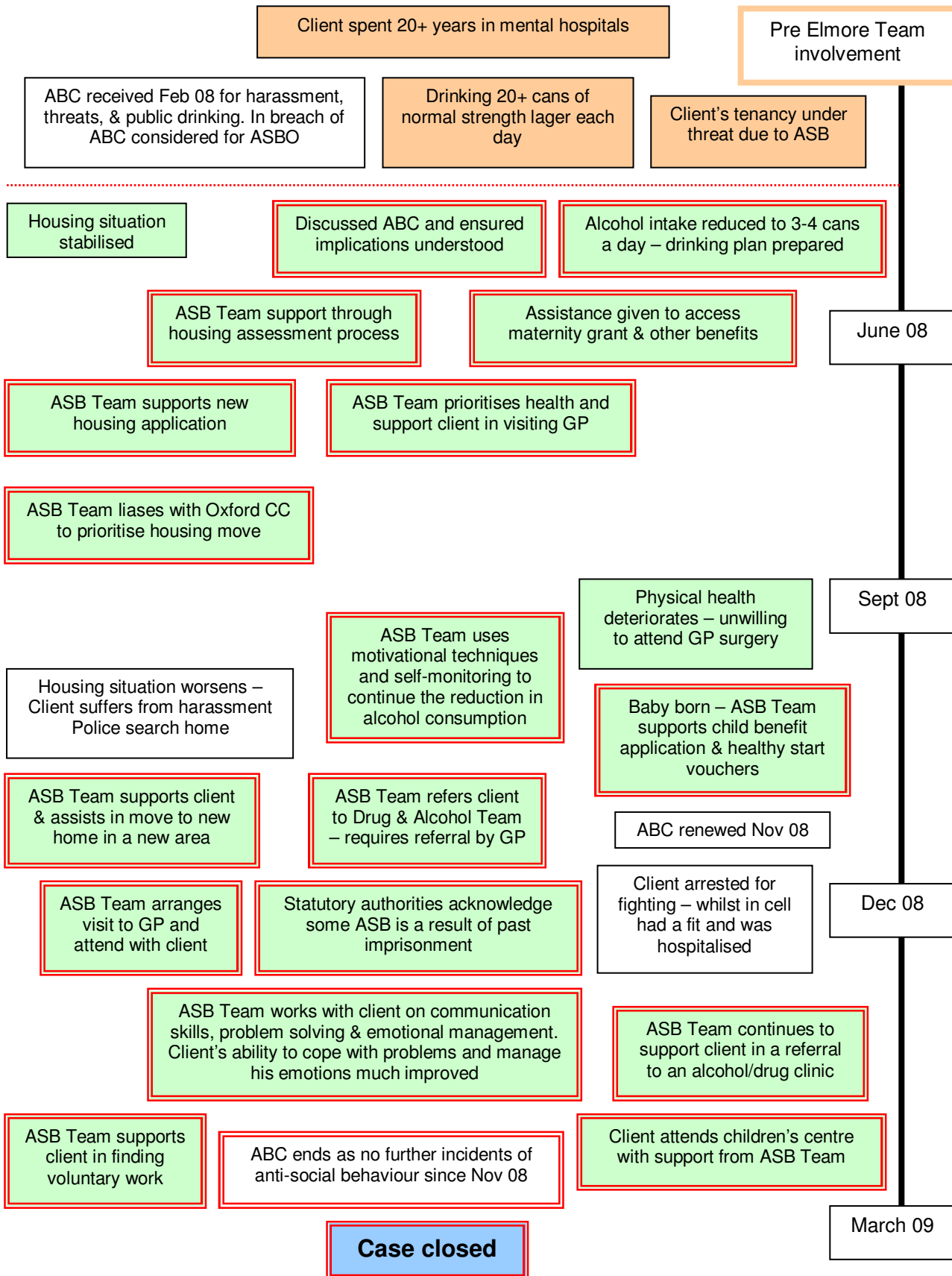
## Client C – Intervention Pathway



## Client D – Intervention Pathway

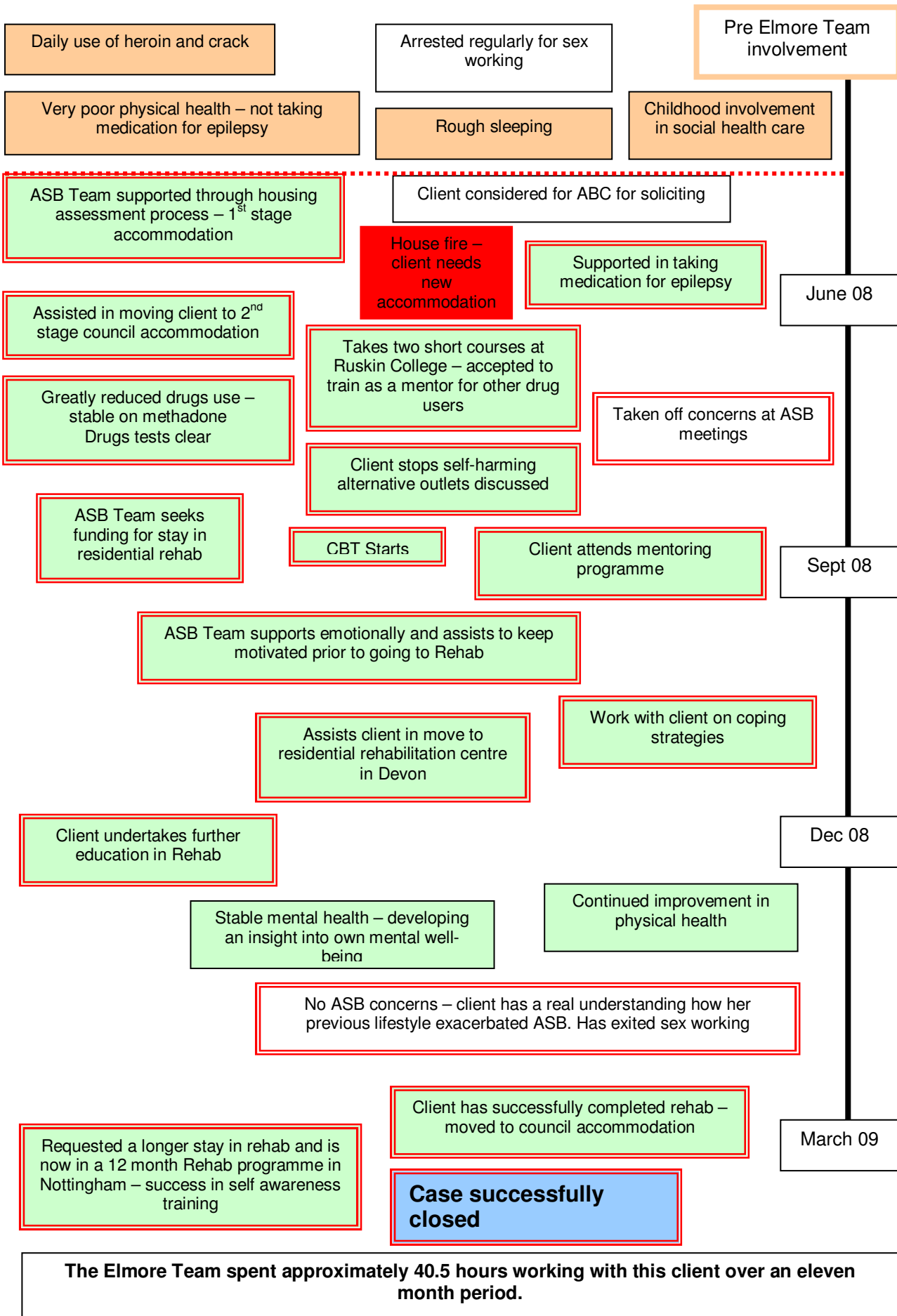


## Client E – Intervention Pathway



**The Elmore Team spent approximately 53.25 hours working with this client over an eleven month period.**

# Client F – Intervention Pathway



## **Appendix C      Interviewees**

Angela Mayston	Support Worker, ASB Service, Elmore Community Services
Catherine Hennessy	Director of Development and Partnerships, Revolving Doors Agency
Liz Patterson	Team Leader, ASB Service, Elmore Community Services
Mike Ellis	Anti Social Behaviour Coordinator, Thames Valley Police
Nerys Parry	Rough Sleeping and Single Homelessness Manager, Oxford City Council
Sophia Gannon	Probation Officer (Courts), Thames Valley Probation Service
Steve Kilsby	Neighbourhood Services Manager (CANACT), Oxford City Council
Tan Lea	Strategic Lead (Youth) and Head of Youth Offending Services, Oxfordshire County Council

### 4 service users

- 1 man with entrenched complex needs living in Oxford Night Shelter
- 1 man with longstanding tenancy relations problems
- 1 female sex worker
- 1 man with entrenched complex needs who has disengaged with the service

### *On film*

Jan Matthews	Reeds Solicitors
Jill Childs	Acting Director, Elmore Community Services
PC Paul Phillips	Thames Valley Police

### 2 service users:

- 1 female sex worker
- 1 young woman with a very chaotic lifestyle

### **Interview prompts for partner agencies:**

1. What is your involvement with the service?
2. What difference has it made?
3. What impact has it had on anti-social behaviour and on the success of anti-social behaviour provisions? How has it done this?
4. How does the service contribute to your organisation's objectives and to wider social policy concerns?
5. How could the service be improved?
6. What impact would the withdrawal of the service have on anti social behaviour?
7. Anything else?

### **Interview prompts for service users:**

1. What was life like for you before you met the Elmore team?
2. What has the Elmore team offered you?
3. What helped most?
4. What could they do better or differently?
5. What is the most important thing they should carry on doing and what should they change?
6. What difference would it make to you if they stopped providing a service?
7. Anything else?

### **Interview prompts for staff:**

1. What is your involvement with the service?
2. What difference has it made?

3. What impact has it had on anti-social behaviour and on the success of anti-social behaviour provisions? How has it done this?
4. How does the service contribute to wider social policy concerns?
5. How could the service be improved? What are the internal implications of maintaining this service?
6. What impact would the withdrawal of the service have on anti social behaviour and on the Elmore Team?
7. Anything else?

## **Appendix D Abbreviations**

ABC	Acceptable Behaviour Contract
ASB	Anti Social Behaviour
ASB Service	Anti Social Behaviour Intensive Support Service (part of ECS)
ASBO	Anti Social Behaviour Order
CANACT	Oxford City Council Crime and Nuisance Action Team
CDRP	Crime and Disorder Reduction Partnership
CPN	Community Psychiatric Nurse
ECS	Elmore Community Services
PCT	Primary Care Trust
RSL	Registered Social Landlord
YOS	Youth Offending Service