

Collaboration for prevention: a case study on evaluating the Community Safety Hub model in North Yorkshire

Background: Community Safety

Keeping communities safe from crime and antisocial behaviour is a **key area of collaboration** across government and emergency services in the UK. Local partners such as councils, police, housing providers and the NHS are tackling a wide variety of community issues on a daily basis – for example noise nuisance, neighbour disputes, vandalism, victimisation, housing disrepair, hate crime – all requiring a multi-agency approach in both prevention and response.

These are at heart **public health issues**: there is strong evidence of the negative effects of antisocial behaviour (ASB) on victim and perpetrator wellbeing, with links to premature mortality, risky health behaviours, and poor mental health. This has been recognised as a major issue by successive UK governments, with rising ASB trends in the late 90s leading to a range of legislative interventions such as the formation of Community Safety Partnerships and the development of new enforcement options (e.g. the Criminal Behaviour Order).

'Neighbourhoods and communities that are already under 'stress' from other social forces (such as high levels of socio-economic deprivation) evince a greater likelihood of being negatively impacted by ASB.'

HMIC 2010

Community Safety work is increasing driven by the public service response to vulnerability: for instance, with the College of Policing estimating that **only 17%**

of calls to the police relate to crime, local partnership work is driven by social factors such as population mental wellbeing, the prevalence of frailty and dementia, loneliness, number of children on a Children Protection Plan, the rise in interpersonal/domestic conflict, background levels of unidentified adverse childhood experiences (ACEs), and trends in addiction (alcohol, drugs, gambling).

'Fear of crime is associated with poorer mental health, reduced physical functioning on objective and subjective indicators, and lower quality of life. Participants reporting greater fear ... exercised less, saw friends less often, and participated in fewer social activities'

Stafford 2007

The impact of an antisocial lifestyle on health [includes] premature death...taking multiple health risks... and injury.

Shepherd et al. 2003

Context of the evaluation

Four key contextual drivers framed this evaluation of a community safety hub model in North Yorkshire:



Evidence from the Early Intervention Foundation which estimates that nearly £17 billion per year is spent in England and Wales by the state on the cost of 'late intervention', and £5.8 bn on crime and anti-social behaviour.



The national policing 'Vision 2025', which promises that 'by 2025 local policing will be aligned, and where appropriate integrated, with other local public services to improve outcomes for citizens and protect the vulnerable'



The 2018 'Policing, Health and Social Care Consensus Statement' where NHS and policing partners pledged to 'offer an integrated approach through better co-ordination, prevention and early intervention'



Emerging research on Adverse Childhood Experiences (e.g. maltreatment or parental incarceration): having 4 or more ACEs increases the chances of being involved in violence in adulthood by 14 times

Evaluation of hub model

Over the last few years, the seven districts of North Yorkshire and City of York area have worked on increasing multi-agency collaboration to tackle anti-social behaviour and crime affecting communities, including the introduction of 'Community Safety Hubs' in each area. Arrangements and approaches vary, but common ways of working within these hubs include colocation of police, council and other staff, a common scoring process to assess risk and agree referrals, weekly tasking meetings, and joint work on agreeing actions and enforcement.



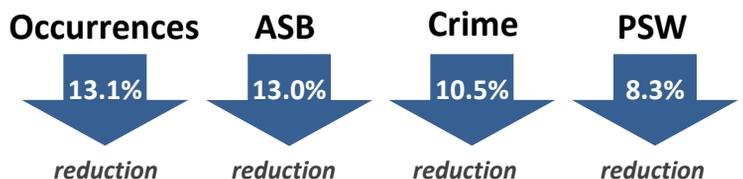
This evaluation was a 6 month project led by a specialist in public health seconded from the NHS. It aimed to assess the impact and outcomes from the hub's recent work, and propose ways in which hubs might continue to embed an early intervention/public health approach. The evaluation drew data from all hubs to describe activity and demand, and to compare ASB, crime and welfare incidents 6 months pre- and post- the hub intervention.

Findings: Activity and Demand

- Cases typically come from deprived areas, live in social housing, median age of 41 (victim)/34 (offender), with a large no of under 18s
- Large variance between hubs in initial case risk and length of time cases stay in the hub
- Two 'types' of hub: those where ASB was the main 'primary concern' and those where it was broader 'vulnerability'
- 111 agencies have ever attended a Hub meeting, 72 have been actively involved in a case, 25 have directly referred cases
- Significant number of cases overlap with other multi-agency forums e.g. safeguarding and domestic violence
- 28 different social risk factors were recorded. 41.7% of all cases mentioned drugs, alcohol, or mental health
- 43 different 'early' interventions were tried, including welfare visits, 3rd sector referrals, mediation, noise monitoring, and house repairs
- 24 different enforcement options used, including 46 ABCs, 41 CPN warnings, 22 CBOs, 20 possession notices
- Early intervention is not used as often (151 times) as enforcement (219 times)

Findings: Impact and Outcomes

Comparing police records for each case in the 6 months before and after hub acceptance, there was a **statistically significant reduction** in the average number of occurrences, and in all three categories of ASB, crime, and Public Safety and Welfare (PSW). This reduction was strongest in the cases where 'early' intervention was used (29% vs 10%). Additionally, because there was no comparison group who weren't supported by the hubs, we don't know whether cases would have shown a reduction in occurrences once their period of crisis was over.



Key Messages

1

Community Safety Hubs in North Yorkshire are effective multi-agency partnerships, dealing with complex individuals with a high number of social risk factors. A small but promising reduction in demand suggests that further development and investment in this model may yield positive outcomes for individuals and partners involved.

2

Several areas of hub work were identified for development efforts to focus: the overlap with safeguarding and domestic violence work; engagement and capacity in non-statutory partners; and swifter resolution and closure of cases.

3

Attention should focus on the balance of enforcement and other approaches, so hubs are enabled to intervene earlier, have a greater range of resolution options (e.g. employment, skills, social connections), and can better manage demand from the highest risk cases.

4

Risk and referral scoring tools should be used in a 'smarter' fashion, with a formal and clear action and support pathway for each risk category

Using crime/ASB unit costing figures from New Economy Manchester, it is estimated that the impact of this hub model may translate into **savings of £179,743 a year for partners**. This figure relies on a number of assumptions and does not account for opportunity cost elsewhere in the system, thus not proving return on investment.

Wider implications

Community safety and antisocial behaviour are clearly determinants of health, and require significant partnership collaboration across emergency and other services to reduce local rates. This evaluation has demonstrated that such a partnership faces complex social, management and inter-agency coordination challenges, but has some success. In particular, early intervention approaches yield better long term outcomes, suggesting that shifting resource may reduce demand. These findings validate a 2009 Home Office evidence review which concluded that 'the evidence suggests that the principle of applying partnership working as a component of initiatives to tackle complex crime and disorder problems is effective'.

For further information, a full evaluation report and tools, or to discuss the implications for your local neighbourhood policing model, please contact Peter Roderick, Specialty Registrar in Public Health in Yorkshire and Humber peter.roderick@nhs.net.

With thanks to Inspector Jo Brooksbank (NY Police) and Helen Christmas (PHE) for comments.

References

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