Equality Impact Assessment of Tameside Crime and Disorder Reduction Partnership’s Anti-Social Behaviour Strategy

Crime and Disorder Reduction Partnership
Lead by Tameside MBC Anti-Social Behaviour Team

Tameside MBC Directorate: Executive Support

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Background

The Equality Impact Assessment is part of the review of the Tameside Crime and Disorder Reduction Partnership’s Anti-Social Behaviour strategy and the development of a RESPECT action plan. The strategy is the framework for tackling anti-social behaviour in Tameside. The main aims and purpose of the strategy is to tackle and resolve cases of anti-social behaviour through a process of prevention, intervention and enforcement. This is achieved by working with residents, businesses, partner agencies, victims and taking action against perpetrators. Key outcomes are to:

- Achieve a reduction in anti-social behaviour
- Build on safer communities where people want to live
- Work to improve perceptions of quality of life and feelings of safety
- Increase neighbourhood satisfaction

Degree of Relevance

High relevance for all areas.

Issues of anti-social behaviour can affect anyone irrespective of gender, sexuality, age, class, religion or ethnicity.

Gender

Anti-social behaviour affects both men and women. The activities outlined in the strategy cover both genders in terms of victims and perpetrators, therefore access and delivery to service is not affected by gender. All anti-social behaviour can be reported anonymously. All complainants and victims are offered referrals to support agencies, such as Victim and Witness Support.

Sexuality

Example of a hate crime:

‘Offences, which involve racial or religious aggravation and offences relating to a victim’s gender, disability or sexual orientation…’

Other definitions can also include age, culture and ‘vulnerable’ people.
racist crime as defined in The Stephen Lawrence Enquiry (Recommendation 12). An example is;

‘…A hate crime is that which is perceived to be so by the victim or any other person

Hate type complaints are prioritised and dealt with in a sensitive manner. Access to service is also considered, for instance taking into account the interview location and confidentiality needs of complainants and victims. All anti-social behaviour can be reported anonymously. All complainants and victims are offered referrals to support agencies, such as Victim and Witness Support.

Disability

Systems have now been set up within the specialist anti-social behaviour database Caseworks to monitor disability issues declared by service users. This will help target resources more appropriately in the future or help to identify any failures within the service.

On request, information can be made available in large print and Braille. Access to service is also considered and home visits are available. Referrals to support agencies are also available.

However mental, social and behavioural health issues could create a barrier for accessing the service. Mental health is a complex area. Some complainants and victims of anti-social behaviour may have a reduced level of mental well being generally and as a result of issues of anti-social behaviour that they are suffering. Anti-social behaviour can have a very negative impact on a person’s quality of life and physical and emotional health. It is also recognised and acknowledged that some perpetrators of anti-social behaviour have mental health problems. There is a link between mental health problems and drug/alcohol misuse for both perpetrators and complainants.

Age

There is no lower or upper age limit to being a victim or perpetrator of anti-social behaviour. Adults are just as likely, or even more likely, to behave anti-socially. It is estimated that only three per cent of 14-25 year olds are responsible for a quarter of all the crimes committed by this age group. Young people are often the target of anti-social behaviour, with young men aged 16-24 most at risk of being the victims of violent crime.

However, older people may feel particularly vulnerable, intimidated and fearful of reprisals, especially regarding groups of young people on the street. Intergenerational work around this issue may have a positive impact on both groups.

Access to service is also considered, i.e. taking into account the interview
location and confidentiality needs of complainants and victims. All anti-social behaviour can be reported anonymously. Home visits are available. All complainants and victims are offered referrals to support agencies, such as Victim and Witness Support and Age Concern. Crime prevention and personal safety messages and presentations are given to young people in schools. All interviews with young people are carried out with the parent/carer or appropriate adult.

Race

Hate type complaints are prioritised and dealt with in a sensitive manner. Example of a hate crime:

‘Offences, which involve racial or religious aggravation and offences relating to a victim’s gender, disability or sexual orientation…’

Other definitions can also include age, culture and ‘vulnerable’ people. A racist crime as defined in The Stephen Lawrence Enquiry (Recommendation 12^2). An example is;

‘…A hate crime is that which is perceived to be so by the victim or any other person…’

Systems have now been set up within the specialist anti-social behaviour database Caseworks to monitor the ethnicity of service users. This will help target resources more appropriately in the future or help to identify any failures within the service.

Information about the service and reporting procedures can be made available, on request, in different languages. Interpreters can also be made available, on request.

There is a risk that Black and Minority Ethnic communities may feel isolated and may be unsure or unaware of the procedure for reporting anti-social behaviour.

Scope of the Impact Assessment

Activities to prevent anti-social behaviour, support victims and witnesses and deal with perpetrators need to be designed and reviewed to meet the legitimate and particular considerations of gender, age, sexuality, disability and ethnicity.

Reducing anti-social behaviour is one of the Tameside Crime and Disorder Reduction Partnerships’ key aims in its Partnership Agreement with Tameside Strategic Partnership Board. It is also a key priority in the 2005-2008 Crime and Disorder Reduction Strategy. The Anti Social Behaviour Strategy is the
framework for tackling anti-social behaviour in Tameside. It also directly supports the Local Strategic Partnerships’ Community Strategy.

### Reference materials/data source(s)

- Anti-social behaviour, Policy Action Team 8, Social Exclusion Unit, 2000
- British Crime Survey
- Tameside Crime & Disorder Reduction Strategy Audit
- Tameside Crime & Disorder Reduction Strategy
- Tameside Crime And Disorder Reduction Partnership’s Anti Social Behaviour Strategy
- Greater Manchester Against Crime Strategic Threat Assessment
- Citizen 2000 survey
- Way Forward Conference 2004
- Ask the Audience 2004

### Conclusions drawn from reference materials/data sources

- Tameside has the highest rate per 1000 population of youth nuisance calls to the police in Greater Manchester therefore specific actions to tackle this have been included in the strategy/action plan
- People with disabilities are aware that they are more vulnerable than other people and can become the target of criminals
- 32% of young people feel fairly or very unsafe living in Tameside, this is significant to this impact assessment in that specific actions to counteract this, such as personal safety awareness sessions, will be developed
- There is a clear link with alcohol and problems with young people
- Young men aged 16-24 are most at risk of being the victims of violent Crime

### Consultation

Representatives from the Crime & Disorder Reduction Partnership including Youth Offending Team, Police, Probation, Social Landlords, Primary Care Trust. The outcome of the consultation was the development of the strategy/action plan. This consultation informed the assessment of issues relating to young people being most at risk of being victims of violent crime.

Members of the Tameside Metropolitan Borough Council Anti-Social Behaviour Team. This consultation highlighted concerns about complainants and perpetrators with mental health issues. This also informed the assessment that Black and Minority Ethnic communities may be unaware of reporting procedures for anti social behaviour and has led to a specific action to address this.
Feedback from various consultation events with residents, i.e. Denton South, Homewatch and Ask the Audience. This informed the assessment that older people feel vulnerable and intimidated by large groups of young people on the streets.

Assessment of Impact and Course of Action

Disability

Mental, social and behavioural health issues could create a barrier for accessing the service. Mental health is a complex area. Some complainants and victims of anti-social behaviour may have a reduced level of mental well being generally and as a result of issues of anti-social behaviour that they are suffering. Anti-social behaviour can have a very negative impact on a person’s quality of life and physical and emotional health. It is also recognised and acknowledged that some perpetrators of anti-social behaviour have mental health problems. There is a link between mental health problems and drug/alcohol misuse for both perpetrators and complainants. It is important that there are strong links with substance misuse services and the Crime And Disorder Reduction Partnership to respond to these issues. Mental health awareness training should be made available to anti-social behaviour practitioners and it is important that they are aware of external support provision, which is available.

Course of action: (see also Implementation Action Plan)

- Mental health awareness training should be made available to anti-social behaviour practitioners and it is important that they are aware of external support provision, which is available.

- Protocols and procedures for enforcement action should be reviewed/amended to include referral to mental health diversionary panel.

Age

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Access to service is also considered, i.e. taking into account the interview location and confidentiality needs of complainants and victims. All anti-social
behaviour can be reported anonymously. Home visits are available. All complainants and victims are offered referrals to support agencies, such as Victim and Witness Support and Age Concern. Crime prevention and personal safety messages and presentations are given to young people in schools. All interviews with young people are carried out with the parent/carer or appropriate adult.

**Course of action**

*(see also implementation action plan)*

- Liaise with Fire Service regarding provision of a ‘streetscene’ project for older people
- Targeted crime prevention and personal safety work needs to be carried out with this age group of 16-24 year olds

**Race**

Hate type complaints are prioritised and dealt with in a sensitive manner. Example of a hate crime:

> **Offences which involve racial or religious aggravation and offences relating to a victim’s gender, disability or sexual orientation…’**

Other definitions can also include age, culture and ‘vulnerable’ people. A racist crime as defined in The Stephen Lawrence Enquiry (Recommendation 123). An example is:

> ‘…A hate crime is that which is perceived to be so by the victim or any other person…’

Systems have now been set up within the specialist anti-social behaviour database Caseworks to monitor the ethnicity of service users. This will help target resources more appropriately in the future or help to identify any failures within the service.

Information about the service and reporting procedures can be made available, on request, in different languages. Interpreters can also be made available, on request.

There is a risk that Black and Minority Ethnic communities may feel isolated and may be unsure or unaware of the procedure for reporting anti-social behaviour. Work needs to be undertaken within these communities to highlight the help available

**Course of action**
(See also implementation action plan)

- Work needs to be undertaken within these communities to highlight the help available
- Liaise with Third Sector Coalition to develop targeted work within BME communities in Tameside

**Implementation**

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<tr>
<th>Implementation Action Plan</th>
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<tr>
<td><strong>Issue</strong></td>
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<tr>
<td>Mental health issues could create a barrier for accessing services</td>
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<td>Perpetrators with mental health issues may not get appropriate assessments</td>
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<td>Older people feel vulnerable and intimidated regarding large groups of young people on the streets</td>
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**Monitoring and Responsibilities**

The strategy and action plan is the responsibility of the multi-agency Crime and Disorder Reduction Partnership. It supports the borough’s Crime and Disorder Reduction Strategy.

Paula Field, Anti-Social Behaviour Co-ordinator will implement the action plan

**Contact Officer(s)**

Paula Field Anti-Social Behaviour Co-ordinator 0161 342 3291.