6.3.2 Crime, anti-social behaviour and safety

Why is this issue important?

Crime and disorder (including anti-social behaviour) can have a significant impact upon physical health and mental wellbeing. As well as the physical and mental effects of actual crime, fear of crime can have a substantial impact on mental health and quality of life.[1] Repeat victimisation will deepen these negative impacts and those who have been victimised are over twice as likely as others to believe they will be victimised again. Of respondents to the 2014/15 Crime Survey for England and Wales, 11% reported high levels of worry about violent crime, 10% about burglary, and 7% about car crime.[2]

 The Crime Survey for England and Wales 2011/12[3] found 26% of respondents who had experienced or witnessed drink-related anti-social behaviour said it had a moderate or high impact on their quality of life; groups hanging around on the streets impacted on 31% of residents in the same way.

Violent crime, including robbery and public place assault can also have a large impact on physical health and mental wellbeing, lasting into the long term. Domestic and sexual abuse also have significant consequences, they are covered in a separate section of the JSNA.

Since the Crime and Disorder Act 1998, local authorities, the police and other agencies have been required to work in partnership to plan and tackle community safety and crime priorities within their areas. This legislation also introduced a requirement for statutory bodies to take crime and disorder implications in to account when going about their work.

Key outcomes

- *Rates of violent crime, including sexual violence (Public Health Outcomes Framework)*
- *Older people's perception of community safety (Public Health Outcomes Framework) – only currently available for England*

Local

- *Police recorded crimes*
- *Feelings of safety*
- *Police recorded anti-social behaviour incidents*

Impact in Brighton & Hove

Of respondents to the Brighton & Hove City Tracker telephone survey in Sep/Oct 2014, 93% reported feeling safe outside in their local neighbourhood during the day and 70% after dark (comparative figures nationally are 94% and 79% respectively[4]). The majority of respondents (87%) felt safe outside in the city centre during the day, dropping to 48% after dark.[5]

Table 1: Police recorded crime in Brighton & Hove			
	Number 2014/15	**% change from 2013/14**	**% change from 2011/12**
Total crimes	22,615	+4.6	-4.4
Violence against the person	6,285	+63.0	+47.0
Burglary	1,638	-19.7	-11.9
Vehicle crime	1,173	-15.6	-10.3
Theft and handling	9,689	-11.3	-13.2
Criminal damage	2,770	+1.3	-18.5

Source: Sussex Police

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[1] Stafford M, et al. Association between Fear of Crime and Mental Health and Physical Functioning. American Journal of Public Health; November 2007.
[2] Office for National Statistics. Crime in England & Wales, Year ending March 2015, Supplementary tables. http://www.ons.gov.uk/ons/guide-method/method-quality/specific/crime-statistics-methodology/guide-to-finding-crime-statistics/perceptions---worry-about-crime/index.html
[3] A Short Story on ASB, 2011/12, ONS 2013 http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-297901

[4] Local Government Association, 2014, Resident Satisfaction Polling, October 2014.
[5] Brighton & Hove Strategic Partnership. City Tracker Survey. 2014. Available at http://www.bhconnected.org.uk/content/surveys [Accessed August 2015]

6.3.2 Crime, anti-social behaviour and safety

Table 1 shows the number of total crimes and some key crime groups recorded by the police in the city in 2014/15 and how this has changed in recent years. Some crime types tend to be under reported, for example criminal damage and thefts, so the actual level of crimes in the city will be substantially higher.

The total number of police recorded crimes showed a long term decrease over the ten years up to 2013/14, but in 2014/15 numbers rose by 5% compared with 2013/14. Burglary, vehicle crime and theft offences recorded have all decreased over the last three years, but violence against the person offences increased sharply by 63%,[6] contributing to the rise in total crime. Steps were taken nationally during 2014 to improve police recording of crimes.[7] This contributed to the increase in offences, especially violence against the person offences, recorded in 2014/15.

Compared with matched comparator areas,[8] we have slightly better than average rates for domestic burglary, but below average crime rate for total crime, thefts, violent crimes and criminal. However, these data do not account for the high number of non-residents who visit the city, but who are not counted in the 'rate' calculation.

In the three year period ending March 2014 there were 465 admissions to hospital of Brighton & Hove residents related to violence.[9] In order to compare with other areas a directly age standardised rate per 100,000 population is produced. For Brighton & Hove the standardised admission rate was 47.4 admissions per 100,000 people, slightly better than the England rate of 52.4 per 100,000 people.[10]

Other crimes, such as bicycle theft, can also impact upon health. There were 856 cycle thefts recorded in the city in 2014/15, a reduction on the number in each of the last three years, when the number was around 1,000 per year. Tackling cycle theft plays a role in promoting sustainable transport, as well as encouraging healthier lifestyles amongst residents.

Anti-social behaviour and hate-motivated incidents also have a detrimental impact on individuals and communities, affecting quality of life and wellbeing and sometimes causing significant harm. In 2014/15 the police recorded 13,300 anti-social behaviour incidents and 414 hate incidents motivated by race or religion, 159 by homophobia, biphobia or transphobia, and 41 linked to disability.

When asking local people about their priorities for community safety in their local neighbourhoods, anti-social behaviour, speeding or parking issues tend to predominate.[11] These issues have a bearing on the extent to which city residents will use and enjoy their local environment, connect with their neighbours, interact in wider social settings, and enjoy a good quality of life.

Where we are doing well?

Brighton & Hove has a long history of partnership working, with joint problem solving approaches adopted in advance of this being mandated through the Crime and Disorder Act in 1998. Nearly twenty years later the Community Safety Partnership, known locally as the Safe in the City Partnership, has matured and work on our priorities is routinely planned and carried out with the involvement of partner agencies.

As well as statutory partners, we also work closely with voluntary and community sector partners. Brighton & Hove is covered by a network of Local Action Teams (LATs) which are community based and are supported by the police, council and others. LAT meetings provide local fora for people

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[6] Although an increase in violence against the person was observed nationally in 2014/15, the increase locally is above the average of 23%.
[7] Her Majesty's Inspectorate of Constabulary, 2014, Crime recording: a matter of fact.
[8] Data for 2014/15. Brighton & Hove's group of 15 'Most Similar' Community Safety Partnerships as assigned by the Home Office
[9] The number of emergency hospital admissions for persons resident in the area where the primary diagnosis or any of the secondary diagnoses are ICD-10 codes X85-Y09, for all ages
[10] Hospital Episode Statistics, Health and Social Care Information Centre (HSCIC) and ONS mid-year population estimates. Taken from Public Health England. Public Health Outcomes Framework Data Tool. Available at http://www.phoutcomes.info/ [Accessed 4/08/2015]

[11] Brighton & Hove Strategic Assessment of Crime and Disorder, 2013. Available at:
http://www.safeinthecity.info/sites/safeinthecity.info/files/sitc/Strategic%20Assessment%20of%20Crime%20and%20Community%20Safety%202013.pdf

to raise issues of concern and seek solutions. As well as LATs which are set up in neighbourhoods, community-led forums (for example the Racial Harassment Forum) and the Business Crime Reduction Partnership also contribute to the work of the Partnership.

There are also links being made beyond the city boundaries enabling commissioning of services jointly with other areas of Sussex. This has happened particularly in the area of services for victims. As public sector resources decline, these partnerships become increasingly important.

Local inequalities

Nationally, those who worry more about being a victim of crime tend to live in more deprived areas, be unemployed or less well off, have a long term illness or disability, or be of a non-White British ethnicity.[22]

How safe people feel is influenced by a range of socio-demographic factors such as age, gender and health. The City Tracker survey 2014[55] showed that female residents are more likely to feel unsafe after dark in their local area than males (19% females compared with 7% males) and this difference also applies to the city centre. People aged 55 or over and those with a long standing illness or disability also feel less safe after dark than others.

Police data tell us that assaults, particularly alcohol-related assaults, disproportionately involve young men, both as perpetrators and as victims, and are clustered in the city centre in relation to the night-time economy.

A number of social and demographic factors can also affect fear of violence. The 2012 Health Counts Survey showed that those with a long-term illness, disability or health problem were more likely to have felt stressed or anxious some, most, or all of the time in the last three months by fear of violence against both themselves, and family or friends. Those who did not feel that they belonged to their immediate neighbourhood were also more likely to have a greater fear of violence both against themselves and their family or friends.

Those who saw or spoke to their neighbours less than once a week were more likely to fear violence against themselves than those who had contact with their neighbours at least once a week. BME people, those renting from a housing association or local authority, carers, and those without qualifications were also more likely to fear violence against family or friends.[12]

Although older people are less likely to experience crime, if they do so, the impact can be much greater than it is on younger people. Research into older victims of burglary in sheltered housing stated that two years after the burglary, victims were 2.4 times more likely to have died or to be in residential care than their non-burgled neighbours.[13] There were 13 distraction burglaries recorded in 2014/15, all with victims who were over 70 years of age.

The age and lifestyle of the significant student population in the city matches a number of risk factors for being a victim of crime. For example, they are within the highest risk age-group for violent crime and sexual offences, as well as theft offences. Students often live in houses in multiple occupation, which are at a higher risk of burglary, and are likely to be in possession of portable electronic items of value.

Reports to the police of hate incidents which are targeted at people because of who they are, for example racist or religiously-motivated incidents or incidents against lesbian, gay, bi or trans people, were declining until 2013/14. Police-recorded hate incidents increased during 2014/15, but changes to police recording practices (as for total crimes and violent crimes) will have contributed to this. Race or faith-related incidents can sometimes be linked to national or international events. Hate incidents remain a particular concern for these communities.

During 2014/15 the Anti-Social Behaviour (ASB) and Hate Crime Casework Team received a total of 613 reports of ASB or hate incidents. Of these, 393

[12] NHS Brighton & Hove and Brighton & Hove City Council. Health Counts. 1992-2012. Available http://www.bhconnected.org.uk/content/surveys
[13] Donaldson R. Experiences of Older Burglary Victims, Home Office Findings No. 198; 2003.

incidents related to ASB, 68 to race, 14 to sexual orientation, 13 to disability, four to gender identity, six to religion and 115 other reports. Over this 12 month period the team took on 169 new cases.

Of those surveyed in the 2012/13 LGBT Trust and Confidence Survey, 23% of respondents reported that they had experienced a hate crime or incident in the last 12 months related to their sexual or gender identity. Verbal abuse and negative comments were the most common form of incident, many of which go unreported.[14]

The Brighton & Hove Trans Equality Scrutiny Panel, which was set up to highlight the challenges and inequalities facing transgender people in Brighton & Hove, produced a report in 2013.[15] A number of changes have followed this report, especially around the wider inclusion of gender identity in service monitoring data. A trans needs assessment which has included a community survey and focus groups, a local data snapshot and stakeholder interviews has also been carried out in consultation with trans community representatives and a full report will be published in the autumn 2015.[16]

Different identities interact in complex ways with demographic and situational characteristics to increase the risk of victimisation of hate incidents and the level of harm caused. For instance, people may be targeted, or be more likely to suffer from hate crime or anti-social behaviour due to an intersection of different identities (for example their gender, ethnicity and disability), resulting in multiple discrimination or compounding of harm.

A 2015 Centre for Economic and Social Inclusion report describes the impact of welfare reform on Brighton & Hove residents as both significant and widespread, with 25,400 households in the city having had their benefits reduced.[17] Average

impacts of welfare reform in the city are amongst the top 10% nationally, and are driven by high private sector rent, leaving vulnerable people insecurely housed. This can include those with drug and alcohol problems and those released from prison, making it more difficult for individuals to maintain a lifestyle free of anti-social behaviour or crime and for support services to engage with them.

There has been a national increase in the number of rough sleepers.[18] This is also evident in Brighton & Hove statistics up to 2013, although numbers stabilised in 2014. The number of rough sleepers that the Rough Sleepers Team worked with followed a similarly increasing trend, dropping slightly in 2013/14.[19]

Predicted future need

While Brighton & Hove continues to be characterised as a vibrant, diverse and much visited city, policies, infrastructure and services need to ensure this happens safely and without negative impacts. Important 'drivers' of crime and disorder in the city are alcohol and drug misuse. Work to address these issues continues to be important and will bring health benefits to substance misusers and safety benefits to the community as a whole.

With the expansion of the internet and social media has come new mechanisms through which crime and anti-social behaviour can be perpetrated, as well as prevented. We need to understand more about this and seek local opportunities to reduce risk.

There have been, and there will continue to be, ongoing pressure on public sector resources to tackle anti-social behaviour and crime, bring offenders to justice and support victims. For example, there was been a restructuring of neighbourhood policing so that support in local neighbourhoods is becoming more targeted. At

[14] LGBT Community Safety Forum. Brighton & Hove LGBT Trust and Confidence Survey Report 2012/13
[15] Brighton & Hove City Council, Report of the Overview and Scrutiny Committee, Trans Equality Scrutiny Panel, January 2013.
[16] Trans Living - key findings of the Brighton & Hove Trans Needs Assessment. 2015. Available at: http://www.bhconnected.org.uk/content/needs-assessments [Accessed 02/09/2015]
[17] Centre for Economic and Social Inclusion, The Impacts of Welfare Reform on Residents in Brighton and Hove. 2015

[18] Department for Communities and Local Government. Homelessness statistics. Available at:
https://www.gov.uk/government/collections/homelessness-statistics
[19] Brighton & Hove JSNA summary: Rough sleeping & single homeless. Available at: http://www.bhconnected.org.uk/content/needs-assessments

the same time, work to build the resilience of local communities is becoming increasingly important.

What we don't know

As mentioned above, national data integrity work has had the effect of inflating the number of crimes, especially violence against the person offences, recorded by the police since April 2014. The number of hate crimes recorded has also been affected by this. Combined with the possibility that the reporting rate of victims can also be subject to change, understanding trends in the number of crimes actually taking place is particularly difficult.

As well as issues around recording, there is work to be done to encourage greater levels of reporting of all types of hate crime, so that problems can be identified and addressed. Work to encourage reporting of hate crimes against marginalised and vulnerable individuals within these communities, continues to be important.

Data on older people's perception of community safety, part of the Public Health Outcomes Framework, is not yet available below the England level.

Key evidence and policy

In April 2013, the Sussex Police and Crime Commissioner launched the first Police and Crime Plan, 'Safer in Sussex', identifying crime and community safety, victim focus, public confidence and value for money as four key strategic objectives. This was updated in 2014. http://www.sussex-pcc.gov.uk/wp-content/uploads/2013/03/SPCC_Police_and_Crime_Plan.pdf

The government's Equality Strategy (2010) reiterated its commitment to tackle all hate crimes and violence. 'Challenge it, Report it, Stop it', the government's plan to tackle hate crime published in 2012,[20] sets out three key objectives:

- prevent hate crime happening by challenging attitudes that underpin it, and early intervention to prevent escalation of incidents;

- increase the reporting of hate crime by building victims' confidence and improved access to support; and

- improving the operational response to hate crime.

The Anti-social Behaviour, Crime and Policing Act 2014 brought in a range of powers intended to provide better protection for victims and communities. The Act includes the 'community trigger' whereby local communities have a right to ensure agencies have taken a joined up, problem-solving approach to reports of anti-social behaviour and the 'community remedy' where victims can have a say in the out-of-court responses (for example punitive, reparative or rehabilitative) required of perpetrators for low-level crime and anti-social behaviour.

Work within families to ensure children and young people get a good start in life reduces risk for involvement in crime or anti-social behaviour in the future. The government Troubled Families initiative began in 2011 and was tasked with improving the outcomes for families with issues around anti-social behaviour, educational attendance/ behaviour, and worklessness with targets to be met by March 2015.[21] The national programme has received further funding from 2015.

The 2012 Department of Health report 'Protecting People, Promoting Health; a public health approach to violence prevention for England'[22] states that violence is a major cause of ill health and poor wellbeing in the population, and lays out the responsibility of public health to help prevent violence.

Research has shown that citizenship, neighbourliness, social networks and civic

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[20]Home Office. Hate crime action plan: Challenge it, Report it, Stop it. March 2012 (updated 2014). Available at:: https://www.gov.uk/government/publications/hate-crime-action-plan-challenge-it-report-it-stop-it [Accessed 02/09/2015]

[21] Communities and Local Government. The Troubled Families Programme. 2012
[22] Department of Health. A Public Health approach to violence prevention in England. 2012. Available at: https://www.gov.uk/government/publications/a-public-health-approach-to-violence-prevention-in-england [Accessed 02/09/2015]

6.3.2 Crime, anti-social behaviour and safety

participation are key elements of social capital and lead to lower crime rates by impacting on the precursors of crime: levels of trust; respect; and self-esteem within and between community members.[23]

One of the issues to emerge and grow as an issue of concern nationally over recent years has been the risk of violent extremism. In response, the national Prevent Strategy[24] has three main objectives: to respond to the ideological challenge posed by terrorism and aspects of extremism; to prevent people being drawn into terrorism and to work across sectors to address risks of radicalisation. In 2015 Brighton & Hove received additional Home Office support to manage local risks, and from July 2015 the national Prevent Duty places obligations on a range of statutory bodies to support this work.

Recommended future local priorities

1. Continue to involve communities in identifying and tackling issues which are important to them.

2. Continued work to manage the night-time economy safely, especially to prevent violent crime.

3. Tackling perpetrators of anti-social behaviour and hate incidents and supporting victims. Continue to encourage the reporting of hate crimes.

4. Continue to work with individuals and communities to support the national Prevent agenda.

Key links to other sections

- Social connectedness
- Parenting
- Rough sleepers
- Youth justice

- Offenders and offending
- Emotional health and wellbeing
- Alcohol
- Substance misuse
- Mental health
- Domestic and sexual violence

Further information

Brighton & Hove Community Safety, Crime Reduction and Drugs Strategy 2014-17 and annual Strategic Assessment: www.safeinthecity.info

Last updated

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[23] Office for National Statistics. Social capital a review of the literature. 2001
[24] Home Office. Prevent Strategy. 2011. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf [Accessed 02/09/2015]