Disability Rights Commission

Sheffield Hallam University

SHARPENS YOUR THINKING

Disabled people's experiences of anti-social behaviour and harassment in social housing: a critical review

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Making rights a reality

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Executive Summary

This research undertaken for the Disability Rights Commission had two key aims, which were to establish, in the context of social housing, what is known about:
- the extent to which disabled people are victims of harassment and anti-social behaviour and the effectiveness of strategies by social landlords to address this; and,
- the extent to which a person's impairment or associated behaviour is being interpreted as constituting anti-social behaviour.

Key Findings
- Despite weaknesses in the published studies, there is extensive evidence to show very high rates of susceptibility by disabled people, particularly those with mental health disabilities, to becoming a victim of anti-social behaviour, often as a result of their impairment.
- Little is known about the impact of the ever increasing number of legal remedies on disabled people living in social housing, although there is reliable evidence which suggests that disabled people living in social housing, particularly those with learning difficulties or mental health problems, comprise a significant proportion of those individuals who are subject to interventions designed to tackle anti-social behaviour.
- Young people with mental health disorders and learning difficulties may be disproportionately subject to ASBOs, but little robust empirical evidence is available about the context and use of ASBOs in those circumstances.
- The evidence base as to how social landlords respond to either victims or perpetrators of anti-social behaviour who are disabled is very weak, as monitoring and reporting on this is limited and around half of landlords do not include consideration of disability within their anti-social behaviour policies. Landlords are therefore likely to be unable to evidence whether they comply with their disability equality duty in this area of work.

- Over half of landlords reported having considered the impact of ss. 22 – 24, DDA 1995 on anti-social behaviour action they were taking more than five times in the previous 12 months. This indicates an awareness of the applicability of the DDA amongst social landlords, and that it is not an uncommon occurrence for landlords to be considering its application. We do not have any evidence, however, as to the proportion of cases to which it is applied or the affect of its consideration.
- Guidance from central government on the interaction between anti-social behaviour and disability is limited and does not assist social landlords in developing local policies

Research Context

Concern with anti-social behaviour has increased over the last ten years and been accompanied by an explosion of the use of legal remedies to tackle such behaviour, many of them exclusive to social landlords. At the same time the Disability Discrimination Act (DDA) 1995 placed disability rights firmly on the agenda for the first time, and required that landlords did not discriminate against disabled people by eviction or by subjecting a disabled tenant to any other detriment without justification (DDA 1995, s.22 - 24). Perhaps more significant, however, have been the amendments to the DDA 1995 by the Disability Discrimination Act 2005, which has placed a general duty on local authorities and registered social landlords when carrying out their functions to have due regard to the:
- promotion of equality of opportunity between disabled people and other people
- elimination of discrimination that is unlawful under the DDA 1995
- elimination of harassment of disabled people that is related to their disability
- promotion of positive attitudes towards disabled people
- encouragement of participation by disabled people in public life
- taking of steps to meet disabled people's needs, even if this requires more favourable treatment.

Research Methods

The research has four key strands:

- A critical review of the literature relating to disabled people's experiences of harassment and anti-social behaviour within the social housing environment in Britain.
- An analysis of policies and procedures at both a national and local level of local authorities and registered social landlords (RSLs).
- A small-scale survey of social housing providers.
- Consultation through three focus groups, with housing providers, disabled people and carers.

National Guidance

The research examined a range of documents published at a national level:

Welsh Assembly Government (2005). *Anti-social behaviour: policies and procedures – code of guidance for local authorities and housing associations.* Cardiff, Welsh Assembly.
ODPM (2004). *Anti-social Behaviour: Policy and Procedure.* London, ODPM.
Housing Corporation(2004). *Anti-social behaviour: policy and procedure.* London, Housing Corporation.
Scottish Executive (2004a). *Guidance on Antisocial Behaviour Strategies.* Edinburgh, Scottish Executive.
Home Office (2006) *A Guide to Anti-social Behaviour Orders*
Scottish Executive (2004b) *Guidance on anti-social behaviour orders*

It was found that, although disability is generally mentioned in Guidance, there is very little detail as to how agencies should address anti-social behaviour where either the victim or the perpetrator is disabled. The Guidance is consistent in so far as it advises on the requirement to comply with the DDA, but also in giving very little assistance in how this should be achieved. Disability is often encompassed into the category of vulnerability, and then often only in terms of mental health problems, this means that the specific legal issues which arise in relation to disabled people are not addressed. In very broad terms most of the Guidance documents recognise that disabled people may be particularly susceptible to being victims of anti-social behaviour. Only the ASBO Guidance in

Scotland, however, recognises with more than a passing reference that there are particular issues about disability and perpetrators of anti-social behaviour, referring to the need for specific consideration for those with autistic spectrum disorders and Attention Deficit Hyperactivity Disorder (ADHD). Over two-thirds of landlords felt that there was a lack of clear national guidance on this issue.

Policies and procedures at a local level
Just over half of all organisations responding to the survey reported that they had no policy or procedure for dealing with disabled perpetrators, a higher number of RSLs had no policy or procedure to deal with disabled victims, although the position was slightly better amongst local authorities and ALMOs. The findings from the survey were borne out by the examination of documents, where a significant number made no reference to disability at all. There does appear to be a growing awareness of disability issues amongst social landlords, although its impact in relation to anti-social behaviour has not yet become apparent. Social landlords are moving to recording disability of customers although this is not routinely linked to complaints of and action taken to deal with anti-social behaviour. Thus although there is evidence that social landlords are aware of the importance of disability, in practice there is still a significant implementation gap in ensuring that social landlords fully discharge their disability equality duty.

National Guidance has not proved to be at a level of detail to assist landlords in translating growing awareness into detailed policies and procedures on the ground. Disability, where referred to in local policy documents, is rarely defined and again we see it often encompassed within vulnerability, and it is certainly not broken down by reference to different impairments.

Our findings also raise questions around training and multi-agency working. Although many social landlords are trying to establish practices to ensure the equitable treatment of disabled people, there appears to be a lack of awareness among housing staff about disability and necessary knowledge about how best to treat perpetrators of anti-social behaviour who are disabled. This is compounded by deficiencies, in some local contexts, in partnership working.

The use of legal action
There is a wide range of legal action which may be taken to combat anti-social behaviour and harassment. The evidence would suggest that in most cases when a legal order is sought it is granted. However, in some instances social landlords may, prior to taking such action, consider whether the prospective defendant is disabled and the applicability of the DDA 1995, ss. 22 - 24. At the moment there is no evidence as to how this affects decision-making by landlords, although the evidence from our own survey is that it is relatively regularly considered by them, with over half of landlords having considered it more than five times in the previous 12 months.

Evidence of harassment and victimisation of disabled people
A number of studies have looked at levels of harassment and victimisation amongst disabled people. These studies have a number of weaknesses. A number involved self-completion postal questionnaires. It is likely that these will tend to give higher levels of reported problems. It is not always possible from the studies to be precise about the behaviour which is involved as a number of terms are used: harassment, victimisation, bullying. Nor in each case is the time-frame over which the incidents have taken place clearly specified. Nonetheless a consistent picture emerges from them all of very high rates of susceptibility to behaviour which falls within definition of anti-social social behaviour, and which is often targeted at people because of their impairment.

The majority of studies have focused on those with mental health conditions. These found extremely high levels of harassment and victimisation for this group ranging between 47% and 60% of respondents having been a victim of some form of harassment. Where comparators with non-disabled persons have been used (Berzins et al, 2003, Wood and Edwards 2005) these show that harassment occurs more frequently for those with mental health conditions than for those without.

Two studies focused on people with learning difficulties. The Mencap research (1999) indicated an extremely high level of bullying in the previous 12 months, with 66% of respondents stating that it happened regularly (i.e. at least once a month). The smaller study by

Thurgood and Hames (1999) revealed that 16% had been hit by neighbours.

Three studies (Market Research UK, 2003, DRC/Capability Scotland, 2004, GLA 2003) considered the experiences of people with a range of impairments. The Market Research UK study shows the lowest rates of harassment with between 25% and 22% of disabled respondents reporting experience of harassment in public relating to their disability. In the 2004 DRC study across the range of impairments, 73% of respondents reported having been verbally attacked and 35% physically attacked. Prevalence was highest though amongst those with mental health conditions. In the GLA study 50% had suffered abuse or bullying.

None of the evidence examines the experience of those with multiple risk factors e.g. disability and race, although our own focus group did include some people who fell into this category, and who felt it led to multiple discrimination.

None of the studies examined set out to consider in detail the responses of housing agencies to complaints of harassment, nor specifically to differentiate between the experiences of tenants of social housing and others. A number (Kelly and Mckenna, 1987, Williams, 1995 and Wood and Edwards, 2005) do point to the location of housing for disabled people (primarily in areas of poverty) as giving rise to greater susceptibility to harassment. A number of reports have considered police responses and found that reporting to the police by those with mental health conditions or learning difficulties may be particularly problematic for a range of reasons. Where housing organisations are mentioned some of the same problems seem to occur, with a lack of confidence in the responses of such organisations. This was also reflected in complaints to the DRC help-line and also in our own focus group. Given the higher rates of disability amongst tenants of social landlords, and the indications in the research reported here, there is a need for a more comprehensive assessment of how social landlords respond to and encourage confidence in victims of anti-social behaviour who are disabled.

Evidence of use of the impact of anti-social remedies on disabled people

Turning to what is known about perpetrators of anti-social behaviour, Government policy requires that anti-social behaviour is a core concern for social landlords and the overall numbers of anti-social behaviour control measures served are constantly on the increase. However, this review demonstrates that little is known about the impact of these tools on disabled people living in social housing. The focus of the work that there has been is on young people and anti-social behaviour orders (BIBIC, 2007). The BIBIC research (2007) indicates reasons to be concerned about the way that ASBOs are being used against young people with mental health disorders and learning difficulties. Further research is needed to 'get behind' these statistics to examine, in detail, the ways ASBOs are utilised by practitioners.

There is some reliable evidence which suggests that disabled people living in social housing, particularly those with learning difficulties or mental health problems, comprise a significant proportion of those individuals who are subject to interventions designed to tackle anti-social behaviour (Dillane et al, 2001, Jones et al, 2005, Nixon et al, 2006). This was corroborated by housing staff and other stakeholders during the consultation phase of the review during which focus group participants recounted several anti-social behaviour cases which involved people with mental health problems and learning difficulties including ADHD, Asperger Syndrome (AS), schizophrenia, autism, brain injuries, and obsessive compulsive disorder (OCD). ADHD in particular, is emerging as a central issue in debates about disability and anti-social behaviour (Thapar et al, 2006) and, on the basis of our review, we can say with *some* degree of certainty that a large percentage of those subject to anti-social behaviour measures appear likely to have or be given a diagnosis of ADHD.

In the consultation groups, disabled people and parents of disabled people gave accounts of personal stories about inappropriate responses to behaviour that is symptomatic of a particular condition. While these testimonies are disturbing, there is a lack of robust evidence as to whether disabled people are disproportionately and inappropriately subject to anti-social behaviour control mechanisms and what the implications of this are. In part, this is a result of the lack

of monitoring at a national and local level which means that there is currently no way to investigate whether disabled people are over-represented in the numbers subject to an anti-social behaviour measure.

While our findings are not conclusive, they do point to evidence that the subjects of anti-social behaviour interventions often have mental health problems, learning difficulties and neurological disorders. This raises crucial questions about the extent to which the use of potentially punitive control mechanisms among vulnerable individuals, many of whom are young people and children, can be justified. ASBOs in particular could have drastic impacts on disabled people by not only failing to address 'root causes' of disruptive behaviour, but the effects of employing a regulatory mechanism that can have exclusionary effects, and even result in a custodial sentence, may serve to exacerbate their problems. This highlights an urgent need for not only proper monitoring at a national and local level but also qualitative research into the particular 'problems' that social landlords seek to address through the use of anti-social behaviour control measures, together with a critical assessment of the effectiveness and impact of these (and alternative) tools in providing 'solutions' from the perspectives of those subject to them.

Recommendations

The report makes a number of recommendations:

- o Social landlords should ensure that their policies and procedures incorporate mechanisms for identifying whether victims and perpetrators are disabled so that appropriate responses follow from complaints.
- o As social landlords review their anti-social behaviour policies and procedures they should consider the implications of the disability equality duty. Such reviews should be led by disabled users and should consider the impact of anti-social behaviour policies on disabled people. Procedures should recognise the higher levels of harassment that disabled people are likely to be subject to and include mechanisms to encourage reporting.

- Policies also need to incorporate consistent and comprehensive monitoring procedures, which will enable local practices to be monitored and also to be aggregated at a national level.
- Government guidance needs to be more comprehensive in this area in order to assist social landlords in developing their policies and procedures.
- Those involved with the inspection of social landlords, the Audit Commission, Welsh Assembly Government, Housing Corporation and Communities Scotland can also ensure that disability is included within the anti-social behaviour agenda by making questions regarding the impact of disability part of the inspection regime.
- More care needs to be taken with the use of language on this subject area, so that 'disability' is not subsumed into generic categories of "vulnerability", and to ensure that "harassment" of disabled people is not given less weight because it is described as "bullying" or other apparently less serious behaviour.
- In addition to monitoring, further qualitative research is needed to unpack the ways in which disability impacts on both those disabled people who are victims and those who are accused of perpetrating anti-social behaviour and to examine the good practice that exists.

Chapter 1: Introduction

In December 2006 the Disability Rights Commission commissioned researchers at Sheffield Hallam University to undertake a critical review of the evidence base on disabled people's experiences of harassment and anti social behaviour within the social housing context in Britain. In examining the evidence this report considers the position of disabled people both as victims[1] of anti-social behaviour and as alleged perpetrators.[2]

The review focuses on examination of the existing evidence base, which has been supplemented by a limited amount of additional empirical data. The review was designed with four key strands:
- A critical review of the literature
- An analysis of policies and procedures
- A survey of social housing providers
- Consultation with key stakeholders

The focus of the study is the whole of Britain, and where possible we have sought to draw distinctions between the situation in England, Wales and Scotland. Scrutiny of the existing evidence does not always permit us to draw a distinction between the three countries.

The timeliness of the review

Issues around anti-social behaviour have been high on the political agenda in Britain for at least 10 years, and have been matched by a raft of legislation (see Chapter 2) and policy initiatives. While these legal and policy measures may have the potential to address anti-social behaviour and provide relief for victims of anti-social behaviour, there is growing concern about the consequences of legal action for alleged 'perpetrators'. For example, the National Association of

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[1] Throughout the report the term victim has been used to refer to people who have been either directly or indirectly affected by anti-social behaviour (they may not, of course, view themselves as victims).
[2] We have used the term perpetrators, but in so doing acknowledge that simply because allegations of anti-social behaviour are made against a particular person does not mean that they have committed the behaviour, or if they have committed it that the behaviour is necessarily anti-social.

Probation Officers has collected a number of cases studies which point to a potential misuse of anti-social behaviour orders (ASBOs) (NAPO, 2005).

Similarly there is some evidence to suggest that disabled people are frequent victims of harassment and other forms of anti-social behaviour within their communities, with levels of victimization particularly acute for some impairment groups, such as people with learning disabilities and mental health problems (Williams (1995), Berzins et al (2003), DRC/Capability Scotland (2004)).

The timeliness of conducting this review now is also highlighted by the coming into force in December 2006 of many provisions of the Disability Discrimination Act ("DDA") 2005 (see below) which means that many public authorities, including local authorities and other social landlords are currently considering the impact of their policies and procedures in relation to disabled people.

The broad aim of the study is to bring together what is currently known, to add further data to that base, and to identify gaps in knowledge. It is thereby hoped it will provide a base line from which further research can be taken forward and where appropriate provide a basis for recommendations to inform the development of policy at both a national and a local level

Why social housing?

This study focuses on anti-social behaviour in the context of social housing. As the brief review in Chapter 2 indicates many of the legal measures to tackle anti-social behaviour have been targeted at tenants of social housing. Social housing providers, by which we mean local authorities, arm's length management organisations (ALMOs) who have taken over the management of local authority housing stock, and housing associations which are registered as a social landlord with the appropriate regulatory body (the Housing Corporation in England, the Welsh Assembly Government or Communities Scotland) (referred to in this Report as RSLs), provide only 19% of accommodation in Great Britain (Wilcox, 2007). Notwithstanding this, the evidence suggests that those living in social

rented housing are most at risk of perceiving high levels of anti-social behaviour (Wood, 2004).

Further the evidence suggests that there is a significant number of disabled people living in the social housing sector rendering them potential recipients and beneficiaries of anti-social behaviour interventions. In England and Wales census data indicates that in 46% (compared to 32% in the general population) of households living in social rented housing, at least one person has a long term or limiting illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age. In Scotland 29% of households containing at least one member with a long-term illness only and 28% of households containing at least one disabled member, reside in a property which is being rented from a local authority/ RSL in 2005, compared to just 11% of households containing no disabled members or members with a long-term illness (Scottish Executive, 2006). Those with mental health conditions are more than one and a half times more likely to be living in rented accommodation than the general population (SEU, 2004, p.85)

The Disability Discrimination Act 2005

The coming into force of the DDA 2005 in December 2006 is particularly significant in the context of this review. The Act makes a number of amendments to the DDA 1995, including the imposition of a general duty on public authorities when carrying out their functions to have due regard to the:
- o promotion of equality of opportunity between disabled people and other people
- o elimination of discrimination that is unlawful under the DDA 1995
- o elimination of harassment of disabled people that is related to their disability
- o promotion of positive attitudes towards disabled people
- o encouragement of participation by disabled people in public life
- o taking of steps to meet disabled people's needs, even if this requires more favourable treatment.

The duty applies to all local authorities and also to the bodies regulating local authorities and RSLs, e.g. the Housing Corporation. Further the Disability Rights Commission has taken the view that this general duty also applies to RSLs (DRC, 2006a, p.14).

In addition to the general duty, the 2005 Act imposes a number of specific duties and under these local authorities and regulatory bodies will have had to produce a Disability Equality Scheme and Action Plan, by December 4, 2006. Although this specific duty does not apply to RSLs, the Housing Corporation in England has stated that (DRC 2006a, p. 15):

> "Following publication of its own DES and Action Plan by November 2006 the Corporation will expect associations to develop appropriate Disability Equality Schemes and Action Plans of their own during 2007, for publication from December 2007."

Further because the duty applies to those bodies which monitor and inspect local authorities, ALMOs and RSLs, compliance will be one aspect which will be built into their monitoring and inspection regimes.

A further amendment by the DDA 2005 has introduced a requirement on landlords to make a "reasonable adjustment" when requested to provide auxiliary aids and services, to change practices, policies and procedures and to change a term of the letting. A failure to provide without justification such an adjustment if requested, is unlawful.

These measures undoubtedly mean that social landlords will have to become much more aware of the impact on disabled people of their policies and procedures to deal with anti-social behaviour.

Concepts, definitions and terminology

The focus of this review is concerned with disabled people's experiences of harassment and anti-social behaviour within the social housing context in Britain. Below we attempt to clarify each of the key terms in this statement and in so doing establish the parameters of the review.

Anti-social behaviour
The most commonly used definition of anti-social behaviour is that which appears in the Crime and Disorder Act 1998 (applicable in

England and Wales): *'Acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as (the defendant).'* (See also equivalent definition in the Anti-Social Behaviour etc. (Scotland) Act 2004). It is this definition that applies when an application is made for an ASBO, but other definitions used to trigger housing powers and duties are provided in the Housing Act 1996 (amended by the Anti-social Behaviour Act 2003 and applicable in England and Wales) which refers to conduct *"capable of causing nuisance or annoyance to any person"* (and/or the use of premises for unlawful purposes). The Housing (Scotland) Act 2001, sitting somewhere between the two refers to an action or course of conduct, *"causing or likely to cause alarm, distress, nuisance or annoyance."*

The question of accurately defining what is meant by 'anti-social behaviour' has been an enduring concern for practitioners and academic commentators alike. To help local practitioners in such a task, the Home Office has established a typology of categories of anti-social behaviour divided into four core areas: misuse of public space; disregard for community/personal well being; acts directed at people; and environmental damage (Harradine et al, 2004). Together, these fours categories contain different behaviours defined as anti-social. The Home Office one day count of anti-social behaviour utilised the anti-social behaviour typology developed in Harradine et al (2004) and referred to 19 categories of behaviour that constitute an unrelated set of activities and conduct including loud music, dropping litter, soliciting, drunken behaviour, taking drugs and verbal abuse. There is no evidence, however, that these categories are widely used by social housing providers. Despite this lack of clarity, commonly attached to the concept of anti-social behaviour and perceived to bring these diverse behaviours together are the following:

- It is behaviour that is harmful to other people (but not including immediate family members)
- It is persistent and serious (that is, it is not a one off event and is not of a trivial nature arising from 'ordinary' disputes of everyday life).
- It does not necessarily constitute an infringement of the criminal law

- It is (particularly in the case of children and young people) an indicator of the risk that the perpetrator will move on to commit criminal offences.
- It constitutes a serious and widespread social problem and therefore justifies the use of formal, legal intervention (Prior and Paris, 2005).

Harassment

Harassment is often described as a personalised form of anti-social behaviour, i.e. it is directed at the particular victim. This may occur because of a specific characteristic of the victim, such as race or sexuality or, as we are concerned with in this report, disability. Where the targeted behaviour is also criminal this may be referred to as "hate crime." The criminal offence may be the stand-alone offence of harassment under the Protection from Harassment Act 1997, under which a course of conduct which amounts to harassment of another and which the person knows or ought to know amounts to harassment is a criminal offence. In addition under certain legislation an offence may be "aggravated" because it is motivated by race hate, homophobia or disability (see Criminal Justice Act 2003)

While these terms have specific definitions for the purposes of certain legislation (e.g. the Protection from Harassment Act 1997 and the Crime and Disorder Act 1998 and Criminal Justice Act 2003), they may also be used as more general terminology in different ways.

Disability

Definitions of 'disability' have been a major focus for debates and consequently definitions have undergone a number of changes and modifications. The DDA 1995, and in particular the requirements of the 2005 Act are premised on a social model of disability, i.e. that:

> "people with impairments are disabled by physical and social barriers. The 'problem' of disability results from social structures and attitudes, rather than from a person's impairment or medical condition." (DRC2006b, p.9).

Given that providers of social housing are subject to the duties imposed by the DDA we have used as a starting point the definition of disability in the Disability Discrimination Act 1995 (as amended). The DDA defines disability (Part I) as "a physical or mental impairment,

which has a substantial and long-term adverse effect on [the] ability to carry out normal day-to-day activities". Persons who have cancer, multiple sclerosis or HIV are deemed to have a disability. Impairment covers both physical and mental impairments, including sensory impairments such as those affecting sight or hearing, and in the case of mental impairments, those relating to mental functioning such as learning disabilities. Certain conditions are specifically excluded from the definition, some of which are relevant to the consideration of anti-social behaviour. They include:

- Addiction to or dependency on alcohol, nicotine or any other substance;
- Tendency to set fires
- Tendency to steal
- Tendency to physical or sexual abuse of other persons
- Exhibitionism
- Voyeurism

The definition in the DDA is broad in its coverage of potential impairments, however, the term itself is not always used precisely in this way by those writing about disability. It has not been possible to identify in all the studies accessed what definition of disability is being used.

Further, although the requirements of the Disability Equality Duty have and will (hopefully) focus those working in social housing on the DDA definition, it is more common for social housing providers to currently use the term "vulnerability" in referring to tenants with "special needs" (see DRC 2006a, p.12). This language stems from the Supporting People programme which provides "vulnerable people the opportunity to improve their quality of life by providing a stable environment which enables greater independence."[3]

Methodology

As noted above, the research has four key strands:
- A critical review of the literature
- An analysis of policies and procedures

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[3] Introduction to Communities and Local Government Website for Supporting People (http://www.spkweb.org.uk/), (last accessed 14/03/2007).

- A survey of social housing providers
- Consultation with key stakeholders

These are outlined briefly here. For a full description see Appendix, below.

Strand one: a critical review of published literature

Strand one formed the foundation of the review. A thorough, robust and methodical search was undertaken in order to identify literature relating to disabled people's experiences of harassment and anti-social behaviour within the social housing environment in Britain. The aim of the search was to generate as comprehensive a list as possible of literature which may be suitable for answering the key research questions. In order to identify all published literature pertinent to the review, we developed a search strategy that was sufficiently sensitive and broad to capture what is inferred by the core concepts contained in the main review question, namely: 'anti-social behaviour'; 'harassment'; 'disability'; and 'social housing'.

Strand two: Scrutiny of national guidance and local antisocial behaviour policy and procedures

This strand combines two key elements. First, a critical review of policy guidance issued by the Department for Communities and Local Government (and its predecessors), the Home Office, the National Assembly for Wales, the Scottish Executive as well as statutory national agencies, such as the Housing Corporation and Communities Scotland on the implementation of specific legal measures relevant to the research and the development of anti-social behaviour policy and procedures. Secondly, an analysis of a sample of individual policy and procedures from a range of RSLs and local authorities across the three countries.

Strand three: A survey of social housing providers

Complimenting stage two of the review, an online survey was distributed to a sample of social landlords in order to both collect valuable baseline evidence of current data collection and monitoring methodologies on disability used by social housing organisations as well as ascertain additional information on the level of training and awareness of disability issues among housing officers. The survey was distributed to 265 members of the Social Landlords Crime and

Nuisance Group (SLCNG) and, given that SLCNG does not cover Scotland, an additional sample of 20 Scottish landlords were selected for inclusion in the study. We also selected a separate sample of 30 social landlords who specialised in providing housing specifically for disabled people.[4] The overall response rate from 'non-specialist' providers was 25% (70) and 23% (7) from 'specialist' providers. This is not a large enough data set to provide detailed analysis, but it is large enough to be confident that the data is indicative of general trends.

Strand four: Consultation with key stakeholders
In order to test out the findings from the study with both disabled people, social landlords and other stakeholders, we held three focus group discussions as detailed below:

Focus group 1: 12 parents of young people and adults with Asperger Syndrome
Focus group 2: Nine disabled people with a range of visible and invisible impairments (some of whom were social housing tenants)
Focus group 3: Nine people including those responsible for the development of anti-social behaviour strategies, policies and procedures across both local authorities and RSLs in England, and a representative of a consultancy service providing anti-social behaviour related disability awareness training to social landlords.

Outline of report

In the remainder of the report we first set out in **Chapter 2** the legal framework within which social landlords operate when tackling anti-social behaviour. The particular impact of the Disability Discrimination Act 1995, ss.22 and 24 on the operation of that legal framework is then discussed, together with the relevant case law and the literature to which that case law has given rise.

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[4] These specialist providers were identified from lists provided by their regulatory body as specifically providing units for people with mental health problems, learning disabilities and people with physical or sensory impairments. Those identified as non-specialist providers may be housing those with such impairments, but were not identified as having housing specifically for this purpose.

Chapter 3 looks at the ways in which disability is dealt with by central government guidance on interventions to deal with anti-social behaviour, before moving onto consideration of how the policies and procedures of social landlords deal with it. Finally, in Chapter 3 we discuss a number particular issues: the monitoring of disability issues at both a national and local level and the provision of training and partnership working.

Chapters 4 and 5 consider respectively the evidence which is available on the extent to which disabled people may be either victims or perceived to be perpetrators of anti-social behaviour and harassment.

In the final **Chapter 6,** we draw together our conclusions and make some recommendations.

Chapter 2: Legal frameworks and literature

In this Chapter we examine the legal framework which governs the regulation of anti-social behaviour, before moving on to the provisions of the Disability Discrimination Act (DDA) 1995 ss.22 – 24. These place on landlords a specific non-discrimination duty in relation to their activities. These provisions have been subject to important decisions in the courts, which govern the way that social landlords operate.

The legal framework governing anti-social behaviour

The legal framework governing anti-social behaviour is extremely complex, particularly since, given the nature of the behaviour, there is inevitably a cross-over with criminal law provisions. In this instance our focus is social housing, so we have limited our discussion to the measures open to social landlords and a limited number of other measures open to local authorities or the police which also interfere with occupation of the home or conduct in and around the home.

Most tenants of social landlords in England and Wales have security under either the Housing Act 1985 (secure tenants) or the Housing Act 1988 (assured tenants). In Scotland, most tenants have a Scottish secure tenancy under the Housing (Scotland) Act 2001. All these statutory regimes make provision for tenants to be evicted in certain prescribed circumstances relating to instances of anti-social behaviour, providing the behaviour can be proved and that the relevant judge/sheriff considers that it is reasonable to make the order. The relevant Acts also make provision for tenants to be demoted to a lesser form of security as an alternative to eviction. In Scotland any such demotion must also be accompanied by the offer of some form of tenancy support.

In England and Wales social landlords have been given specific injunction powers to order both tenants and in certain circumstances non-tenants to cease to behave in an anti-social manner. In addition they may also seek to have a power of arrest and/or an exclusion order attached to the injunction.

Perhaps the most notorious legal measure has been anti-social behaviour order (ASBO), introduced in England, Wales and Scotland by the Crime and Disorder Act 1998. In England and Wales it has been possible, since their introduction, to obtain an ASBO against anyone from the age of 10 upwards, whereas in Scotland they were initially only available against adults. Since 2002 the power to apply for an ASBO has been extended in England and Wales to RSLs, and from 2007 ALMOs and Tenant Management Organisations are to be given the power to apply. In Scotland the relevant provisions are now contained in the Anti-social Behaviour etc. (Scotland) Act 2004. This Act extended the power to apply for ASBOs to RSLs, and also permitted applications to be made in relation to children from age 12 upwards.

It is also worth noting that, although not strictly a "legal remedy," many social landlords have also adopted the use of acceptable behaviour contracts or agreements. These are
> "a written agreement between an anti-social behaviour perpetrator and their local authority, Youth Inclusion Support Panel, landlord or the police.
> ABCs are usually used for young people but can also be used for adults.
> The ABC consists of a list of anti-social acts that the offender agrees not to continue and outlines the consequences if the contract is breached." Home Office website.[5]

A number of other powers are also relevant, these include dispersal orders used to prevent groups congregating in areas where there has been anti-social behaviour, and closure orders for premises used in connection with Class A drugs (England and Wales) or serious and persistent nuisance (Scotland).

Figure 1 provides a summary of the measures, noting the relevant legal provision, who is given the relevant power, and the different countries in which they operate.

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[5]   http://www.homeoffice.gov.uk/anti-social-behaviour/penalties/acceptable-behaviour-contracts/?version=1 (last accessed 16.3.2007).

Figure 1: Legal measures to tackle anti-social behaviour

Measure	Description	Legislation	Organisations which can use	Country of operation
Eviction	Evicting tenant from home. Order may be suspended on terms relating to the behaviour	Housing Acts, 1985, 1988, Housing (Scotland) Act 2001	Local authorities and RSLs	England, Wales and Scotland
Demotion	Demotion of a tenant with security of tenure to a lesser security which means the tenant can be evicted without having to prove grounds for possession.	Housing Acts 1985, 1988, 1996 (as amended) Housing (Scotland) Act 2001	Local authorities and RSLs	England, Wales and Scotland
Injunction	A civil order requiring a tenant or other person to desist from behaviour which is a nuisance or annoyance and which interferes with the landlords housing	Housing Act 1996, as amended	Local authorities and RSLs	England and Wales

	management functions.			
Anti-social behaviour order	A civil order preventing behaviour which causes "harassment, alarm or distress." Breach is a criminal offence.	Crime and Disorder Act 1998, as amended (E&W) Anti-social Behaviour etc. (Scotland) Act 2004	Local authorities, police, and RSLs	England, Wales and Scotland
Closure orders (Drugs)	A court order closing premises where they are used in connection with Class A drugs and there has been disorder or serious nuisance	Anti-social Behaviour Act 2003	Police	England and Wales
Closure orders (anti-social behaviour)	A court order closing premises for up to 3 months in cases of anti-social behaviour where it has been significant, serious and persistent	Anti-social Behaviour etc. (Scotland) Act 2004	Police	Scotland
Dispersal Orders	An order relating to a	Anti-social Behaviour	Police	England Wales

	particular area where there has been anti-social behaviour permitting the police to require groups to disperse and, in England and Wales only, giving them power to accompany young people home if found in the area after 9 p.m.	Act 2003 Anti-social Behaviour etc. (Scotland) Act 2004		and Scotland

The use of legal remedies

The use of the relevant legal powers by social landlords has been documented in a number of publications (see most recently Respect, 2007 in England and Wales and on ASBOs in Scotland, DTZ Pieda Consulting and Heriot Watt University, 2005) In general these publications indicate an increasing use of legal remedies by social landlords. Further where applications are made to court they are generally successful. Thus the National Audit Office reported that in England and Wales between April 1999 and June 2004 only 1.4% of applications for ASBOs were refused (NAO, 2006). It may be noted, however, that a higher level of rejection of applications occurs in Scotland, where 38% of applications are rejected (DTZ Pieda Consulting and Heriot Watt University, 2005). Success rates in possession cases in England and Wales are also high with over 80% resulting in either an outright or a suspended possession order, while 95% of injunction applications are also granted (Hunter et al, 2000).

The Disability Discrimination Act 1995

The use of legal remedies against tenants who are disabled is constrained by the DDA 1995, ss.22 – 24. For the Act to apply the disability must fall within the DDA definition (see further Chapter 1, above).

Section 22(3)(c) of the DDA 1995 provides that:

> "(3)   It is unlawful for a person managing any premises to discriminate against a disabled person occupying those premises—
>
> …
>
> (c)   by evicting the disabled person, or subjecting him to any other detriment."

Discrimination is defined in s.24, which also provides a "defence" to discrimination if the treatment is justified:

> "(1)   For the purposes of [sections 22 and 22A], a person ("A") discriminates against a disabled person if—
>
> (a)   for a reason which relates to the disabled person's disability, he treats him less favourably than he treats or would treat others to whom that reason does not or would not apply; and
>
> (b)   he cannot show that the treatment in question is justified.
>
> (2)   For the purposes of this section, treatment is justified only if—
>
> (a)   in A's opinion, one or more of the conditions mentioned in subsection (3) are satisfied; and
>
> (b)   it is reasonable, in all the circumstances of the case, for him to hold that opinion.
>
> (3)   The conditions are that—
>
> (a)   in any case, the treatment is necessary in order not to endanger the health or safety of any person (which may include that of the disabled person);

….”

As pointed out by Cobb (2006) it was not until 8 years after the passing of the legislation that the impact of the DDA on the capacity of social landlords to take action against disabled people became apparent. This followed the publicity for the case of *North Devon Homes v. Brazier* [2003] EWHC 574; [2003] HLR 59. This High Court decision was then quickly followed the next year by a Court of Appeal decision in *Manchester City Council v. Romano* [2004] EWCA Civ 834; [2004] H.L.R. 47. Cobb (2006) continues that the litigation in the *Brazier* case*,* where the social landlord was unable to obtain possession because of a failure to consider the implications of the tenant's disability, came as a "considerable shock to social landlords who had apparently failed to appreciate the impact of the DDA upon housing management before this point."

The effect of the decision in *Romano,* however, was to limit the practical impact which the Act might have. In *Brazier,* discrimination was found to occur where a tenant, whose behaviour is caused by the disability is treated in a different way from a person without that disability and who would accordingly not act in the same way. This was followed in *Romano,* but the Court of Appeal made it relatively easy for landlords to justify the discriminatory treatment. This is because the Court of Appeal took a wide view of the meaning of health, so that the impact of any behaviour is likely to make the less favourable treatment necessary in order not to endanger the health of any victim of the anti-social behaviour.

Section 22(3)(c) applies to persons managing premises in relation to possession action or subjection to "any other detriment". In *Romano,* the Court of Appeal indicated that although sending a warning letter to a tenant is not subjecting him to a detriment, once the possession process is initiated by the service of a notice of seeking possession the DDA is brought into play. It is also suggested that obtaining an injunction also falls within the definition of "detriment". The Court did not consider whether entering into an acceptable behaviour agreement or seeking an ASBO would also qualify, and there must be some doubt about these. An acceptable behaviour agreement may not fall within the definition of a detriment. Further it may be argued that in both the case of an agreement and an ASBO the landlord is not acting as a person managing premises, but in a wider

community safety role. None of these questions, have, however, been tested in the courts.

The response to the decision in *Romano* in the legal press was a number of articles which gave practical guidance on how social landlords should respond (see e.g. Marsh and Bhaloo, 2005, Murdoch, 2004, Arden, 2004). Typical of this is the guidance in Marsh and Bhaloo, (2005, p.159) which recommends that landlords should go through a series of steps which should be carefully documented when the decision to take action is made "so as to ensure that it can be objectively justified." They continue that "the following points must be dealt with:

- o In making the decision whether or not to proceed, explicit consideration must be given to the question of whether or not the prospective defendant is suffering [sic] from a disability, whether by virtue of mental health problems or otherwise.

- o A view needs to be formed about whether or not the prospective defendant has the capacity to understand the nature of the proposed proceedings and the order which is sought. If it is concluded that such an understanding exists, then the basis for that belief needs to be spelt out in the record of the decision taken.

- o A view needs to be taken about whether or not the prospective defendant's behaviour (whether it be noise nuisance, threats, criminal activities, and so on) is symptomatic of a disability. If the prospective defendant may have mental health issues, and the behaviour complained of does not appear to relate to, or be symptomatic of, any disability, that should be noted.

- o Even if the prospective defendant has a disability, and the behaviour complained of is symptomatic of such a disability, the action can be justified by reference to the effect of the prospective defendant's behaviour on other residents and the health or safety of other persons. Such effects on third parties need to be analysed and recorded and not just assumed."

None of the literature which has explicitly considered the impact of the decisions in *Brazier* and *Romano,* however, gives any indication of the number of cases it affects or whether social landlords have taken on board this advice.

Our own survey of social landlords asked landlords how frequently in the last 12 months they had considered the application of the DDA. All had done so at least once, and just over half had done so more than 6 times (see Graph 1). This indicates an awareness of the applicability of the DDA amongst social landlords, and that it is not an uncommon occurrence for landlords to be considering its application. We do not have any evidence, however, as to the proportion of cases to which it is applied or the affect of its consideration.

Graph 1: No of cases in which DDA had been considered in past 12 months (all landlords: n=77)
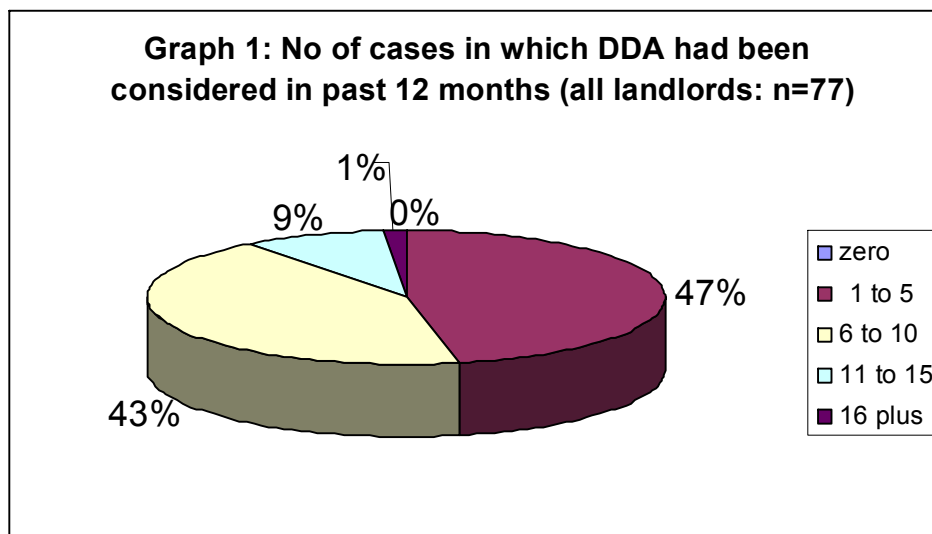
The majority of landlords (79% of non-specialist providers) reported applying the same criteria to cases involving ASBOs or ABCs. Although the majority of organisations were still likely to consider ss.22 and 24 in at least some cases that involved ABCs or ASBOs; over one fifth of non-specialist providers (21%) reported never having done so.

Conclusion

There is a wide range of legal action which may be taken to combat anti-social behaviour and harassment. The evidence would suggest

that in most cases when a legal order is sought it is granted. However, in some instances social landlords may, prior to taking such action, consider whether the prospective defendant is disabled and the applicability of the DDA 1995. At the moment there is no evidence as to how this affects decision-making by landlords, although the evidence from our own survey is that it is relatively regularly considered by them, with over half of landlords having considered it more than five times in the previous 12 months. In relation to ABCs and ASBOs although it has been applied by some social landlords to their decision-making the evidence is that this happens less frequently.

There is no evidence as to whether non-housing organisations in considering the use of ABCs or ASBOs or other remedies regularly consider the application of the DDA.

Chapter 3: Disability in national guidance and local policies and procedures

The continuing political and policy interest in anti-social behaviour has meant that there is a large range of government guidance which is now available about how agencies should tackle anti-social behaviour and use the legal remedies which are now available. Further social landlords in England and Wales, and local authorities in Scotland are under statutory obligations to publish policies and procedures or strategies in relation to anti-social behaviour. This provides an opportunity to review how disability is treated in these documents.

National Guidance

Housing – England and Wales
Section 218A of the Housing Act 1996 (inserted by Anti-social Behaviour Act 2003, s.12) imposed on landlords who are local housing authorities and RSLs a requirement to prepare a policy in relation to anti-social behaviour and procedures for dealing with occurrences of anti-social behaviour. A statement of these must be published by the landlord. The requirements came into effect on June 30, 2004 in England and April 20, 2005 in Wales.

In England guidance on policies and procedures was issued by what was then the Office of the Deputy Prime Minister in 2004 (ODPM, 2004). At the same time the Housing Corporation issued Guidance for RSLs (Housing Corporation, 2004). Both the ODPM and the Housing Corporation's guidance on developing anti-social behaviour policy states that it must be compatible with the obligations imposed by the DDA 1995.

Under the heading "rehabilitation of offenders", the Housing Corporation document suggests that RSLs should ensure
> "that people who already feel stigmatised (e.g. people with mental health problems) are treated fairly and equitably when allegations of anti-social behaviour are made. Bear in mind the impact of the DDA 1995."

The ODPM Guidance offers some advice on support for "vulnerable groups", whether they are perpetrators or victims of anti-social behaviour. The Guidance specifically identifies in this section anti-social behaviour that is a direct or indirect consequence of one or more of the following factors: drug use, alcohol use, mental health or disability. (It is noticeable how mental health is often identified separately from "disability"). The advice focuses around offering tenancy support from specialised services from an early stage. In no case, however, does the advice give detailed guidance on the particular needs of disabled people, including people with mental health problems or on the application of the DDA.

Due to its later publication, the Welsh guidance (Welsh Assembly Government, 2005) is the only document to mention the Disability Discrimination Act 2005 which amended the Act of 1995, placing a duty on public sector authorities to address harassment and discrimination and promote equality for disabled people in all their duties (see Chapter 1). Social landlords are instructed to ensure that policies are sensitive to the needs of disabled people and to allow for any required adjustments in dealing with anti-social behaviour which may be the result of a person's disability, and to involve specialist professionals to establish whether any anti-social behaviour is as a result of a disability and to recommend the necessary support or intervention. As with the English guidance, this states that the policies drawn up should comply with the DDA.

The ODPM, the Housing Corporation and Welsh Assembly Government advise on consultation with a range of stakeholder groups in addition to residents prior to drawing up the strategy. In each case these groups include people with disabilities.

Scotland
In Scotland, under the Anti-Social Behaviour etc. (Scotland) Act 2004, s.1, the legal requirement is placed on every local authority, together with the relevant Chief Constable, to prepare, publish and review a strategy for dealing with anti-social behaviour in their council area. There is no specific provision applying to social housing providers, although many do have their own policy and procedures in practice. The Scottish Executive has issued guidance to local authorities

(Scottish Executive, 2004a) on drawing up their anti-social behaviour strategies. There is little mention of disabled people in this guidance.

Consultation with vulnerable people, including disabled people, and including both children and adults with mental health or learning difficulties, is recommended when drawing up an anti-social behaviour strategy. The experiences of vulnerable people should be heard and proposed solutions fed into the strategies. Readers are referred to the Children in Scotland website for information about consulting with disabled children, but there are no recommendations made about consultation with adults.

No guidance is given on ways of dealing with issues that may arise when dealing with people with disabilities who are either victims or perpetrators of anti-social behaviour.

ASBO Guidance
Statutory guidance on the use of anti-social behaviour orders has been issued in England and Wales by the Home Office (2006), and in Scotland by the Scottish Executive (2004b). The Scottish Guidance (Scottish Executive (2004b), provides at para. 28 that:

> "it would not be appropriate to use an ASBO where an individual cannot understand the consequences of their actions. For example, it is highly unlikely that an ASBO would be the most appropriate means to address the behaviour of an individual with autistic spectrum disorder or any disability or other developmental or medical condition which is considered to cause their behaviour. Where an individual has such a condition, or it is suspected they may have such a condition, advice should be sought from medical experts or other bodies with expertise in the area on support which is available. Authorities should also take account of local support strategies for people with particular needs – such as individuals with attention deficit hyperactive disorder (ADHD) or addiction problems - and other relevant guidance on supporting people. This does not preclude the possibility that an ASBO may be used, but the wider circumstances and support being made available should be fully considered. Decisions will need to be taken on a case-by-case basis."

The Guidance also points out that those subject to prejudice, including disabled people, are more likely to be victims of anti-social behaviour (without citing any evidence). Advice is also given on how local authorities and other social landlords should respond to complaints of anti-social behaviour. This includes (para. 88):

> "- establish the facts, taking great care when investigating complaints to avoid the possibility of discrimination/victimisation on the grounds of age, race, sex, sexual orientation, disability or religion.
> …
> - consider whether the behaviour was reasonable in the circumstances. Give consideration to the wider circumstances. For example, does the person have a disability, medical or developmental condition which affects their behaviour?"

The most recent Home Office Guidance was issued in August 2006 (Home Office, 2006), and makes clear reference to the new requirements in the DDA 2005, and refers readers to Guidance from the Disability Rights Commission. It does not, however, give much detailed guidance on how practitioners should apply this in dealing with complaints relating to anti-social behaviour. In the context of parenting orders being made where an ASBO is sought against a child, it states at p.41 that:

> "Where the parent or child has a disability, a practitioner with specialist knowledge should be involved in the assessment process to help establish whether the behaviour is a result of disability and whether it could or should be addressed."

There is also some Guidance on the treatment of vulnerable witnesses which may include those with a disability.

Social landlords' views on guidance
While in theory government guidance appears to recognise the importance of taking into account the impact that disability may have in determining effective and equitable interventions, in practice social landlords remain unclear about exactly how they are expected to do this. The evidence from the survey suggests that over two-thirds of landlords (69%) felt there was a lack of clear national guidance on

how to address the needs of disabled people (as victims or perpetrators) in anti-social behaviour cases. The focus group with housing providers also expressed the view that current guidance is inadequate and that landlords needed help to develop their confidence in dealing with disabled people, and routes for drawing in assistance.

Graph 2: Is clear national guidance available to social landlords on how to address the needs of disabled people (victims or perpetrators) in anti-social behaviour cases?
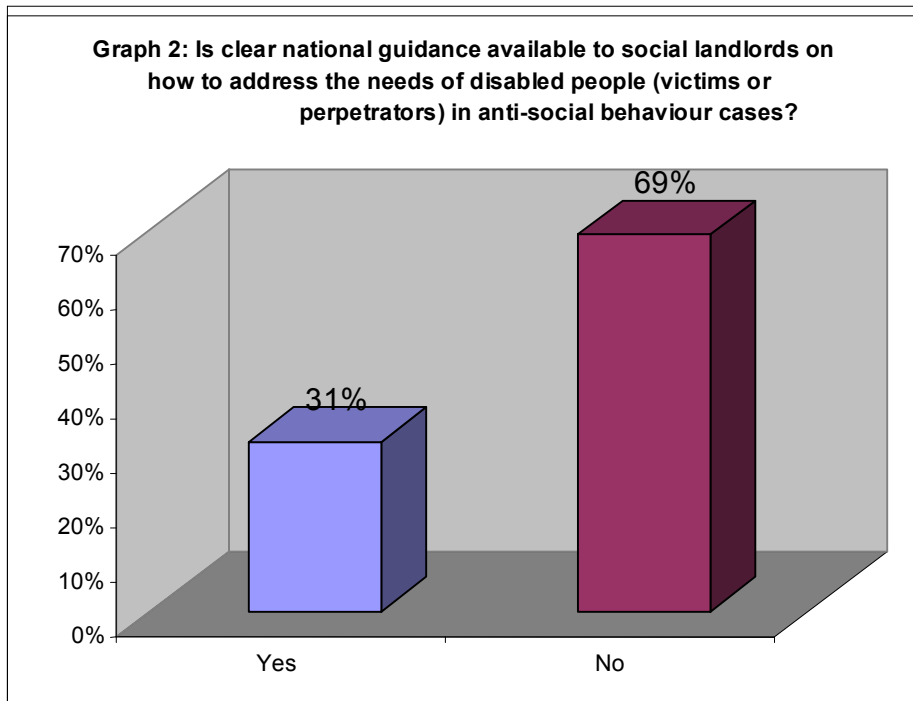
Local policies and procedures

We found no evidence of any research which has systematically studied the contents of local authority and housing association policies and strategies for references to disability. Accordingly in this section we can only draw on the limited data collected for this study.

The survey of social landlords indicates that many organisations recognised that there were gaps in their policies and procedures, with RSLs the least likely to consider their policy or procedure was adequate to deal with disabled persons who report anti-social behaviour (see graph 3), and just over half of all organisations reporting that they had no policy or procedure for dealing with disabled perpetrators.

Graph 3: No of organisations who considered they had no policy or procedure for dealing with disabled people who report or are accused of anti-social behaviour

	No clear policies and procedures for dealing with disabled people who perpetrate ASB	No clear policies and procedures for dealing with disabled people who report ASB
RSL	58%	61%
LA	54%	45%
ALMO	56%	44%
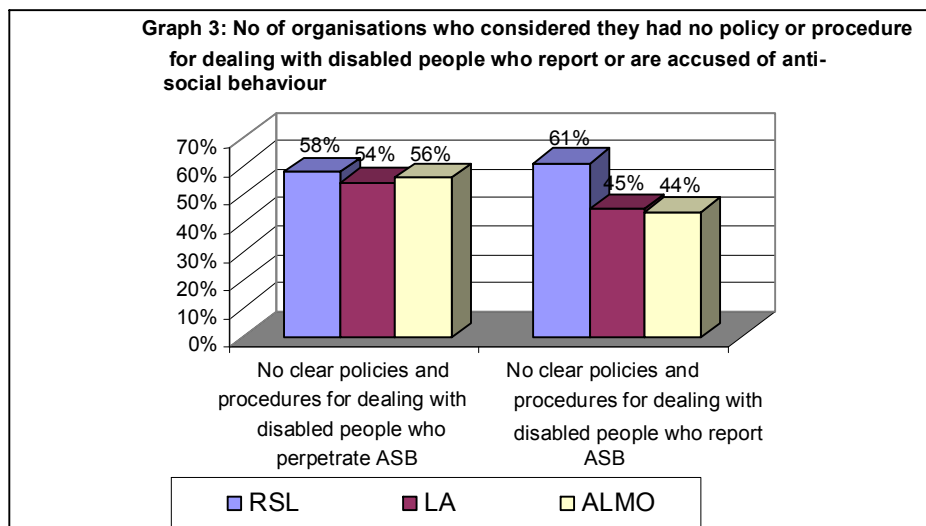
Even where organisations did have a policy on anti-social behaviour and disabled people, nearly three-quarters of non-specialist providers (70%; 49) stated that disabled people had not been involved in the formulation process. It was suggested at the focus group with social housing providers that this may be changing. Many social landlords are now, in the light of the DDA 2005, looking to involve disabled people more actively in consultation processes.

These new processes may improve the position revealed by the survey that a high proportion of non-specialist organisations (71%) made no attempt to obtain evidence on how disabled tenants viewed the anti-social behaviour policies and practices of their organisation: see graph 4.

Graph 4: Is evidence gathered on how disabled tenants view the ASB policies and practices of the housing organisation?

Non-specialist providers (yes) 29% {20}

Non-specialist providers (no) 71% {50}
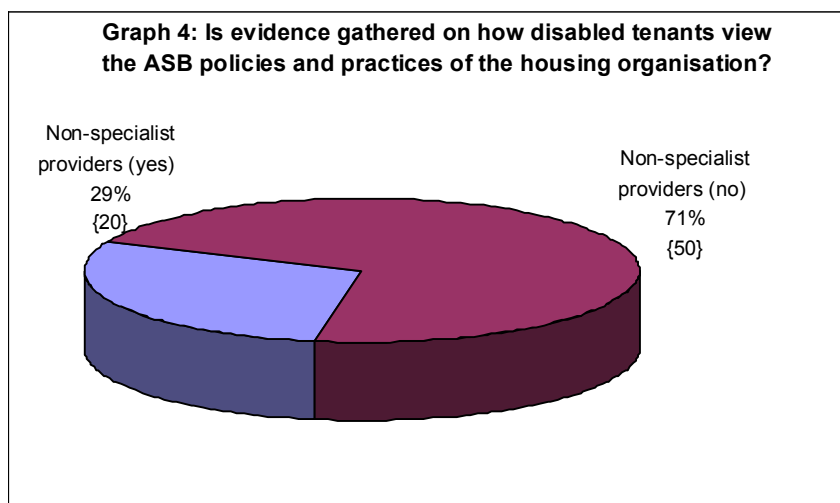
Policies and Procedures – Documentary Analysis

In addition to the survey, a documentary analysis of policies and procedures was undertaken. In most cases these were obtained from web-sites, although in a number of instances where web-site copies of policies were not available researchers sought paper copies (see further Appendix on methodology). The limitations of this method of obtaining policies and procedures must be acknowledged, as more detailed documents may be held internally by organisations which are not publicly readily available. Nonetheless the publicly available documents do give a useful indication of how disability is dealt with in social housing organisations. It was however, pointed out by focus group participants and by respondents to the survey that many social landlords are currently undertaking or planning to undertake a review of their policies and procedures before the end of the year, in line with the statutory requirement in England and Wales to review the policy and procedure from time to time, so these findings may change over the next 12 months, particularly in the light of the requirement under the Disability Equality Duty for public authorities to assess the impact of their activities on disability equality.

The policies of 20 English local authorities, 10 Scottish authorities and 6 Welsh authorities together with 18 English, 7 Scottish and 8 Welsh RSLs were analysed to evaluate the extent to which they address the issue of anti-social behaviour with regard to disabled people, either as victims or perpetrators, whether they are sensitive to

the needs of disabled people and how far they are consistent across different organisations.

The key outcomes are summarised in Figure 2.

Figure 2: References to disability in anti-social behaviour policies and procedures

	England		Scotland		Wales	
	LA (n=20)	RSL (n=18)	LA (n=10)	RSL (n=7)	LA (n=6)	RSL (n=8)
Some reference to disability	10	9	10	7	3	5
Explicit statement of compliance with DDA	4	6	0	2	2	2
Highlight disabled people as potential victims of anti-social behaviour	6	13	4	4	4	2
Refer to support for vulnerable, including at least mentally ill people	8	8	1	3	6	6

All the documents in Scotland, but a disappointingly lower proportion in England and Wales make some reference to disability. Of the authorities mentioning disabled people somewhere in their documents, disability is usually used as a generic term and there are no definitions of who is included in this category, and consequently it is difficult to tell whether it covers the full range of impairments. The issue of mental illness is often referred to, usually as a separate issue from disability, and is cited as a vulnerability which could cause or exacerbate anti-social behaviour. Few documents mentioned people with learning disabilities.

As can be seen from Figure 2, it was not uncommon for policies to highlight harassment of disabled people as a possible anti-social behaviour issue which would need to be addressed. A smaller number of policies highlighted the fact that malicious complaints may be motivated by the complainant's prejudice towards an alleged

perpetrator for a number of reasons, including disability, of which Southend-on-Sea and Blackburn with Darwen were examples. Southend is also the only authority to specify and fully quote the section of the DDA (s. 22(3), see Chapter 2) which is applicable to anti-social behaviour complaints. It acknowledges issues which might arise for people with disabilities both as victims and perpetrators of anti-social behaviour, stating that in the case of victims:

> "It is important to take a sensitive and victim-orientated approach when responding to complaints of harassment made by such vulnerable groups and recognise that some people may not be in a position to make their concerns readily known to the Council."[6]

Many of the documents mention issues around dealing with vulnerable people; definitions of this group often do not include all disabled people, but do always include those with mental health problems. Mental illness, or the social exclusion it results in, is cited in some strategies as a possible cause of, or reason for, the anti-social behaviour, such as in the 'Statement of Anti Social Behaviour Policy and Procedures' for Richmond-upon-Thames[7] and the North Lanarkshire 'Antisocial Behaviour Strategy 2005 – 2008[8]. Camden Borough Council also acknowledges that disability or mental health issues could result in behaviour that is viewed as anti-social, stating that:

> "Sometimes the person causing the nuisance may suffer from illness or vulnerability that is causing nuisance to others. In other cases the complainant may be suffering from mental illness that may be causing them to make fictitious complaints or exaggerated complaints against their neighbours. In such cases, it may be appropriate to involve other agencies in order to tackle the incidents of nuisance. Consider a referral where

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[6] Southend-on-Sea Borough Council Social Care Department Housing Services. *Policy on Anti-social Behaviour.*
[7] Kingston upon Thames Borough Council. *Statement of Anti Social Behaviour Policy and Procedures.*
[8] North Lanarkshire Council. *The North Lanarkshire Antisocial Behaviour Strategy 2005 – 2008*

the agency is then able to take action or, more usually, where multi-agency work can jointly bring about a solution."[9]

This recommendation is echoed in many of the strategies. In line with the ODPM guidance, measures of support for people suffering from harassment, in the form of assistance from other agencies, are mentioned in many of the documents. All of those which mentioned any guidance for dealing with vulnerable people recommended bringing in support from other agencies, which are usually listed within the policy and include social services and mental health teams. In the majority of cases there is little elaboration on this advice. However, some authorities do outline procedures which should be followed in more detail. For example, in addition to the above statement Camden's strategy outlines procedures for setting up initial support for vulnerable tenants, the process and agencies involved, and also guidance on who to contact and the legal position when dealing with a complaint of anti-social behaviour either by or against a vulnerable person, together with details of support teams and methods of referral.

Refrewshire Council list the following support provisions available to assist with addressing the behaviour of perpetrators:

> "providing residential support for those perpetrators needing close intensive support, placing people in suitable accommodation and adopting a problem solving/case conference approach where all relevant agencies are involved in assembling a package of services, for example mental health, drugs and alcohol services, to overcome underlying personal problems."[10]

Ceredigion's policy states that specialist practitioners will be consulted to ensure that the needs of the individual are met in the case of anyone with a disability being either the perpetrator or victim of anti-social behaviour. Aberdeen's strategy is the only one to state that behaviour arising *solely* from a medical or development condition or a mental disorder will not be viewed as anti-social behaviour.

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[9] London Borough of Camden April (2005). *Nuisance Guidelines.*
[10] Renfrewshire Council. *Renfrewshire Anti-social Behaviour Policy 2005-2008.*

Registered social landlords also tended to refer to "the vulnerable". This category always includes people with mental health problems, but does not always mention people with disabilities and only one specified learning disabilities. As with the local authority policies, where measures of support are outlined it is in the form of support from other agencies which are listed in the policy. This is generally a very brief outline but a minority of policies do go into much further detail.

Bristol Churches, part of the Places for People Group, states that:

> "In certain situations it may be appropriate to tackle an anti-social behaviour issue by supporting the perpetrator to address and change their behaviour. This may be the appropriate course of action where the perpetrator has dependence issues (drugs or alcohol), mental health or disability issues."[11]

The policy identifies dependency and disability issues and the support options available to deal with them. It outlines information that should be kept on file and questions that should be asked of any alleged anti-social behaviour perpetrator. It includes definitions of mental illnesses, departments and agencies available to provide support and detailed options for treatment and referral along with a step-by-step guide to dealing with an anti-social behaviour case involving mental health issues and the associated legal information. Helena Housing outlines a range of agencies to which vulnerable clients, including those with disabilities or mental health problems can be referred and outlines a basic procedure when dealing with anti-social behaviour issues regarding vulnerable people.

As with some of the local authority policies, some RSLs also address the issue of disabled people and people with mental health issues behaving in a manner that may be construed as anti-social. Knightstone's policy states that:

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[11] The Places for People Group. *Policy and procedure guidance manual anti-social behaviour.*

"Some vulnerable people may cause a disturbance without realising the consequences of doing so. Being vulnerable does not mean people cannot take responsibility for their actions; however their personal circumstances or ability may mean that they need help to live in a socially acceptable manner."[12]

This quote is interesting because it still places responsibility on the disabled person and does not recognise that the person because of his/her impairment may be challenged by particular aspects of the environment around him/her and that an assessment of what is happening around him/her should also be carried out. The policy does, however, stress the importance of carrying out a support needs assessment when dealing with all vulnerable people and also provides a step-by-step procedure to follow.

Most of the recommended actions are designed to address issues of anti-social behaviour either perpetrated or experienced by disabled people once incidents have occurred. Some authorities, such as the Derbyshire partnership, do mention preventative work in order to avoid such problems arising. However, advice was scant, with housing staff in Derbyshire being instructed to: "*Ensure the protection of vulnerable adults and children by encouraging staff to be alert to behaviours or action which place vulnerable people at risk and to report such actions.*"[13] East Dunbartonshire's policy acknowledges mental ill health as a possible contributory factor in anti-social behaviour among young people and recommends preventative work through a partnership approach at an early stage to address this.

Overall there is very little advice given by local authorities on dealing with issues of anti-social behaviour with regard to disabled people. What there is concentrates around the awareness of harassment of disabled people as an anti-social behaviour issue, and the importance of bringing in support measures from other agencies when dealing with vulnerable people, as recommended by the English and Welsh national guidance. For RSLs, as with local authorities, overall there is little specific mention of people with disabilities in the documents, although there was a lower percentage

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[12] Knightstone H.A. Ltd. *Anti-Social Behaviour Policy.*
[13] Derbyshire County Council. *Anti-social Behaviour Protocol.*

of policies which did not mention anything at all. There was also much fuller guidance found in a small number of policies than was present in any of the local authority documentation.

Monitoring

None of the national Guidance mentioned above specifically addresses the issue of monitoring for disability. Yet in relation to other factors such as race, we know how important it is for organisations to monitor issues in order to ensure that discrimination is not occurring (see Commission for Racial Equality website[14] and see DRC (2006b) on gathering information in relation to disability).

At a national level no monitoring is undertaken regarding the disability of those against whom action is taken under the legal measures outlined in Chapter 2. The Home Office does not collect data on the full range of interventions to tackle anti-social behaviour due to the range of agencies involved and informal nature of some of the interventions. Data is collected through the Crime and Disorder Reduction Partnership Survey and on Dispersal Orders through the Annual Data Return. Warning letters and ABCs are considered to be informal interventions not suitable for formal central collection.

The Home Office does collect data on ASBOs. With regard to the number of ASBOs issued, official Home Office statistics are derived from the data collected by the court service and reported to the Home Office. Magistrates' courts committees collate data from individual magistrates' courts within their areas and forward copies of the orders together with monitoring forms to the Home Office's Data Collection Group on a quarterly basis. In addition and following the Police Reform Act 2002, data on ASBOs, along with copies of the orders, are sent by county courts directly to the Home Office's Data Collection Group on a rolling basis (Brogan, 2005).

Data collected and compiled by the Home Office for statistical purposes only identifies the total numbers of ASBOs issued by each local authority together with the ASBO recipients age and gender and does not record any additional personal details/circumstances

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[14] http://www.cre.gov.uk/gdpract/monitoring.html (last accessed 16/3/2007)

including ethnicity and disability. As such, there is no way of determining the numbers of disabled people issued with ASBOs or therefore assessing whether disabled people are disproportionately being issued with ASBOs[15]. The limitations of the government's routine monitoring arrangements have been highlighted in a report produced by NAPO:

> "Although brief details of each ASBO are sent to the Home Office after they have been granted, it is of extreme concern that there is no routine monitoring of ASBOs by race or condition. Indeed there is no data on the number of orders issued in respect of individuals who have mental ill health, neurological conditions, or where the anti social behaviour is itself not imprisonable" (NAPO, 2005).

Further reflecting this, in response to a parliamentary question in July 2005 about how many anti social behaviour orders have been made in respect of children who suffer from (a) Tourett's Syndrome, (b) autism and (c) Asperger's Syndrome, the then Minister with responsibility for crime reduction, policing, community safety and counter-terrorism, Hazel Blears stated that "information is not collected centrally about the characteristics of persons issued with an anti social behaviour order" (cited in NAPO, 2005).

In Scotland the first report from a three year monitoring programme of ASBOs, considers the age and tenure of those receiving ASBOs, but does not include any information in regard to disability (see DTZ Pieda Consulting and Heriot Watt University, 2005).

In relation to housing in England neither the DCLG nor the Housing Corporation collects details of legal action taken. Data on the number of possession actions taken is available from the Department for Constitutional Affairs and the Housing Corporation also collects figures on notices issued, cases entered in court and evictions implemented through their annual Housing Strategy Statistical Annex returns. None of this however provides details on the nature of those against whom action is taken. In Scotland similar returns on evictions

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[15] Similar concerns about the lack of monitoring data on the impact of ASBOs on BME groups has been raised (Isal, 2006).

are made to the Scottish Executive (local authorities) and Communities Scotland (RSLs) but again, these do not descend to detail regarding disability. Eviction levels are also reported to the Welsh Assembly Government in Wales, but again with no greater level of detail.

Requirements to provide data to central government are a good way to ensure that it is collected. Nonetheless it may be that at a local level such monitoring is taking place. As part of the survey we asked social landlords if they routinely monitored certain types of information about both complainants and perpetrators, including disability.

Graph 5: Data collected by social landlords on complainants and alleged perpetrators of anti-social behaviour
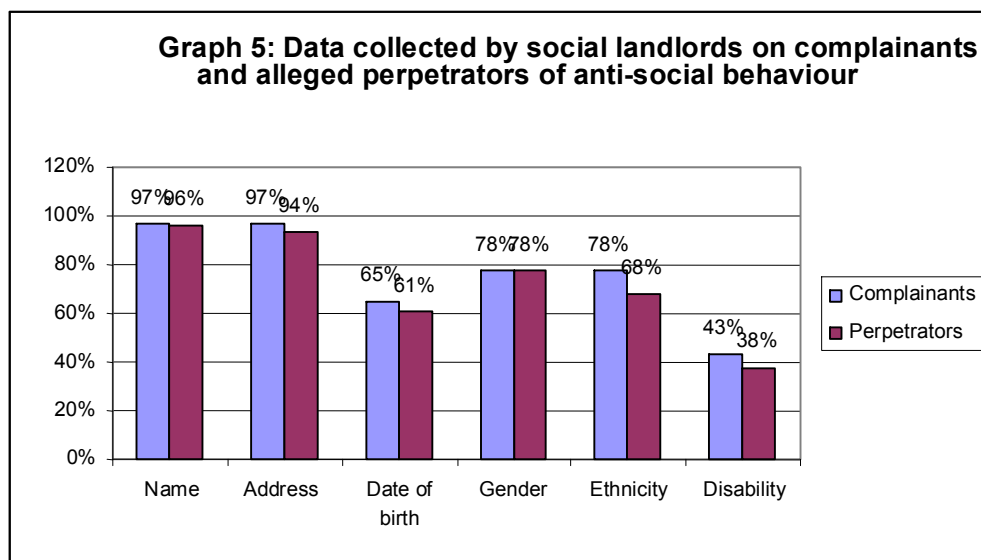
As Graph 5 illustrates, disability is monitored by less than half of landlords and this issue was explored in greater depth in the landlord focus group. The general feeling was that landlords were investing much more effort in finding out who their "customers" are and this included whether tenants and members of their families are disabled. Although the focus groups provided evidence that some landlords do routinely record information about tenant's disabilities, this data is rarely if ever, linked to the systems used for managing anti-social behaviour.

Participants in the focus group also indicated that staff often found it difficult asking questions of both victims and perpetrators relating to

disability – e.g. officers found if embarrassing or awkward. There were also questions raised about how useful the information was. In Kirklees where they had set up 3rd party reporting centres for disabled victims, they had used victim led definitions of disability, but were now considering adding to this certain specific types of disability which those reporting could fit the reported impairment into.

Disability training and awareness and partnership working

One element of any policy and procedure is the training of staff, and thus e.g. the ODPM Guidance (2004) states the landlords' policies should provide details of training programmes in respect of ASB. No detail of what should be included in such programmes is, however, included. In the light of the evidence regarding the problems of many involved in anti-social behaviour (see further Chapter 5), the National Audit Office (2006) has recommended that training should be made available to organisations that carry out anti-social behaviour interventions but have limited experience of dealing with people with complex needs. Indeed, attitudes of police officers, housing officers and others play an important role in bringing about an effective and non-discriminatory response when people with learning difficulties and/or mental health problems are accused of anti-social behaviour. Housing staff (together with other practitioners) therefore need to be sufficiently trained to ensure they are well-informed about a range of impairment types and can adjust their policies and practices to meet the needs of disabled people.

There has been no direct research on the disability awareness training of housing staff dealing with anti-social behaviour. Some parallels may be drawn, however, with what is known about the criminal justice system. Research indicates that many of the potential problems facing disabled people in the criminal justice system stems from the police not recognising that a person has a learning difficulty or bracketing together people with learning difficulties and people with mental health problems (see Chapter 4). For those who are accused of an offence, research indicates that this lack of awareness among police officers, may put somebody with a learning difficulty who is accused of an offence at a disadvantage particularly during a caution or interview situation (Littlechild and Fearns, 2005; Sharpe, 2001; Gendle and Woodhams, 2005). This was also highlighted in our focus

groups of parents with children who had Asperger Syndrome. Parents felt that they often have to educate criminal justice services about Asperger Syndrome to ensure they receive justice.

Our research indicates that staff in some housing organisations might not have the necessary knowledge and are not adequately supported by other agencies to ensure that disabled people involved in anti-social behaviour (whether as victims or perpetrators) are dealt with in an appropriate and equitable manner. In our survey of social landlords, 70% claimed to provide housing officers who deal with anti-social behaviour with some type of disability awareness training. Although this appears encouraging and indicates that a majority of social landlords provide disability awareness training to staff, the contents and utility of this training must be considered. Research by Mencap (1997) suggests that only 35% of police forces offer initial awareness training that focuses specifically on people with an intellectual disability. Only 26% thought that this training was good. Importantly, nearly three quarters (71%) thought that the training they had received had not helped them in dealing with people with learning disabilities and only 11% had received further training.

Discussion in the focus group highlights that similar problems may be endemic in housing as participants pointed to inadequate training around disability issues for housing staff together with lack of direction and guidance from the Government. This lack of training was described by one as a "massive hole". Possibly indicative of this, only half (52%) of all social landlords surveyed claimed to carry out full assessments of the support needs of disabled people accused of anti-social behaviour, with 34% stating that housing officers did not have access to staff with appropriate expertise when dealing with a case that involved a disabled person. Perhaps going some way to explaining the reasons for and implications of these findings, key (overlapping) issues raised in the landlord focus group around lack of training coalesced around the following: difficulty in trying to determine whether anti-social behaviour is a symptom or manifestation of a person's mental health problem; lack of confidence and expertise to make judgements about underlying causes of anti-social behaviour; fear of making inappropriate assumptions; reluctance to ask people to undergo psychiatric assessments; dealing with behaviour that can feel intimidating.

The Guidance from the different national administrations all stresses the need for partnership working. Indeed the local policies and procedures considered above all made reference to the need for partnership working, mostly in the context of providing support for "vulnerable" people. Of the 66% of survey respondents who did state that housing officers have access to staff with appropriate expertise when dealing with a case that involved a disabled person, respondents listed a range of professions which they work with including dedicated assessment officers/teams, community psychiatric nurses, educational welfare officers, child psychologists, social service, occupational therapy services, voluntary agencies dealing with specific disabilities/impairments, support groups among others. Moreover, 97% of all providers did indicate that they work with other agencies to support disabled tenants who for an impairment-related reason behave in a manner that is perceived as anti-social. Some survey respondents indicated that they had excellent relations with other agencies or were able to provide support internally:

> "Dependant on whether it is physical or mental health issues. We routinely work with specialist health care providers in the area and GP's to assess whether their anti-social behaviour is as a direct result of their disability"

> "we have our own in-house support team so following on from home visit assessments we liaise together to arrange the most suitable support and also do lots of multi agency working with other agencies to ensure that every aspect is covered"

While these findings are encouraging, in light of our consultation exercise, we would suggest that this statistical indication of proactive and widespread partnership working might not reflect the reality 'on the ground.' First, focus group participants expressed a concern that they are not aware of, and would therefore like, up-to-date information about specialist provision that is available to support people with different impairment types so they can ensure that the best support is being tapped in to. Second, the stringent referral criteria of some specialised services were also reported as being problematic. For instance, participants suggested that mental health services tend to work only with people who have a mental illness, sometimes to the exclusion of people with certain conditions such as

ADHD, while drug/alcohol misuse teams will work with people who have an alcohol or drug use problem, and there is a perceived unwillingness to support disabled tenants with combined problems. Third, participants reflected on the diverse responsibilities that now fall within the remit of housing providers including not only housing management functions but community safety, crime prevention and welfare support roles, particularly since the advent of care in the community. This means that social landlords are required to work in partnership with other welfare support agencies.

Be that as it may, housing staff explained that they are not seen as "equal partners in care" and, as a consequence, find it difficult to carry out 'caring' and 'welfare support' tasks as they are often not able to build effective working relations with other agencies and therefore access appropriate support for disabled perpetrators or victims of anti-social behaviour. Indeed, participants described having to "squeeze" themselves into care plan meetings and only being formally invited in extreme cases where an eviction may be imminent. While, housing staff acknowledged a need for improved relations with other agencies, members of the focus group problematised the extent to which they are increasingly being asked to become "experts in all roles" and raised an important question regarding what the correct level of training is for housing staff around issues of disability and to what extent *can* and *should* housing providers be expected to develop an expertise in diagnosing and supporting disability.

Conclusions

There does appear to be a growing awareness of disability issues amongst social landlords, although its impact in relation to anti-social behaviour has not yet become clearly apparent. At a national level, although disability is generally mentioned in the various Guidance documents, this has not proved to be in the level of detail to assist landlords in translating this into detailed policies and procedures on the ground. Some landlords have developed very detailed guidance for staff in tackling this issue, although we are unable to say how well this translates to improved practice on the ground. For many, however, there needs to be further development. This will need to include clear policies on monitoring, which could be encouraged by the central collection of data on disability.

Training and partnership working are identified as two important aspects of anti-social behaviour policy and procedures including specifically in relation to disability issues. As the findings from the survey suggest and as our discussion group made clear, some social landlords are trying to address the area of disability and anti-social behaviour by: introducing/attending specialised training programmes; devising information gathering and monitoring procedures; working in partnership with other agencies to develop strategies to respond to allegations of anti-social behaviour by disabled people. While there are some landlords who are responding very positively to issues of disability relating to anti-social behaviour, there is no systematic evidence suggesting how effective training is for officers nor on the effectiveness of partnership working.

Chapter 4: Evidence on disabled people as victims of anti-social behaviour and harassment

In this section we examine the evidence which is available on the extent to which disabled people may be victims of anti-social behaviour and harassment. Although our internet search revealed a large amount of anecdotal evidence suggesting that disabled people are subjected to disproportionately high levels of harassment and anti-social behaviour in a variety of settings, historically there has been very limited systematic recording of the amount of harassment or victimization experienced by disabled people.

None of the potential large-scale surveys (e.g. the British Crime Survey or Survey of English Housing) which seek views of the experience of crime or anti-social behaviour publishes any findings broken down by whether respondents have a disability (cf the position on ethnicity and gender). Thus the position does not appear to have changed since 1995 when Williams (1995, p. 1) noted that such large scale surveys such as the British Crime Survey although employing purposeful sampling techniques seldom, 'if ever', include people with learning disabilities and even where they are included are 'not identified as a distinct group' (Williams, 1995, p.1). There are therefore no national statistics on disabled people's experiences which can be drawn on.

The lack of monitoring outlined in the previous Chapter indicates that both at a national and a local level agencies are unlikely to identify whether victims of anti-social behaviour are disabled. Writing in 2002, Perry pointed out that the vast majority of community safety partnership audits and strategies fail to address crime against people with learning difficulties. Hate crime, harassment and fear of crime are strongly featured yet rarely linked to the experiences of people with learning difficulties. Yet, she also suggested that ASBOs, ABCs and Parenting Orders all have "huge potential for tackling the harassment of and hate crime against people with learning difficulties" (Perry, 2002:10). So far there is no data to suggest it has been used for this purpose.

Indeed, it has been alleged that certain legislation introduced and the judicial system in general, has not always assisted disabled people (particularly those with learning disabilities or mental health problems) in relation to incidences of harassment, victimization or crime to the same extent as the general population or even other marginalised groups. This has perpetuated the viewpoint among many that disabled people remain a particularly disenfranchised group. Perry (2004) uses recent legislation surrounding hate crime to illustrate how disabled people are sometimes vulnerable to subtle forms of discrimination. Despite welcoming the formal introduction of the Criminal Justice Act 2003, where ss.146, makes hate crime against disabled people an 'aggravated offence' (thereby going some way to 'addressing the anomaly that only racist hate crimes were treated as aggravated offences'). Perry retains concerns about how the law is being 'put into practice' by the police and the courts. Additionally, Perry criticises terminology such as "bullying", "abuse" or "kids being mean" (all routinely used in relation to offences perpetrated against disabled people) for being insufficient and masking the 'assaults, harassment, criminal damage, thefts and batteries-many times aggravated by hate - that people with learning difficulties experience on a daily basis' (p.45). Williams (1995) reinforces similar concerns by insisting that the language often used concerning people with learning disabilities 'diminishes' the severity of an incident.

Nonetheless we still find this type of language (e.g. of "bullying") used in some of the studies which are considered in this Chapter. In total 10 published studies were identified which gave some indication of levels of harassment and anti-social behaviour against disabled people. They are briefly summarised here.

Figure 3: Studies of harassment and anti-social behaviour against disabled people

Study	Scale	Methods	Key findings
Read and Baker (1996) Funder: MIND	Sample 2,500 Response rate: 31% (778)	Postal survey to MIND members and UK advocacy network	47% harassed/abused in a public place 21% by neighbours or other tenants 20% perpetrator was known to the victim

			25% afraid in own home 34% in the immediate neighbourhood
Kelly and Mckenna (1997) Doctoral study	100 respondents with severe and enduring mental illnesses	Qualitative study Purposeful sample of respondents in-depth interviews Scope: England	Harassment at home and in public significant problems Forms included verbal and physical assaults Sensationalised media reporting exacerbated harassment Low level harassment can have a severe and prolonged impact
Wood and Edwards (2005)	Sample 80 students, 40 people with mental illness	Comparative study involving a student group (80) and a group of people with mental illness (40) Scope: England	50% mentally ill victims of crime in previous 12 months as compared to 38% of students Repeat victimisation occurred in 33% mentally ill as compared to 19% students 23% mentally ill reported the perpetrator to be a family members 18% strangers as compared to 51% in the case of students
Thurgood and Hames (1999)	Sample 453 Response rate 25% (125)	Postal questionnaire to parents of children with a learning disability Scope:	27% called names 29% children teased 16% hit by neighbours

		England	
Mencap (1999)	Sample 5000 Response rate 18% (905)	Postal questionnaires sent to a target group across England Wales and Scotland Scope: GB	88% people with learning disabilities had been bullied 66% more than once a month 32% on a daily basis 23% physically attacked
Berzins et al 2003	Sample 330 (165 with mental health conditions and 165 from the general population)	Comparative sample Face to face interviews Scope: England	60% had experienced some form of harassment as compared to 44% of the general population 41% harassed in the community as compared 15% of the general population Reluctance to report 48% had not reported the incidence
Disability Rights Comission/Capablity Scotland (2004)	Sample 716 Response rate: 22% (158)	Postal questionnaires Supplemented by focus groups Scope Scotland	Verbal attacks 75% Physical attacks 35% Harassment in the street 35% 77% left feeling scared 68% embarrassed/humiliated Perpetrators were most likely to be strangers
Market Research UK (2003) for DRC Scotland	2 random samples of 1000 people across Scotland. Of these	In-home questionnaire survey Scope: Scotland	Experience of harassment in public in relation to disability: Often: May 2002: 5% July 2003: 4%

	disabled people: May 2002: 73 people July 2003: 99 people		Sometimes: May 2002: 18% July 2003: 21%
GLA (2003)	500 disabled people	Questionnaire Scope: London, England	50% had experienced bullying or abuse
Blackburn and Mclaughlin (2003)	Targeted sample of transient households	Qualitative work A focus group and face to face interviews with 14 stakeholders, 16 recent residents and 6 longer term residents	The sample included people with mental health problems Transient group had limited networks

In addition we have also drawn in the Chapter on details of calls to the DRC helpline and our own focus groups. During 2006, the DRC helpline received 16 telephone calls in relation to harassment and anti-social behaviour. The DRC kept records from each call that comprised of a short paragraph summarizing key details. When analysed, 14 of these cases involved harassment from neighbours.

Limitations of the data

Although the various studies show high rates of what might be termed anti-social behaviour or harassment, there are a number of limitations which must be considered. First, the majority of studies focus on those with mental health conditions and learning disabilities, only three studies (Disability Rights Commission/Capability Scotland 2004, Market Research UK 2003 and GLA, 2003) cover those with a range

of impairments, and in these cases the studies do not provide any breakdown by type of impairment. It is therefore very difficult to generalise about the experiences of all disabled people from these studies. In particular those with invisible impairments may not suffer in the same way as was noted by one of the participants in our focus group:

> "Neighbours or people in general don't know that I have a disability as I have an invisible disability. So, nobody has picked on me really, I think if I had a visible impairment, things would have been different. I say so because they pick on my son who has learning disabilities, and it is really bad. But there is nothing I can really do about it because of fear."

Secondly, it must be noted that a number of the studies involved self-completion postal questionnaires. It is likely that these will tend to give higher levels of reported of problems as those who have suffered are more likely to complete such questionnaires.

Thirdly the studies used a range of descriptions of behaviour. Thus e.g. harassment in the Mind study (1996) covered a range of behaviour which included criminal matters such as burglary through to verbal and written abuse. Wood and Edwards (2005) focused on crime, while Mencap sought information about "bullying." The Mencap focus groups nonetheless cover a huge range of behaviour including opportunistic crime against those who are particularly vulnerable. It is accordingly difficult to compare between the studies, and to be certain as to exactly the nature of the behaviour being described. Some of the experiences discussed below clearly amount to anti-social behaviour and indeed criminal behaviour amounting to a hate crime, while others may be better characterised as discriminatory practice – e.g. impatience and rudeness from shop keepers with people with learning disabilities over the time they take to sort out money.

Fourthly the location of any harassment varied between studies. Some have been concerned with harassment in public places (although this is not defined) while others e.g. the Mencap study (1999) included bullying in day centres or college and home. Berzins et al, (2003) on the other hand excluded workplace harassment,

childhood abuse and domestic abuse but included harassment both within and outside the home. Similarly Kelly and Mckenna (1997) refer to harassment in both the home and public places.

Finally, only two of the studies seek to make comparisons with other populations (Berzins et al, 2003 and Wood and Edwards, 2005). Such comparisons are useful in demonstrating how much greater the experience of anti-social behaviour and harassment is for disabled people.

Prevalence and experiences of harassment and victimization

Despite these limitations the studies nonetheless provide insights into the scale and incidence of harassment and/or victimization involving disabled people.

Read and Baker's study (1996), commissioned by the mental health charity MIND, revealed high levels of 'unfair and unjust discrimination' experienced by people with mental health problems. 47% of the 778 respondents stated they had been harassed or abused in public because of their mental health problems. Mind's National Director, Judi Clement described the level of discrimination revealed by the report as 'staggering' and as being the 'single biggest problem for mental health policy' (p.4)

Individual testimonies reveal some particularly disturbing examples of harassment. These ranged from people having their flats burgled, lit matches put through the letter box through to less extreme, but nevertheless distinctly unpleasant events such as having dog's excrement, used condoms and abusive letters through their front doors. 57% of respondents were left feeling threatened or afraid of attack, whilst 25% were afraid in their own home and 34% in their immediate neighbourhood.

> "I've had paint on my front door, windows broken, verbal abuse, stones thrown at me by kids on the street, dirty clothes put on my door-step and I've had lit newspaper through my letterbox" (Woman aged 50, diagnosed with manic depression, West Midlands, p.8)

Harassment extended to other members of a disabled persons family, 24% of parents said their children had been teased or bullied, or that they were afraid it would happen. 45% of respondents felt that discrimination had increased over the past 5 years. Lack of public education (66%) and media stories (60%) were the principle reasons blamed for the discrimination, with many people feeling that 'negative images' of disabled people were still being promoted in the media.

Kelly and McKenna (1997) investigated the quality of life, for people with severe and enduring mental illness. Using a structured approach a random sample of respondents were interviewed in their own homes. These interviews revealed that 60 of 100 respondents had reported harassment/victimization. Harassment whilst at home and on the street, emerge as significant problems for respondents. The harassment manifests itself in various ways ranging in severity. Numerous people (14) reported being 'subjected to taunts and name calling while in their own homes' (p.188). Other respondents reported having windows broken (8) or stones thrown at windows and doors (15). 'Banging on doors day and night' was something that was understandably identified as causing considerable anxiety among many. Kelly experiences one such episode, at first hand when interviewing an elderly female respondent.

> 'There was a loud and sinister thud at the rear door of the house. The author jumped and made a move to go to investigate. The woman asked him not to bother as it "only makes them worse". She said that such behaviour would continue periodically until after midnight'. She also claimed there was no point reporting the incident to the police as the culprits just disperse when they see the police arriving and come back when the police go away'. (p.188)

A further disturbing manifestation of harassment, relates to its apparent use as 'a weapon to force the mentally ill to move house'. This sometimes manifested in complaints about those with a disability. For example, one man reported that his bin was frequently removed from the back of his house and emptied in his front garden. This was 'followed by complaints from neighbours to the housing authority alleging that he was unsuitable for tenancy' (p.188). In another example, a man reported the children who had been

harassing him to their parents. The parents responded by giving him 'verbal abuse for picking on children'. In this incidence complaining to the parents, far from diffusing the situation actually caused the level of harassment to intensify. Harassment from the children persisted but also the parents looked for 'any reason to complain to the authorities about him' (p.188).

This experience was also reflected in one of our focus groups, where a disabled mother with a child who sometimes demonstrates challenging behaviour because of his impairment, had also experienced some verbal attacks and physical threats as her son was seen as a perpetrator of harassment:

> 'I have a son with behavioural problems. Other women used to pick on me when I was taking my child to school saying that my son had made their children to dislike school as they were scared of my son. I approached the school authorities with my concern since my child had a statement, but the school kept postponing the hearing appointments. I could not report to the police because one particular lady threatened to hit me saying, "Once you report we will sort you out.... For your own information, we relocated from where we used to live because my husband used to deal with people like you...." I could tell I was in danger, and as a single mother, it made things worse for me.'

Kelly speculates that stigmatisation of the mentally ill may be due to children witnessing prejudicial practices of adults and deciding that the victims must 'deserve' such treatment. Sensationalised media reporting involving the disabled particularly those with mental health problems such as schizophrenia have regularly been blamed for causing damage to the general population's perception of disabled people (Glason, 1996).

Wood and Edwards (2005) sought to compare crimes committed against mentally ill patients living in the community with crimes against students who have a high life-style risk of victimization. Undergraduate students were chosen as a comparison group because they often have low socio-economic status and adopt lifestyles that make them more susceptible to victimization through

exposure (Hidday, 1995; Silver 2000). Half (20) of the mentally ill patients, compared to 38.75% (31) of students, had been victimized in the past 12 months. Repeated victimization (that is being victimized more than once in the past 12 months) occurred in 32.5% (13) of mentally ill patients and 18.75% (15) of students.

The results indicate that mentally ill patients living in the community experience more victimization than undergraduate students, who have been identified as a similar life-style risk group. However, as is discussed in the report itself, it should be cautioned that the majority of mentally ill patients rented property from the local council, whilst the majority of students rented property from private landlord's or lived in university halls of residence. The location of their housing may have made the mentally ill patients more likely to be victims (see further below).

Thurgood and Hames (1999) investigated the level of harassment experienced by children with a learning disability by gathering information from parents of pupils attending the five largest special schools in a city in the north of England. Harassment was defined as 'continually annoying or making repeated attacks on other individuals' (p.26). Overall, 29% of children were teased, 27% called names and 16% hit by neighbours. These results, admittedly based on a relatively small sample size (125 respondents) provide additional evidence of the scale of harassment encountered by those with learning disabilities.

Mencap's report (1999) uncovered that virtually 9 out of 10 (88%) people with a learning disability had been bullied within the last year. Such statistics prompted Mencap to claim that 'as a direct result of their disability' disabled people 'experience intolerable levels of discrimination in the form of bullying' (p.3). Two-thirds of the 904 respondents (66%) stated they had been bullied regularly (more than once a month) with a further 32% stating that bullying was taking place on a daily or weekly basis. The unremitting nature of bullying encountered by nearly a third of disabled people is clearly outlined within the report.

> 'Simple activities such as leaving the house, walking to work or catching the bus to the shops are often upsetting and

distressing experiences. Often bullying is carried out so frequently that the victim is able to identify he perpetrator' (p.3).

As might be expected name-calling and verbal abuse accounted for the greatest proportion of bullying or harassment reported by people with a learning disability (47%). Respondents frequently reported being called a variety of spiteful and upsetting names, often directly linked to their impairment.

Virtually a quarter (23%) of respondents claimed to have been physically assaulted either in the street, on transport, at a day centre, at college, at home or when using leisure facilities. It became apparent from the focus groups that many of these assaults were motivated and committed as a result of opportunistic robberies from 'petty criminals focusing on vulnerable people' (p.5). However, this does not diminish the fear and anguish caused by such incidents, as one respondent clearly describes:

> 'I was walking along the road, after getting money from the post office. I was pushed to the floor and knocked in the face. One of the people put a knife to my ribs, pushed me about and stole money from me. I felt very unwell, scared and frightened' (Male 52, London, p.5).

Berzins et al (2003) investigated the prevalence and experiences of harassment, comparing people with mental health conditions with the general population in Scotland. For the purposes of their study harassment was defined as 'a person carrying out an action that may reasonably result in another feeling harassed… the act need not necessarily be repeated…the perpetrator need not necessarily have acted with intent'. In relation to the study, community based harassment included harassment both within and outside of the home but excluded workplace harassment, childhood abuse and domestic abuse.

People with mental health problems (60%: 99) were found to be more likely to have experienced some form of harassment when compared to the general population (44%: 73). The location of where the alleged harassment occurred differed considerably between the groups with 41% (67) of people with mental problems encountering

harassment in the community compared to just 15% (24) of the general population. The majority of the general population stated the workplace was the most likely location for harassment. This may well be explained on the basis of the lower rates of employment of those with mental health problems compared with the general population. In keeping with other studies both groups identified verbal abuse as the most frequent type of harassment experienced. However, over half of the people with mental health problems had to contend with the additional issue, of having their specific problems exposed. The authors describe how this was typically accompanied with verbal abuse and being called 'derogatory names'.

> '…they waited for me and followed me again, they were calling me names such as "loony" and saying "you should be locked up"' (Woman, 24-34 years, Dundee, p.528).

Many respondents experienced a variety of harassment including people making nuisance telephone calls and making false accusations to the authorities. Other examples included being physically threatened and on occasion actually being assaulted.

When asked why they felt they were experiencing harassment the majority of people with mental health problems felt it was because the harasser knew they had mental health problems. Whereas, most people in the general population felt the motive for their harassment was less to do with themselves and more to do with 'fulfilling the need of the harasser, such as to try and get money or, in the case of teenagers, looking for something to do' (p.530).

97% of people with mental health problems felt the harassment they had experienced had had an adverse effect on their mental health. People with mental health problems identified the adverse effect harassment had had on their mental health as the single most distressing aspect of the harassment (42%) in comparison to the general population who felt it was anger and annoyance (50%). Fear was frequently mentioned as a consequence of harassment by people with mental health problems.

Finally, when asked what they felt would help to stop or prevent harassment the most common response for both groups (46% people

with mental health problems and 38% of the general population) was 'education'. More specifically people felt that education ought to be either aimed at increasing the general public's knowledge and awareness of mental health problems or educating people about the impact anti-social behaviour can have upon those subjected to it.

Only three studies identified in this review has considered harassment of those with a range of impairments. The surveys conducted by Market Research UK (2003) for the Disability Rights Commission in Scotland indicated that between 20% and 25% of disabled respondents reporting that they had experienced public harassment for a reason connected with their disability. These surveys did not, however, explore any further those experiences. This did occur in the Disability Rights Commission/Capability Scotland (2004) study. For the purposes of the research, the term 'attack' was defined in a relatively broad way, encompassing any of the following events; verbal attack (such as taunts and name calling), threats and intimidation, spitting, physical attack (such as hitting, pushing shoving or kicking), stealing, damage to property and harassment on the street.

The findings revealed the extent to which disabled people were subjected to many different forms of attack; including verbal attack (73%), physical attack (35%), harassment in the street (35%), having something stolen (18%), being spat on (15%) and having property damaged (12%). Although being frightened or attacked affected disabled people with a range of different impairments, the statistics suggest that people with mental health problems (82%), learning difficulty/disability (63%) and visual impairments (57%) are at the greatest level of risk. The emotional impact of being frightened or attacked was often considerable. 77% of disabled people who reported being frightened or attacked were left feeling scared, with a further 68% feeling embarrassed or humiliated.

Individuals made comments such as 'I'm afraid to go out on my own' and 'I froze inside'. For many disabled people 'hate crime is a feature of their day-to-day life...many people felt it was something that they had to live with on account of their disability'. Nearly a third of disabled people surveyed who were victims of hate crime experience attacks at least once a month.

'I got head butted on my way home...and ever since then, whenever I see a group of youths coming towards me, I cross the street and try not to make eye contact with them. I avoid situations now.' (Participant with mental health problems, p.24)

59% of respondents who had been frightened or attacked (73) reported that they were not confident they could get help to stop incidents reoccurring. Only 7% were 'very confident' of getting help to stop being frightened/attacked.

Thirdly, a survey of disabled people in London in 2003 indicates that 50% of respondents said they had experience abuse or bullying (GLA, 2003). The report contains no detail of methodology other than '500 or so' disabled persons completed the questionnaire. It does not break down responses by type of impairment.

Although there are disparities between the studies as to the extent of harassment and anti-social behaviour amongst disabled people a number of consistent themes emerge. First where there is comparison with other groups levels of victimisation are higher. Secondly the type of behaviour experienced although ranging does seem to emerge consistently. Disabled people are not generally reporting the type of anti-social behaviour reported in the British Crime Survey (Wood, 2004) which encompasses matters such as young people hanging about and witnessing graffiti or other forms of criminal damage. Rather disabled people are reporting behaviour which is targeted at them.

This is also reflected in the type of behaviour reported both to the DRC helpline and to the focus groups. The reports to the helpline included excessive noise (2), damaging property (3), physical abuse (1) and most commonly verbal abuse (6). Some of the alleged incidences of harassment are of a particularly vindictive nature

'Her neighbours have also stopped her from being able to access a gate which   now makes it difficult to push her wheelie bin out. This is more distance for her to walk despite her mobility impairment. She overheard her neighbours say "I thought we agreed to screw the f****** gate shut to stop that

twat from down stairs using it' (Caller has a mobility impairment, poor eye-sight and who has functional use of only one hand).

Amongst the focus group of disabled persons all participants had, at some stage, suffered some form of harassment. The most common type of harassment suffered was that of hate crimes in the form of damage to property, physical attack threats, verbal attacks, theft and harassment in the streets. The fear engendered in the focus group participants by this type of behaviour was also common across the other studies. The responses of disabled people to being victims of harassment and anti-social behaviour is discussed below.

There is also evidence emerging that some people with learning disabilities become targets for harassment on becoming parents: some members of the community appear to perceive this group as 'unfit' to be parents. Somewhat ironically the children of people with learning disabilities also become victims of this harassment (Jenny Morris, personal communication, 2006).

One further matter which emerged from the disabled persons' focus group is not present in any of the studies. This is the experience of those with multiple risk factors, e.g. disability and race. There were a number of participants in the disabled person's focus group who were both from an ethnic minority group and disabled. One graphically described her experience:

> "When an ambulance comes to pick me up to go to hospital, some neighbours shout at me saying, "asylum seeker, our tax money" and all sorts of bad stuff. I really feel vulnerable, and I can't even report it. This other time when I got pregnant, they picked on me and were saying all sorts of things like "bitch" and asking me when I would go back to Africa. It made me feel sick really. I could not report because they threatened me that if they saw the police coming, they would know that it would have been me, and will therefore put myself in further danger."

Reasons as to why disabled people are experiencing disproportionately high levels of harassment?

The research above suggests disabled people are more likely to become harassed for simply standing out more, with people with the most visible impairments tending to be at even greater risk. As has been highlighted previously, irresponsible media portrayals of disabled people have been roundly condemned in some quarters for exacerbating the problem (Glason, 1996).

However there is also evidence indicating that the location of where a disabled person lives can have an affect on the likelihood of them encountering harassment. As indicated in Chapter 1, those with impairments are more likely to be housed in social housing. Kelly and McKenna (1997) argue that 'many of the long-term mentally ill are accommodated in what would be termed 'difficult-to-let accommodation' in areas often 'blighted with poverty' (p.190). In what Kelly describes as the aggregation of disabled people into these types of areas, he claims they become 'visible in ways other individuals do not and because of this they attract harassment' (p.190). Williams (1995) reinforces the argument that location has a bearing on the probability of experiencing harassment. He criticises how disabled people are often knowingly placed in housing within inappropriate areas.

> 'It is hard to excuse the placement of people with learning disabilities in living accommodation in areas known for a high incidence of Public Order offences. In one town the flats provided by social services for people with learning disabilities were in such a problematic area that the services advised its own social workers not to visit at night. In another area a housing association has found it necessary to close a large number of group homes because of the victimization of the residents'. (Williams, 1995)

The inappropriateness of some allocations made by social landlords was also illustrated by some of the calls to the DRC helpline. For example one disabled woman whose housing association moved her because her previous neighbours (individuals with ASBOs) were 'keeping her up at night', which 'aggravated' her condition; found her new neighbours 'were even worse'. The disabled woman has subsequently discovered that the previous tenants had complained

about them before. There are further examples provided by disabled people of living in accommodation/areas that are inappropriate and not conducive to assisting with their condition or impairment. One clear incidence of this involves a caller with mobility problems.

> "The callers neighbour complained to the housing association about the caller   using her chair lift at night, saying that it was noisy. The caller was told by the housing association not to use her chairlift at night. On some occasions she had to sleep downstairs." (Caller has diabetes, mobility related impairments and hearing difficulties)

The difficult nature of transient accommodation was illustrated by Blackburn and Mclaughlin's (2003) research, which investigated the personal experiences of transient people living in a large council estate in north-west England. The research comprised a focus group and semi-structured interviews with 14 agency stakeholders, 16 transient people and 6 long term residents. For the purposes of the project, 'transient' was defined as 'anyone who had moved home three times in the past two years' (p.43). Several single transient residents were identified as having mental health problems and as having elected to change their accommodation when 'difficulties became too great'. This made them vulnerable to 'falling outside the state's safety net'. A significant percentage of transient people were disabled. Transient people's expectations of living within the estates were low; most conceived "acceptance" on the estate to be no more than 'a lack of violence towards themselves or being "hard" enough to look after themselves'. Transient people were distinguished by their limited 'involvement in the local networks or the local community' (p.43). This finding has resonance with other research suggesting that disabled people (particularly those with mental health problems) are likely to move house if they experience harassment (see below).

Responses to harassment and victimization

The response of disabled people to harassment and anti-social behaviour varied. The impact of anti-social behaviour on the population generally has been reported in other studies (see e.g. Hunter et al, 2004). Reluctance to report because of fear of reprisals

and a lack of confidence in statutory agencies are common responses.

What may be termed as 'low level' harassment can have a profound and devastating impact upon individuals' lives. Many respondents in Kelly and Mckenna's study (1997) began to adopt reclusive lifestyles, planning their days in order to minimise the likelihood of encountering harassment. DRC/Capability Scotland (2004) reported that as a result of suffering attacks many people felt it necessary to alter their daily routines (38%), while nearly half (47%) avoided certain places.

Berzins et al (2003) reported that in some instances their level of fear prompted them to take measures to defend themselves from a 'perceived or actual threat'.

> 'I actually sat in front of the TV one night with a rolling pin and a knife because I was worried they would get in and try and hurt me' (Woman, 35-44 years, Drumchapel)

The perceived need to arm themselves has been picked up in other studies (Kelly and McKenna, 1997, DRC/Capability Scotland, 2004) and there are concerns that this could lead on towards a more serious criminal act, in which the person with the mental health problem may become the victim or face prosecution themselves.

Many of the studies uncovered that a significant proportion of disabled people felt the only option left available to them to prevent sometimes relentless degrees of harassment was to move house (Berzins et al, 2003; Read and Baker, 1996; Kelly and Mckenna, 1997; DRC/Capability Scotland, 2004 and Mencap, 1999).

> 'We used to have a lot trouble. People threw stones and eggs at our windows, I tried to ignore it but one lad followed me as I was going to work and chucked a stone at me…eventually we had to ask the housing association for a move' (Female, North Wales cited in Mencap, 1999, p.10).

26% of people with mental health problems reported in Read and Baker (1996) feeling they had been forced to move home because of harassment linked to their mental health problems.

It would appear that many disabled people have little confidence in the current options available to them for confronting and resolving harassment. Fear often makes them reluctant to report harassment as was reported by the focus group. Disabled people lacked confidence in agencies such as the police or social housing providers to resolve problems relating to harassment or victimization (DRC/Capability Scotland, 2004).

Unwillingness to intervene on behalf of disabled people was a key feature that emerged from the calls to the DRC helpline too. Many of the calls suggest a real reluctance by certain housing providers to intervene on behalf of their disabled tenants even when there is considerable evidence implicating other tenants in harassment against them. One caller who is blind and has epilepsy who was being harassed by his neighbours called the police when they broke his fence down. However, the housing officer would not agree to press charges. Another example, involves a woman with Cerebral Palsy, who has 3 young children. The woman's sister rang the DRC to complain about the harassment they were experiencing from their neighbours and the housing associations limited response to this.

> 'When they go into their gardens missiles are thrown and she says the housing association have every power to get the other families out due to the terms of tenancy that they are in breach. They sent in video and written evidence of the neighbours and the issue they have with them. They received no feedback and when they contacted the housing association about the information they were told they had lost the evidence.'

Berzins et al, 1993, also reported increased reluctance to report incidents involving harassment among the group with mental problems with some 48% of people with mental health problems experiencing harassment deciding not to report it to anyone. However, the majority of both groups (45% in the mental health problems group/67% in the general population) found that reporting the harassment made no difference anyway. Indeed the finding that nearly half of both people with mental health problems (45%) and the general population (40%) who had experienced harassment, were

still experiencing it at the time of the interview, would seem to reinforce this.

Perry (2003) argues that responsibility is being delegated and referred on to social care professionals to 'protect the vulnerable from abuse' (p.44). She goes on to claim that;

> '...the safety of people with learning difficulties has been addressed using a protective approach that often limits their independence and opportunities for inclusion, rather than supporting them to take action against the perpetrators through the criminal justice system'. (Perry, 2003, p.45)

Particular issues indicated by the research when reporting issues to the police include:

- If a police officer recognises that a person has a learning difficulty, they may not pursue a reported incident in the usual manner e.g. take a victim statement (Sharpe, 2001). The police may respond to reports by people with learning difficulties in an off-hand or dismissive manner (Mencap, 1999)

- A common complaint is that in interviews police officers give an impression that the victim is in the wrong (Williams, 1995).

- People with learning difficulties are often dismissed as being 'unreliable witnesses' that will not be able to give useable evident (Sharpe, 2001)

- In a small number of cases people with learning disabilities have suffered as a result of police victimisation or low level harassment (Williams, 1995)

- There is a perception that those with mental health or learning difficulties are more likely to be offenders than victims (Williams, 1995)

- Mencap (1999) found that three quarters of people (75%) with learning difficulties do report incidents of harassment and crime to

someone after it occurs (e.g. medical or support staff), only 17% of people with learning difficulties report incidents directly to the police.

- Research commissioned by the DRC/Capability Scotland (2004) found that 41% of disabled people who have been frightened or attacked reported the incident to the police. The DRC research also found that in nearly one in five who reported an incident to the police said that the police did nothing as a result. 75% said that whilst the police had taken details of the incident they were generally unable to stop the attackers.

- The reluctance to report victimisation due to a lack of confidence in the police response coalesces with a perception among disabled people that although distressing harassment and bullying is everyday part of life for people with learning difficulties (Mencap, 1999)

Attitudes of police officers, housing officers and others play an important role in bringing about an effective response when people with learning difficulties are victims or perpetrators of anti-social behaviour. These findings are pertinent to the review for two key reasons:

- Anti-social behaviour occurring in a social housing context may be reported to the police, particularly where the behaviour in question constitutes a criminal offence;
- Negative or ill-informed attitudes towards people with learning disabilities that are prevalent among police officers may also be present among other key professionals e.g. housing officers.

The National Audit Office (2006) has recognised this as an important issue and has recommended that training should be made available to organisations that carry out anti-social behaviour interventions but have limited experience of dealing with young people and people with complex needs (see further Chapter 3).

Who commits harassment?

Anecdotal evidence from many of the studies suggests that young people are the major group responsible for harassment of disabled people. In one study, where people were explicitly asked who they felt committed harassment, the majority of people with mental health problems blamed teenagers (Berzins et al, 2003). In Kelly and Mckenna (1997) children and teenagers were frequently identified as culprits. The activities of children, sometimes the children of neighbours, were highlighted in the disabled person's focus group too:

> "I have been harassed on several occasions by young lads who throw things on windows and stealing dust bin lids where I live. At one point they broke the window which was repaired later, I never reported it as I don't know where and to whom to report to. It's actually scary when you think of it.

In a follow up survey conducted five years after the Changing Minds campaign (intended to address the population's negative perceptions of people with mental health problems) it was discovered that the most negative opinions about people with mental health problems were held by 16-19 year olds (Crisp et al, 2005). A third harboured negative views about people with schizophrenia and depression, compared to roughly one in five in other age groups. Stigmatizing opinions were articulated by a lower number of respondents who had received higher education than those who had stopped at the age of 18. This led to the recommendation that 'anti-stigma campaigns should pay particular attention to young people'.

Other groups frequently implicated in the harassment of disabled people include neighbours (Read and Baker, 1996; Thurgood and Hames, 1999 and Berzins et al, 2003) and to a lesser extent strangers (DRC/Capability Scotland, 2004). In Wood and Edward's study (2005) nearly a quarter, 22.5% (8) of mentally ill patients who had been repeatedly victimized reported their perpetrators as being family members, 20% (8) friends or partners, 32.5% (13) strangers and 17.5% (7) people they knew by sight. In comparison over half of the students repeatedly victimized revealed their perpetrators to be strangers 51.25% (41).

Conclusions

A number of studies have looked at levels of harassment and victimisation amongst disabled people. These studies have a number of weaknesses. A number involved self-completion postal questionnaires. It is likely that these will tend to give higher levels of reported of problems. It is not always possible from the studies to be precise about the behaviour which is involved as a number of terms are used: harassment, victimisation, bullying. Nor in each case is the time-frame over which the incidents have taken place clearly specified. Nonetheless a consistent picture emerges from them all of very high rates of susceptibility to behaviour which falls within definition of anti-social social behaviour, and which is often targeted at people because of their impairment.

The majority of studies have focused on those with mental health conditions, and have varied between large scale studies (Read and Baker, 1996: 778 respondents) to the smaller scale (Wood and Edwards, 2005: 40 respondents). What they all disclose is extremely high levels of harassment and victimisation for this group ranging between 47% and 60% of respondents having been a victim of some form of harassment. Where comparators with non-disabled persons have been used (Berzins et al, 2003, Wood and Edwards 2005) these show that harassment occurs more frequently for those with mental health conditions than for those without.

Two studies focused on those with learning difficulties. The Mencap research (1999) was large-scale with 904 questionnaires returned and indicated an extremely high level of bullying in the previous 12 months, with 66% of respondents stating that it happened regularly (i.e. at least once a month). The smaller study by Thurgood and Hames (1999) revealed that 16% had been hit by neighbours.

Three studies (Market Research UK, 2003, DRC/Capability Scotland, 2004, GLA 2003) considered the experiences of people with a range of impairments. The Market Research UK study shows the lowest rates of harassment with between 25% and 22% of disabled respondents reporting experience of harassment in public relating to their disability. In the 2004 DRC study across the range of impairments, 73% of respondents reported having been verbally attacked and 35% physically attacked. Prevalence was highest

though amongst those with mental health conditions. In the GLA study 50% had suffered abuse or bullying.

None of the evidence examines the experience of those with multiple risk factors e.g. disability and race, although our own focus group did include some people within this category, and who felt it led to multiple discrimination.

None of the studies examined set out to consider in detail the responses of housing agencies to complaints of harassment, nor specifically to differentiate between the experiences of tenants of social housing and others. A number (Kelly and Mckenna, 1987, Williams, 1995 and Wood and Edwards, 2005) do point to the location of housing for disabled people (primarily in areas of poverty) as giving rise to greater susceptibility to harassment. A number of reports have considered police responses and found that reporting to the police by those with mental health conditions or learning difficulties may be particularly problematic for a range of reasons. Where housing organisations are mentioned some of the same problems seem to occur, with a lack of confidence in the responses of such organisations. This was also reflected in complaints to the DRC help-line and also in our own focus group. Given the higher rates of disability amongst tenants of social landlords (see Chapter 1), and the indications in the research reported here, there is a need for a more comprehensive assessment of how social landlords respond to and encourage confidence in victims of anti-social behaviour who are disabled.

Chapter five: Evidence of disabled people as 'perpetrators' of harassment and anti-social behaviour

This section reviews the evidence regarding disabled people as perpetrators of anti-social behaviour and/or harassment and their experiences of being subject to anti-social behaviour interventions in England, Scotland and Wales. The section covers a diverse range of literature as a result of two primary (yet overlapping) methods of defining 'anti-social behaviour' within divergent disciplinary fields. The first has its history in legal and policy developments within housing, crime prevention and community safety, while the second has been driven by psycho-medical interests, fuelled by clinical diagnoses and academic research (Cleland and Tisdall, 2005).

We start with by reviewing the evidence of the extent to which disabled people are subject to formal control mechanisms, in particular ASBOs, ABCs and Intensive Family Intervention Projects (IFIPs) (summarised in Figure 4). This evidence is complimented with empirical data derived from both the survey of social landlords and the consultation with key stakeholders. Apart from the study relating to ASBOs it may be noted that there have been no studies which have looked particularly at whether the subjects of the legal action set out in Figure 1 of Chapter 2 have been disabled.

We follow this by looking at the relationship between certain impairments, in particular ADHD and cognitive disorders, and anti-social behaviour, briefly reviewing influential research findings that have emerged from this field.

Figure 4: Studies of extent to which disabled people subject to anti-social behaviour interventions

Specific Studies focussing on ASB	Scale	Methods	Key findings
BIBC (2007)	Sample of YOT and ASB officers	Survey of YOTs and ASB officers 61% response	ASB officers reported that 10/218 ASBOs (5%) were issued to

		rate for YOTs 38% response rate for ASB officers	young people under 17 who had a diagnosed mental health disorder or an accepted learning difficulty as compared to 127/345 (37%) reported by YOT officers Based on returns ADHD appears to be prevalent amongst young people issued with ASBOs 58/137 42%
Campbell (2002)	Targeted sample	Case study sample of ASBOs	9% of cases learning difficulties were identified
Intensive Family Support project evaluations: Dillane et al (2000)	Case study methodology based on one IFSP involving only families	Multi- method approach, statistical evidence in-depth interviews with a range of key stakeholders	10/20 service users were using prescribed anti-depressants 8/20 there were physical health problems Anecdotal evidence of high levels of mental health problems
Jones et al (2006)	Case study methodology based on one IFSP involving single adults and families	Multi- method approach, statistical evidence in-depth interviews with a range of key stakeholders	Over half the sample (42: 57%) reported depression but only 8 h/h were in contact with a mental health service at referral 28% contained an adult with a limiting illness or disability 57% contained an adult with a disability or mental health condition

			8% of children were reported as having a disability or long-term limiting illness
Nixon et al (2005 and 2006)	Case study methodology based on a sample of 6 IFSP involving and families	Multi- method approach, statistical evidence in-depth interviews with a range of key stakeholders	59% adults suffering from depression 20% other mental health problems, with schizophrenia particularly prominent amongst this group Three out of ten families children had learning difficulties ADHD reported to affect children in 19% of famlies
PAT 8 Social Exclusion Unit (1999)	Policy led research	Anecdotal accounts/ un published	In Leeds 30% of ASB cases involved someone with a mental health problem
HO Neighbour Nuisance Expert Panel (2005)	Select sample of practitioners	Review of the first 100 cases	29% involved people with a mental health problem
Hunter et al (2000)	Targeted sample	Case study sample of social landlords case files	18% reported evidence of mental ill-health
Squires and Stephen (2003)	Targeted sample	Cases study approach involving 10 families	Mental health problems dominated recipients accounts Over half the sample had serious mental health or personality disorder problems

			and related learning difficulties Prominence of ASHD amongst the sample of young people

Limitations of data

A number of limitations with this data must be noted. First the studies differ between whether they are focused on social housing or not. Thus the BIBIC study (2007) about ASBOs do not include any information about the tenure of those subject to ASBOs, nor where the behaviour took place. This data was also focused on young people and does not tell us anything about adults against whom ASBOs have been taken – although there have been a number of reported cases where ASBOs have been taken out against adults with mental health problems. The study was also focused on mental health and learning disabilities. Indeed only two of the studies (Dillane et al, 2000 and Jones et al, 2006) includes any evidence about physical impairments.

The studies of Intensive Family Support Projects were focused on social housing because of the source of funding for the projects. It should be noted, however that except in the case of Jones et al (2006) these projects focused on families rather than single people, who are likely to make up a significant number of those against whom complaints are made.

Finally in none of the studies is it clear how systematic the collection of data about disability has been. In nearly all the studies the authors are reliant on what has been recorded by those professionals working with those subject to action, who in turn may be reliant on self-reporting by clients. As has been illustrated in Chapter 3, recording and monitoring for disability is often poor. It may well be that the reported levels are therefore an underestimate.

Evidence on the use of ASBOs

Given the lack of data at a national level (see Chapter 3), estimating the percentage of anti-social behaviour interventions that are issued to disabled people and assessing evidence of disproportionately, is impossible. Anecdotal evidence particularly in relation to ASBOs suggests, however, that people with particular impairments are disproportionately more likely to be recipients of measures designed to tackle anti-social behaviour. ASBOwatch, ASBO concern, BIBIC and NAPO have monitored the use of ASBOs, and have documented instances in which the granting of an ASBO appears to be a disproportionate and inappropriate response to problem behaviour. NAPO (2005) has collected a number of cases studies which point to a potential misuse of ASBOs, 13 of which related to cases involving children and young people with neurological disorders including ADHD, Asperger Syndrome (AS) and autism.

In 2005, BIBIC launched the Ain't Misbehavin' campaign, the aim of which was to draw attention to a number of young people with learning difficulties and mental health problems who were issued with ABCs and ASBOs. As part of this, BIBIC (2007) agreed with the BBC to survey all youth offending teams and anti-social behaviour officers to ascertain the incidence of ASBOs issued to young people with learning and communication difficulties between April 2004 and April 2005. There was a 61% response rate from ASBO officers (77 responses out of 126) while among YOT respondents, the response rate was 38% (51 out of 135).

The survey revealed that 10 out of 218 ASBOs reported by ASBO officers (5%) and 127 out of 345 reported by YOTs (37%) were issued to children under 17 years who had a diagnosed mental health disorder or an accepted learning difficulty. The disparity in the figures returned from the two professional groups is clearly quite pronounced and raises important questions about disability awareness and how the two organisations monitor for disability. Among the cases that were identified as involving children who had a diagnosed mental health disorder or an accepted learning difficulty, the following conditions were identified by respondents:

Figure 5: Conditions identified amongst ASBO recipients

Condition	ASBO officers	YOT officers
Autism/Asperger Syndrome	0	27
ADHD	8	50
Global Development Delay	0	2
Estimated level of understanding was below the expected for 10 years of age	0	2
Dyspraxia/dyslexia	0	10
Other	4 (including special needs and learning difficulties)	70 approx (including emerging personality disorders, severe depression, non-educational attainment, suicide attempts, fixed term exclusions, psychosis, emotional behavioural disorder, special educational needs, self harming, learning difficulties, attachment disorder, conduct disorder)

As the figures above indicate, ADHD appears to be particularly prevalent among the young people issued with ASBOs with 58 out the 137 (42%) ASBO cases reportedly involving a child with the condition.

The Government has commissioned one large-scale review of ASBOs (Campbell, 2002). Although this did not systematically look for evidence of disability it did indicate that learning difficulties were cited as an underlying problem in 9% of cases studied.

Evidence about the characteristics of 'perpetrators' referred to Intensive Family Support Projects (IFSPs)

Three research studies aimed at assessing the effectiveness of IFSPs in changing the anti-social behaviour of households causing particular problems in their communities, have produced important evidence that has helped to widen our knowledge about the characteristics of 'perpetrators' of anti-social behaviour living in social housing. IFSPs provide a voluntary support service to individuals/families who are homeless or at risk of eviction (largely from social rented housing, i.e. on the grounds for possession set out in Chapter 2) due to the behaviour by children, adults, or both. The Dundee Families Project run by the charity NCH was the first such project established in 1996 (Dillane et al, 2000). Since then, a number of newer projects devised on the same model have been established with many sharing key objectives to:

- prevent repeat cycles of homelessness and family breakdown arising as a result of anti-social behaviour;
- address unmet support needs and ensure that families are able to sustain a positive lifestyle without being the cause of anti-social behaviour;
- promote social inclusion for families and assist in providing better outcomes in relation to health, education and well being;
- increase community stability by enabling and supporting families to live peacefully and to fully participate in their communities (Nixon, et al, 2006).

Three separate evaluations (Dillane, 2001; Jones et al 2005; 2006; Nixon et al, 2005, 2006) have examined the characteristics and support needs of adults and children in families referred to the projects and indicate that a significant proportion have a range of impairments that fall within the legal definition of disability.

The Dundee Families Project
The Dundee Family Project was established in 1996. The Project works with families deemed to have exhibited a range of anti-social behaviour, with the aim of enabling them to avoid eviction or be restored to satisfactory tenancy arrangements. Service users access the service in three main ways: in a 'core block' comprising

accommodation for 3-4 families; in dispersed tenancies, on an outreach basis. The evaluation of the Dundee Families Project (Dillane et al, 2001) was intended to assess the processes, outcomes and costs of the project, using primarily qualitative methods. Data were gathered from case records, adult and child service users, project staff, key stakeholders and local residents. Statistical data was collected from monitoring forms and surveys, while in-depth qualitative data was collected through in-depth interviews. The research findings revealed the following:

- Staff believed that often the anti-social behaviour reported by the referring person was a manifestation of other problems in the family or their circumstances, which only became apparent when further information was gained after the referral.
- Half the mothers (10 out of 20) were prescribed anti-depressants. The reason for the depression and anxiety varied from difficulty managing the children, post-natal reactions, difficulty coping in general, stress due to the housing situation and history of mental health problems. Four fathers said that they suffered from depression and three of them had been prescribed anti-depressants.
- Eight of the 20 families were identified as including individual members with physical health problems or impairments including heart problems, kidney problems, cancer and epilepsy.
- A number of the families had suspected mental health problems but several of the interviewees felt that assessment of mental health was a problem. One interviewee suggested that the project might consider improving its team by directly employing a community psychiatric nurse to overcome the difficulties:

  "I think that there are difficulties in getting assessments of mental health - getting the problem defined as a mental health issue. ... The health service does not want to know. They will say it is a personality disorder or a result of substance abuse - and that is not defined as a mental health problem. That's down to the way that psychiatric services assess these things. I suspect that there are a number cases where its not being addressed because it's a tortuous route to get them to see someone and then they just say that's down to the drug-use or whatever" (Housing 2)

Shelter Inclusion Project

Shelter Inclusion Project is a floating support service that was set up by Shelter and Rochdale Metropolitan Council to tackle antisocial behaviour and prevent social exclusion. The project provides a package of support to families, couples, and single people who are homeless or who are having difficulty complying with their tenancy agreements because of reported antisocial behaviour. The three-year pilot project (October 2002 to October 2005) has been evaluated by the Centre for Housing Policy, University of York (Jones et al, 2005, 2006). A multi-method approach was utilised and included the collected of basic statistical information on the 74 households receiving the Shelter Inclusion Project service, Shelter Inclusion Project referral records, 47 interviews with 36 households, project staff and 14 agency representatives, as well as local authority tenancy records. An assessment of the support needs of households referred to the project revealed that a high proportion of adults and children referred to the project had mental health problems, a limiting illness or disability or another form of health related problem.

- The most commonly reported health problem among adults was depression, with more than half the households containing an adult with depression of other mental health problem at the point of referral (42 households, 57%).
- Only eight households reporting depression or other mental health problems were in contact with mental health services at referral.
- 28% (21) of households contained an adult with a limiting illness or physical disability
- Six children were reported as having either a disability or a long term limiting illness (8% of all children).
- Behavioural issues (including mental health problems) were reported for 17 children (14%).
- A small number of children (4 children, 4%) were reported as having been given a Special Educational Need statement.
- Towards the end of the evaluation workers reported that they were working with more individuals with mental health and substance misuse issues.

Longitudinal research into six intensive family support projects

Researchers from Sheffield Hallam University (Nixon et al, 2005; 2006) have carried out a longitudinal evaluation of six intensive family support projects. Five of the six projects have been developed by NCH (North West) in partnership with authorities in Blackburn with Darwen, Bolton, Manchester, Oldham and Salford, to deliver an outreach, preventative service to reduce the dependency on legal remedies to tackle anti-social behaviour exhibited by families. Services provided in Bolton and Manchester also include a core residential unit for families considered to be in need of more intensive support and it is proposed that a further core residential unit will be opened in Salford during 2006/7. The sixth project included in the evaluation has been established by Sheffield City Council. The research findings are based on an analysis of statistical data collected from project case files in relation to 256 families, consisting of 370 adults and 743 children, who had worked with the six projects during the period 2003-2005. This quantitative data has been supplemented by qualitative data drawn from in-depth interviews with a sample of service users (both adults and children), project staff, referral agencies, and other key stakeholders. Similar findings to those identified by Dillane et al (2001) and Jones et al (2005; 2006) emerged:

- Depression was the most widespread problem affecting 59% of adults, with other mental health problems - such as schizophrenia, obsessive compulsive disorder, anxiety, and stress - affecting adults in a further fifth of families.
- The most common support need for children identified by project workers was learning difficulties, present in three out of ten families.
- Further problems associated with ADHD were reported by project workers as affecting children in 19% of families. This finding indicates that the incidence of ADHD is far higher among households referred to the projects than the national average, which predicts that ADHD could be expected to be found in between 3- 8% of school-age children
- Project staff were acutely aware of the high level of support needs among families referred to the projects. This led to a perception that anti-social behaviour was often symptomatic of other underlying and unmet support needs. While acknowledging that an individual's or family's behaviour was often disruptive and

problematic, project workers/managers also recognised that individuals/families were often living under extreme stress. This stress was caused by complex and underlying factors arising from their personal histories and was often compounded by economic hardship, which diminishes parents and children's capacity to cope:

> "I think at the last count, something like thirty to forty percent, I think it was about thirty-seven percent of our families have a mental health problem that was, that was either a one parent, or a child or more than one member of the family. And poor school attendance is prevalent in that forty percent of cases, so those are big issues. Poverty is also a major player, benefits and being a single parent." (Project manager)

Evidence from other studies

A range of other studies also provide some limited data that indicates that those accused of anti-social behaviour are likely to have mental health problems and/or learning difficulties. The social exclusion unit Policy Action Team 8 report into anti-social behaviour cites a number of studies that point to how anti-social behaviour may be symptomatic of poor mental health:

- In Leeds it is estimated that 30 per cent of anti-social behaviour cases involve someone with a mental health problem either as perpetrator or victim ;
- Disputes where one or more of the parties appeared to have a mental health problem are estimated in one study to be between four per cent and ten per cent of neighbourhood disputes.
- An unpublished analysis of characteristics of perpetrators of the more serious, sometimes criminal, anti-social behaviour indicated that approximately 5% have learning difficulties, 10% are affected by disability, and 15% have mental health problems (SEU, 2000)

Further evidence emerged from a review of the Government's Neighbour Nuisance Expert Panel set up in January 2004 which brings together practitioners from local authorities, the police, youth offending teams, social services and the voluntary sector. The Panel operates in an advisory capacity to local authorities and social

landlords who can nominate their most challenging and difficult families. A review of the first 100 cases reported that 29% had mental health problems (Home Office, 2005). Similarly, a survey of anti-social behaviour files of social landlords by Hunter et al (2000) revealed that there was evidence of mental ill-health in 18% of cases.

Disabled people's experiences of being subject to anti-social behaviour interventions

In an evaluation of the work of the community safety team in the East Brighton New Deal for Communities, Stephen and Squires (2003, 2005) sought to elicit families' feelings about their experience of the Acceptable Behaviour Contract (ABC) process. (See further Chapter 2 for details of ABCs.) The research involved 13 young people from ten families nine of which lived in social rented housing. The young people had been placed on a contract for a range of 'anti-social behaviour' that encompassed swearing, stone throwing, harassment, and bullying and in a couple of cases fire setting. Research encounters with the young people and their families comprised a pre-interview informal telephone call and meeting, at least one loosely structured qualitative interview, follow up telephone calls and letters and a final meeting. This study offers an important contribution to the evidence base. Although a small sample, Stephens and Squires study provides details of a rigorous research framework they adopted and the self-reported evidence from participants provides a valid testimony to the impact of ABCs on their lives.

During interviews, research participants were given the opportunity to raise issues that concerned them most about their experiences and feelings. Mental health problems were said to "dominate" participants' accounts and the authors professed to be being "continuously disturbed" by the number of young people subject to ABCs with mental health problems and learning difficulties. Stephen and Squires found that over half of those who were subject to contracts had relatively serious mental health or personality disorder problems and related learning difficulties for which some were receiving psychological/psychiatric support. Of these, three young people were receiving support for depression related illnesses, two being related to past experiences of domestic violence and abuse. However, it was officially diagnosed ADHD for which children were receiving

psychological and medical support which emerged as a central health issue.

The parents of the children who were subject to ABCs were adamant that those in authority needed to recognise the effects of ADHD on family life and were keen to make clear the detrimental consequences of the mental health problems for their children. There was a view that within schools and wider social environments, children with ADHD are susceptible to being bullied and manipulated by others. This included examples of young people with ADHD being purposely aggravated by peers in school at the time the effects of their Ritalin is wearing off which has given rise to confrontations. The consequences of such events had brought the attention of the community safety team and ABC action was seen as an unfair punishment:

> "I was angry that [ABC subject]'s got ADHD and they [Community Safety Team] were punishing him for something he's got, he can't help…it was like punishment, they were treating him as a scapegoat, like an experiment…I'm not just angry with how [he]'s been treated, but all these kids on the estate, there are hundreds with ADHD, but they [the authorities] are doing nothing for them, they don't understand the condition" (Stephen and Squires, 2003: 55).

Stephen and Squires report how it is "vital" to draw attention to the extreme anger and frustration expressed by parents whose children were diagnosed with ADHD and subject to ABCs:

> "several of the families expressed an almost frantic desire for much greater understanding of the their children's mental health problems by all agencies and there certainly seems to be a vacant place for local and specialist health professionals and practitioners to adopt a more proactive, educational role within the multi-agency [Community Safety Partnership]" (2003: 77).

By contrast, Stephen and Squires also highlight how some parents did not wish to ascribe a mental health label to their child's behaviour even where mental health problems certainly appeared to exist. This

points to a complex issue around the extent to which young people with ADHD can be attributed responsibility for their behaviour:

> "[Community Safety Officer] asked if [he] had ADHD, but I think that's an excuse, all mothers round here say their kids have ADHD, but its just trying to put a medical name on bad behaviour. ADHD? [He]'s got learning difficulties that's all" (56).

Another almost contradictory finding that emerged from this aspect of the research was the sense that the community safety team were believed to have taken sides in some cases and been over-sympathetic to perceived 'vulnerable' complainants. In a couple of cases, research participants reported an over-reaction by the community safety team to complaints that had been made by local residents whose children has learning disabilities. The following quote is taken from the report:

> "He's got an autistic child and said the boys had been throwing stones at his window, said [ABC subject] been doing it the most. But it's turned into a power struggle now, he says, 'I can get the police'…He played on the fact that he's got a severely disabled child. [ABC subject]'s behaviour was not malicious, but just boyish behaviour, where we come from that's the order of the day" (Squire, 2003: 40).

In another case, Stephens and Squires report an instance of a dyslexic boy who had been subject to an ABC and had not understood what he was signing as he could not read and write.

> "I can't read or write…They got me to sign this contract saying my family's be evicted if I didn't behave…I had to ask Mum after what that meant" (2003; 49)

In sum, Stephen and Squires state:

> "these elements [imposition and accusation] are issues of fundamental concern when looking at those young people with mental health problems, particularly when seeking to make those young people and their families responsible for actions they cannot entirely control, yet they are

compelled to comply...These element have direct implications for Human Rights and need to be addressed more rigorously than they have been at a number of levels, ranging from the policy-makers to the practitioners on the frontline" (2003: 83)

Disability and propensity to 'anti-social behaviour'

'Anti-social behaviour' as a psycho-medical term is a concept used by mental health clinicians, criminologists and personality psychologists. Each of these disciplines conceptualises and measures anti-social behaviour differently but certain assumptions are common to each. All tend to view anti-social behaviour as behaviour that violates the rights and safety of others or attitudes, beliefs, interests and preferences that indicate an inclination to take advantage of or harm others, or a willingness to break the law (Nuffield Council of Bioethics 2002; Rutter et al, 1998; Cleland and Tisdall, 2005). Research in this area is concerned with understanding 'within-individual' human development over time and the predictors of onset, persistence, escalation, and desistence of anti-social behaviour (and criminality). There is a particular interest in children and young people in part because research suggests that children's anti-social acts are 'the single best predictor' of adult anti-social behaviour. This has given rise to extensive research on the nature and function of 'risk' and 'protective' factors that correlate to the causes of the characteristics that constitute anti-social behaviour.

Within this literature, it is acknowledged that there is no single factor that can be specified as the 'cause' of anti-social behaviour, but statistical significance tests point to links between different individual, familial, community and environmental factors and the risk of anti-social behaviour and criminal careers. Within this field, there is a long history of concern with the relationship between learning disabilities and anti-social/criminal behaviour and this has given rise to an extensive field of research. Three main approaches have been used to address this issue.

- Studies of offending or alleged offending by men and women known to services for people with learning difficulties.

- Studies regarding the representation of people with learning disabilities within different parts of the criminal justice system.
- Studies that examine large populations either retrospectively or prospectively (Holland, et al, 2002).

Although, we are not able to deal with the scope of this research here, we draw attention to some of the key issues.

Research reviewed in Rutter et al (1998), Youth Justice Board (2001), Tharpar et al (2006), Prior and Paris (2005) and Farrington (1997) point to a strong and robust link between Attention Hyperactivity Deficit Disorder (ADHD), associated personality factors such as restlessness, impulsive behaviour, and difficulty maintaining concentration, daring, clumsiness, and anti-social behaviour in childhood and adolescence that tends to persist into adulthood. West and Farrington's Cambridge Study in delinquent development which followed working-class boys born in 1953 up to age 50 in South London in order to examine the way in which criminal behaviour may develop, demonstrated that ADHD consistently predicted juvenile convictions among 8-10 year old boys after controlling for other conduct problems. For Farrington (1997), legally defined offending behaviour represents one subset of a longer term, broader pattern, of what Farrington refers to as a "syndrome," of anti-social behaviour defined by a cluster of types of behaviour (disorder, stealing, bullying, lying, truanting, gambling, heavy smoking, using prohibited drugs, sexual promiscuity and anti-establishment attitudes among other things) and features of personality (impulsiveness, selfishness, egocentricity, lack of empathy, callousness). ADHD was identified as the starting point in a developmental sequence which leads to some children being both persistent and violent offenders.

This said, it is not yet clear whether anti-social behaviour is a true risk effect of ADHD or whether the association of ADHD with later anti-social behaviour arises because of some other associated factor. In *Predictors of Antisocial Behaviour in Children with Attention Deficit Hyperactivity Disorder*, Tharpar et al (2006) review the literature to identify what is known about clinical, genetic and environmental factors that might account for the link between ADHD and anti-social behaviour. The authors note that anti-social behaviour in children with ADHD is linked with genetic factors, family adversity as well as peer

rejection and, in conclusion, they suggest that despite the increased risk of anti-social outcomes in those with ADHD, relatively little is known about what factors contribute to, mediate and moderate the link between the two:

> "there is much evidence from clinical and population-based research that ADHD is associated with later anti-social behaviour. However, it is not yet clear whether these are true risk effects of ADHD or whether the association of ADHD with later antisocial behaviour arises because of some other associated factor" (Thapar et al, 2006: 119).

The link between cognitive impairment and anti-social behaviour has also been repeatedly documented in studies of children's aggression, adolescent delinquency and adults' criminal convictions (Rutter et al, 1998, YJB, 2001). Factors including low non-verbal intelligence, difficulty in manipulating non-verbal concepts and poor reasoning skills are seen as significant in terms of the development and consolidation of symptoms associated with cognitive impairment such as the inability to predict consequences interpret the actions of others and empathise with victims which are in turn associated with individuals' vulnerability to anti-social behaviour.

Woodbury-Smith et al (2005) point out that while the relationship between intellectual disadvantage and anti-social behaviour is well documented, research is needed to explore specific components of cognition such as theory of mind, executive function, and empathy. In their study, which examined whether the cognitive impairments of people with ASDs,[16] are associated with their vulnerability to offending, they conclude that, compared to their non-offending counterparts, the offenders with ASDs were significantly impaired in recognition of facial expressions of fear. They propose therefore that: "a small group of people with ASDs may be co-morbid for autism and developmental disorders of anti-social behaviour, and that this might

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[16] ASDs describe a group of syndromes of behavioural development characterised by qualitative impairments of reciprocal social interaction and communication and restricted and repetitive patterns of behaviour (Woodbury-Smith, 2005: 748).

be related to their vulnerability to criminal offending" (Woodbury-Smith et al, 2005: 747).

Like ADHD, cognitive factors are also seen as significant in terms of their linkage back to wider factors which interact with these deficits such as poor school achievement, poor self-esteem, frustration, aggressive behaviour, truanting, rejection by peers etc. The body of research in this field suggests therefore that anti-social behaviour results from a complex interplay of multiple factors occurring at various points in the life course. Identifying single or key causal elements in the development of anti-social behaviour is difficult and demands intensive research and analysis. Indeed, Dickinson et al (2005) has suggested that rather than intellectual disadvantage per se being linked with anti-social behaviour, adolescents with intellectual disadvantage may be more likely to experience the factors known to be associated with anti-social behaviour. Holland et al have come to similar conclusion that:

> "regardless of the level of intellectual ability, by far the most striking predictors of contact with the criminal justice system are maleness and youth. Nevertheless, intellectual disadvantage seems to increase the risk of illegal or anti-social behaviour, particularly in the context of social disadvantage in childhood and adulthood, substance abuse, and a background of familial offending" (Holland et al, 2002).

The concept of 'risk' suggests that some children with ADHD or cognitive impairments are more likely to present anti-social behaviour and by implication may be more likely to be recipients of ASBOs or other anti-social behaviour remedies. Conversely, other factors identified as having a 'protective' impact in reducing the likelihood of a child becoming involved in anti-social behaviour by preventing the occurrence of risk factors, interacting with a risk factor to reduce its adverse effects or interrupting the developmental and mediational chain by which a risk factor influences or underpins ensuing behaviour (Prior and Paris, 2005). Identifying what influences young people to engage in anti-social behaviour is necessary in order to effectively target prevention and early intervention strategies that build on the moderating effects of protective factors, whilst maximising effective use of formal anti-social behaviour interventions.

Conclusions

Anti-social behaviour remains a core concern for social landlords and the overall numbers of anti-social behaviour control measures served are constantly on the increase. However, this review demonstrates that little is known about the impact of these tools on disabled people living in social housing.

The BIBIC research (2007) indicates reasons to be concerned about the way that ASBOs are being used against young people with mental health disorders and learning difficulties. Further research is needed to 'get behind' these statistics to examine, in detail, the ways ASBOs are utilised by practitioners. This was underlined by focus group participants from social landlords who suggested that ASBOs (and even possession proceedings) can sometimes be the most effective method of leveraging in support for disabled people from agencies: "legal action creates the situation in which help is given" (focus group participant).

There is some reliable evidence which suggests that disabled people living in social housing, particularly those with learning difficulties or mental health problems, comprise a significant proportion of those individuals who are subject to interventions designed to tackle anti-social behaviour (Dillane et al, 2001, Jones et al, 2005, Nixon et al, 2006). This was corroborated by housing staff and other stakeholders during the consultation phase of the review during which focus group participants recounted several anti-social behaviour cases which involved people with mental health problems and learning difficulties including ADHD, AS, schizophrenia, autism, brain injuries, and OCD.

ADHD in particular, is emerging as a central issue in debates about disability and anti-social behaviour (Thapar et al, 2006) and, on the basis of our review, we can say with *some* degree of certainty that a large percentage of those subject to anti-social behaviour measures appear likely to have or have a diagnosis of ADHD. Given the studies which report the risk effect of ADHD this is perhaps not surprising.

In the consultation groups, disabled people and parents of disabled people gave accounts of personal stories about inappropriate

responses to behaviour that is symptomatic of a particular condition. While these testimonies are disturbing, there is a lack of systematic evidence as to whether disabled people are disproportionately subject to anti-social behaviour control mechanisms and what the implications of this are. In part, this is a result of the lack of monitoring at a national and local level which means that there is currently no way to investigate whether disabled people are over-represented in the numbers subject to the anti-social behaviour measures set out in Chapter 2.

While our findings are not conclusive, they do point to evidence that the subjects of anti-social behaviour interventions often have mental health problems, learning difficulties and neurological disorders. This raises crucial questions about the extent to which the use of potentially punitive control mechanisms among vulnerable individuals, many of whom are young people and children, can be justified. ASBOs in particular could have drastic impacts on disabled people by not only failing to address 'root causes' of disruptive behaviour, but the effects of employing a regulatory mechanism that can have exclusionary effects, and even result in a custodial sentence, may serve to exacerbate their problems. This highlights an urgent need for not only proper monitoring at a national and local level but also qualitative research into the particular 'problems' that social landlords seek to address through the use of anti-social behaviour control measures, together with a critical assessment of the effectiveness and impact of these (and alternative) tools in providing 'solutions' from the perspectives of those subject to them.

Chapter 6: The state of knowledge and ways forward

The state of knowledge

It is clear from the findings in Chapters 4 and 5 that there is not a wealth of research that has been carried out focusing specifically on disabled people's experiences of anti-social behaviour whether as victims or perpetrators in the context of social housing. Given the dearth of academic research in the field we have been forced to rely on research that does not always appear robust in its findings and methodology, whether consisting of quantitative and/or qualitative approaches.

Often the research studies in the field have been carried out for a specific purpose e.g to inform a particular campaign and have therefore been produced by a range of national and local organisations as well academic institutions. Methods used by these various agencies and organisations consist of a variety of designs and approaches.

A number of studies are based on large scale surveys and the collection of mainly quantitative data on the experiences of disabled people as victims and/or perpetrators of anti-social behaviour (e.g. market Research UK, 2005, Mencap 1999), some consist of small qualitative pieces of research (e.g. Stephens and Squires, 2003), others utilise case study approaches and a mix of qualitative and quantitative methods to evaluate the impact of particular intervention designed to tackle anti-social behaviour, others provide informative secondary analyses/reviews of existing relevant research. Some of the studies do not have as their focus the experiences of disabled people as victims and witnesses of anti-social behaviour but nevertheless contain valuable data (Nixon et al 2006, Dillane et al, 2001).

A number of the reports that we draw upon lack evidence that data was gathered and analysed within a rigorous research framework and as such it has been difficult to assess the validity of some of the findings. Nevertheless, there is a small number of research projects

and evaluations that provide good quality, robust evidence gathered in a rigorous manner and we have focused on these.

Despite the limitations of some of the evidence reviewed, when drawn together, the findings build up a body of research evidence which produces some clear and consistent themes, and was supported by the data which this study gathered.

Victims and Perpetrators

In the analysis in Chapters 4 and 5 we have separated out the experiences of victims and perpetrators. It is important to stress, however, that these are not mutually exclusive categories. The work of Nixon et al (2006) and Stephen and Squires (2003) indicates that those who are accused of anti-social behaviour are also often victims themselves.

Where disabled people live independently those with learning difficulties may be particularly vulnerable to this type of cross-over. This was illustrated in the focus group with parents of young people and adults with AS. One parent was concerned that a couple were visiting her son's flat to use it for sex. Even though her son did not like it he felt powerless to stop it. Similarly there were accounts of other people's accommodation being used as a collective 'hang out' for drink and drugs and people with AS found it difficult to negotiate the complaint process, which usually requires a sophisticated level of social ability. Frustration builds up to the point where the person with AS may react with a form of anti-social behaviour.

Also the impact of AS on social understanding means that some behaviours are viewed by people with AS as anti-social and threatening that might not be seen in this way by neuro-typical people. One parent talked of her son becoming very annoyed by levels of noise that might be less intrusive to others. The son would react to these by banging on the neighbour's wall. Some of the parents also felt that at times their sons or daughters engaged in anti-social behaviour out of desperation to end their social isolation: they believed that this was the way to 'win' friends, led on by a 'bad crowd' who were exploiting the lack of social understanding in people with AS.

Research Questions

The research brief asked a number of questions which can now be addressed.

National Guidance

- Is clear national guidance available to social landlords on how to address to the needs of disabled people in anti-social behaviour cases?
- Is there consistency across England, Scotland and Wales, and across Government departments in the guidance issued to social landlords?
- Does the guidance consider the full diversity of disabled people?
- How is anti-social behaviour defined with respect to disabled people?

At a national level, although disability is generally mentioned in Guidance, there is very little detail. It is consistent in so far as it advises on the requirement to comply with the DDA, but also in giving very little assistance in how this should be achieved. Disability is often encompassed into the category of vulnerability, and then often only in terms of mental health problems. In very broad terms it recognises that disabled people may be particularly susceptible to being victims of anti-social behaviour. The guidance to social landlords from each country does not deal with specific impairments, however the ASBO Guidance in Scotland, does make reference to specific consideration for those with autistic spectrum disorders and ADHD.

Policies and procedures at a local level
- How does national guidance filter down into social housing management practice?
- Are individual social landlords' Policies and Procedures on Anti-Social Behaviour sensitive to the needs of people with disabilities?

- In their anti-social behaviour policies and procedures, how do social landlords address the needs of disabled people?
- How is 'disability' defined in local anti-social behaviour policy and procedure documents?
- Do landlords' policies include a statement on the provision of support to perpetrators with disabilities?
- What base date is routinely collected by social landlords in relation to anti-social behaviour cases? Are social landlords' anti-social behaviour policy and procedures accessible to those with a disability?
- Do social landlords adopt interventions by specialist agencies when anti-social behaviour is a consequence directly or indirectly of disability?
- Are housing officers adequately trained to make informed judgements about disabled people and respond appropriately?
- Is disability awareness training provided to housing officers?

There does appear to be a growing awareness of disability issues amongst social landlords, although its impact in relation to anti-social behaviour has not yet become clearly apparent. Social landlords are moving to recording disability of customers although this is not routinely linked to complaints of and action taken to deal with anti-social behaviour. Just over half of all organisations responding to the survey reported that they had no policy or procedure for dealing with disabled perpetrators, a higher number of RSLs had no policy or procedure to deal with disabled victims, although the position was slightly better amongst local authorities and ALMOs. The findings from the survey were borne out by the examination of documents, where a significant number made no reference to disability at all. Thus although there is evidence that social landlords are aware of the importance of disability in practice there is still a significant implementation gap in ensuring that social landlords fully discharge their disability equality duty.

National Guidance has not proved to be at a level of detail to assist landlords in translating growing awareness into detailed policies and procedures on the ground. Disability, where referred to, is rarely defined and again we see it often encompassed within vulnerability, and it is certainly not dealt with in relation to different impairments.

Some landlords have developed very detailed guidance for staff in tackling this issue, but for many there needed to be further development. This will need to include clear policies on monitoring, which could be encouraged by the central collection of data on disability.

Our findings also raise questions around training and multi-agency working. Although many social landlords are trying to establish practices to ensure the equitable treatment of disabled people, there appears to be a lack of awareness among housing staff about disability and necessary knowledge about how best to treat perpetrators of anti-social behaviour who are disabled. This is compounded by deficiencies, in some local contexts, in partnership working.

Evidence of disabled peoples' experiences of being victims and perpetrators

- What evidence exists about disabled people's experiences of being a 'victim' of harassment or anti-social behaviour in England, Scotland and Wales?
- What evidence exists about disabled people's experiences of being subject to anti-social behaviour interventions in England, Scotland and Wales?
- What are the experiences of different impairment groups as either victims or perpetrators of anti-social behaviour?
- What qualitative and quantitative data exists on the percentage of anti-social behaviour interventions issued to disabled people?
- Where are the gaps in the evidence base with regard to disabled peoples' experiences of anti-social behaviour in the social housing sector?
- What core statistical data is collected at a national level regarding the anti-social behaviour legal measures that may be issued by social landlords?
- What statistical evidence is available at a local level of the number of disabled people subject to anti-social behaviour legal actions?

There is a wide range of legal action which may be taken to combat anti-social behaviour and harassment. The evidence would suggest that in most cases when a legal order is sought it is granted. However, in some instances social landlords may, prior to taking such action, consider whether the prospective defendant is disabled and the applicability of the DDA 1995. At the moment there is no evidence as to how this affects decision-making by landlords, although the evidence from our own survey is that it is relatively regularly considered by them, with over half of landlords having considered it more than five times in the previous 12 months. In relation to ABCs and ASBOs although it has been applied by some social landlords to their decision-making the evidence is that this happens less frequently.

There is no evidence as to whether non-housing organisations in considering the use of ABCs or ASBOs or other remedies regularly consider the application of the DDA.

A number of studies have looked at levels of harassment and victimisation amongst disabled people. These studies have a number of weaknesses. A number involved self-completion postal questionnaires. It is likely that these will tend to give higher levels of reported of problems. It is not always possible from the studies to be precise about the behaviour which is involved as a number of terms are used: harassment, victimisation, bullying. Nor in each case is the time-frame over which the incidents have taken place clearly specified. Nonetheless a consistent picture emerges from them all of very high rates of susceptibility to behaviour which falls within definition of anti-social social behaviour, and which is often targeted at people because of their impairment.

The majority of studies have focused on those with mental health conditions. What they disclose is extremely high levels of harassment and victimisation for this group ranging between 47% and 60% of respondents having been a victim of some form of harassment. Where comparators with non-disabled persons have been used (Berzins et al, 2003, Wood and Edwards 2005) these show that harassment occurs more frequently for those with mental health conditions than for those without.

Two studies focused on those with learning difficulties. The Mencap research (1999) was large-scale with 904 questionnaires returned and indicated an extremely high level of 'bullying' in the previous 12 months, with 66% of respondents stating that it happened regularly (i.e. at least once a month). The smaller study by Thurgood and Hames (1999) revealed that 16% had been hit by neighbours.

Three studies (Market Research UK, 2003, DRC/Capability Scotland, 2004, GLA 2003) considered the experiences of people with a range of impairments. The Market Research UK study shows the lowest rates of harassment with between 25% and 22% of disabled respondents reporting experience of harassment in public relating to their disability. In the 2004 DRC study across the range of impairments, 73% of respondents reported having been verbally attacked and 35% physically attacked. Prevalence was highest though amongst those with mental health conditions. In the GLA study 50% had suffered abuse or 'bullying'.

None of the evidence examines the experience of those with multiple risk factors e.g. disability and race, although our own focus group did include some people within this category, and who felt it led to multiple discrimination.

None of the studies examined set out to consider in detail the responses of housing agencies to complaints of harassment, nor specifically to differentiate between the experiences of tenants of social housing and others. A number (Kelly and Mckenna, 1987, Williams, 1995 and Wood and Edwards, 2005) do point to the location of housing for disabled people (primarily in areas of poverty) as giving rise to greater susceptibility to harassment. A number of reports have considered police responses and found that reporting to the police by those with mental health conditions or learning difficulties may be particularly problematic for a range of reasons. Where housing organisations are mentioned some of the same problems seem to occur, with a lack of confidence in the responses of such organisations. This was also reflected in complaints to the DRC help-line and also in our own focus group. Given the higher rates of disability amongst tenants of social landlords, and the indications in the research reported here, there is a need for a more comprehensive assessment of how social landlords respond to and

encourage confidence in victims of anti-social behaviour who are disabled.

Turning to what is known about perpetrators of anti-social behaviour, Government policy means that anti-social behaviour remains a core concern for social landlords and the overall numbers of anti-social behaviour control measures served are constantly on the increase. However, this review demonstrates that little is known about the impact of these tools on disabled people living in social housing. The focus of the work that there has been is on young people and anti-social behaviour orders (BIBIC, 2007). The BIBIC research (2007) indicates reasons to be concerned about the way that ASBOs are being used against young people with mental health disorders and learning difficulties. Further research is needed to 'get behind' these statistics to examine, in detail, the ways ASBOs are utilised by practitioners. This was underlined by focus group participants from social landlords who suggested that ASBOs (and even possession proceedings) can sometimes be the most effective method of leveraging in support for disabled people from agencies: "legal action creates the situation in which help is given" (focus group participant).

There is some reliable evidence which suggests that disabled people living in social housing, particularly those with learning difficulties or mental health problems, comprise a significant proportion of those individuals who are subject to interventions designed to tackle anti-social behaviour (Dillane et al, 2001, Jones et al, 2005, Nixon et al, 2006). This was corroborated by housing staff and other stakeholders during the consultation phase of the review during which focus group participants recounted several anti-social behaviour cases which involved people with mental health problems and learning difficulties including ADHD, AS, schizophrenia, autism, brain injuries, and OCD. ADHD in particular, is emerging as a central issue in debates about disability and anti-social behaviour (Thapar et al, 2006) and, on the basis of our review, we can say with *some* degree of certainty that a large percentage of those subject to anti-social behaviour measures appear likely to have or have been given a diagnosis of ADHD.

In the consultation groups, disabled people and parents of disabled people gave accounts of personal stories about inappropriate responses to behaviour that is symptomatic of a particular condition.

While these testimonies are disturbing, there is a lack of robust evidence as to whether disabled people are disproportionately subject to anti-social behaviour control mechanisms and what the implications of this are. In part, this is a result of the lack of monitoring at a national and local level which means that there is currently no way to investigate whether disabled people are over-represented in the numbers subject to an anti-social behaviour measure.

While our findings are not conclusive, they do point to evidence that the subjects of anti-social behaviour interventions often have mental health problems, learning difficulties and neurological disorders. This raises crucial questions about the extent to which the use of potentially punitive control mechanisms among vulnerable individuals, many of whom are young people and children, can be justified. ASBOs in particular could have drastic impacts on disabled people by not only failing to address 'root causes' of disruptive behaviour, but the effects of employing a regulatory mechanism that can have exclusionary effects, and even result in a custodial sentence, may serve to exacerbate their problems. This highlights an urgent need not only for proper monitoring at a national and local level but also qualitative research into the particular 'problems' that social landlords seek to address through the use of anti-social behaviour control measure, together with a critical assessment of the effectiveness and impact of these (and alternative) tools in providing 'solutions' from the perspectives of those subject to them.

Recommendations

Because of a lack of recording and clear policy, at the moment many social landlords may simply be unaware when they deal with a complaint of anti-social behaviour whether the victim or the perpetrator is disabled. In order to comply with the disability equalities duty, landlords must be aware of whether victims or perpetrators are disabled and have mechanisms for identifying this. This will then enable appropriate action, whether of support to the victim or of referral to appropriate support agencies of a perpetrator to be taken.

As social landlords review their anti-social behaviour policies and procedures they should consider the implications of the disability equality duty. Such reviews should be lead by disabled users and

should consider the impact of anti-social behaviour policies on disabled people. Procedures should recognise the higher levels of harassment that disabled people are likely to be subject to and include mechanisms to encourage reporting. They also need to incorporate consistent and comprehensive monitoring procedures, which will enable local practices to be monitored and also for aggregating at a national level. This could be encouraged by central government requirements for monitoring and data submission.

Government guidance needs to be more comprehensive in this area in order to assist social landlords in developing their policies and procedures.

Those involved with the inspection of social landlords, the Audit Commission, Welsh Assembly Government, Housing Corporation and Communities Scotland can also ensure that disability is included within the anti-social behaviour agenda by making questions regarding the impact of disability part of the inspection regime.

Care needs to be taken with the language used in this area. Where disability is subsumed into "vulnerability" the significance of legal duties towards those who are disabled may be lost. In addition referring to acts of harassment as "bullying", as some of the research literature does, may serve to diminish the severity of such acts. It fails to give them the weight that a term such as harassment does, which is always applied in the context of racial harassment.

In addition to monitoring, further qualitative research is needed to unpack the ways in which disability impacts on both those disabled people who are victims and those who are accused of perpetrating anti-social behaviour. At the moment we know little about how decisions are taken about what enforcement action is used in cases of anti-social behaviour, how social landlords find out about whether victims or perpetrators are disabled and what impact it has on decisions as to what action is taken. Nor do we understand what the impact of disability is upon whether and how victims' complain to social landlords and how those complaints are then dealt with. We have very little evidence on the impact of legal enforcement action on perpetrators who are disabled. Qualitative research would assist in illuminating all these issues.

In addition, while this research has shown that some social landlords' have detailed policies in relation to disability and anti-social behaviour it was not able to assess the impact of those policies on the ground. Further research could assess what good practice in this area already exists and make recommendations for its implementation by social landlords.

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Appendix: Methodology

Strand one: a critical review of published literature

A thorough, robust and methodical search was undertaken in order to identify literature relating to disabled peoples' experiences of harassment and anti-social behaviour within the social housing environment in Britain. The aim of the search was to generate as comprehensive a list as possible of literature which may be suitable for answering the key research questions.

The search strategy

In order to identify all published literature pertinent to the review, we developed a search strategy that was sufficiently sensitive and broad to capture what is inferred by the core concepts contained in the main review question, namely: 'anti-social behaviour'; 'harassment'; 'disability'; and 'social housing'. Given that all of these are not tightly defined concepts but refer to, and encompass, a range of other terms and definitions, we established a range of relevant synonyms and variations of these three key terms that would assist us in identifying all articles relevant to the experiences of disabled people.

This meant establishing a list of behaviours that are often described as constituting anti-social behaviour or harassment as well as a range of legal powers that may be utilised in addressing anti-social behaviour, together with a catalogue of mental and physical impairments that may be particularly pertinent to the research in question.[17] The final set of terms that constituted our search strategy were used in several permutations as set out in the table below. In certain instances when an unmanageable number of articles were detected the search filter was narrowed using additional terms.

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[17] It was beyond the scope of the review to search under all specific impairments.

1: 'anti-social behaviour' / 'antisocial behaviour' (+ 1 to 15 below) 2: anti-social behaviour (+ 1 to 15 below) 3: ASBO (+ 1 to 15 below) 4: Harassment (+ 1 to 15 below) 5: Bullying (+ 1 to 15 below) 6: Intimidation (+ 1 to 15 below) 7: Abuse (+ 1 to 15 below) 8: Hate Crime (+ 1 to 15 below)
1. disability
2. disabled
3. mental health
4. learning disability/ies
5. learning difficulty/ies
6. impairment
7. emotional difficulties
8. behavioural difficulties
9. Tourettes Syndrome
10. Asperger's Sydrome
11. Asperger Syndrome
12. ADHD
13. autism/autistic
14. personality disorder
15. dyspraxia

To ensure transparency, throughout the searching process a record of the particular strategy used to search each database and the number of articles found using each search filter command has been has been recorded. The table below provides a full record of any additional search terms used to narrow/expand results. This data is summarised in the table below:

Electronic database	Number of articles assessed in total	Number of articles considered for inclusion

MEDLINE	10325	9
PsycInfo	12429	6
ASSIA	2492	4
Social Care Online	4605	37
International Bibliography of the Social Sciences	1042	1
CSA Sociological Abstracts abstracts	3463	2
British Humanities Index	156	0
The Disability Archive	309	4
Lawtel	22	2
Index to Theses	189	9
Cinahl	3444	9

Handsearching and conference proceedings

Key journals and periodicals were handsearched to identify articles that have been missed in database and reference list searches. These included:

- Community Safety
- Disability Now
- Criminal Justice Matters
- Safer Societies

These identified a range of news, information and articles aimed at primarily at practitioners. These frequently took the form of commentary on anti-social behaviour policy, case reports e.g. in which ASBOs have been granted to a disabled person, reporting of policy relevant research.

The Internet

The Internet is a useful source of information and search engines offer an alternative way of finding evidence, including grey literature, which may be particularly pertinent to the review in question. Although a systematic search of the Internet is impossible, every effort has been made to fully exploit the resources available there. Using the same terms as detailed above, a search was carried out on several internet search engines including Google, MSN search, Ask and Yahoo. In addition searches were also made for national UK

disability organisations and their sites searched for information on anti-social behaviour. The searches produced copious amounts of information including short articles reporting incidents of anti-social behaviour involving disabled people, accusations of anti-social behaviour or applications for ASBOs as well as advice for people with disabilities, parents of children with disabilities, especially those with conditions such as ADHD, autism or asperger's syndrome, together with more substantial reports and journal articles. It therefore served to produce a wider range of documentation and to extend the survey of the literature available beyond the sphere of journal articles which could be searched through library database.

The Inclusion criteria

Only articles that helped to answer the questions posed will be addressed in the literature review, as such we established inclusion and exclusion criteria. Articles considered relevant provided information on:

- the experiences of disabled people as 'victims' of anti-social behaviour or harassment in the social housing context.
- the experiences of disabled people as 'perpetrators' of anti-social behaviour or harassment in the social housing context.
- the experiences of disabled people as 'victims' or 'perpetrators' of anti-social behaviour or harassment in other contexts where findings have applicability to those living in social housing.
- Due to the resources available and the relevance of the legislative context, only material from the UK is included in the review.
- Material published from 1996 onwards is included in the review. 1996 was selected as an appropriate starting point as this was the year in which the first measures explicitly directed at tackling anti-social behaviour in social housing were introduced in the Housing Act 1996.

Articles considered irrelevant met the following exclusion criteria:

- The experiences of disabled people living in social housing, without reference to harassment or anti-social behaviour.

- The experience of those who are not disabled of being a victim or perpetrator of anti-social behaviour
- Article published in 1995 or before
- Articles from outside the UK context
- The experiences of disabled people as 'victims' of anti-social behaviour or harassment in the school/work or institutional environment.
- Harassment or anti-social behaviour experienced by disabled people exclusively from family members
- Articles that provided secondary analysis of primary research without offering a new perspective/insight.
- Short 'news' style articles that reported on individual cases/commentary on policy without adding to the knowledge base.

As the above criteria indicate, the review remained sensitive to the housing context. However, due to limited literature available, we included literature that deals with disabled experiences of harassment and anti-social behaviour in other contexts since there may well be commonalities in disabled peoples' experiences across different contexts.

Strand two: Scrutiny of national guidance and local antisocial behaviour policy and procedures

This strand combines two key elements. First, a critical review of policy guidance issued by the National Assembly for Wales, the Scottish Executive, the UK Government as well as statutory national agencies, such as the Housing Corporation and Communities Scotland on the implementation of specific legal measures relevant to the research and the development of anti-social behaviour policy and procedures. The following documents were reviewed:

Welsh Assembly Government (2005). *Anti-social behaviour: policies and procedures – code of guidance for local authorities and housing associations.* Cardiff, Welsh Assembly.
ODPM (2004). *Anti-social Behaviour: Policy and Procedure.* London, ODPM.
Housing Corporation(2004). *Anti-social behaviour: policy and*

procedure. London, Housing Corporation.
Scottish Executive (2004a). *Guidance on Antisocial Behaviour Strategies.* Edinburgh, Scottish Executive.
Home Office (2006) *A Guide to Anti-social Behaviour Orders*
Scottish Executive (2004b) *Guidance on anti-social behaviour orders*

Second, an analysis of a sample of individual policy and procedures from a range of housing associations/local authorities. In England and Wales it is a requirement under the anti-social behaviour Act 2003, for each local authority and RSL to have an anti-social behaviour policy and procedure. As such these documents were identified and scutinised to identify how individual social landlords' policies and procedures for dealing with anti-social behaviour are sensitive to the needs of people with disabilities. In Scotland since there is no legal requirement for social landlords to have a policy and procedure we sought to examine local authority anti-social behaviour strategies and outcome agreements and any relevant policy documents produced by RSLs.

Sample

A sample of 10% of a local authorities in England, Wales and Scotland (but weighted to give a larger sample from Wales and Scotland) and an equivalent sample of Registered Social Landlords from across England Scotland and Wales have been identified for inclusion in the review.

- In England, there are 352 Local authorities a sample of 20 LA landlords were selected that provides a geographical and urban/rural spread and includes a number who are not Social Landlord Crime and Nuisance Group (SLCNG) members, and some who we know to be active anti-social behaviour authorities.
- As there are 22 local authorities in Wales a random sample of 10 was selected.
- As there are 32 Scottish local authorities a random sample of 10 was selected.

- 20 RSLs across England and 10 across both Scotland and Wales were selected that provided a geographical and urban/rural spread and included a number who are not Social Landlord Crime and Nuisance Group (SLCNG) members, and some who we know to be active in tackling anti-social behaviour.

Accessing policies and procedures was more time consuming than had been anticipated as only a small number were available online and when hard copies were requested they were often not forthcoming. In part, this was because some landlords were rewriting their policies and many seemed to withdraw their old strategy before finalising a new one and a number of organisations stated that there wasn't currently a policy available because they were in the process of rewriting their strategy. There also seemed to be a reluctance to send copies of the old policy even if the new one was not going to be issued in the immediate future. Of the original target of 80, 69 policies were eventually received.

Strand three: A survey of social housing providers

Complimenting stage two of the review, an online survey was distributed to a sample of social landlords in order to both collect valuable baseline evidence of current data collection and monitoring methodologies on disability used by social housing organisations as well as ascertain additional information on the level of training and awareness of disability issues among housing officers.

An invitation to complete the online survey was sent by email to all members of the social landlords crime and nuisance group (SLCNG). SLCNG is a leading housing-based group which lobbies on nuisance and anti-social behaviour issues and promotes good practice in tackling anti-social behaviour. SLCNG membership comprises 265 small, medium and large Local Authority Landlords and Registered Social Landlords from across both England and Wales. The survey was distributed to each. Although not nationally representative, this sample was selected as it allowed easy access to a large number of social landlords who are active in addressing anti-social behaviour. Utilising this sample enabled us therefore to make a reasonable assessment of the ways in which social landlords' anti-social

behaviour policies and practices attend to the needs of disabled people.

Given that SLCNG does not cover Scotland, an additional sample of 20 Scottish landlords were selected for inclusion in the study. As there are 32 Scottish local authorities a random sample of 10 was selected. In addition, 10 RSLs were selected that provide a geographical and urban/rural spread.

We also selected a separate sample of 30 social landlords who specialised in providing housing specifically for disabled people. Lists of housing associations providing housing for disabled people were obtained through the Housing Corporation, Communities Scotland and the Welsh National Assembly who provided a list of housing associations who have a record of the number of units available for with mental health problems, learning disabilities, and people with physical or sensory impairments, which enabled those Registered Social Landlords which are specialist in providing accommodation for disabled tenants to be identified. From these, a purposive sample was selected which included housing associations who specialise exclusively in providing housing to disabled people or general needs housing but also specialise in providing housing suitable for disabled people and their families and/or that have allocated a significant proportion of their accommodation for disabled people from across England, Scotland and Wales. The sample frames differed across England, Scotland and Wales and the final sample included seven operating in Wales; 13 providers operating in England and 10 in Scotland. We ensured that none of those selected were also members of SLCNG.

The overall response rate from 'non-specialist' providers was 25% (70) and 23% (7) from 'specialist' providers. Despite email reminders and follow telephone calls which worked to generate some additional responses, these completion rates were disappointing (do we want more than this e.g about survey not being sent to named individuals in some cases?). A sufficient number of non-specialist landlords completed the survey however for us to be confident that the data is indicative of general trends. The very low numbers of specialist providers who responded to the survey does however limit the extent to which we can draw any assumptions from the survey findings. As

such, in the report we present the findings from an analysis of both datasets combined, except where there appears to be a significant difference in the response from specialist and non-specialist providers. Readers should be also aware that the majority of non-specialist providers were English social housing organisations 94% (66) and this has also meant that we have been unable to disaggregate the data to provide analysis of responses from Scottish, Welsh and English landlords separately.

Strand four: Consultation with key stakeholders

In order to test out the findings from the study with both disabled people, social landlords and other stakeholders, we held three focus group discussions as detailed below:

Focus group 1: 12 parents of young people and adults with Aspergers Syndrome
Focus group 2: Nine disabled people with a range of visible and invisible impairments. The group also included a number of participants from ethnic minority communities.
Focus group 3: Nine people including those responsible for the development of anti-social behaviour strategies, policies and procedures across both local authorities and RSLs, and a representative of a consultancy service providing anti-social behaviour related disability awareness training to social landlords. One of the local authority representatives had been responsible for setting up 3rd party reporting centres for disability hate crimes.

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