



Home Office

Crime Reduction & Community Safety Group

Tilley Awards 2008 Application form

Section A: Application basics

1. Title of the project: **Enfield alcohol harm reduction strategy**
2. Key issue that the project is addressing e.g. Alcohol related violence: **alcohol-related harm crime and asb**

Author contact details

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Endorsing representative contact details

11. Name of endorsing senior representative from lead organisation: **Rob Leak**
12. Endorsing representative's email address: **rob.leak@enfield.gov.uk**
13. For all entries from England & Wales please state which Government Office or Welsh Assembly Government your organisation is covered by e.g. GO East Midlands: GO London
14. Please mark this box with an X to indicate that all organisations involved in the project have been notified of this

entry (this is to prevent duplicate entries of the same project):



Section B: Summary of application - *In no more than 400 words use this space to provide a summary of your project under the stated headings (see guidance for more information).*

Scanning:

Enfield's Alcohol Harm Reduction Strategy aims to "encourage and support responsible use of alcohol to reduce crime and anti-social behaviour and improve the health of people living and working in Enfield". Operating across the four domains of crime, health, communication/education and supply/the licensed trade, Enfield's strategy follows the multi-component, partnership approach set out in the Alcohol Harm Reduction Strategy for England (2004) and reiterated in Safe. Sensible. Social. (2007).

Alcohol-related disorder fell during the first year of the strategy, as a result of partnership working between police, licensing, trading standards and the licensed trade. However, we wanted to do more. A special project, based on POP principles, was set up at the end of 2006 to go beyond public disorder, and address some of the more intractable problems believed to be associated with alcohol misuse, such as criminal damage, domestic violence and nuisance neighbours.

Analysis:

Findings from consultation, community safety audit/strategic assessment and needs assessment were sufficient to establish alcohol-related crime and ASB as a problem, and a priority within the Community Safety Strategy 2005-8. However, partners acknowledged from the outset that local information was limited. To define and understand the problem further, a data seminar was held as part of the development process for the alcohol strategy. Information analysts and managers from across the partnership met to discuss existing data sources, and to agree how each of the targets within the strategy action plan could be measured.

Response:

The multi-component response includes targeted work to reduce disorder around licensed premises, DPPOs, multi-agency-enforcement and joint working on domestic violence.

Assessment:

There has been a significant reduction in perceptions of drunk and rowdy behaviour, although it is not possible to attribute this to a particular response. The POP project has improved data on alcohol-related crime and ASB but has not uncovered any new problems that require a specific response. The multi-component approach across the broad range of alcohol-related harm will continue.

State number of words: 321

Section C: Description of project - Describe the project in no more than 4,000 words. Please refer to the full guidance for more information on what the description should cover, in particular section 12.

1. Scanning

Enfield's Alcohol Harm Reduction Strategy aims to "encourage and support responsible use of alcohol to reduce crime and anti-social behaviour and improve the health of people living and working in Enfield". Operating across the four domains of crime, health, communication/education and supply/the licensed trade, Enfield's strategy follows the multi-component, partnership approach set out in the Alcohol Harm Reduction Strategy for England (2004) and reiterated in Safe. Sensible. Social. (2007).

The Alcohol Harm Reduction Board (AHRB) oversees the implementation of the strategy on behalf of the CDRP, which is called the Safer Stronger Communities Board (SSCB) in Enfield. The alcohol Board comprises senior representatives from the Police, council (licensing, trading standards, community safety, road safety, social services, education, Drug Action Team, children's services), health authority, hospital trusts, Probation, Fire service, licensed trade, and the community sector.

The strategy objectives are as follows:

- Capacity and infrastructure to address alcohol-related harm
- Better information and communication about alcohol
- Better identification and treatment of alcohol problems
- Better coordination and enforcement of existing powers against crime and disorder
- Encouraging licensed premises to promote responsible drinking
- Better data for measuring alcohol-related harm
- Better alcohol awareness in generic workers

The strategy is supported by a rolling two-year action plan, in which specific, measurable, targets are set for each of the objectives. The delivery of the Alcohol Harm Reduction Strategy is overseen by the SSCB, to whom the AHRB is accountable.

Alcohol-related disorder fell during the first year of the strategy, as a result of partnership working between police, licensing, trading standards and the licensed trade. However, we wanted to do more. A special project, based on POP principles, was set up at the end of 2006 to go beyond public disorder, and address some of the more intractable problems believed to be associated with alcohol misuse, such as criminal damage, domestic violence and nuisance neighbours. The project forms an integral part of the alcohol strategy, and cuts across all of the strategy objectives. Nearly all of the activity carried out within the alcohol strategy involves partnership working but the POP project is unusual in having its own project team, objectives and budget.

The over-arching aim of the POP project is to contribute to the SSCB's high-level targets of reducing common assault and wounding, and reducing perceptions of anti-social behaviour. These targets have arisen from significant community concern. The SSCB, when participating in the negotiations for Performance Reward Grant Targets (PRG) within the Local Area Agreement (LAA), established PRG targets in those areas thus placing them at the heart of the LAA and local Strategic Partnership. At the end of the first year of the LAA these targets were being met.

The objectives of the POP project are to achieve its aim through:

- a. Understanding the extent and nature of alcohol's involvement in violent crime and ASB in Enfield
- b. Developing robust indicators of alcohol-related violence and ASB
- c. Unpacking the problem to identify areas of most concern to the community (e.g. rowdiness, or criminal damage, or disorder, or domestic violence)
- d. Developing and evaluating interventions to address the areas of most concern

The rationale for these objectives are described in section 3 below (Response), and section 4 (Assessment) sets out success criteria for the objectives, and how effectiveness is measured.

The POP project team comprises:

- ASB Team Manager (police secondment)
- Alcohol Strategy Coordinator
- Community Safety Team Projects Officer
- Community Safety Team analyst
- Community Safety Team Information Manager

- Enfield Observatory Information and Research Manager

The project team reports to the Alcohol Harm Reduction Board and its work is a standing agenda item at Board meetings. However, the project as whole involves a wide range of professionals involved in policing, community safety and delivering public services, as well as the community who contribute data and account for delivery of individual actions.

2. Analysis:

Anti-Social Behaviour and Crime and Disorder Audits were carried out in 2004 to inform the development of Enfield's Community Safety Strategy 2005/08. The audits, which included extensive consultation with residents, clearly identified both alcohol related violent crime and anti-social behaviour as emerging priorities. At same time, Enfield Drug Action Team commissioned an alcohol needs assessment that collected and analysed quantitative and anecdotal information about a wide range of alcohol-related harm, reviewed current responses to those harms, and recommended the development of a local alcohol strategy to co-ordinate and promote further activity.

Findings from the consultation, audit and needs assessment were sufficient to establish alcohol-related crime and ASB as a problem, and a priority within the Community Safety Strategy 2005-8. However, partners acknowledged from the outset that local information was limited. To define and understand the problem further, a data seminar was held as part of the development process for the alcohol strategy. Information analysts and managers from across the partnership met to discuss existing data sources, and to agree how each of the targets within the strategy action plan could be measured. The seminar produced these outputs:

- an agreed minimum dataset for monitoring the alcohol strategy. Data sources include CAD, CRIS, London Ambulance Service, Licensing, residents surveys, Environmental Services, hospital episodes
- baselines for each target within the strategy action plan
- agreement on who would collate, analyse and publish the various pieces of information in the dataset
- agreement on how the Alcohol Harm Reduction Board would use the information to monitor the strategy
- agreement on sharing the information with others eg the SAFE Tasking group (see below)

The alcohol strategy dataset enabled us to identify hotspots of alcohol-related disorder in Enfield, which could then be tackled. An early success was the elimination of Enfield Town as one such hotspot (see Section 3 for details).

The dataset was less useful however, in identifying other forms of alcohol-related crime and ASB. Measuring the extent to which alcohol is involved in, for example domestic violence and criminal damage at local level was difficult because existing data systems are limited, and alcohol involvement is often not recorded/flagged. To get an accurate picture of alcohol-related crime and ASB in Enfield, better data was needed. This is illustrated by an analysis of alcohol-related Violence Against the Person that disregarded offences taking place within licensed premises. When mapping these incidents, a number of commercial areas did still appear, especially in Enfield Town, Hertford Road and Fore Street where a number of pubs and bars are located (see Figure 1).

However, Ponder's End ward (outlined in red) had the second highest number of such incidents, and the second most prominent hotspot was located within the ward. This hotspot is the location of a housing estate without any licensed premises.

Alcohol Related Violence Unrelated To Licensed Premises 2006

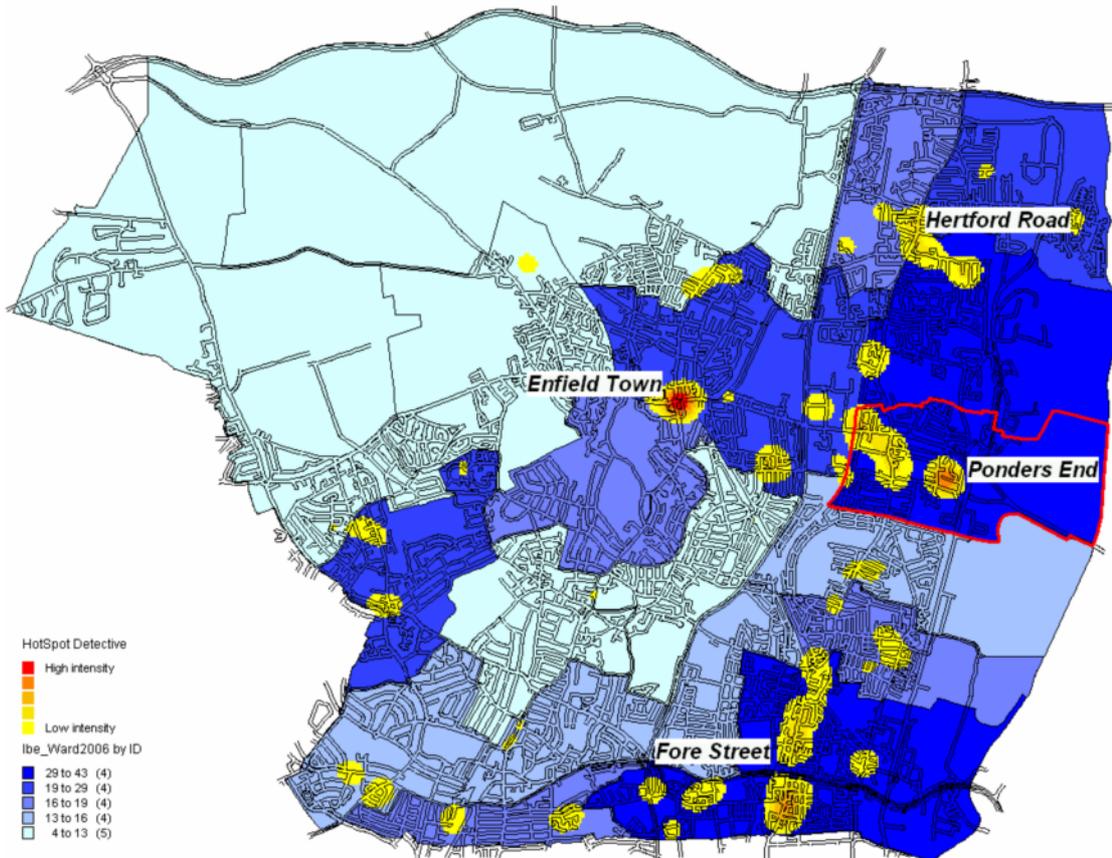


Figure 1

On further inspection of offences it appeared that 58% of those incidents were also Domestic Violence related. After mapping only those related to Domestic Violence, the hotspots became more dispersed and moved away from commercial areas (see Figure 2). Ponder's End ward had the greatest number of alcohol-related Domestic Violence offences, and the borough hotspot was the same estate in Ponder's End.

Alcohol Related Domestic Violence 2006

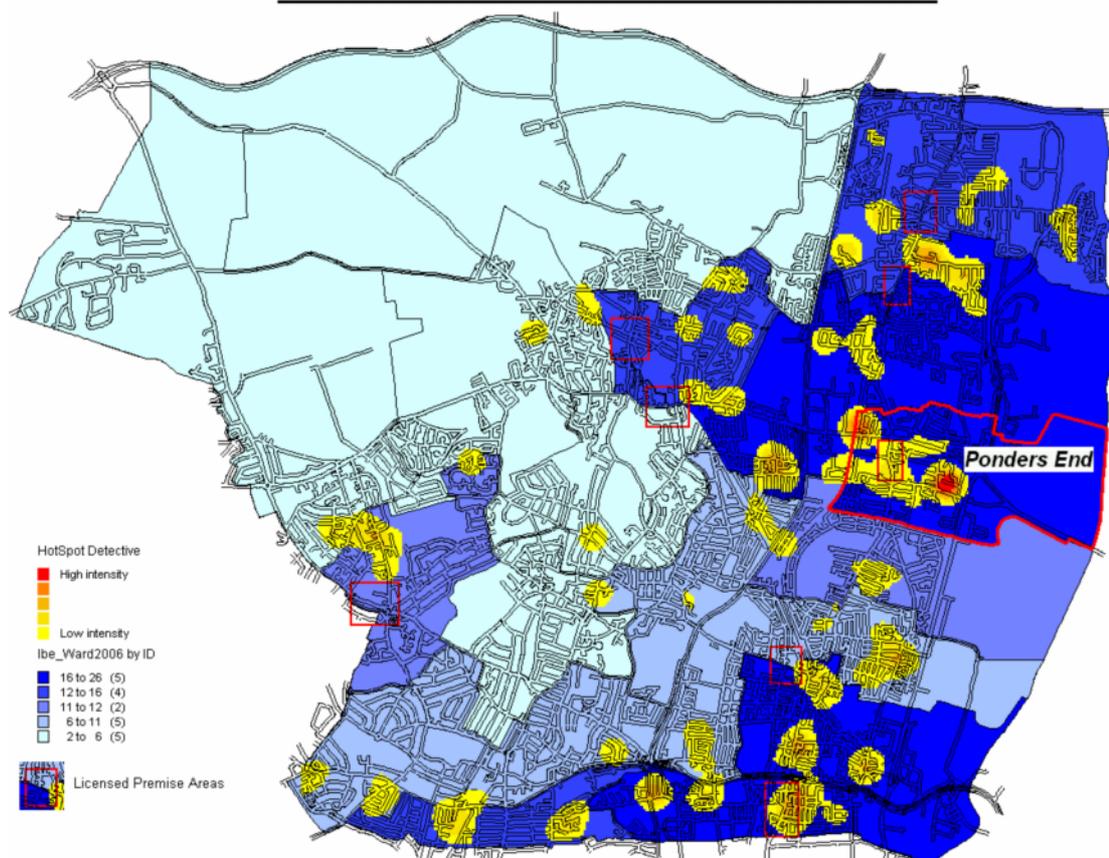


Figure 2

The analysis suggests that alcohol-related violence within the borough is not just related to licensed premises, and that it correlates strongly with Domestic Violence. However, due to the limitations with the data, the numbers are not significant enough to look further into the problem.

The POP project team reviewed existing data from the various partners. In most cases, recorded alcohol involvement was lower than expected compared to the national picture. The reason for this appeared to be two-fold: under-use of existing data categories, or lack of alcohol categories altogether. In the case of the CRIS data, the following optional 'flags' were relatively rarely used:

- MV = victim had been drinking prior to the offence
- MF = suspect/accused had been drinking prior to committing the offence
- GA = alcohol used

Whilst the British Crime Survey estimates that 44% of violent crime is alcohol related, the problems associated with CRIS data suggest that this figure is only 7% within the borough of Enfield.

The ASB Caseworks database that stores information from Housing, Envirocrime and the council ASB team did not have a code/category for alcohol involvement at all.

To address possible under-reporting in these two key data sources, a report highlighting the issues was presented to Enfield's CDRP, the Safer and Stronger Communities Board. The SSCB supported the report's recommendation that police officers and crime analysts, for a two-month trial period, make a concerted effort to use the alcohol flags in CRIS. The trial began in March 2007, and saw an increase in use of the flags over March and April 2007. Figure 3 shows how offences flagged "MF" (suspect drinking prior to offence) rose 79% from 80 to 143 for the two months, compared to last year. Similar increases were found for offences flagged "MV" (victim had been drinking) and "GA" (alcohol used). The increased rate of flagging has been sustained to some extent, with alcohol-related crimes up 38% from 2005/06 (536 crimes) to 740 crimes in 2006/07.

CRIS alcohol flagging - before and after POP

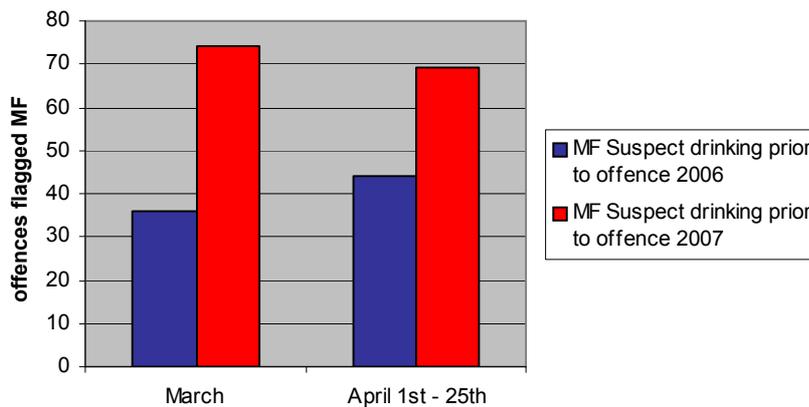


Figure 3

Caseworks, Enfield's ASB database, has been redesigned and now incorporates a compulsory flag for alcohol-involvement. It is too early to review any data this generates.

The POP team's data review also identified key gaps in information, including:

- A&E data: specifically 'last drink' information on alcohol-related assaults that would help identify problem premises
- Housing data on alcohol-related ASB: anecdotally neighbour nuisance and vandalism is often alcohol-related
- CCTV data
- Ward-level information on perceptions of alcohol-related crime and ASB: information from residents surveys is not sufficiently detailed to help identify specific problems
- Data on alcohol and domestic violence. CRIS flags should pick this up in theory.

In addition to the data review, the project team surveyed front-line colleagues working in the areas of criminal justice, ASB, Envirocrime and community safety to explore other possible sources of information and also possible responses. The findings of the data review and the survey were presented and discussed at a stakeholder event for professionals and community representatives in July 2007. The event explored the relationship between alcohol use, crime and ASB in Enfield and options for new ways of measuring alcohol-related crime and ASB

3. Response

Design of the response

As discussed above in Section 1, the broad response to the problem of alcohol-related crime and ASB in Enfield was the development of the alcohol strategy by the Alcohol Harm Reduction Board. The multi-component, multi-agency strategy was the response recommended by the government's 2004 alcohol strategy for England, and supported by the research literature (see for example Thom B and Bayley M (2007) *Multi-component programmes: An approach to prevent and reduce alcohol-related harm*, Joseph Rowntree Foundation). The multi-component approach typically requires a programme of multiple, co-ordinated initiatives rather than 'stand-alone' projects, and an emphasis on encouraging change in local policies, structures, systems and drinking cultures.

After the first few months of the strategy, it became clear that whilst partnership working was proving effective in reducing alcohol-related problems associated with the night-time economy (see below), other forms of alcohol-related crime and ASB were not being addressed in the same way, for a number of reasons. We needed a more targeted response. At this point, the POP project was established as an integral part of the strategy to explore those reasons, and to develop solutions to the issues that arose.

The POP approach was chosen because it seemed to meet our requirements in these key respects:

- the problem demanded much more detailed examination – we had done all the obvious things
- we wanted an approach that was preventative in nature
- the solutions to many alcohol-related problems have not yet been established
- multi-agency partnership is essential to tackling the more intractable alcohol problems

Resources

The Safer Stronger Communities Board allocated funding for an Alcohol Strategy Coordinator post for two years from 2006. A further £57,300 has been identified over three years to part fund a council post 'Safer Streets project manager' responsible for delivering the Responsible Retailers scheme across the borough, particularly aimed at under age sales and licensed premises. The SSCB has also allocated £6,000 over three years for training for generic workers, and £15,000 for information campaigns. In addition, as part of a pan-European project we have secured £21,000 of EU funding for a prevention campaign via Alcohol Concern, and materials worth £1,000 from GOL as part of a pan-London information campaign pilot.

Key elements of the broad response to reducing alcohol-related crime and ASB

Infrastructure The Safer and Stronger Communities Board is the crime theme group for the Enfield Strategic Partnership with a number of representatives from partners on each. The Board recognised the need to deal with alcohol related violence crime and anti-social behaviour by establishing the Alcohol Harm Reduction Board.

Licensing Act 2003 implementation and Policy The Council successfully implemented the licensing Act 2003, achieving the best performance in London for processing license applications by the implementation date.

Safetasking The SAFE (Street Action for Enfield) group brings together agencies across the borough each fortnight to review a wide range of intelligence and agree multi-agency operational activity. Operating under a performance management framework the group has been able to deliver on best value and demonstrate significant benefits to the community in terms of community safety and environmental quality. In March 2007, the Council received a national award for 'Efficiencies through Partnership' from Encams for SAFE.

One of the targets in the alcohol strategy is to identify the top ten 'high risk' problem premises on an ongoing basis and secure licensees' agreement to undertake an improvement plan or be subject to license review and/or enforcement activity is coordinated through SAFE.

Tackling underage sales One of the strategy targets is for 75% of premises that have sold alcohol to minors to become compliant within 6 months (93% compliance was achieved in 2007/08).

Alcohol Control Zones We have designated alcohol control zones (Designated Public Places Orders) in areas of the borough where evidence suggests there are problems with alcohol related disorder or nuisance. In particular, during 2006 residents in the Grange Park area raised numerous complaints about alcohol related disorder in a cluster of streets in the area. As a result the ACZ proposed for that area was extended to include the streets of concern, and a dispersal area was later implemented. An off licence alleged to have been the source of underage sales surrendered its license before a review application was submitted by the Police. The licensing team has not received any complaints about such disorder since, and the dispersal zone has now been lifted.

Working with the licensed trade Licensees are clearly important stakeholders in local alcohol strategy. Through consultation and subsequent joint working with licensees, Pubwatch is due to re-launched as Safer Pubs in May 2008. We have been short-listed twice for the Responsible Drinks Retailing Award for our partnership work with the Police and licensed trade, in 2005/06 and 2006/07.

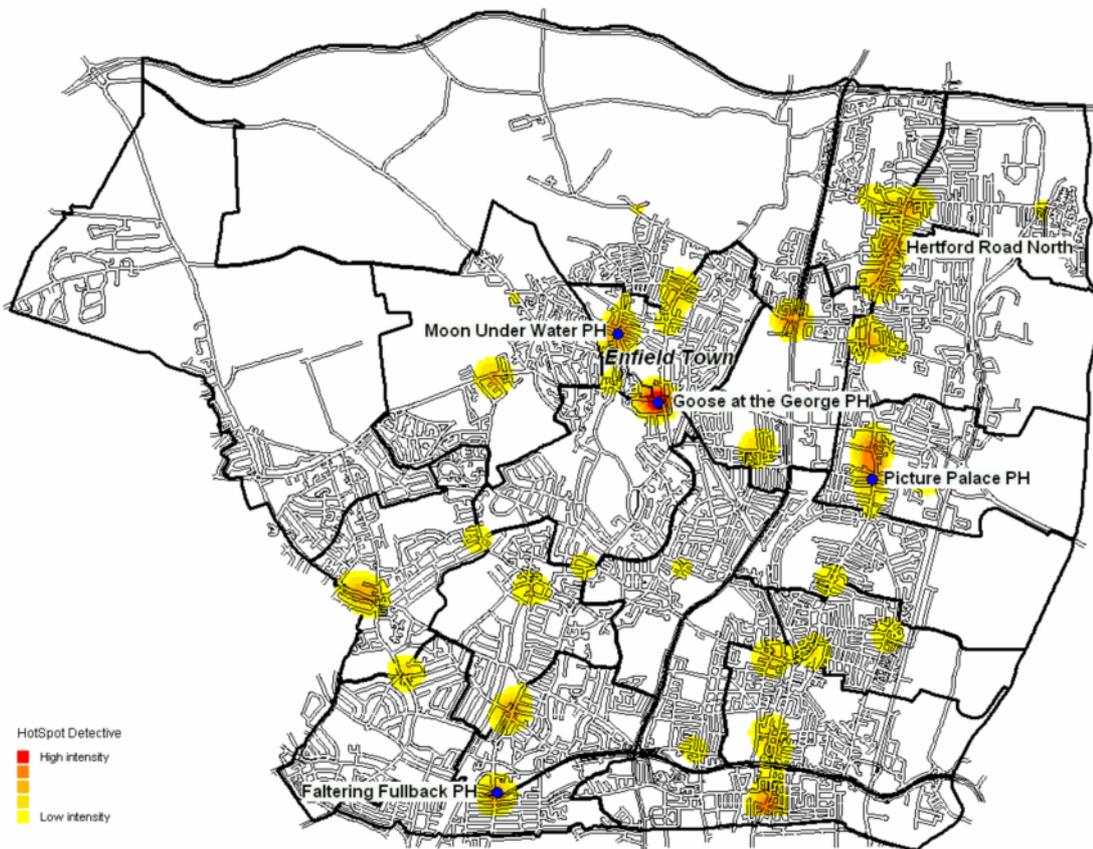
World Cup campaign Due to previous disorder issues within the borough for international/European football competitions, Police, licensing and trading standards undertook a World Cup campaign in Summer 2006 which involved information packs, letters and visits by trading standards and Licensing teams and age restricted sales sessions, a high profile poster campaign and meetings with senior management of the pubs in Enfield Town. A dedicated telephone Police hotline for licensees was available throughout the competition, and extra Police resources were made available for key matches.

One of the pubs which historically had disorder problems with such competitions decided not to show the matches as a result of intervention by the Police and the Council's licensing team. There was positive feedback from licensees on the campaign and relatively few disorder incidents reported. We were shortlisted for a responsible drinking message award by the *Drinks Business Magazine* for our work with the licensed trade leading up to and during the World Cup.

Reducing alcohol-related incidents around licensed premises

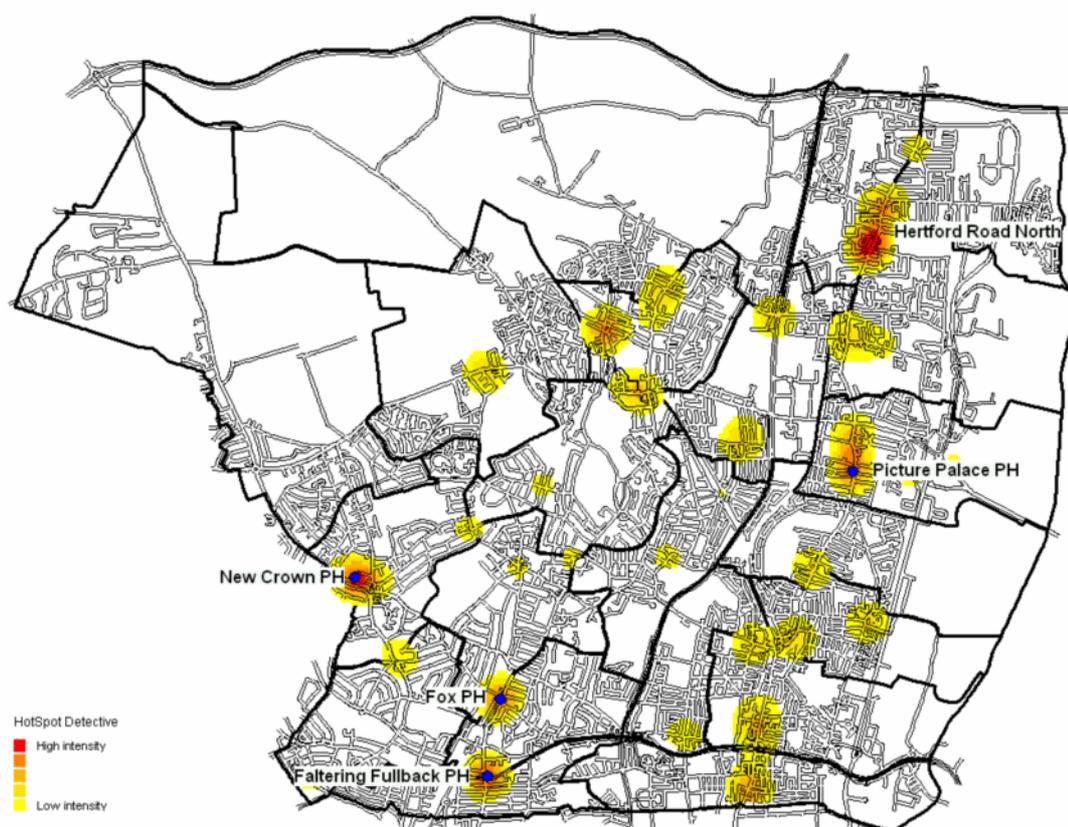
In the first half of 2006 Enfield Town was the most prominent area in Enfield for incidents relating to licensed premises. This area has been a historic hotspot for incidents relating to alcohol and licensing. Two of the premises receiving the greatest number of calls were also located in the area (Moon Under Water & Goose at the George).

Licensed Premise Hotspot Areas & Problem Premises (January - June 2006)



In the following half of 2006, bucking the trend of previous years, Southgate Circus and the Hertford Road north area replaced the once dominant Town hotspot. Incidents in the second half of the year fell by 12.2%. Incidents declined within the Enfield Town hotspot by 28.6% and the number of incidents at the Goose at the George fell further still by 63% (44 down to 16).

Licensed Premise Hotspot Areas & Problem Premises (July - December 2006)



Reducing perceptions of alcohol-related ASB

A citizens panel survey conducted in August 2006 found that perceptions of drunkenness and rowdy behaviour had reduced by 26.2% points against the 2003/04 baseline. The 2006/07 Local Authority BVPI survey found that in Enfield, the percentage stating people being drunk or rowdy in public spaces is a problem was 26% - the second lowest in London. From the data we have, it is not possible to attribute this success to any particular response or combination of responses, but it seems likely the work on reducing the disorder around licensed premises has played a part.

Targeted responses to alcohol-related crime and ASB

The main achievement of the POP project has been to improve data – see section 2 above. However, the additional data has not revealed new problems, nor specific problems that lend themselves to a POP approach. Whilst other boroughs struggle with street drinking, or significant problems with public place violence in town centres, or young people drinking in parks etc, Enfield does not experience these to any great degree. Alcohol-related harm in Enfield is across the board – violence, disorder, asb, morbidity and mortality, family breakdown etc. Although the POP project is continuing to explore specific responses to the crime elements of alcohol-related harm – including the three responses outlined below - it is clear that the cross-cutting, multi-component approach is a sensible response, aiming as it does to reduce harm through promoting responsible drinking.

Offenders with alcohol problems

Discussion with partners from Probation, and analysis of OASys data, shows that many Probation clients are drinking at harmful levels, and that alcohol use is associated with a significant level of offending behaviour. The POP project carried out an analysis of the use and effectiveness of the Alcohol Treatment Requirement (ATR) community order and found that lack of local treatment provision means ATRs are infrequently handed down. There was insufficient data available to test the effectiveness of ATRs. It is not possible to increase the use and effectiveness of ATRs without increased treatment options, which are limited because of severe financial constraints in the PCT.

Alcohol-related domestic violence

The Home Office funded Stella Project has highlighted the importance of providing support for victims of domestic violence who also suffer alcohol problems. We are addressing this through Enfield's Domestic Violence Forum to promote joint working, and a conference in October 2006 which raised the issues. As a result, our DV service now runs a satellite service once a week in the premises of our alcohol treatment provider, Rugby House. Rugby House now also attend the MARAC (multi agency risk assessment conference), to pick up referrals and advise on alcohol-related cases. SSCB is considering strengthening the MARAC link with alcohol to include an action whereby 100% of those referred to MARAC and presenting an alcohol-related need, will be referred to alcohol services.

Overcoming obstacles

Health funding

The biggest obstacle for the strategy as a whole has been getting the right balance between health and crime. Due to historical lack of health investment locally in alcohol harm reduction, and the absence of priorities and targets on alcohol from the centre, Enfield Primary Care Trust (PCT) has found it extremely difficult to commit financial resources to alcohol work. This is compounded by the fact that the PCT is also experiencing serious financial deficit. Together, these have a major impact on levels of early identification of problem drinkers, and of treatment and support, making it doubly difficult to develop treatment interventions specifically aimed at reducing alcohol-related crime.

Although this remains a problem, the partnership has made every effort to overcome it, including by:

- The Alcohol Strategy Coordinator, PCT alcohol lead and DAT commissioner working with PCT and ambulance service data analysts to develop an invest-to-save business case for specialist alcohol treatment
- Working with two neighbouring boroughs to develop a cross-borough pilot scheme for hospital based screening and early intervention.
- Lobbying by the SSCB, the Health Scrutiny panel, local MPs, the Health Improvement Partnership and of course the Alcohol Harm Reduction Board to secure the new money for the screening pilot
- Securing a small amount of funding from the Health Improvement Partnership to conduct an audit of hazardous and harmful drinkers presenting to our two A&E departments – the findings are powerful evidence of the need for screening in A&E
- Press releases to local and national press aimed at encouraging the PCT to invest in alcohol interventions
- Parliamentary questions
- Support from London Strategy Health Authority's lead on alcohol

As a result of this lobbying, the new LAA is expected to include a target on hospital-related alcohol admissions, which will help to focus the Local Strategic Partnership's attention on alcohol and health issues.

Getting A&E departments on board

The needs assessment identified gaps in data from A&E departments, and this issue was pursued by the Health Scrutiny Panel. From a crime perspective, the AHRB was very interested in getting data on alcohol-related assaults. However, there are resource implications in screening for, and recording, alcohol problems in A&E, and confidentiality issues in sharing data – no data was available at all. Discussions with A&E consultants and managers led to a 10 day audit of hazardous drinking amongst A&E patients, and to the development of a pilot cross borough screening and early intervention scheme. Consultants from both of Enfield's A&E departments joined the AHRB as a result. In addition, Enfield was chosen as one of 9 sites in England to host Department of Health research into screening and brief interventions in health and criminal justice settings. The work commenced in early 2008.

The relationships with our two hospitals are such that we can pursue data sharing between A&E and the community safety partnership.

4. Assessment

Use of evaluation data to inform and improve our response

The project outcomes are evaluated in the same way as the alcohol strategy as a whole – through an agreed set of indicators collated by the Enfield Observatory and performance-managed by the Alcohol Harm Reduction Board at its quarterly meetings. Monitoring data is a standing agenda item. The standard indicators are occasionally supplemented by other information, for example alcohol-related fire deaths at the request of the Board.

Evaluation for specific interventions: choosing an appropriate method

In addition to the overall monitoring and evaluation of the alcohol harm reduction work, discreet interventions are also evaluated separately, for example the World Cup campaign. Aside from the disorder indicators, we sought feedback from licensees and evaluated the effectiveness of the poster. The poster evaluation showed it had very little impact, and this led to a re-appraisal of our plans for an information campaign. (When we started reviewing evidence of effectiveness for such campaigns elsewhere, we found little, and decided to commission Middlesex University to develop an evidence-based campaign appropriate to our target groups).

Evidence for achieving what was intended

Examples of how the data demonstrates effectiveness of our interventions are included in Section 3 above.

Ownership of the evaluation across the partners

All partners contribute data to the evaluation process, via the Enfield Observatory. Protocols are in place to govern what is shared, and what levels of access are permitted for the data. The monitoring reports for the AHRB, and as much other data as possible is published on the Observatory website and available to the general public.

State number of words used: 4,000

Section D: Endorsement by Senior Representative - Please insert letter from endorsing representative, this will not count towards your word or 1MB size limit restrictions.

Dear Sir or Madam,

As Chief Executive of Enfield Council and Co-chair of the Safer and Stronger Communities Board of Enfield (our CDRP) I am very pleased to be able to support this application for such a prestigious award.

Enfield's Alcohol Harm Reduction Strategy aims to "encourage and support responsible use of alcohol to reduce crime and anti-social behaviour and improve the health of people living and working in Enfield". Operating across the four domains of crime, health, communication/education and supply/the licensed trade; Enfield's strategy follows the multi-component, partnership approach set out in the Alcohol Harm Reduction Strategy for England (2004). The Alcohol Harm Reduction Board oversees the implementation of the strategy on behalf of the Safer and Stronger Communities Board. The Alcohol Board comprises senior representatives from the Police, council (licensing, trading standards, community safety, road safety, social services, education, Drug Action Team, children's services), health authority, hospital trusts, Probation, Fire service, licensed trade, and the community sector.

Alcohol misuse plays a significant role in crime and anti-social behaviour locally as well as nationally. We know it causes concern locally among residents; it uses considerable Police resources on a daily basis. The work of the partnership will continue to reduce crime in the medium to long term.

Partnership working around crime and community safety in Enfield is strong. The alcohol strategy has been a very welcome addition to the Safer and Stronger Communities Board's work. The partnership work and relationships affect other area of work as well such as the new ASB Estates team.

In summary, the work of the Alcohol Harm Reduction Board has and is having a significant effect on crime reduction and our partnership work in Enfield

Yours faithfully,

Rob Leak
Chief Executive, Enfield Council
Co-chair, Safer and Stronger Communities Board