

What Works?: Reviewing the evidence base for neighbourhood renewal

Introduction

The Neighbourhood Renewal Unit's New Deal for Communities programme is based in 39 neighbourhoods across England. The Programme is aimed at delivering significant and lasting improvements in five key areas: housing, education, worklessness, crime and health. One of the key aims of the national evaluation of New Deal for Communities is to strengthen the evidence base about what works. This will help NDC Partnerships, and others, to design and deliver effective interventions.

This brief review presents an interim assessment of what works and promising approaches. It builds on a fuller initial assessment of the evidence in relation to tackling the five key NDC themes that has been carried out as part of the preliminary work on the national NDC evaluation. (For fuller details, see the NRU's website www.neighbourhood.gov.uk)

Further work on identifying what works will be continued throughout the NDC evaluation and the evidence base on the NRU's website will be regularly updated. This ongoing updating will also complement and feed across to the content of the NRU's Knowledge Management System (KMS). The KMS will be a web-based resource for practitioners, Partnerships and everyone involved in delivering neighbourhood renewal. The KMS is planned to "go live" later in 2002.

In deciding what to do, there are a number of general principles that NDC Partnership's should consider. These include:

- defining the nature of local problems by examining local data and using other evidence, including taking account of the views of service providers and local citizens themselves;
- adopting an approach based on the use of robust evidence as to what works;
- understanding the scale or level of a particular problem or set of problems and their causes and analysing problems and planning schemes and their delivery accordingly;
- realising that using a "cookbook" approach to good practice does not work. Instead, Partnerships need to translate general, evidence-based principles into practical approaches tailored to the needs of their neighbourhood and the wider context. Moreover, these interventions need to be monitored and reviewed once in place to check their effectiveness and relevance to changing circumstances;

- understanding that interventions to alleviate problems or address their causes are often best implemented indirectly in partnership with mainstream providers of services, such as health and education. As is emphasised in the National Strategy for Neighbourhood Renewal, more may be achieved by working with and through other agencies either by seeking to improve their processes (e.g. the ways in which services are provided to NDC areas) or their practices (e.g. the amount of service being provided in these areas);
- taking account of what is happening (including plans in development) outside the Partnership area. This includes what action is being undertaken by other Partnerships, other regeneration and renewal agencies, district-level bodies and those operating at a wider scale (e.g. Regional Development Agencies and national Government). Evidence indicates that effective interventions often rely on developing initiatives which complement the activities of other agencies in the Partnership area and beyond. But it is equally important to identify and avoid risks of interference between activities at both tactical and strategic levels.

In addition to these general principles for what works, there is some emerging evidence to suggest which interventions are likely to prove more effective in helping to achieve neighbourhood-level changes in the key areas of :

- housing and the physical environment;
- education;
- worklessness;
- crime; and
- health.

However, while there is some evidence of effective or promising approaches, the overall evidence base often remains patchy because of factors such as :

- lack of in-depth research into issues such as who benefits from interventions;
- much research is of a static nature, not a great deal looks at change through time (e.g. how individuals benefit from a renewal initiative);
- and much is based on a few case studies which can lead to misleading evidence or findings of limited generalisability.

In this context, the NDC evaluation offers an unprecedented opportunity to build on the existing evidence base in relation to many aspects of neighbourhood renewal.

What works? Housing and the physical environment

Typical problems facing NDC Partnerships

A number of separate issues interact to compound problems of stigma, unpopularity, neglect and disadvantage. These range from the physical aspect of the neighbourhoods (houses in poor condition, waste, litter, fly-tipping, neglected gardens, and common spaces) to problems in service delivery and housing transactions (distant or negligent landlords, negative attitudes of estate agents) to the activities of certain groups (anti-social behaviour by young people), to the neglect of distinctive housing needs (in some black and ethnic minority communities, for example, or among small households).

This combination can result in the disaffection or lack of involvement of existing residents, expressed through a desire to leave the area. These problems will also deter any potential newcomers from wanting to come to the neighbourhood.

The interconnected nature of these problems makes it especially important for Partnerships to identify the key reasons behind disengagement and unpopularity and to prioritise their interventions, rather than attempting to address all issues at the same time.

Issues to address

Many of the above problems can be tackled by Partnerships working in conjunction with other agencies. Here we focus on five typical problems:

Unpopular housing: symptomatic of overall neighbourhood unpopularity and reflected in the private sector by lower than average house prices, sometimes with rapidly falling values and leaving some owners facing negative equity problems. In the rented sector, the problem results in low or non-existent waiting lists, high rates of void properties and/or high turnover.

Single tenure: the dominance of one type of tenure form often skews the composition of the local community resulting in a limited social mix. In some Partnerships, for example, the predominance of social housing can result in a concentration of families with children and those dependent on housing benefit.

Poor quality housing: many NDC areas have suffered from neglect. This refers to the lack of proper maintenance of local authority stock and lack of upkeep by private landlords and home owners. These poor conditions feed through into a general image of the neighbourhood as neglected or undesirable and encourage existing households to move out in order to improve their housing circumstances.

Anti-social behaviour: not a distinctive “housing” problem but cited as a major issue in many of the NDC Delivery Plan assessments of housing problems. Recent measures have been introduced to combat anti-social behaviour, but Partnerships may not be aware of emerging good practice in this area.

An unresponsive housing service: in areas dominated by social housing, many Partnerships suggested that the management and maintenance of the stock needed to take more account of residents' wishes, to build confidence and capacity and help improve the overall image of this important service.

Key contextual factors

It is not possible to transfer initiatives from one context to another without an awareness of the whether they would "fit" in terms of the context in which they are introduced. This is especially the case with housing issues, where local market conditions (e.g. levels of housing demand) vary so markedly from place to place. The issues that Partnerships need to consider here include:

Neighbourhood tenure balance: especially the extent to which this is preventing attempts to create more mixed communities;

Trends in housing demand: at the neighbourhood level, is demand rising or falling?; and is this general or specific to particular housing types and sizes or tenures? Comparative rates of mobility and reasons for leaving tenancies can provide useful information;

Service delivery and local housing providers: to what extent is the neighbourhood managed by a mixture of social landlords, and do they collaborate or duplicate services?; are private landlords engaged in forward planning, and should licensing of such landlords be introduced?; what are the prospects for transfer of stock to more community-based operations?

The wider housing market: is the neighbourhood an island of unpopularity in a wider context of high demand and rising prices, or do adjacent areas suffer from similar problems? This will affect decisions about the need for radical remodelling (including demolition) and/or the potential to draw on pent-up demand from nearby;

Traditions of resident involvement: is there a history of sustained resident or tenant participation that can be built on?– or should more modest expectations prevail, due to previous lack of involvement, or earlier failures?

"Decent" homes: how far does the condition of the properties in the social sector conform to the new "decency" standard?

Interventions by Partnerships: what works?

In terms of the five examples shown above, Partnerships can work with local housing agencies in the following ways:

Dealing with unpopular housing

A neighbourhood-focused, rather than purely stock-centred, approach is essential from the outset:

- improve the physical appearance and the condition of the stock;

- demolish unpopular property types or sizes of housing, if there is an over-supply;
- devise an “image management” strategy for the estate to counter the effects of bad publicity;
- re-think management and allocations policies; introduce local lettings; move away from a purely needs-base systems; market empty properties openly.

Introducing more mixed tenure

- in any plan to remodel neighbourhood housing, replacing demolished properties in social sector with homes for sale, or shared ownership;
- encouraging right to buy applications (e.g. through publicity);
- undertaking stock transfers, if there is a predominance of council properties;
- giving attention to improvements for existing private sector homes to prevent flight of home owners.

More owner-occupation is likely to improve the external image of the neighbourhood, it will not necessarily prompt greater social mixing between tenants and owners.

Dealing with poor quality housing

- housing investment has been successful in bringing tangible and visible physical improvements; however,
- additional investment needs to be accompanied by community development programmes (e.g. to harness increased resident interest) and achieve sustainable improvements;
- residents need choice over priorities in new build or refurbishment, and involvement in wider issues of estate design at an early stage. Dissatisfaction may increase if standards of improvements are varied through the programme; residents measure relativities not absolutes in thinking about the condition of their home.

Reducing anti-social behaviour through housing interventions

- a flexible strategy is vital, balancing legal, design-led and management-led initiatives;
- “negative” sanctions in letting practices should be accompanied with “positive” measures to attract new households;
- the effective co-ordination of the key services can be set out in an estate contract or agreement open to resident scrutiny, or through multi-agency nuisance teams;

- special tenants' contracts can be introduced, going beyond normal tenancy agreements;
- Anti-Social Behaviour Orders and possession proceedings can be used, though care is needed over their impact on the external image of the neighbourhood;
- security upgrading, concierge schemes and entry phones can reduce feelings of insecurity and build confidence especially among newcomers;
- perpetrators of ASB may need support and resettlement to sustain tenancies in areas of high turnover.

Providing a more responsive housing service

- introduce a local base for housing services, including joint accommodation if several landlords are operating in the neighbourhood;
- appoint specialist staff such as caretakers, concierges and neighbourhood wardens, again on joint basis in multi-landlord areas;
- consider setting up Estate Management Boards or similar bodies to enhance involvement where there is active resident interest and engagement;
- the creation of neighbourhood agreements or estate contracts can weld together service providers and yet also avoid "participation fatigue" among residents;
- variations in services, rents and standards between different landlords can feed resentment from residents: develop common protocols;
- choice-based lettings can heighten interest in housing issues, though these are unlikely to work in areas of extremely low demand.

What works? Education

Typical problems facing NDC Partnerships

The educational problems identified by Partnerships are fairly common across the New Deal areas. These include: low pupil and parent expectations, lack of adequate childcare facilities and pre-school learning; poor school attendance; high rates of school exclusion; low levels of achievement in schools; low numbers of students entering post-16 education and training; low levels of parental involvement in children's learning; and low levels of qualifications, literacy and numeracy amongst adults.

Many of these problems are closely inter-related, and link with other areas of exclusion. For example, there is a close relationship between truancy and juvenile crime rates.

Issues to address

NDCs working in partnerships with other agencies can overcome some of these problems. Five interventions commonly identified by NDC Partnerships are:

- study support initiatives, such as breakfast clubs and homework clubs, family learning centres and mentoring schemes;
- anti-truancy strategies;
- pre-school, nursery and early learning provision;
- provision for adult education and lifelong learning;
- ICT provision and skill training.

Key contextual factors

Across the broad range of educational interventions, research evidence indicates that the most successful interventions tend to be grounded in, and respond to, local context and circumstances.

The key issues for Partnerships to consider include:

Evidence of local need: utilising evidence collected from other agencies, or undertaking new research to identify educational needs and issues across all age groups.

Local education strategies: are proposed initiatives working with, or running counter to, wider strategic approaches to the development of local education services across the city or region?

Where and when is educational achievement prone to tail off, and who tends to achieve least well? Even within a small community, children in particular areas, at particular ages and from particular backgrounds can be particularly at risk of failure or disaffection. Teachers and other front-line staff are often particularly aware of areas where extra support is particularly needed.

What additional support do schools already provide? Few schools limit themselves to merely providing classroom-based teaching. What additional activities and support are already taking place in local schools? Research from Ofsted has shown that community-focused schools are, for example, by far the most successful in helping young males from BME communities to reach their potential.

How closely do service providers listen to users? In adult education, it is important to assess whether what is being provided is matched to what local people want and local employers need. Consultation is also important for children's education. There is a danger that the views of adults are assumed to be the same as the views and needs of young people in the community. This is unlikely to be the case.

Interventions by Partnerships: what works?

Study support activities: examples include curriculum extension activities (e.g. after-school football), direct support for study such as homework clubs and study skills revision schemes, summer schools focused on literacy and numeracy in the context of enjoyable activities, and mentoring schemes offering young people various kinds of advice and support. These can be successfully delivered either through adults other than teachers, older children or peers.

Curriculum enrichment activities: such as arts, sports, community service, cultural visits and outward bound courses. These have a particular role in helping to foster life skills – such as organisation, creativity and self-discipline – as well as providing a means of engaging young people at risk of disaffection.

Provision for disadvantaged young people: severely disaffected young people can prove very challenging to work with. Many will already be in contact with statutory agencies such as social services or the youth justice system. However others will either have not been detected, or will not yet have crossed statutory intervention thresholds. Imaginative provision can re-engage disaffected young people – e.g. DfES' Playing for Success scheme provides education in the context of a professional football club.

Early years services for children and families: intervention aimed at providing high quality, integrated early years services for children and families can have a positive effect on children's attitudes to learning and their social skills, can help to identify and support children at risk, and can enhance parenting skills. Significant experience is being built up through the Sure Start programme.

Family support for older children and their families: many parents find their children's transition to adolescence particularly difficult, particularly as regards boundary setting and behaviour management. This, combined with transition from primary to secondary school, can lead to increased family stress, poor behaviour and involvement in truancy and anti-social behaviour. A number of approaches have a good track record in combating negative outcomes through supporting families. In particular, family group conferences can help rebuild relationships between family members and thereby enable parents to offer their children effective support. Home – School link workers can help ensure that parents are kept informed of and involved with their children's education and early evidence suggests that they are effective in reducing unauthorised absence.

Widening adults' participation in learning: effective information, advice and guidance (IAG) can make a major contribution to widening participation in learning. IAG helps individuals to make decisions about their future and identify appropriate courses to enable them to achieve their aims. Gaps in basic skills, especially literacy and numeracy need to be addressed with some tact and imagination. Illiteracy and innumeracy have a substantial stigma attached, and some projects have found that it is more productive to use a "gateway" course – e.g. on ITC skills – as a means of providing people with a comfortable environment in which to come forward. Community-based provision is particularly important here.

What works? Worklessness

Typical problems facing NDC Partnerships

Worklessness involves local people who may want work, or be capable of working, not being able or willing to do so. They may not be actually “registered” as unemployed. The main groups of people experiencing worklessness in a given locality may include some or all of the following: workless households; those experiencing “repeat” spells of unemployment; males and low/no qualifications; former manual workers in manufacturing; some ethnic minority groups, in particular the Black African/Caribbean and Pakistani/Bangladeshi communities; lone parents; and those experiencing “multiple” disadvantages e.g. ex-offenders, homeless people and substance abusers.

Although there are important differences in the nature of the “worklessness problem” facing NDCs relating to their particular locality and socio-economic characteristics, some key elements are common to most areas:

- high levels of unemployment, particularly long-term unemployment, and particularly concentrated in certain groups (especially young males and BME groups);
- high levels of “hidden worklessness” manifested in high levels of economic inactivity;
- relatively high proportions of households with no wage earner, low income and experiencing financial difficulties; high levels of dependency on benefits and a “culture” of benefit dependency;
- low levels of educational attainment, literacy and numeracy, qualifications and skills;
- large proportions of those in work are in low quality/low wage jobs;
- low levels of self-employment and low survival rates for business start-ups;
- significant barriers to achieving employment due to lack of affordable childcare, transport difficulties and attitudes to training and work;
- high risk of those who obtain work moving away from the area.

Issues to address

The central task is to move people from non-employment into employment, thus reducing unemployment (registered and non-registered) and increasing employment and activity rates. This requires the analysis and identification of reasons why people are unable to find appropriate work. There are two sets of issues that should be addressed:

An overall shortage of job opportunities associated with the weakness of the locality’s (not just the neighbourhood’s) economy. This requires action to stimulate local job generation and to bring more jobs into the area. There is no guarantee, however, that local residents (let alone those who

are currently workless) will necessarily access these new jobs. Stimulating employment is therefore not a sufficient condition for tackling worklessness. It is important to be aware that job opportunities need to encompass opportunities in the wider locality outside the NDC area and the replacement jobs that arise from the normal process of labour turnover, as well as opportunities in the neighbourhood.

A weak connection between the job opportunities that are available and the ability of workless people to access these opportunities. There are a number of reasons for this lack of connection and local actions should reflect the specific nature of these barriers to employment in order to effectively “reconnect” the workless to job opportunities:

- *Weak job search:* There may be limited information on available vacancies because of poor informal networks or limited use/access to public/private agencies. Employer recruitment activity and practices in the locality may also connect poorly to the workless search channels.
- There may be *location and skill mismatches:* (a) The location of new job opportunities may put them “out of reach” of workless residents due, for example, to poor transport links/availability, or a limited range of job search. (b) The skills required in the jobs that are available may not match those currently possessed by workless residents. This relates not only to qualifications but to occupational or sectoral work experience, generic skills and “employability” skills, where in some cases residents may not be “work ready”.
- There may be *limited financial incentives* to move from worklessness into paid employment. These may relate to benefit levels and availability, including housing and disability benefits; to the wage levels available in local jobs; or to domestic circumstances associated with childcare or care of the elderly or sick.
- There are *scarring effects* associated with the experience of long periods of worklessness. These may include: a weakening of attachment to the labour market; deterioration of skills; diminished aspirations and expectations; and a loss of confidence. This calls for early, preventative action amongst those at risk of such detachment, especially in recession conditions where actions to reduce the flow into long duration worklessness become more important relative to actions to reduce the stock of those already experiencing worklessness.
- There may be *discrimination* by employers and others against those who are workless per se, or against groups who are disproportionately concentrated amongst the workless, for example, certain minority ethnic groups and those living in certain areas.

Key contextual factors

Evaluations of local initiatives to address worklessness have emphasised the importance of understanding the local context and tailoring interventions to fit with this context. There are three main aspects:

First, the *nature of the local labour market* in terms of, for example, strength and nature of labour demand, sectoral characteristics, future employment developments and opportunities for NDC residents.

Second, the *characteristics of groups* experiencing worklessness and the barriers they face due, for example, to “cultural” and educational factors, family circumstances, lack of skills, and transport and childcare problems.

Third, the *local policy and institutional* context in terms of existing policies and plans, mainstream provision and other local initiatives addressing worklessness and the history and capacity of partnership working.

Interventions by Partnerships: what works?

Overall a strategic approach to local action is important. This applies both to the overall approach to worklessness itself as well as to its connections to the wider actions (e.g. on education, health or housing).

- Actions need to be: consistent with the nature of the problem; clear baselines should be set and measurable *objectives* proposed; and an effective monitoring, *review and evaluation* system should be in place from the start.
- Actions should also be “*vertically*” integrated i.e. consistent with other levels of policy action – European, national, regional/sub regional, and local.
- Actions should also be linked across the four main sectors of activity:
 - (i) stimulate/sustain labour demand particularly focusing on the needs of the workless;
 - (ii) development of the employability of the workless; (iii) building the bridges between them and the range of available employment opportunities; and, finally, (iv) it is necessary to support these activities with complementary measures to address the broader personal problems faced by some of the workless.

Key interventions that are often relatively effective include:

- Counselling, advice and guidance are important especially if the quality is high and trust is engendered. A system of personal advisers and “gateway” type activity is important, especially for those who have experienced long periods of worklessness.
- Job search activity is relatively inexpensive. Developing informal networks and engaging in outreach activity, on the supply side is valuable, especially if combined with clear employment “linkage” activity on the demand/employer side.
- Acquiring skills, appropriate to local employer needs, is essential. Employability and generic skills are of particular importance, especially if linked to specific, individual employers’ recruitment needs. Job guarantees can be developed with employers for those successful in developing relevant skills.

- Re-engaging the long-term workless with the world of work. Intermediate Labour Market initiatives have proved effective (though relatively expensive) in securing sustainable employment and contribute to wider regeneration objectives.
- Easing the transition from welfare to work for individuals, ensuring that there is a demonstrable financial gain and that short-term transition costs are dealt with. Creating a financial incentive for the individual is key.
- Subsidies to employers, despite some evidence of low (employer) “take up” appear to be effective in securing (and sustaining) employment for the more disadvantaged.
- Prevention measures may also be valuable. Early intervention, for example in relation to redundancies or to identify those most at risk, can diminish the likelihood of long-term labour market detachment as well as the dead-weight effects of early intervention.
- More generally, there is merit in “tailored” approaches which connect training and work experience closely to “real” labour market conditions; which provide packages of support, individually tailored and flexibly delivered and which take action to “sustain” employment (maintaining stable or enhanced longer term employment trajectories).

Most NDCs’ strategies to address worklessness appear to have taken account of the research evidence with many of the above interventions widely adopted. Some notable examples are as follows:

- Virtually all NDCs are implementing an “employment intermediary” or “job brokering” service, in some cases contracted out to a specialist agency (as in Middlesbrough and Bradford), in other cases (e.g. Bristol, Liverpool, Hartlepool) building on previous projects. A key element of such a service is close partnership working with Job Centre Plus to ensure added value to mainstream provision.
- Again most NDCs place heavy emphasis on addressing the barriers faced by disadvantaged groups through outreach work (e.g. Southampton, Southwark), basic employability skills development (e.g. Aston, Oldham), childcare provision (e.g. Sandwell, Plymouth) and benefits advice (e.g. Lewisham, Liverpool).
- The use of Intermediate Labour Market (ILM) solution is common to most NDCs to provide disadvantaged people with a route into work in the normal labour market, commonly based upon community enterprises to address local needs (e.g. childcare). In East Manchester ILMs are being established to deliver projects addressing crime and community safety issues thus providing a basis for linking across themes.
- Some NDCs (e.g. Southwark, Tower Hamlets, Brighton, Oldham) recognise the need to provide continuing support and mentoring to people once they have found work in order to promote sustainability of employment and progression beyond the “first rung of the ladder”.

What works? Crime

Typical problems facing NDC Partnerships

Typical crime and disorder problems generally found in NDC areas include:

- high levels of domestic burglary and an above average number of households experiencing two or more burglaries within a year (repeat victimisation);
- burglary, vandalism and theft suffered by small businesses and public buildings;
- high levels of violence, domestic violence and assault;
- racial abuse and harassment;
- car crime (theft of and theft from vehicles and joyriding);
- arson (to properties and vehicles) and hoax calls to emergency services;
- high levels and perceived high levels of youth disorder and juvenile crime;
- anti-social behaviour by residents;
- drug dealing and drug taking;
- high levels of drugs-related crime and street robbery;
- vacant, heavily vandalised properties used by drug dealers.

Issues to address

The consequences of crime impact on quality of life and include:

- extensive fear of crime;
- wider curtailment of social, recreational and economic life of individuals, businesses and the community as a whole;
- empty housing, business flight, inadequate access to shops and other services;
- inadequate support for victims or access to insurance;
- victims who may be especially vulnerable.

A range of contextual factors, social, demographic and physical, will influence the extent to which NDC areas experience different combinations of crime problems. They also affect the ability and capacity of communities to protect themselves against crime, whether acting by themselves or in conjunction with the police and other services.

Key contextual factors

Contextual factors not only influence the range and level of crime problems, but also the effectiveness of preventative initiatives. An intervention that generates a successful outcome in one location at one time may be unsuccessful elsewhere.

Partnerships also need to examine how these contextual factors might influence their ability to implement crime prevention or crime reduction schemes effectively. Schemes can be implemented either directly by NDC partnerships or indirectly by NDCs working in partnership with a range of organisations and individuals.

Existing evidence suggests, for example, that:

- The intervention may require “background ingredients” to be present – for example, CCTV requires a response capability to match the improved surveillance.
- Implementation may require certain conditions – for example, adequate information on local patterns of damage to schools to aid targeting; and commitment to quality-assurance of action delivered.
- And involving individuals or the community (as in Neighbourhood Watch) requires trust and a belief that individuals acting together can make a difference.

More specific factors that influence the impact of local crime schemes include:

The type and distribution of housing: areas with sub-divided, multiply-occupied privately rented dwellings owned by indifferent landlords will be more difficult to protect than elsewhere. Such areas attract transient populations with low levels of social cohesion and are more accessible to actual and potential offenders.

Social, ethnic and demographic characteristics: vulnerability to crime and the way preventive action is targeted will be affected by the level of deprivation, the age structure of the population, the ethnic mix in the area, unemployment levels, the number of single parent families and student and other migrant populations.

Street layout and design of the built environment: some designs provide very poor natural surveillance and easy and concealed access to the rear of properties that can create opportunities for burglars, drug dealers and muggers.

Accessibility of the area: highly accessible areas (served by arterial roads, railways, bus routes) are more vulnerable to travelling criminals than those with poor communications.

The presence of other regeneration and crime prevention initiatives: interventions are seldom implemented in a policy vacuum. Crime prevention strategies can be more effective if they can build upon other local initiatives implemented by the police, local authority, schools or local residents. It is crucial to ensure that the aims of any new initiatives complement and do not compete with or contradict those of existing projects.

Experience of partnership working: the extent to which different partners and agencies are working together to reduce crime will vary from area to area. Attempts to implement ambitious multi-agency initiatives will be harder in areas where partners have little history of working together.

Community cohesion/participation: the community might be more or less inclined to participate in the implementation and planning of schemes. The effectiveness of a crime prevention initiative can be jeopardised where there is apathy and a lack of ownership of the problem and its solutions by the community. More generally, the capacity of the community to respond to crime, by itself or in conjunction with formal crime reduction services, is reduced by a number of factors:

- a lack of crime prevention awareness;
- low levels of protection and security (particularly in shared dwellings and houses under multiple occupation);
- lack of familiarity and trust among community members and hence lack of collective efficacy through coalitions against crime (e.g. residents' associations), and through supervising and exerting control over children and young people.
- intimidation of witnesses to crime;
- lack of confidence and trust in the police and under-reporting of crime;
- poor police response times and low detection rates.

Interventions by Partnerships: what works?

There are a number of evidence-based principles which enable partnerships to identify and tailor interventions likely to be most effective in NDC areas (see www.crimereduction.gov.uk/cco.htm). Some focus on reducing the vulnerability of people, property and places. Others involve diverting potential offenders from crime and changing attitudes, lifestyles and behaviour of actual and potential offenders. These evidence-based principles generate the following kinds of generic intervention, the suitability and likely effectiveness (both in terms of impact and ease of implementation) of which NDC Partnerships should assess for their particular context.

Effective situational measures include:

- Making property more difficult to steal or damage through use of better security hardware, more resistant materials and improving perimeter security and access control (such as alley-gates and toughened doors and windows with better key control).
- Reducing the value of stolen goods and making detection of offenders more likely (e.g. through property marking and registration).
- Changing the layout and management of the neighbourhood to aid surveillance and reduce escape routes for offenders. Making it easier for individuals to intervene (e.g. by making more visible boundaries between public and private areas). Resolving environment-based conflicts (such as over noise, parking or fencing) (e.g. through mediation) between disputing parties).

Effective measures targeted at actual or potential offenders include:

- Reducing readiness to offend by changing individuals' current life circumstances including drug and alcohol problems, alleviating stressors such as poor housing, and reducing conflicts, for example, through mediation.
- Supplying skills to avoid crime – training (potential) offenders in social and work skills.
- Reducing criminality – intervening in early lives to reduce known risk factors and enhance known protective factors through family, school and peer groups; supplying remedial treatment for those who have been convicted.
- Deterrence – raising the perceived risk and costs of getting caught in terms of formal sanctions and naming/shaming; and discouragement – making offenders think the effort to commit the crime is too great and the reward too low; awakening conscience by “moral” campaigns which may also influence promoters and preventers.

“Holistic” approaches to tackling a range of problems with common causes can work better together than separately. But it is vital that NDC Partnerships are clear about how these are expected to work together and how it is thought they will reduce the problem. Some interventions may work against each other (e.g. measures designed to catch offenders and those designed to deter them). Loosely-planned “catch all” initiatives are unlikely to be cost-effective or sustainable.

Specific short-term measures versus long-term prevention

At present there is stronger and clearer evidence about how to achieve reductions in specific types of offences than about how reduce individuals' propensity to commit crime. As a strategy, tackling individuals' motivation, incentives and attitudes to crime is likely to provide the basis of longer term, more sustainable reductions in crime. There are a number of evaluations of early interventions which will provide evidence of effective approaches, especially with young people.

In the shorter term, the Home Office toolkits for domestic burglary, vehicle crime, robbery and anti-social behaviour identify five types of intervention that, if targeted effectively, are likely to be effective:

- preventing repeat victimisation;
- increasing CCTV coverage;
- improving the security of properties through better design;
- implementing targeted policing of crime hotspots;
- the targeting of known offenders (especially prolific offenders).

Since 44% of crime is experienced by only 4% of victims, crime can be significantly reduced by targeting repeat victims (e.g. those suffering one or more crimes within a year). A graded response to repeat victimisation, where the help provided is in proportion to the degree of victimisation endured (e.g. crime prevention advice for a single burglary; security improvements and complete alarm systems for repeatedly victimised households), is particularly effective.

CCTV can deter thieves, aid detection and support successful prosecutions but is most effective as part of a package of measures and with a clear idea of what it is expected to achieve. The evidence from evaluations is that CCTV can be particularly effective at reducing thefts from vehicles in car parks.

Improving the design, management and maintenance of properties can deter criminals by making it harder and more risky to commit crime and can reduce fear of crime. Patterns of surveillance can in particular be influenced in important ways by road and housing layout.

High visibility and well targeted police patrols in high crime hot spots have been shown to be effective in reducing crime in these areas. Reducing the time spent on the streets of known high-risk repeat offenders through police targeting and apprehension lowers crimes such as robbery and burglary, along with disorder and anti-social behaviour.

Further effective interventions specific to burglary, vehicle crime and robbery are: disrupting the market or outlets for disposing of stolen goods; and the use of “Informant Hotlines” such as “Crimestoppers”. Stolen goods market disruption strategies make it harder for offenders to reap the rewards from crime by “fencing” goods. Strategies include greater surveillance of second-hand goods shops by police and “crackdown” operations aimed at recovering stolen property. Informant hotlines also generate intelligence that increases the risks of apprehension and lead to arrests.

Two additional interventions that can be used to reduce anti-social behaviour are:

- improved housing management practices (e.g. accredited tenants schemes); and;
- public lighting.

There is some evidence that youth disorder and juvenile offending can be tackled effectively through:

- community-based after-school recreation programmes (these may reduce local juvenile crime);
- education and diversion projects;
- intensive supervision and after-care of juvenile offenders.

Examples of effective schemes include:

- cognitive – behavioural programmes which challenge the young person’s reasoning and perception as well as behaviour;
- parenting programmes to support and guide the parents of young offenders and those at high risk;
- mentoring schemes to motivate young people and provide a good role model;
- restorative justice programme to increase the offender’s awareness of the consequences of their actions;
- schemes to improve literacy and numeracy (two-thirds of young offenders sentenced to secure facilities fall below NVQ level 1);
- supporting those at high risk of offending with a varied package of intensive personal and educational provision and constructive activities;
- for the most persistent offenders, Intensive Supervision and Support programmes which have two elements: effective community surveillance by the police and other agencies and intensive programmes to tackle the young person’s attitudes to reduce the prospect of further offending.

How to take this approach forward in your area

Local authorities, the police and other agencies have a responsibility to form partnerships (Crime and Disorder Reduction Partnerships) to tackle crime and related issues across local districts. The work of these CDR Partnerships involves preparing and updating local Crime Audits, Action Plans and consultation with the wider community. For NDC Partnerships, these partnerships are the

logical place to begin and their Audits and Action plans provide much of the background information and the context within which further action must be co-ordinated. On the practical side, a range of toolkits (see earlier) for tackling specific crime problems and pursuing the process of prevention in general are found on www.crimereduction.gov.uk Regional Crime Directors are based in each of the regional Government Offices and each has a small team able to offer specialist advice.

What works? Health

Typical problems facing NDC Partnerships

Improving health is a key objective for all NDC Partnerships. Each Partnership has identified particular health problems that affect different sections of the community. Examples include:

- low life expectancy (as measured by Standardised Mortality Ratio that is sometimes twice the national average);
- significant proportions of residents classified as permanently sick;
- high rates of death and chronic conditions from cancer, heart disease and stroke;
- high smoking prevalence rates, in some areas up to twice the national rate of 27%;
- particular health problems faced by minority ethnic groups, e.g. diabetes;
- high admission rates to Accident and Emergency hospital departments;
- infant mortality rates above local and national averages;
- teenage pregnancy rates up to three times the national average;
- more than 10% of households in the area have a member who is being treated for stress, depression or anxiety.

Issues to address

There is a range of health problems that can be addressed through evidence-based interventions. Some of the priorities that NDC partnerships have identified can be addressed provided the right type of action is taken. These include:

- reducing infant mortality;
- tackling adult smoking;
- increasing healthy eating;

- increasing physical activity;
- reducing cancer through;
 - tackling adult smoking;
 - increasing healthy eating;
 - improving access to screening for early detection;
- reducing teenage pregnancy;
- reducing accidents;
- tackling drug misuse.

Key contextual factors

In order for evidence-based health interventions to be successful, a range of factors needs to be in place. These include adequate resources, in terms of funding, staffing and accommodation, as well as careful planning and the involvement of local residents. However, a range of local factors can, in some cases, prevent even well funded, evidence-based interventions from working. These include:

- limited access to health services in the area, particularly in relation to primary care;
- poor quality housing stock; this can contribute to respiratory diseases and other health problems;
- limited employment opportunities; employment is important for both physical and mental health;
- poor health knowledge amongst residents;
- local crime rates; crime and the fear of crime can have health implications, including limiting access to essential services such as pharmacies;
- limited leisure facilities in the area.

Interventions by Partnerships: what works?

There is a range of research evidence to inform action to improve health in NDC areas. Some of this evidence is summarised here, in relation to the priorities for action outlined above.

Reducing infant mortality: there is now considerable evidence to suggest that local action can reduce the risk factors associated with infant mortality. While a healthy pregnancy and delivery is more likely if the mother is in good health (and thus a range of interventions are relevant) there are two specific areas for intervention that are particularly important:

- reducing the proportion of low birthweight babies in the community; and
- improving breastfeeding rates.

A reduction in low birthweight can be achieved by:

- increasing the accessibility of early and regular high quality pre-natal services for all women. This includes investment in health information provision that encourages women to access prenatal services as early as possible in the early months of pregnancy;
- action to reduce the risks associated with low birthweight before and during pregnancy. Smoking is one of these risk factors. Specifically designed smoking cessation programmes for pregnant women (involving one to one support from a trained adviser) have been shown to be effective.

Breastfeeding can contribute to reductions in infant mortality because breast milk provides complete nutrition for new babies and protects against a range of health problems in childhood. Evidence suggests that three types of intervention are effective in promoting breastfeeding:

- one to one health education that has been shown to be effective in increasing initiation rates amongst low income women;
- health education delivered to small groups during the ante-natal period;
- and peer support programmes delivered in ante- and post-natal periods.

(See also the next section on teenage pregnancy.)

Reducing teenage pregnancy: the negative consequences of teenage pregnancy on the health of the teenage parent and the child are considerable. The infant mortality rate for babies born to teenage mothers is more than 50% higher than the average, accounting for over 400 deaths in 1999. Birthweights are more likely to be below average for children of teenage mothers and 1–3 year olds are twice as likely to be admitted to hospital as a result of an accident or gastro-enteritis. Forty per cent of teenage mothers suffer from post-natal depression (a rate three times higher than for other mothers).

As part of the National Teenage Pregnancy Strategy each top-tier local authority area will have a local teenage pregnancy strategy, an action plan and a teenage pregnancy co-ordinator. To ensure the work is effective in neighbourhoods, it is essential that work developed there fits in with the local strategy so that messages are consistent and services work together.

A significant proportion of NDC partnerships are underpinning delivery of the national strategy, by supporting teenage parents and developing initiatives that reduce teenage conceptions. In terms of prevention, evidence suggests that *comprehensive interventions* – programmes that aim to improve contraceptive provision and sex education while facilitating access to services – are more effective than projects that focus on just one type of action. The manner in which these programmes are provided is important, however. When the atmosphere in which advice is offered is open and the information provided is unambiguous, the intervention can be more effective. Specific characteristics of successful comprehensive interventions include:

- those that: provide links to relevant support services;
- use active learning techniques, such as group work, discussion and role play;
- address social and media issues about sex, contraception and pregnancy;
- are in place before young adolescents become sexually active;
- and those that, as well as providing accurate information, include discussion of the positive aspects of young people's relationships.

A pack has recently been published which describes examples of teenage pregnancy work which is developing in NDC areas. It draws out key learning points from the work to give general guidance to neighbourhood partnerships who want to develop work in this area or review how successful their current initiatives are. A copy can be obtained from the Teenage Pregnancy Unit on 0207 972 5073 or on the website www.teenagepregnancyunit.gov.uk

Reducing cancers, heart disease and stroke:

Smoking: action to tackle adult smoking requires a range of tobacco control efforts at national and local level. Within neighbourhoods, however, there is considerable evidence to suggest that evidence-based smoking cessation services can be effective in helping people to quit. Interventions are required at three levels.

- Firstly, primary care and other health professionals should be trained to give brief advice to smokers to quit.
- Secondly, one to one support from trained advisers, in conjunction with access to cessation aids such as Nicotine Replacement Therapy or bupropion (Zyban) can be effective and can be provided in a range of settings, including the smoker's home.

- Finally, intensive group support facilitated by trained advisers (again with cessation aids) has been shown to be effective in helping even heavily addicted smokers to quit.

Healthy eating: diet is central to our health throughout life. A balanced, healthy diet is one based on a wide variety of foods, including at least five portions of a variety of fruit and vegetables a day and plenty of starchy foods (such as bread, potatoes and cereals), and a minimum amount of salt and foods containing fat and sugar. This type of diet can help reduce the risk of coronary heart disease, type 2 diabetes, overweight and obesity, stroke and some cancers.

Neighbourhood Renewal offers good opportunities to develop programmes to support people changing their diet. Programmes are particularly effective where local people are involved in the running of schemes. Examples of programmes which have been shown to work include;

- establishing fresh food co-ops;
- schemes which have boosted fresh fruit and vegetable sales through local retailers;
- food growing schemes;
- cooking skill development;
- community lunches.

Physical activity: regular exercise reduces heart disease, stroke and levels of stress and some cancers. Inactive people have about double the risk of coronary heart disease as those who are active. Six out of 10 men and 7 out of 10 women are not active at the level recommended for health benefits and this will be higher in neighbourhood renewal areas. There is an increasing evidence of a link between physical activity and some cancers (colon, breast and prostate). The recommended type and quantity of physical activity to enhance health is a minimum of 20–30 minutes moderate intensity (e.g. brisk walking) on at least 5 days a week. Neighbourhood Renewal areas offer great opportunities to encourage previously inactive people to increase their levels of physical activity by;

- promoting walking groups or walking and cycling as part of a daily routine;
- improving access to green spaces and recreational facilities;
- exercise referral schemes in local primary care.

Good practice points include:

- Activities that can be carried out at home or from home.
- Unsupervised informal exercise.

- Frequent professional contact.
- Moderate intensity activity.
- Walking as the promoted exercise.

Reducing cancer: see the *Smoking* and the *Healtheating* sections above.

- Increasing cancer screening uptake.

Accidents: accidents are responsible for a total of 10,000 deaths per year in England. Some studies have demonstrated that the loan of safety equipment to low income families can lead to a reduction in accidents. The supply of equipment such as a smoke alarm will not be effective unless it is installed correctly and used continuously. Interventions to prevent falls in older people can also be undertaken at the community level. Aids and adaptations in the home can reduce accidents; the provision of handrails can produce a 60% reduction in falls. Intervention programmes based on risk factor (such as visual impairment) assessment and tailored interventions (most of which involve some form of exercise) in selected groups of at risk older people can reduce falls. In addition, identification of patients who attend A & E departments because they have had a fall, with subsequent medical and occupational therapy assessment and follow-up, reduces falls.

Best practice involves:

- The development of partnerships at a local level – many areas already have co-ordinated accident prevention strategies that can offer good support, information and advice. Key agencies will include health authorities, Primary Care Groups/Trusts, NHS Hospital Trusts, local authorities (including transport, housing, environment, and leisure services), schools, fire service, police, NHS Ambulance Trusts, and the voluntary sector.
- Assessment of local needs.
- Involvement of target groups in the formulation of plans and actions. The target groups are children up to age 15 (especially those from manual and unskilled households); young people aged 16–24 involved in road accidents; older people at risk of falling or stumbling;
- OA multi-intervention is generally more effective than single interventions. For example home safety checks for older people will best reduce risk of falls if it is linked to assessment of other risks and services to address identified needs, such as exercise/balance classes.

Drug misuse: a reduction in drugs misuse requires at least two types of action: prevention and treatment. Drug prevention programmes with young people in school and community settings have been found to be more effective if they consist of a comprehensive range of elements and look specifically at social influences. Evidence suggests that interactive programmes are better at preventing drug misuse, as are those that aim to cultivate the social skills of young people to build confidence. Treatment of drug users can also contribute to reductions in drugs misuse. A range of community-based interventions can be effective in reducing drugs misuse, improving the health of users and reducing drug-related crime.

How to take forward this approach in your area

Useful advice is provided in “New Deal for Communities: Guidance from the Department of Health”. An updated version “Health and Neighbourhood Renewal: Guidance from the Department of Health” is planned for August 2002. This guide describes the stages you need to develop health work in neighbourhood renewal areas. It has sections describing information collection, deciding on priorities, developing strategic plans and then implementing and evaluating the programmes of work. It provides useful signposts to the sources of other information which will help you to develop the work. One example, currently under development, is the Public Health Electronic Library (www.phel.gov.uk). This is being designed as a “one stop shop” for information and resources in tackling health inequalities.