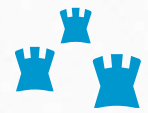# Lord Mayor's Commission on
antisocial behaviour

Baile Átha Cliath
Dublin City

Lord Mayor's Introduction

What is antisocial behaviour? The Oxford English dictionary describes it as behaviour that is "destructive of or hostile to other members of society". Section 113 of The Criminal Justice Act 2006 is more specific in providing a legal definition for this jurisdiction:

"A person behaves in an antisocial manner if the person causes or, in the circumstances, is likely to cause, to one or more persons who are not of the same household as the person –

Harassment,

Significant or persistent alarm, distress, fear or intimidation, or

Significant or persistent impairment of their use or enjoyment of their property".

What these definitions share, and what I believe is the key characteristic of antisocial behaviour, is the concept that certain behaviours negatively impact on broader society. In the context of Dublin, this is clearly a broad scope – antisocial behaviour is that which negatively affects the experience of the city for its visitors and residents. Examples of antisocial behaviour include divergent issues such as graffiti, vandalism, noise, name calling, public drinking and small scale drug dealing, aggressive begging and harassment. Antisocial behaviour is a problem in all areas of the city and is an issue I wanted to look at and highlight during my term as Lord Mayor. I focused on the types of low-level antisocial behaviour which can make the lives of many in a community a misery. I formed a Lord Mayor's Commission and invited experts from various organisations and Government Departments to sit on the Commission to discuss the nature and causes of antisocial behaviour, share experiences of evidence-based initiatives which are working and find possible solutions.

The Commission met nine times between October 2011 and May 2012.

I also hosted a conference on 29th February 2012, at which Minister Roisín Shortall, Minister of State at the Department of Health with responsibility for Primary Care and for the National Drugs and Alcohol Strategy, delivered the keynote address. The theme of the conference was preventing and responding to antisocial behaviour. Over 300 people attended the conference and participated in the workshops and Question & Answer sessions.

This report presents my findings and conclusions following the nine meetings with the Commission, feedback from the conference, and one to one meetings with a variety of experts and people working on the issue of antisocial behaviour from around the city. In drafting this report, I have sought to put the emphasis on solutions that are supported by strong

evidence; where necessary, I recommend carrying out more research to gain evidence on how we should most effectively tackle this difficult problem.

A brief note on structure is useful at this point. During my consultation with the Commission, and with interested groups and individuals throughout the year, I became aware of a number of themes emerging. The structure of this report attempts to capture these themes. Each chapter is thus dedicated to a theme, but the reader should be aware that, in places, there is significant overlap in the types of intervention I see as necessary in each area. In terms of internal chapter structure, an introductory piece sets out a brief overview of the topic of the chapter, including what broad areas are covered. Each chapter also makes recommendations in each area covered.

The most promising finding from this commission is the importance of parenting in reducing antisocial behaviour in the long-term. If we can help parents to improve the emotional well-being of their children, we can greatly improve quality of life for their children and at the same time reduce the likelihood of antisocial behaviour occurring in our communities.

Ultimately, I recommend an inter-agency response, drawing on the energies and ideas of community and statutory bodies. Inter-agency work is difficult and requires new ways of collaborating. However, there are examples from around the city show that it can work. For example, the Ballymun Interagency Group involves 16 agencies who have signed up to a protocol to share information and work together on case management. Children Service Committees operating under the Department of Children and Youth Affairs and chaired by the Health Service Executive provide a framework for comprehensive inter-agency working and are a new and positive initiative.

It is essential for Dublin that people feel safe in their homes and confident as they travel through their communities. Unfortunately this is not always the case, so we must change how we tackle these complex problems in order to improve the lives of all of us who live in, work in and visit Dublin. I believe that only by working together can we achieve this.

I would like to thank all those who sat on the Commission and gave of their time and expertise to assist me in this work. Special thanks are also due to the sub-group and authors of the chapters for their extensive work in drafting and editing this report.

Andrew Montague
Lord Mayor of Dublin

Lord Mayor's Commission on Antisocial Behaviour – Members

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Councillor **Tom Brabazon**

Councillor **Christy Burke**

Councillor **Anthony Connaghan**

Councillor **Pat Crimmins**

Councillor **Mannix Flynn**

Councillor **Ray McAdam**

Councillor **Criona Ní Dhalaigh**

Councillor **Cieran Perry**

Councillor **John Redmond**

Councillor **Steve Wrenn**

Assistant Garda Commissioner **Michael Feehan**
(to February 2012)

Assistant Garda Commissioner **Sean Twomey**
(from February 2012)

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Dublin City Council

Philip Maguire, Assistant City Manager,
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Vivian Geiran, Director of Operations,
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Family Services, Health Service Executive

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Aidan Waterstone, Health Service Executive

Inspector **Gerry Murphy**, An Garda Síochána

Inspector **Barry Moore**, An Garda Síochána

Inspector **Finbarr Murphy**, An Garda Síochána

Inspector **Patrick McMenamin**, An Garda Síochána

Inspector **Jo O'Leary**, An Garda Síochána

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Social Work & Social Policy, Trinity College Dublin

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✔ Deliver a national awareness campaign on the dangers of using alcohol, cannabis and other drugs during pregnancy (Chief Medical Officer and Department of Education and Skills via SPHE).

✔ Establish evidence-based prevention programmes for all at risk children (To be funded jointly by Department of Children and Youth Affairs, Department of Health and Department of Justice and Equality).

✔ Provide access to evidence-based parenting programmes for all parents and communities throughout the greater Dublin area (Department of Children and Youth Affairs, Department of Education and Skills, Department of Justice and Equality and Dublin City Council).

✔ Establish specialist (regional) evidence-based family therapy programmes for high risk adolescent offenders who impact significantly on the life of their local community. (Department of Justice and Equality (lead), Department of Children and Youth Affairs, Department of Education and Skills and Dublin City Council).

✔ Conduct independent evaluations of promising programmes such as peer mediation as practiced in Ballymun schools and the Strengthening Families Programme (Funders of these projects).

✔ Wilderness and adventure-based therapies, specifically to address antisocial behaviour, should be discontinued as they are at best ineffective and at worst seen by the local community as rewarding behaviour.

✔ Examine existing service provision with a view to commencing or continuing such work in a more integrated fashion with other services in the area. This could include formal local case management networks.

✔ Develop a multi-agency strategic approach to programme planning, targeting, and delivery between local stakeholders (Departments of Justice and Equality, Health, Education and Skills, Social Protection, the Community). This should often include the joint funding/ resourcing of programmes.

Education

✔ Examine how the education sector can facilitate the needs of all our citizens to fulfil their potential as humans. This can be done as part of the review that is currently being undertaken of the Junior Certificate Curriculum by the National Council for Curriculum and Assessment.

✔ Use school premises to deliver other services, including adult education, sporting clubs, community activity, and the provision of services directed at young people and their families.

✔ Develop and promote a manualised approach for dealing with antisocial behaviour for all teachers (Department of Education and Skills).

✔ Cooperate to identify and organise supports for children at risk of making poor transitions (Key professionals in Primary and Secondary schools in DEIS areas).

✔ Support the whole-hearted implementation of the SPHE Curriculum in the context of a whole-school. (Department of Education & Skills) This has a number of related recommendations:

  → Ensure that clear drug and alcohol policies are developed and implemented in each school.

  → Provide full and ongoing access to national training for teachers in pre-service training and as part of Continuing Professional Development.

  → School timetables should reflect the equal standing of SPHE with other academic topics.

  → Schools should have designated teachers with responsibility for SPHE.

  → The Department of Education and Skills should audit the implementation of SPHE in our schools.

✔ Schools should develop anti-bullying policies and codes of conduct (Schools).

✔ Implement services to address the needs of those children that are currently excluded. These services to be appropriate to their educational and other needs (Department of Children and Youth Affairs and National Education Welfare Board).

✔ The National Education Welfare Board should be properly resourced to meet their commitments (Department of Children and Youth Affairs).

✔ Provide resources and quality facilities for the Second chance education sector, recognising it as being a valuable alternative for many individuals (Department of Education and Skills).

✔ Deliver behavioural teacher training on all teacher training programmes at primary and secondary level as part of the core training modules and ensure that CPD in behavioural teacher training is extended to all teachers in service (Teacher Training Colleges and Department of Education and Skills).

✔ Provide after school programmes and interventions such as anger management, social skills and problem solving skills for those pupils who require them. Such interventions should be extended to parents and other family members where appropriate (Department of Education and Skills).

✔ Pursue area-based approaches where all services and relevant agencies can coordinate work in a cooperative and focused manner. (Coordinated by the Local Authority through area based Local Development Companies with the cooperation of the Department of Education and Skills and other relevant stakeholders).

Discrimination and Prejudice

✔ Make migrant communities aware of the Garda Intercultural and Diversity Office to encourage them to report crimes including racist incidents (An Garda Síochána).

✔ Support community organisations who help promote good relationships between different communities, who establish links between

immigrant communities and the Gardaí and who facilitate and promote the appropriate reporting of racist incidents (Dublin City Council).

✔ Establish a pilot restorative justice programme to deal with racist incidents (An Garda Síochána and the Courts Services).

✔ Deliver specific intercultural training to help relevant public sector staff better serve members of minority groups (Department of Public Expenditure and Reform).

✔ Continue to support the work of the Office of Integration (Dublin City Council).

✔ Promote the inclusion of representatives of immigrant communities on local community fora.

Management of Offenders and Alternatives to Prison

✔ Promote a greater focus on early interventions with young offenders to prevent offending and greater support during and after detention as well as on community based sanctions (e.g. probation and community service as the 'default' rather than custodial sentences (Gardaí and Probation Service).

✔ Develop a system which allows for a speedy implementation of the Fines Act 2010 (Department of Justice and Equality).

✔ Extend training and use of restorative justice in connection with the Garda adult cautioning scheme, and at the Court stage through the Probation Service.

✔ Research the effectiveness of restorative justice and other alternatives to prison and present findings to our judges and criminal justice system (Universities and ESRI).

✔ Recommend the greater use of evidence-based alternatives to prison at all stages of the criminal justice process (Department of Justice and Equality).

✔ Identify and support community service programmes (Dublin City Council and Probation Services).

✔ Maintain the focus on delivering speedier justice and continue to take practical steps to deliver this (all criminal justice agencies).

✔ Increase the capacity of the criminal justice system to respond to offenders with mental health and or addiction issues by increasing access to secure treatment centres and community based supports (Department of Justice and Equality and HSE).

✔ Extend the use of restorative justice in Dublin in appropriate cases (Funded by the Department of Justice and Equality and led by the Probation Service).

✔ Ensure restorative processes are available to all appropriate young and adult offenders.

✔ Gather evidence of outcomes, evaluate and improve existing and emerging restorative programmes and practices which should reflect international best practice.

✔ Develop systems of care management for children below the age of criminal responsibility who are engaged in problematic antisocial behaviour (Department of Children and Youth Affairs).

✔ Support the Garda Juvenile Diversion Programme, which is shown to be effective (Gardaí).

✔ Expand the restorative justice element of the Garda Juvenile Diversion Programme (Gardaí).

✔ Support the Garda initiative to assign case managers to more prolific young offenders and recommend evaluation with publication of results (Gardaí).

✔ Report on the work of the Juvenile Liaison Officer to Local Policing Fora on an annual basis (Gardaí).

✔ Support the development of evidence-based drug and alcohol treatment and rehabilitation services for the under 18s (Gardaí).

Alcohol and Other Drugs

✔ Publish implementation plan for the recommendations of the Steering Group (Department of Health). In particular, the following recommendations should be progressed:

→ Set a minimum price per gram of alcohol (Department of Finance).

→ Introduce a statutory code of practice in the off-licence sector (Department of Justice and Equality).

→ Strengthen legislative controls on distance sales (Department of Justice and Equality).

→ Introduce further controls on all alcohol advertising, promotion and marketing, including the phasing out over time of all drinks industry sponsorship of sport and other large public events (Department of Health).

→ Develop evidence based approaches to addressing needs of children and families experiencing alcohol dependency problems (HSE).

→ Publish formal statement of cross-party support for the recommendations of the Steering Group (All Political Parties/TDs).

✔ Support the Dublin City Development Plan 2011-2017 in limiting the concentration of alcohol retail outlets in an area and the display and advertising of alcohol in outlets. (Dublin City Council).

✔ JPC's to engage with communities to comment on the granting of licences on an annual basis (JPC's).

✔ Support a pilot project to gather evidence as to the benefits of 'Wet Facilities' for street drinkers (HSE and Dublin City Council)

✔ While we await reports on its effectiveness in criminal justice settings in Scotland, we encourage, on a trial basis, its use in health care/alcohol treatment services in Dublin based on the informed consent of a small number of volunteers already engaged with services.

✔ National Public Health Campaign highlighting the risks of alcohol use during pregnancy (Department of Health).

✔ Education of professionals including G.P.'s, paediatricians, public health nurses, social workers and other health professionals in the signs and symptoms of FASD to improve detection and reduce the risk of misdiagnosis (Department of Health).

✔ The development of national best practice guidelines in the assessment of Foetal Alcohol Spectrum Disorders (Department of Health).

✔ Further research establishing the efficacy of interventions for FASD and developing structures to deliver intervention before affected children reach six years of age (Department of Health).

✔ Assist the rollout of locally based systems of support which address issues related to family intimidation and drug debt in areas with concentrated drug problems and which build on the north east inner city pilot project (Gardaí).

✔ Expedite plans to identify key Garda personnel at district and divisional level who would be designated officers for families and individuals requiring support as a result of intimidation (Gardaí).

✔ Establish local and national intelligence systems to gather information on drug debt and liaise directly with the Criminal Assets Bureau (Gardaí).

✔ Ensure training for key Garda personnel in each district on Criminal Assets Bureau profiling (Gardaí).

✔ Support the establishment of a pilot project of a Medically Supervised Injecting Centre to enable the gathering of evidence on the effectiveness on this initiative to reduce harm for drug users engaged in risky behaviour (HSE).

✔ Support the development of a Crisis Residential Stabilisation/Detox Unit aimed at the most vulnerable people with polydrug use and multiple needs issues (HSE).

✔ Recognise heightened risk for young people in areas where concentrated drug/alcohol problems exist and target resources toward these areas, for example, a restored Young People's Facilities and Services Fund (Department of Children and Youth Affairs).

✔ Develop system of notification between Gardai and HSE Children's Services for the early identification of children who become involved in criminal (often drug dealing related) activity. Identify effective systems of family intervention and supports in this regard (Gardaí and HSE).

✔ Empower the Gardaí to prosecute in cases where offenders are found to be trading prescription drugs (Department of Justice and Equality and Department of Health).

✔ Introduce a national protocol on the prescription of benzodiazepines as a matter of priority and this should address problematic areas such as the issuing of repeat prescriptions (Department of Health).

✔ Develop a register of pharmacy returns to ensure the safe destruction of all mood altering drugs unused following their expiry date (Irish Medicines Board).

✔ Continue the multi-level, cross-cutting approach of the National Drugs Strategy, in which all relevant government departments and agencies are expected to play their part, backed by full Cabinet support (Department of Health).

✔ Continue to specifically target areas with concentrated levels of problem drug and alcohol use by building on and supporting the work of the local drugs task forces, enhancing the community infrastructures developed through the Young People's Facilities and Services Fund and further developing treatment and rehabilitation services (Department of Health).

✔ Support, as a priority, the development of a Crisis Residential Stabilisation/Detox Unit aimed at the most vulnerable people with poly-drug-use and multiple-needs issues (HSE).

✔ Promote communication, coordination and cooperation between service providers and local communities (HSE, Drugs Task Forces, JPC's).

✔ Support the rollout of the National Drug Rehabilitation Implementation Committee National Care and Case Management Pilot (HSE).

✔ Support the rollout of the National Community Detox Pilot which enhances liaison between GPs and local drugs services in order to care plan for those involved in structured reduction programmes for methadone or benzodiazepines (HSE).

City Centre issues

✔ Methadone treatment access must be expanded to ensure that it is promptly available no matter where the user lives. Implement local services for local people in relation to methadone treatment in local areas rather than forcing people to access services in the city centre (Drugs Task Forces and HSE).

✔ Support the ongoing work of the Business Improvement District Ltd (BIDs) in significantly reducing graffiti levels.

✔ Develop of a pilot scheme to gather evidence as to the benefits of Graffiti walls.

✔ Support the vision and sustainable and independent living policies contained in the Pathways to Home model (HSE and Dublin City Council).

✔ Provide more housing units to implement the Pathway to Home Programme (Dublin City Council, Department of Environment, Community and Local Government).

Design

✔ Progress and implement Dublin City Council's 'Dublin House' project, on a pilot basis.

✔ Locate community and recreation facilities so that they promote engagement across diverse communities and people. This can range from providing a playground close to a café to locating a playing pitch at the edge of a housing estate, not within it.

✔ Ensure good connectivity and permeability for neighbourhoods to allow passive surveillance of the community.

✔ Re-examine the effectiveness of Derelict Site practices and legislation, and explore new ways to combat derelict sites, taking action as appropriate (Dublin City Council).

✔ Make derelict sites and properties that are not being used subject to higher rates than those which are being used to engage in economic activity (Department of the Environment, Community and Local Government).

✔ Investigate new uses for underused and disused lane ways and back streets in the city centre e.g. street markets (Dublin City Council and Dublin City BID).

✔ Promote and facilitate temporary use of vacant areas for community recreation and amenity uses, both cultural and social. This should include sites where no 'permanent' development is realisable in the short term (Dublin City Council).

✔ Identify a small area in central Dublin as a Pilot Study area for improvement through applying a design process. This to be a collaboration between all agencies and community stakeholders with an interest in the area. The purpose of the Pilot Study should be to identify antisocial behaviour issues, define causes, effects and measures to address these, develop strategies/better ways of working to eliminate the activity and implement these strategies and working models (Dublin City Council).

✔ Carry out an estate audit and physical survey to include specific information regarding antisocial behaviour, causes and measures to counteract same (Dublin City Council's Housing Department).

✔ Examine the principles of An Garda Síochána's National Crime Prevention Unit (CPTED) and develop recommendations in conjunction with Dublin City Council (Dublin City Council and Gardaí).

✔ Ensure mediation services are available to help resolve disputes between neighbours over noise (Dublin City Council).

✔ Strengthen the powers of local authorities to measure noise levels and take action against households or individuals generating excessive noise (Department of the Environment, Community and Local Government).

Organisational and Governance Structures

✔ Review and evaluate the effectiveness of Joint Policing Committee (JPC) and Local Policing Fora (LPF) structures with the objective of improving performance (Dublin City Council and Gardaí).

✔ Review JPC membership, particularly in relation to the number of Community representatives (Dublin City Council and Gardaí).

✔ Produce a strategy document which sets out clear goals of the JPC (JPCs).

✔ Require other relevant agencies such as HSE and Probation Service to join JPCs and LPFs (Department of Justice and Equality, Department of Health).

✔ Establish structures to ensure feedback in both directions between JPC and LPF.

✔ Examine the possibility a common budgetary approach (Department of the Environment, Community and Local Government, Department of Justice and Equality, HSE).

✔ Align key agency boundaries with those of the local authority (Department of the Environment, Community and Local Government, Department of Justice and Equality, HSE).

✔ Support multi-agency work (Department of the Environment, Community and Local Government, Department of Justice and Equality, HSE).

✔ Support case conferencing and interventions on a multi-agency basis (Department of the Environment, Community and Local Government, Department of Justice and Equality, HSE).

✔ A directly-elected Mayor for Dublin should chair an implementation body that would be charged with ensuring an effective multi-agency approach to antisocial behaviour (Department of the Environment, Community and Local Government, Department of Justice and Equality, HSE).

✔ Support and evaluate examples of multi-agency work such as the Ballymun network for assisting children and young people (Department of Children and Youth Affairs).

Chapter 1 – Early Intervention and Prevention

Introduction

This chapter focuses on Early Intervention and Prevention in the context of antisocial behavior. For some adults, antisocial attitudes and behaviour are a part of their daily lives, and to date there is no reliable therapeutic intervention which works for all cases. Research consistently shows that prevention and early intervention programmes offer the best value for money in diverting a child from a later pattern of antisocial behaviour as an adult. This chapter aims to provide an introduction to the knowledge base about prevention and early intervention, and to identify appropriate interventions for children across all age ranges.

In terms of what works, effective interventions may tackle amenable risk factors (social, educational, environmental and biological), improve relationships with caregivers, and promote positive discipline. The most effective single interventions are those that include parents and/or families. For complex cases, successful interventions are typically multi-systemic and may require follow-up over a number of years. The suitability and efficacy of a programme depends on the age of the child and their needs profile. Prevention programmes can begin as early as birth or even pre-birth. Early intervention can begin as young as age three or four.

In terms of what doesn't work, group residential treatments, boot camp or scared straight approaches, and group-based interventions for adolescents with conduct disorder are not recommended. Overall,

research findings indicate that they can result in a significant deterioration in behaviour. Despite the treatment context, they offer opportunities for young people who engage in antisocial behaviour to socialise and learn problem behaviours from each other – this is sometimes called the contagion effect. In short, wilderness and adventure-based therapies, while enjoyable for the participants, are not proven to be effective responses to antisocial behaviour problems.

The remainder of this chapter focuses on key interventions across a range of age groups. There is also a short section on related issues, and a brief case study of an early intervention strategy in Ballymun.

Pre-Birth

Pre-birth prevention programmes generally include educating expectant parents on healthy pregnancies and preparing for parenthood. For example, overexposure to alcohol and some other drugs is strongly associated with impulsivity and antisocial behaviour in later life. Brief advice on the use of alcohol, cannabis, and other drugs during pregnancy can change the course of a child's entire life by protecting their brain during the earliest stages of development.

Recommendation

✔ **Deliver a national awareness campaign on the dangers of using alcohol, cannabis and other drugs during pregnancy (Chief Medical Officer and Department of Education and Skills via SPHE).**

Early Years (0-3yrs)

During the first three years of life, the quality of a child's environment and relationship with their caregiver affects developing brain structures, emotional regulation, and attachment security. These early years lay the foundations for future mental health.

A substantial body of research demonstrates that early years programmes can have dramatic positive effects on children's development and well-being in the short-term. These programmes may reduce antisocial behaviour in later life by tackling the early risk factors directly.

Most prevention programmes are general interventions designed to promote well-being and combat disadvantage in the very young. Two of the main forms of early years prevention programmes are:

◆ **Parent sensitivity training**

These programmes promote a secure attachment between mother (or primary care-giver) and infant, which in turn stimulates the development of brain areas involved in empathy, emotional regulation, social skills, and problem-solving.

◆ **Pre-school enrichment**

These programmes focus on providing enriched, stimulating pre-school environments to address educational disadvantage or supply practical supports to parents in managing the home environment.

While there is some evidence that such programmes have lasting effects in the medium to long-term, it appears that without continued intervention the positive effects of early years programmes fade somewhat over time. As such, where children have benefited from early years programmes, it is likely that intervention will need to continue beyond the early years into middle childhood.
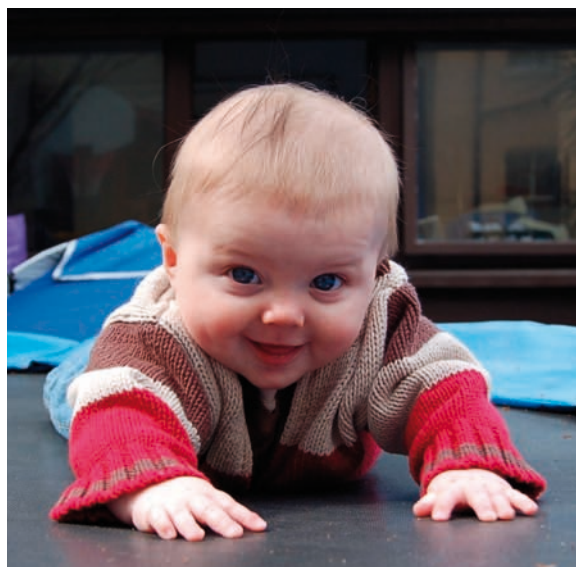
Recommendation

✔ **Establish evidence-based prevention programmes for all at risk children (to be funded jointly by Department of Children and Youth Affairs, Department of Health and Department of Justice and Equality).**

Middle childhood (4-11yrs)

In this age range, children manifest early forms of antisocial behaviour or traits which are associated directly with later antisocial behaviour. The intervention of choice at this age is parenting management training, although there is also some evidence to support the use of child-focussed interventions:

◆ **Parent management training**

There are a wide variety of evidence-based parenting courses, including at least one validated Irish programme (Parents Plus). Programmes are beneficial in 60-70% of cases, provided they contain an emphasis on both

parent-child relationship building and positive discipline, and contain a sufficient amount of sessions delivered by trained facilitators.

Parenting programmes can be delivered in group formats to reduce costs without decreasing effectiveness. Some early intervention parenting programmes have increased their effectiveness by taking a multi-systemic approach. For example, the Incredible Years parenting programme combines parent training sessions with similar teacher training modules and school-based group programmes for children. Others increase effectiveness by providing parents with individual behavioural feedback (e.g. Parent-Child Interaction Therapy).

There is evidence that gains can be maintained over time and a growing body of evidence that parenting programmes are cost effective over the medium to long term.

◆ **Child-focused interventions**
Much attention has been given to child-focused interventions such as anger management, problem-solving skills training, and communication skills. However, despite their popularity these programmes tend to have relatively small effects on problem behaviour and are best used in combination with behavioural parent training rather than as standalone interventions.

Recommendation

✔ **Provide access to evidence-based parenting programmes for all parents and communities throughout the greater Dublin area (Department of Children and Youth Affairs, Department of Education and Skills, Department of Justice and Equality and Dublin City Council).**

Adolescence

As adolescents progress through their teens, there is less evidence that their antisocial behaviour is responsive to intervention through parenting programmes. The direct influence of parents over teenagers wanes, the influence of peer groups strengthens, and the likelihood of alcohol/substance use increases. Adolescents exhibiting antisocial behaviour increasingly come into contact with the criminal justice system throughout this time period, and may be dealt with through the juvenile liaison service, courts, or Young Person's Probation Service rather than through early intervention.

There is a natural spike in antisocial behaviour across the teenage years and many adolescents will outgrow this. However, for those that do not, this period represents the last opportunity for early intervention. The treatments with the greatest evidence base for this age range tend to be expensive, intensive, and multi-systemic forms of family therapy (e.g. functional family therapy, multi-systemic therapy). Because of the drive for cost efficiency, these treatments are usually limited to those adolescents who engage in more chronic or high impact antisocial behaviours. Treatment foster care remains the option of last resort for adolescents who engage in very problematic levels of antisocial behaviour and are motivated to change.

Recommendations

✔ **Establish specialist (regional) evidence-based family therapy programmes for high risk adolescent offenders who impact significantly on the life of their local community. (Department of Justice and Equality (lead), Department of Children and Youth Affairs, Department of Education and Skills and Dublin City Council).**

✔ **Conduct independent evaluations of promising programmes such as peer mediation as practiced in Ballymun schools and the Strengthening Families Programme (Funders of these projects).**

What to avoid

Group residential treatments, boot camp or scared straight approaches, and group-based interventions for adolescents with conduct disorder are not recommended. Overall, research findings indicate that they can result in a significant deterioration in behaviour. Despite the treatment context, they offer opportunities for young people who engage in antisocial behaviour to socialise and learn problem behaviours from each other – this is sometimes called the contagion effect.

Wilderness and adventure-based therapies, while enjoyable for the participants, are not proven to be effective responses to antisocial behaviour problems.

Recommendation

✔ **Wilderness and adventure-based therapies, specifically to address antisocial behaviour, should be discontinued as they are at best ineffective and at worst seen by the local community as rewarding behaviour.**

Related Issues

Many young people who engage in antisocial behaviour also have problems with inattention (e.g. ADHD), learning (e.g. dyslexia, low IQ), alcohol/substance misuse, psychosocial difficulties, or anxiety/depression. These 'co-morbid' difficulties must often be treated or managed alongside the antisocial behaviour patterns.

Early intervention for disadvantaged youth probably needs to be continued throughout childhood in order to have lasting effect. For adolescents and complex cases, interagency collaboration is very important – clinical interventions benefit from coordination with other systems (e.g. justice, education, medical).

Young children with severe antisocial behaviour, ADHD, and callous, unemotional traits are least responsive to treatment. There is still a dearth of evidence-based approaches for early intervention in these cases.

The interventions described in this chapter should be considered in conjunction with the recommended options outlined later in the report. For example, there is a growing evidence base for complementary school-based early intervention strategies which will be described in a later chapter.

Recommendations

✔ Examine existing service provision with a view to commencing or continuing such work in a more integrated fashion with other services in the area. This could include formal local case management networks.

✔ Develop a multi-agency strategic approach to programme planning, targeting, and delivery between local stakeholders (Departments of Justice and Equality, Health, Education and Skills, Social Protection, the Community). This should often include the joint funding/resourcing of programmes.

youngballymun
Pioneering Prevention and Early Intervention

youngballymun – An Example of a whole community prevention/ early intervention strategy

youngballymun have established a prevention/ early intervention strategy which aims to provide continuing support to young people throughout childhood and adolescence. Their programme elements include:

➔ a universal parent and child service for infants (parent-child interaction, attachment, health and developmental checks)

➔ capacity building and mentoring for the implementation of Síolta standards and the High/Scope curriculum for local pre-schools

➔ Incredible Years programmes for parents, teachers, and children to foster social and emotional development

➔ in-school, family and community literacy and oral language initiatives for children, young people and their parents

➔ mental health initiatives for adolescents and young adults, designed to increase resilience and protective factors in the community

Although the youngballymun programme is not specifically designed to tackle antisocial behaviour, it demonstrates best practice in tackling such problems; namely, that multiple evidence-based supports across childhood and adolescence are required to successfully intervene in at-risk populations.
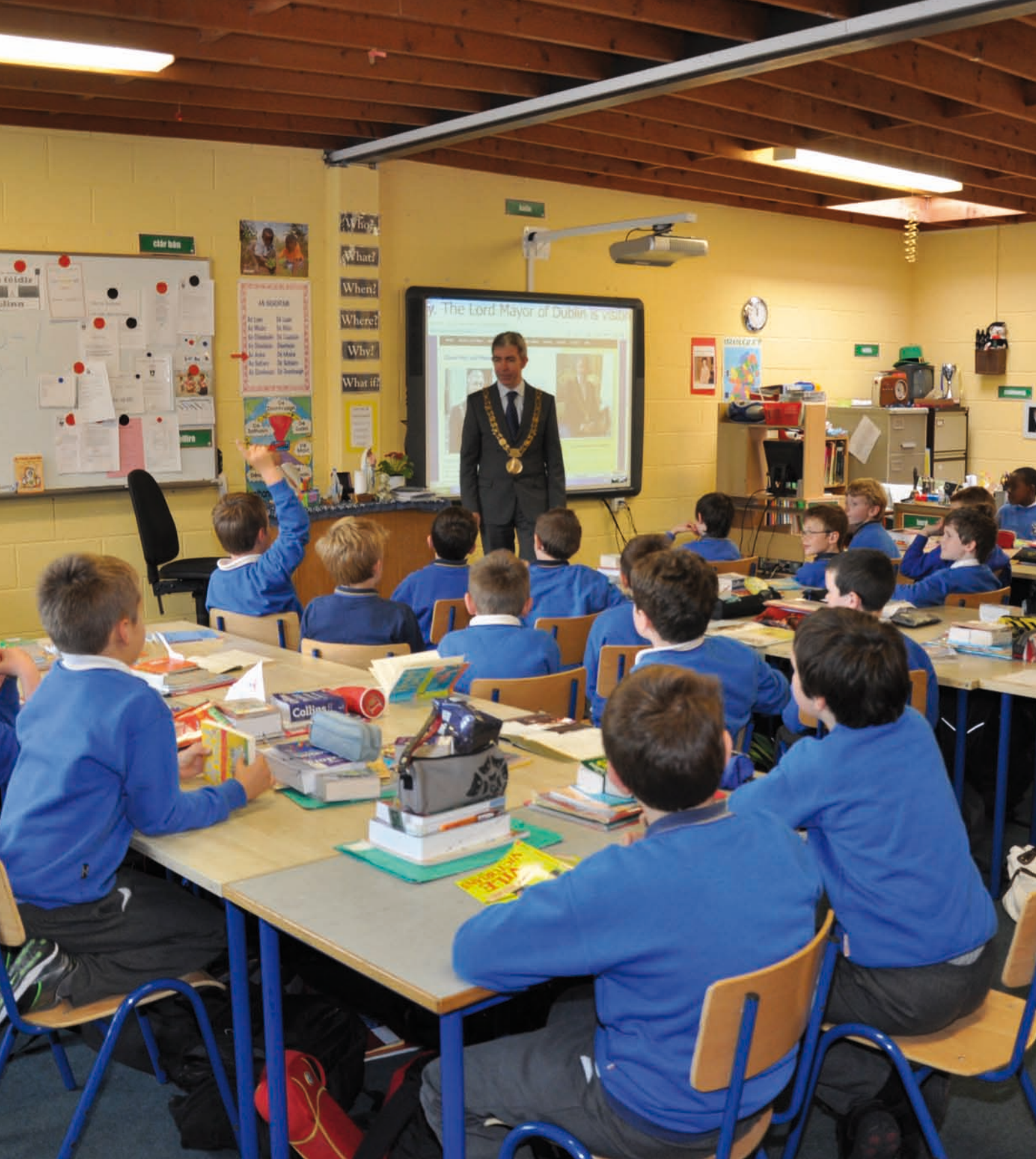
Chapter 2 – Education

Introduction

While the previous chapter looked at early intervention / prevention in general, this chapter focuses specifically on the role of the education system in tackling the issue of antisocial behaviour. In general, young people who experience difficulties in their education are at increased risk for poor life outcomes including higher levels of antisocial behaviour. Thus, improving the educational experience and attainment of our youth has become an increasing priority in the prevention of antisocial behaviour.

This chapter summarises the approaches to the reduction of antisocial behaviour in school. Most of the research to-date has focused on substance-abuse prevention or violence/bullying prevention programmes, which are components of the World Health Organisation's template for health promoting schools. There are literally hundreds of evidence-based school programmes but not all interventions are equally effective and selecting programmes is an important decision. Schools that review their approaches to antisocial behaviour are advised to consult with their allocated Educational Psychologist (through the National Educational Psychology Service) or with another specialist organisation (e.g. the National Behavioural Support Service).

Also, it's important to remember that schools are only one piece of a larger response to antisocial behaviour, and this is often reflected in the effectiveness of school-based programmes. Statistically the effects of these programmes are considered small, but they are likely to be of significant benefit to schools, pupils, and communities. As well as providing education, schools also play a role in directly managing pupils' antisocial behaviour during the academic day. Within limits, school-based interventions can support the effectiveness of family or parent-based efforts to assist young people who have disruptive behaviours. In a minority of cases, schools offer the only point of access through which to intervene with a child. To maximise effectiveness, schools programmes should be part of a parent/family and community approach to reducing antisocial behaviour, such as those noted in Chapter 1, and elsewhere in this report.

At this point, it's worth noting some of the common pitfalls which will need to be avoided where schools based interventions are concerned. There is always the danger that resourcing constraints mean that programmes are shortened to fit the time available, or are implemented haphazardly rather than consistently. Similarly, the staff chosen to implement them may not have received enough training or support or do not fully buy-in to the model. On a broader lever, there is the danger that the intervention chosen is not coordinated or otherwise doesn't meet the needs of the school/community. Finally, it should be remembered that schools which have high levels of antisocial behaviour tend to benefit the most from prevention and targeted programmes but also find it hardest to initiate and maintain such approaches. Such schools would likely benefit the most from outside support and CPD.

One key way for addressing the problems of school disruptions would be to improve the school readiness of many pupils. The inability to interact with other children and accept simple instruction is a significant difficulty for many children. High quality childcare provision has a role to play in mitigating some of the adverse impacts of poor behaviour. The Preparing for Life programme run by Northside Partnership, High Scope and Headstart programmes have been proven to increase school readiness and result in more successful transitions to national school.

The remainder of this chapter is focused on two different types of intervention which can be used in tackling antisocial behaviour through schools – those which take place on a macro, whole school level, and those which operate on a more targeted basis.

Whole-school interventions

General
Society and our school system have become very focused on academic achievement. League tables of achievement have put many schools in a competition to attract high achieving pupils. Schools that work well with difficult pupils and assist them to achieve to their potential often do not get the recognition that they deserve.

There seems to be a standard assumption in Ireland that the Leaving Certificate is the ultimate goal for all pupils, either as a doorway into third level education or as a minimum standard of education. This assumption makes many people perceived failures in the Irish system. There is a case for the dual system which operates in other countries such as Germany and Austria where pupils have the option to leave aged 16 after Junior Certificate and enter apprenticeship/ combined with school. Some people are not ready or capable to be in a fully academically streamed environment as we have in Ireland and may be more inclined to learn a trade.

The fixation of ensuring that children should all be good academically ensures that school will fail a significant proportion of individuals. Currently, those who are deemed to fail academically are inclined to be encouraged away into alternative activities, some of which lead to antisocial behaviour. Our future employment needs and societal needs will require a more widely educated labour force, and rounded individuals with skill sets to survive in society. Schools, like An Garda Síochána, are expected to take on roles beyond that which they are trained for or which they have a capacity to deliver. If we wish to address issues of antisocial behaviour, we need to have education systems that are appropriate for a much wider proportion of our population, rather than forcing a one size fits all system onto a diverse set of people. Insofar as possible, the system needs to fit the person, rather than vice versa.

Schools need to be community facilities, where education in its widest possible meaning can take place and where the lifelong learning concept can flourish. Schools need to be centres of sport, exercise and creative pursuits for the whole community. Schools need to be seen as a source of positivity within the communities in which they are located and need to be linked to as much community activity as practically possible.

We need to put other facilities and services into schools where pupils and their families can access additional services, particularly in disadvantaged communities.

There is a reasonable body of evidence to suggest that certain targeted interventions described in the next section (e.g. behavioural teacher training, anger management, social problem-solving) can be effective if delivered at a whole-school level (Wilson & Lipsey, 2007). Programmes are more likely to work in schools in which the delivery of these approaches is seen by teachers, pupils, and parents as an essential part of the school's functioning and ethos.

Linkages between primary and secondary schools can be problematic as can the transfer of pupils from one to the other. The differing environments and ethos of schools can cause trouble for some pupils. An area-based approach that allows greater cooperation and pupil readiness, both academically and emotionally may be of benefit. Using such an approach, a common ethos that can be appropriate for specific areas can be developed.

Clearly, adopting a coordinated, targeted approach like this involves some element of teacher training and investment in Continual Professional Development

(CPD) for teachers. The CPD element could be common to all schools in an area thus ensuring that an area has a common approach.

National University of Ireland, Maynooth currently offer an MSc in Education which is organised by the Northside Partnership. Its focus is on teaching practice and teaching in disadvantaged areas. The first programme has been completed and has had positive impacts on the teachers as well as in the schools in which they teach. The learning and tools from existing courses like this could be useful in informing the development of CPD modules addressing antisocial behaviour.

Recommendations

✔ **Examine how the education sector can facilitate the needs of all our citizens to fulfil their potential as humans. This can be done as part of the review that is currently being undertaken of the Junior Certificate Curriculum by the National Council for Curriculum and Assessment.**

✔ **Use school premises to deliver other services, including adult education, sporting clubs, community activity, and the provision of services directed at young people and their families.**

✔ **Develop and promote a manualised approach for dealing with antisocial behaviour for all teachers (Department of Education and Skills).**

✔ **Cooperate to identify and organize supports for children at risk of making poor transitions (Key professionals in Primary and Secondary schools in DEIS areas).**

Curriculum development

There is evidence that alcohol/substance abuse prevention programmes which emphasise skills-acquisition (e.g. peer-led learning) can have small

positive effects on rates of later misuse (Stewart-Brown, 2006). Programmes that focus on knowledge (lectures) tend to have negligible effects and probably only delay misuse. Curricula such as Social, Personal, & Health Education (SPHE) offer an opportunity for such programmes to be integrated into children's learning but rely on high-quality materials and interested/trained teachers. Again teacher training and Continuous Professional Development (CPD) is of immense importance. Curricular and environmental changes all require different approaches from schools and professionals. The inclusion of expert non-school based inputs from specialists who live and work in communities around the schools should be considered for inputs to pupils. The quality of such inputs should be monitored by the schools.

Recommendations

✔ **Support the whole-hearted implementation of the SPHE Curriculum in the context of a whole-school. (Department of Education & Skills) This has a number of related recommendations:**

→ **Ensure that clear drug and alcohol policies are developed and implemented in each school.**

→ **Provide full and ongoing access to national training for teachers in pre-service training and as part of Continuing Professional Development.**

→ **School timetables should reflect the equal standing of SPHE with other academic topics.**

→ Schools should have designated teachers with responsibility for SPHE.

→ The Department of Education and Skills should audit the implementation of SPHE in our schools.

Codes of conduct

Anti-bullying policies and codes of conduct are an essential step in communicating to pupils, teachers, and parents that the school has an ethos of safety and respect. Such policies should be clear, appropriate and outlined to all pupils, parents and teachers. Codes of conduct should be for all – not just a top down approach focused on the child. They should encourage positive behaviour and not seek to implement a regime of rules.

Dropout prevention

Early school dropout is associated with a number of negative outcomes for young people including higher rates of antisocial behaviour. There are a wide range of programmes which tackle the risk factors for early dropout with some success (e.g. Wilson, Tanner-Smith, Lipsey, Steinka-Fry, & Morrison, 2011). Dropout prevention programmes work best when they are tailored to the needs of the local population.

Evidence-based whole-school approaches include many elements such as smaller class sizes, timetable restructuring (more time with fewer teachers), vocational training focus, and additional learning supports. Dropout prevention for teenage parents may require welfare incentives/contingencies and daycare provision. There is evidence that a lot of children are currently out of school through exclusion and are not receiving any educational interventions.

Recommendations

✔ Schools should develop anti-bullying policies and codes of conduct (Schools).

✔ Implement services to address the needs of those children that are currently excluded. These services to be appropriate to their educational and other needs (Department of Children and Youth Affairs and National Education Welfare Board).

✔ The National Education Welfare Board should be properly resourced to meet their commitments (Department of Children and Youth Affairs).

Second Chance Education

Many children do not adjust to the school system. Equally, many schools do not adjust to children who do not fit in with their regime. In the second level system in particular this mismatch results in clashes between teachers, pupils and parents.

Second chance education (such as Youthreach), has proven to be a successful intervention for many adolescents who have not maintained participation in mainstream schools due to behavioural issues. It can address issues that are difficult to deal with in the more confined mainstream school system. It can give time and space for problems and key learning difficulties to be addressed. Through second chance education interventions, some pupils have managed to return to mainstream secondary schools (usually

a different school), whilst others have seen out their education system effectively in an alternative facility. While second chance education does not solve all the problems for those who do not fit the mainstream school system, they do provide a different approach to allow children fulfil their potential.

Recommendation

✔ **Provide resources and quality facilities for the Second chance education sector, recognising it as being a valuable alternative for many individuals (Department of Education and Skills).**

Targeted interventions

Educational assessments and interventions

A significant percentage of children with antisocial behaviour will also present with speech/language difficulties, specific learning disorders (disorders of reading, spelling, or maths), intellectual disabilities, and / or attention/hyperactivity problems which may directly impact on their ability to access the curriculum (e.g. Carr, 2001). Any such difficulty can give rise to an increased risk of frustration, alienation, and antisocial behaviour. There are a range of interventions which can ameliorate or accommodate the educational needs of such pupils once they are identified. While many interventions are available through the Department of Education, others may require the cooperation of home or after-school clubs (e.g. phonemic awareness, paired reading, homework supervision, development of an Individualised Education Plan).

Behavioural teacher training

Based on principles similar to those used in parenting programmes, behavioural teacher training courses promote the systematic use of behaviour management techniques in the classroom. These programmes are sometimes prepared individually (e.g. by an educational psychologist) or in group/ manualised format (e.g. the teacher training module

of the Incredible Years). Successful implementations typically lead to increases in children's positive affect and engagement with school activities, and decreases in peer aggression (Webster-Stratton, Mihalic, Fagan, Arnold, Taylor, & Tingley, 2001).

Recommendation

✔ **Deliver behavioural teacher training on all teacher training programmes at primary and secondary level as part of the core training modules and ensure that CPD in behavioural teacher training is extended to all teachers in service (Teacher Training Colleges and Department of Education and Skills).**

Other child-focused programmes

Reviews of targeted programmes such as anger management, social skills training, and problem-solving skills training indicate small but typically positive effects on measures of aggression. These interventions teach children alternative ways to think about problems and relate to others. Programmes can be delivered by teachers as well as other professionals, and sometimes peers, either individually or in groups. Interventions tend to be more successful if delivered fully, frequently, and following a manual (e.g. Mytton, DiGuiseppi, Gough, Taylor, & Logan, 2006).

Northside Partnership's Challenger Programme supports children aged 11-12 from disadvantaged communities in completing their Leaving Certificate over a period of 7 years (6th class to 6th year). It supports parents with training once their child gets accepted on the programme. Challenge students are less likely to engage in antisocial behaviour than their peers who are not on the programme. Structured educational supports provided by Challenger and complementary youth leadership programmes during teenage years have been an effective way to guide young people through their adolescent years and progress their education. Until 2012 this programme was confined to Darndale and is currently being rolled out in two schools in Kilmore. While youth

unemployment is running at approximately 30%, the unemployment rates of those who have been through the Challenger is only 1%.

Recommendation

✔ **Provide after school programmes and interventions such as anger management, social skills and problem solving skills for those pupils who require them. Such interventions should be extended to parents and other family members where appropriate (Department of Education and Skills).**

Other interventions

In complex cases, a school's role may be to initiate referrals to other services or to work with existing services as part of a coordinated multi-systemic intervention. In complex behavioural interventions, there is often a need for classroom teachers, year heads, special needs assistants, or home-school liaisons to be included in planning or implementing the intervention.

In extreme cases, schools may refer a student to a special school setting or a specialist emotional-behavioural unit to help them internalise the skills needed to engage with the school routine and resume an appropriate level of academic output. These referrals should ideally be temporary and lead to a transition back to mainstream settings.

Recommendation

✔ **Pursue area-based approaches where all services and relevant agencies can coordinate work in a cooperative and focused manner. (Coordinated by the Local Authority through area based Local Development Companies with the cooperation of the Department of Education and Skills and other relevant stakeholders).**

Chapter 3 – Discrimination and Prejudice

Introduction

Dublin is now a multi ethnic city, with people from 120 different nations living in the city. Immigrants contributed significantly to our period of economic growth, particularly in services, tourism and construction, and brought a new diversity and richness to the social and cultural dynamic of the city.

The economic downturn has reversed the migration flow and Ireland has now returned to a position of net emigration with outward migration estimated at 76,400 in the year up to April 2011. However, immigration also increased in the same year from 30,800 to 42,000 and many immigrants are here to stay. Immigration is likely to remain a permanent feature of life in Ireland.

There has been a rapid change in the population make up of Dublin and Ireland since 1990. Understandably, these changes have led to tensions in many areas, as norms of community cohesion and education are challenged and cultural differences become visible and pronounced. These tensions have been exacerbated at times by negative media coverage.

Definition of Interculturalism

Interculturalism is a political ideology that does not place a priority for all cultures to be on the same level as a basis to organize a given society. Its main objective is rather to develop a common civic culture based on the values of freedom and liberty, and of human rights, while encouraging interaction between the communities living in the same country.

As communities across Europe grow increasingly diverse, the way they manage diversity becomes a key challenge for the future. Successful cities and societies of the future will be intercultural: they will be capable of managing and exploring the potential of their cultural diversity to stimulate creativity and innovation and thus generate economic prosperity and a better quality of life. Diversity can be a resource for the development of a city if the public discourse, the city's institutions and processes, and the behaviour of people, take diversity positively into account.

In developing and promoting its civil society as safe, open and diverse, Dublin must have a clear focus on interculturalism. In Dublin, there are a number of regions within the city that have fewer migrants but have more frequent incidents of racism. More work must be done within these areas to address misunderstandings and frustrations and assist the local communities adapt and change. While intercultural work is slow and the results are not always overtly apparent, ensuring that communities are inclusive, accepting, open to intercultural dialogue and willing to take a strong stance against racism and discrimination is critical to ensuring a healthy, thriving city.

In this chapter, a brief look is taken at statistics which detail the extent of racially motivated incidents in Dublin. Following this, some key interventions are put forward as tangible responses to this form of antisocial behaviour.

Racially Motivated Incidents in Dublin

In 2011 the Immigrant Council of Ireland launched a report entitled "Taking Racism Seriously: Migrants' Experience of Violence, Harassment and Antisocial Behaviour in the Dublin Area".

The following table details the numbers and types of incidents over a 4 year period.

Numbers of Yearly Recorded Racially Motivated Incidents by Category

Incident Type	2007	2008	2009	2010
Minor Assault	50	45	30	36
Assault causing harm	17	12	13	7
Harassment	11	9		7
Criminal Damages	42	29	22	22
Public order offences	57	42	34	26
Drunkenness offences	6			
Menancing phone calls		5		
Incidents covered by the Prohibition of Incitement to Hatred Act (1989)	13	15	10	
Total number of offences identifiable by category	196	157	108	88
Overall total of racially reported incidents per annum	214	173	128	122

Source: Garda data (Pulse) collated by the Central Statistics Office.

Note: The table does not identify incidents where the total within a category is less than five per annum.

Immigrant Council of Ireland "Taking Racism Seriously" Report 2011

As can be seen, there has been a significant decrease in global figures over the four year period. All of the services that have worked together to achieve this

should be commended. However, I believe that the raw figures do not tell the whole story, and that more can be done.

Under-reporting of racist incidents

Under-reporting of racist incidents is particularly prevalent amongst communities that originate from countries where there is a culture of mistrust of the public authorities. It is also reported that some individuals may fear that reporting a crime may negatively affect their residency status.

Recommendations

✔ **Make migrant communities aware of the Garda Intercultural and Diversity Office to encourage them to report crimes including racist incidents (An Garda Síochána).**

✔ **Support community organisations who help promote good relationships between different communities, who establish links between immigrant communities and the Gardaí and who facilitate and promote the appropriate reporting of racist incidents (Dublin City Council).**

Restorative Justice

Restorative justice brings victims and offenders together, such that offenders can gain a better understanding of the hurt they have caused. Restorative justice lends itself particularly well to racist / discrimination incidents, which do not necessarily involve violence and can be difficult to prove in court. Moreover, the trauma of the court process can sometimes exacerbate a situation and further reduce tolerance levels in the community.

Before agreeing to participate, parties should be fully informed of their rights, the nature of the process and the possible consequences of their decision.

Recommendation

✔ **Establish a pilot restorative justice programme to deal with racist incidents (An Garda Síochána and the Courts Services).**

Intercultural Awareness / Diversity Training

Ideally, all state institutions should train their staff on how to deal with members of minority groups. The Garda Síochána, Dublin City Council and the Probation Service currently offer specific training to their staff to help them provide a better service to members of minority groups. However, this training is currently not compulsory.

Recommendations

✔ **Deliver specific intercultural training to help relevant public sector staff better serve members of minority groups (Department of Public Expenditure and Reform).**

✔ **Continue to support the work of the Office of Integration (Dublin City Council).**

Social Inclusion of minority groups

There has been a significant improvement in the diversity of employees within An Garda Siochána over the past decade, but the recruitment embargo now poses a problem. The setting of up of the Joint Policing Committee structure has improved the communication between An Garda Síochána, the Local Authority and local communities. Mixed community fora are important as they create a safe space where all members of the community are free to disclose problems.

Recommendation

✔ **Promote the inclusion of representatives of immigrant communities on local community fora.**

Chapter 4 – Management of Offenders and Alternatives to Prison

Introduction

Currently there are 5,250 prisoners in the prison system, including 4,450 in custody and 800 on temporary release. Most are sentenced but almost 600 are on remand. The annual level of committals is substantially higher (13,952 persons in 2011) but many are in prison for short periods. The vast majority are in prison for non-violent offences. Most go to prison because of persistent offending rather than seriousness of any single offence. The level of risk to public safety varies significantly and is influenced by many factors, including the level of support available in the community post-release.

We tend to think of offenders in general and prisoners in particular as different from us. The reality is that they rarely fit the image often portrayed in the media and they come from our communities and will return there. The majority of offenders share common features such as alcohol and drug dependency, poor educational achievement and lack of employment skills, as well as high levels of unemployment, poverty and homelessness prior to imprisonment. Levels of mental illness among prisoners are significantly higher than in the community at large. Family support is also often lacking. Many prisoners have multiple needs – mental health, physical health, addiction, homelessness, poverty and social issues.

Offenders have different levels of potential but it is often overlooked that they have much to offer. With proper support, and professional intervention, that potential can be realised. Without it, many will re-offend, with the obvious negative implications for themselves, their families, their community and a new set of victims. Unfortunately adequate community supports are generally lacking on the scale required, despite examples of good practice, some of which are described below. Reducing offending levels requires a 'whole system' response. Local authorities have a critical role to play, e.g. by helping with accommodation for offenders and ex-prisoners and supporting after-prison offender projects and programmes including drop-in centres and reintegration projects.

In this chapter, some recommendations are made regarding a 'whole system' response to offending. First, the impact of prison is examined; following this, alternatives to prison are analysed. Finally, other factors are considered.

Impact of Prison

Does prison work? A large-scale study involving UCD and others found that under half (49%) were back in prison within four years. Of course, reasons for desistance vary; it would be foolish to think that imprisonment was the only, or even the main, factor in the rate of recidivism. However, it is worth noting that recidivism rates were substantially higher for fine defaulters and young offenders. Given this higher propensity to re-offend, and the fact that they are then likely to stay in crime longer, there needs to be

a greater focus on early interventions with young offenders to prevent offending and greater support during and after detention.

Whatever the chances of prison "working", there is a very real risk that it makes things worse. The risk arises from damage to family and community links, reinforcement of negative feelings and alienation, proneness to feelings of victimisation, undermining of personal autonomy and being labelled as a prisoner (with implications for jobs, accommodation, finance, etc.). Prison also fosters the development of criminal networks, a risk to which young people in particular may be vulnerable. Prisons are also expensive to build and run and the costs of processing cases (investigation, prosecution, etc.) are also significant. Yet we have tended to spend more on criminal justice responses than preventive measures, early interventions and community solutions. There is a need to address this imbalance.

Recommendations

✔ **Promote a greater focus on early interventions with young offenders to prevent offending and greater support during and after detention as well as on community based sanctions (eg probation and community service as the 'default' rather than custodial sentences (An Garda Síochána and Probation Service).**

✔ **Develop a system which allows for a speedy implementation of the Fines Act 2010 (Department of Justice and Equality).**

Alternatives to Prison

Alternatives to prison are available but need to be expanded. It is important that alternatives are seen to be effective if judges and other decision-makers are to avail of them. Alternatives can come into play at a number of stages – arrest, prosecution, pre-sentencing, sentencing and post-sentence/imprisonment.

At arrest, Gardaí have options such as informal warning/name-taking and more formal cautioning under the adult cautioning scheme or the juvenile diversion programme. These cautions are sometimes seen as soft options but can have real bite if administered in a restorative justice context (see below) and made subject to conditions. On-the-spot fines have potential in some instances. Civil responses such as antisocial behaviour orders can also come into play at this early stage. The development of Arrest Referral Schemes in line with Action 38 of the National Drugs Strategy 2009 – 2016 under the Treatment & Rehabilitation pillar, is also a valuable option and should be further implemented.

The prosecution stage offers another potential opportunity for diversion, whether prosecution is decided by the Gardaí or the DPP. Decisions on whether or not to prosecute are influenced in part by the quality of evidence and the likelihood of a successful conviction. Diversion to an informal dispute resolution mechanism may well serve the interests of justice (and victims in particular) better than proceeding straight to prosecution or deciding on no further action.

The pre-sentence stage offers further opportunities for diversion from custody, and opportunities for community based sanctions and measures, e.g. for informal resolution, pursuit of treatment for addiction, and including probation and/or community service. A judge may decide to defer sentence pending the outcome of a recommended action. For example, such approaches can be used under the family conference provisions of the Children Act 2001, where conferences can devise customised plans to meet the specific needs of individual offenders and other parties. A positive outcome can lead to dismissal of the case, with a negative outcome leading to continuation of the normal court process. Judges also frequently defer a decision on penalty, pending the outcome of supervision of the offender by the Probation Service over a specific period of time, during which offending – related issues and related problems can be addressed.

The sentence stage offers further scope. Judges, for example, have several options for suspending all or part of sentences subject to the offender meeting stipulated conditions. In many cases, Judges request assessment reports from Probation Officers, before finalising their sentence decision. They can for example impose sanctions of community service orders in lieu of custodial sentence, and are now obliged to consider that option before deciding on a custodial sanction. The Children Act 2001 provides for a variety of sentences as alternatives to custody, which could be considered for adults also.

There are further opportunities for alternatives to continuing custody, after a period of imprisonment has been served. A court may sentence an offender to a period of imprisonment, followed by a period under Probation Supervision. Temporary release subject to conditions is another manifestation. Possibilities to expand its use to allow suitable prisoners to swap periods of imprisonment for community service are being developed and a pilot ('Community Return') was recently completed, involving the Probation Service and the Irish Prison Service. Local authorities could have a key role in identifying and supporting community service projects.

Advances in technology such as the use of alcohol bracelets may also facilitate safe early release as well as promoting alcohol behaviour change in the community.

Recommendations

✔ **Extend training and use of restorative justice in connection with the Garda adult cautioning scheme, and at the Court stage through the Probation Service.**

✔ **Research the effectiveness of restorative justice and other alternatives to prison and present findings to our judges and criminal justice system (Universities and ESRI).**

✔ **Recommend the greater use of evidence-based alternatives to prison at all stages of the criminal justice process (Department of Justice and Equality).**

✔ **Identify and support community service programmes (Dublin City Council and Probation Services).**

Other factors

Speedier Justice

One of the measures of effectiveness in dealing with crime is the speed and efficiency with which the various parts of the system respond when a crime has been committed. The need to work towards a situation where all agencies deliver 'speedier justice' is part of the current drive towards greater efficiency and effectiveness across a range of jurisdictions internationally.

In general terms, few would disagree with the saying that 'justice delayed is justice denied'. One area of particular concern, and frequently commented on publicly, is the time it can sometimes take for a case to be investigated, prosecuted, brought to Court, and for the trial and sanctioning process to be concluded. While it is acknowledged that due process and the requirements set out in the law in relation to evidence, proofs and procedures are important parts of the foundation of our legal system, nevertheless all agencies involved acknowledge that there is scope for improvement in terms of bringing matters to a conclusion more quickly and efficiently.

It is also acknowledged that a range of measures have been taken, and are currently being developed further, to speed up the various processes in question. For example, an Garda Síochána have introduced a new system of case management for prolific offenders (starting in the first instance with young offenders) which enables the more efficient processing and prosecuting of multiple cases involving the same individual. The scheduling of cases in court and

the pre-trial process are understood to be under examination at present, with a view to improving the efficiency of their operation. Within the last year, the Probation Service has introduced a system of providing same day assessments to the courts where the court is considering making a community service order (previously those assessments would have taken several weeks to complete). These and other measures should go some considerable way to speeding up the justice process, specifically in relation to the prosecution of criminal offences. This is to be commended and should be developed further and as quickly as possible.

Recommendation
✔ **Maintain the focus on delivering speedier justice and continue to take practical steps to deliver this (all criminal justice agencies).**

Mental Health and Prisons
Many people are in prison because of a lack of suitable alternatives. For example, it is widely accepted that offenders with mental health or addiction problems should be sent to secure treatment centres and community-based services rather than prison, but capacity outside prison is deficient. The Commission welcomes the establishment by the Minister for Justice, Equality, and Defence and the Minister for Health of an interdepartmental group to examine the issues of people with mental illness coming into contact with the Criminal Justice System.

Recommendation
✔ **Increase the capacity of the criminal justice system to respond to offenders with mental health and/or addiction issues by increasing access to secure treatment centres and community based supports (Department of Justice and Equality and HSE).**

Restorative justice
Restorative justice offers an effective response to antisocial behaviour and offending generally. It can take many guises (e.g. mediation, conferencing, reparation panels) but at its heart is a process that involves those affected by harmful behaviour in finding ways to repair the harm and avoid recurrence. Dialogue is critical to its success and key values are respect, inclusivity and responsiveness. It is no panacea for all ills but it can be very effective either as an alternative or a complement to the existing range of responses. Restorative skills are valuable life skills, applicable in many scenarios.

Restorative justice can create a win-win situation. Offenders are made accountable for their actions to those most directly affected by them but they are also given a chance to give their side of the story, make good the harm, feel better about themselves and receive support to avoid future misbehaving. They are made accountable in a more meaningful way than in court, where they are represented by third parties. They get a better understanding of the effects of their actions on real people and find it difficult to minimise their actions. Those who are closest to the offender and those who can make a difference to the offender's future life have key roles.

Victims also benefit significantly. They have a direct voice in the process which is usually lacking in standard formal responses. They also get a chance to hear an explanation from the offender and possibly to get repair of any harm, including an apology. The outcome is customised to the specifics of each case and adapted to the needs of the individual offender and other parties. The evidence of effectiveness is persuasive, with satisfaction levels particularly high.

As with alternatives generally, restorative justice can be introduced at various points of intervention. At the arrest/prosecution stage, the Garda Diversion Programme processes hundreds of juvenile cases restoratively and all Garda Juvenile Liaison Officers are trained in restorative justice practice. At the pre-sentencing stage, judges can refer child offenders to family conferences throughout the country and can refer adult offenders to restorative services where they exist, notably in Dublin and the Mid-West through the Probation Service, Restorative Justice Services and the Community Reparation Project based in Nenagh. Restorative justice can also be effective at earlier stages, before antisocial behaviour enters the criminal justice arena. For example, community mediation services address neighbourhood disputes and antisocial behaviour in a number of areas including Tallaght and Ballymun.

Restorative justice is a low-cost method of dealing with offending. However, wide-scale implementation nevertheless requires investment. The National Commission on Restorative Justice recommended expansion of restorative justice programmes but recognised funding realities. It recommended beginning with expansion of the existing services in Tallaght and Nenagh to adjoining areas as a first step. Barriers to expansion exist other than funding. They include inertia/resistance to any form of change, entrenched ideas, vested interests, negative media coverage and principled concerns arising from the informal nature of the process (e.g. possible erosion of offenders' rights).

Implementation of restorative justice in relation to antisocial behaviour could perhaps proceed on the basis of one or more pilot projects, overseen by a project board with expert representation. Selected personnel could receive training in restorative practice skills at modest cost. They could be supplemented by use of existing skilled mediators in the community, on a volunteer basis or paid a small fee per session. Standards of good practice would need to be promulgated and applied to avoid negative impacts such as community shaming and net-widening (applying the approach to cases that would not have attracted a traditional sanction).

The fact that most antisocial behaviour occurs locally and offenders and victims are from the same community is seen as increasing the prospects of an effective solution. Community pacts may be mediated between families and community representatives and families make undertakings such as home curfews, respect for neighbours as regards car parking or noise and not giving alcohol to minors at home. The mediation process has to observe certain standards if they are to stand the test of time.

Other promising initiatives include the development of restorative practice in schools and communities, e.g. in Tallaght (CDI) and the Liberties. Feedback has been very positive. In schools, children are introduced to

restorative values and practice and take responsibility for solving problems themselves, mindful of the impact of their behaviour on others. The experience is that they take the values and practices home with them with obvious knock-on benefits. Similar practices can be extended to other settings such as work places and public services.

The Probation Service currently resources two Restorative Justice (Court-referred) projects in Dublin and the South West. In addition, there is scope for further Restorative Justice approaches at Court level, run by the Probation Service, with young people (family conferencing etc.) before the Courts.

Recommendations

✔ **Extend the use of restorative justice in Dublin in appropriate cases (Funded by the Department of Justice and Equality and led by the Probation Service).**

✔ **Ensure restorative processes are available to all appropriate young and adult offenders**

✔ **Gather evidence of outcomes, evaluate and improve existing and emerging restorative programmes and practices which should reflect international best practice.**

Tackling Youth Crime

The youth justice system should be considered in its entirety, from the Garda Juvenile Diversion Programme through to the Children Courts and the Children Detention Schools. It is important to note that it is not a simple question of choice between the Diversion Programme, community sanctions and detention. The principles of the Children Act 2001 require the various authorities to apply, incrementally, a series of "filters" or tests to each case where a child comes into conflict with the law.

The Children Act 2001 includes the following principles:-

→ A child who accepts responsibility for his/ her offending behaviour should be diverted from criminal proceedings, where appropriate.

→ Children have rights and freedoms before the law equal to those enjoyed by adults and a right to be heard and to participate in any proceedings affecting them.

→ Detention should be imposed as a last resort and may only be imposed if it is the only suitable way of dealing with the child.

→ Due regard to the interests of the victim.

→ A child's age and level of maturity may be taken into consideration as mitigating factors in determining a penalty.

The first main filter is the Garda Diversion Programme, involving at different stages (and depending on the seriousness of the offence), the informal (unsupervised) caution and the formal (supervised) caution, including possible involvement with a Garda Youth Diversion Project. The second main filter is provided by the non-custodial sanctions available to the Courts, including dismissal under the Probation Act and unsupervised sanctions (fines, disqualification, peace bond, curfew, etc.). Third, Probation supervised sanctions (e.g. community service) is an available option. Finally, as a last resort, detention may be used.

Under Section 53 of the Children Act a member of An Garda Síochána , should take a child who has committed an offence to its parent or guardian. The member should inform the HSE if they feel the child is not receiving adequate care or protection. If the child cannot be taken to its parent or guardian the Garda should arrange for the child to be given into the custody of the HSE. If the Garda feels that there is immediate and serious risk to the health and welfare of the child and it would not be sufficient to await an emergency care order, the Garda may remove the child to safety.

Antisocial Behaviour and Children

In the case of antisocial behaviour by children the diversion process includes the use of warnings, good behaviour contracts and antisocial behaviour orders, where appropriate. In the event that the behaviour warning or good behaviour contract fails to change a young person's antisocial behaviour, it is only then that further measures such as the antisocial behaviour order or other diversion approaches might be used.

The Garda Juvenile Diversion Programme is a particularly successful approach to working with young offenders and is significant in scale. In 2010, 18,000 children were referred to the programme and 13,000 were accepted, with the balance processed through the criminal justice system in the normal way. The default response to offending by children is thus diversion from the courts with a formal or informal caution. A Juvenile Liaison Officer deals with each case and supervises the offender in the community in more serious cases. Cautions are given in the presence of family members and, where appropriate, can involve other support persons as well as victims and community representatives. Individual or group plans can be put in place aimed at ensuring no further offending. Plans often include elements such as reparation, voluntary curfews or involvement in structured activities (such as sport or leisure). Such restorative cautions can be successful in dealing with antisocial behaviour.

If persistent offending behaviour by a child under 12 years of age is not tackled as envisaged under the steps above, there is a clear danger that the behaviour will become ingrained and "normal" with the increased prospect of harm befalling that child, another child or an adult.

Recommendations

✔ **Develop systems of care management for children below the age of criminal responsibility who are engaged in problematic antisocial behaviour (Department of Children and Youth Affairs).**

✔ **Support the Garda Juvenile Diversion Programme, which is shown to be effective (An Garda Síochána).**

✔ **Expand the restorative justice element of the Garda Juvenile Diversion Programme (An Garda Síochána).**

✔ **Support the Garda initiative to assign case managers to more prolific young offenders and recommend evaluation with publication of results (An Garda Síochána).**

✔ **Report on the work of the Juvenile Liaison Officer to Local Policing Fora on an annual basis (An Garda Síochána).**

✔ **Support the development of evidence-based drug and alcohol treatment and rehabilitation services for the under 18s (An Garda Síochána).**

Chapter 5 – Alcohol and Other Drugs

Introduction

Misuse of alcohol and other drugs is an important cause of antisocial behaviour. Irish levels of alcohol use are among the highest in the world and the amount Irish people drink during single drinking occasions has topped Europe wide surveys for many years. 'Recreational drug use' has now reached most areas of the country with 20% of 15-16 year olds reporting that they have taken cannabis (ESPAD, 2007) and a larger percentage reporting that they have witnessed illegal drugs being taken in their company. Problematic drug use is still largely confined to certain urban areas (mainly in Dublin). In October 2011 there were 9,365 people in receipt of methadone based stabilisation/ maintenance (Central Treatment List, 2011) and it is estimated by some experts that there may be the same number of opiate users not in touch with services. In this chapter, alcohol and drug use is looked at in the context of antisocial behaviour. It is important to note that alcohol is in itself a drug, and its inclusion in a National Substance Misuse Strategy is welcomed. However, there are notable differences between the use of alcohol and other substances, not least that, for the most part, alcohol use is legal in Ireland. For ease of reading, this chapter addresses the issue of alcohol first, followed by that of other drugs.

Alcohol

The Steering Group Report on a National Substance Misuse Strategy describes the current pattern of drinking in Ireland in the following way:

→ Irish adults drank 11.9 litres of pure alcohol in 2010, corresponding to 482 pints of lager, 125 bottles of wine or 45 bottles of vodka. Given that 19 per cent of the adult population are abstainers, the actual amount of alcohol consumed per drinker is considerably more.

→ One quarter of Irish adults report that they binge drink every week and over half were identified as having harmful drinking patterns. This equates to one and half million adults.

→ Over half of Irish 16 year old children have been drunk and one in five is a weekly drinker. The average age of first alcohol use in children decreased from 15 years for children born in 1980 to 14 years for children born in 1990.

→ The pattern of alcohol purchasing has shifted from the pub to the off-licence sector, and to supermarkets in particular.

→ There is significant alcohol discounting in mixed trade outlets (supermarkets)

→ There is more widespread use of distance sales (alcohol deliveries) with evidence of use of distance sales by under-18s to obtain alcohol.

→ The report also identifies a range of direct and indirect harms caused by alcohol use. Alcohol was responsible for 88 deaths every month in 2008. Over a five year period (2000-2004) alcohol was

estimated to cause 4.4 per cent of deaths in Ireland. This included deaths from accidental and non-accidental injury, as well as deaths from chronic conditions in which alcohol was the main or part contributory factor. One in four deaths in young men was estimated to be due to alcohol compared to one in 12 deaths from cancer and one in 25 due to cardiovascular disease. Finally, alcohol is a contributory factor in half of all suicides.

As well as being associated with health problems, alcohol is also a strong factor when considered in the context of antisocial behaviour:

➔ Alcohol related crime cost an estimated €1.9bn in 2007 and almost half of the perpetrators of homicide were intoxicated when the crime was committed

➔ Alcohol was identified as a risk factor in three-quarters of Irish teenagers for whom social workers applied for admission to special care.

➔ Irish adolescents with serious drug and alcohol problems had commenced alcohol use at a much earlier age than their counterparts without significant drug or alcohol problems.

➔ 15% of Irish teenagers stated that they had been involved in a physical fight in the past 12 months as a result of their own alcohol use and 13% had been in trouble with the police (ESPAD, 2007)

➔ Between 2003 and 2007 the total number of drunkenness, public order and assault offences increased by 30% from 50,948 to 66,406, GARDA PULSE system (according to the latest crime and victimisation survey only 53% of assaults nationally were reported; we can therefore assume that these figures are an underestimation).

➔ The typical profile of a drunkenness, public order or assault offender was that of a young male aged under 24 years. The 18 – 24 year age group were responsible for two fifths of offences.

➔ Those aged under-18 years accounted for 17% of offenders. The total number of offences among minors increased from 6,531 in 2003 to 10,037 in 2007, an increase of 54%. While increases were observed for each offence type, the increase in the number of public order offences (78%) was noticeably higher than that for other offences. Males accounted for 84%-92% of adult offenders and 74-83% of minor offenders. (HRB, 2007)

➔ Between 61,000 and 104,000 Irish children live in homes adversely affected by alcohol (Alcohol Action Ireland)

As can be seen, alcohol use has deep and wide ranging effects on Irish society. The Steering Group report on the National Substance Misuse Strategy contains a number of recommended measures which, as a package, seek to reduce the amount Irish people drink at a population level, down from 11.9 litres of pure alcohol to the OECD average of 9.1 litres. This would have overwhelmingly positive effects on the health and well-being of the whole population. The recommendations include measures in the area of alcohol supply, such as recommendations in relation to alcohol pricing, availability, marketing/sponsorship, reducing incidence of drink-driving and restricting access to alcohol to minors. Recommendations on prevention measures include screening and early interventions, social marketing, and enhancement of existing school based programmes, mainly through the Social Personal Health Education programme (SPHE). Recommendations on Treatment and Rehabilitation are based on integrated care pathways through the 'four-tiered' model approach.

Recommendations

✔ **Publish implementation plan for the recommendations of the Steering Group (Department of Health). In particular, the following recommendations should be progressed:**

→ Set a minimum price per gram of alcohol (Department of Finance).

→ Introduce a statutory code of practice in the off-licence sector (Department of Justice and Equality).

→ Strengthen legislative controls on distance sales (Department of Justice and Equality).

→ Introduce further controls on all alcohol advertising, promotion and marketing, including the phasing out over time of all drinks industry sponsorship of sport and other large public events (Department of Health).

→ Develop evidence based approaches to addressing needs of children and families experiencing alcohol dependency problems (HSE).

→ Publish formal statement of cross-party support for the recommendations of the Steering Group (All Political Parties/TDs).

Location of Alcohol Retail outlets

The Dublin City Development Plan 2011-2017 notes the criteria to be applied in considering planning applications for off-licence premises or extensions to existing off-licence premises. In particular, regard shall be given to the number and frequency of such facilities in the locality. In the case where a grant of planning permission is granted, regard shall be given to the need to impose the following conditions:

→ Limiting the display area of alcohol products to that area of the shop only as detailed on the plans

→ No advertising of the sale of alcohol products on the façade/frontage of the premises

→ No display of alcohol products or advertising of the sale of alcohol products on or near both the entrance and the windows.

Recommendations

✔ Support the Dublin City Development Plan 2011-2017 in limiting the concentration of alcohol retail outlets in an area and the display and advertising of alcohol in outlets (Dublin City Council).

✔ JPC's to engage with communities to comment on the granting of licences on an annual basis (JPC's).

✔ Support a pilot project to gather evidence as to the benefits of 'Wet Facilities' for street drinkers (HSE and Dublin City Council).

Alcohol Monitoring

One initiative of interest is the use of alcohol monitoring technology which is already well established in the United States. This technology enables the ongoing remote monitoring and supervision of people with hazardous drinking patterns by assessing the levels of alcohol in their bodies on a continuous basis through ankle monitors (see http://www.alcoholmonitoring. com). This technology has already demonstrated its effectiveness for the supervision of those on bail or on temporary/ early release from prison in other jurisdictions and will soon be piloted in Scotland on a trial basis. The technology has a number of very worthwhile uses in terms of supervision of offenders. It is also reported to be appreciated by wearers who use it as a 'refusal aid' which allows them to resist peer pressure to drink by showing the anklet as a way of declining drinks offers.

Recommendation

✔ While we await reports on its effectiveness in criminal justice settings in Scotland, we encourage, on a trial basis, its use in health

care/alcohol treatment services in Dublin based on the informed consent of a small number of volunteers already engaged with services.

Foetal Alcohol Spectrum Disorders

Alcohol use has the earliest and most debilitating effect on the developing foetus and is the largest cause of preventable disability among children. The term Foetal Alcohol Spectrum Disorders (FASD) refers to a wide range of disorders caused by pre-natal exposure to alcohol resulting in physical, cognitive, behavioral and learning difficulties and includes Foetal Alcohol Syndrome (FAS) and Alcohol Related Neurodevelopmental Disorder (ARND).

Some of the cognitive deficits associated with FASD include: poor working memory, difficulty linking cause and effect, difficulty "reading between the lines", difficulty focusing attention and difficulties working out the subtleties of social situations. The result of these deficits is that children can often present with behavioural difficulties, poor social skills and difficulties finding ways to solve their problems. FASD can often be a hidden disability and some children are misdiagnosed as experiencing Autistic Spectrum Disorders, Attention Deficit Hyper Activity Disorders (ADHD) or conduct disorder.

Drinking during pregnancy is common in Ireland and studies have suggested that as many as 80% of Irish women report drinking during their pregnancy. In the USA only 12% of women report drinking during pregnancy.

The effects of FASD can be lifelong and can result in significant disadvantage. One study which followed children with a diagnosis of FASD into their 20's found that

→ One in ten had psychological or other health problems

→ 60% had left school early or had breaks in their education

→ 60% had experienced difficulties with the law

→ Half had been incarcerated either in psychiatric institutions, compulsory drug/alcohol rehabilitation or prison.

It is important that FASD is recognized and treated appropriately early in life. Diagnosis before six years of age is a strong predictor of functioning in later life. Additional protective factors include a stable home environment, infrequent changes in living arrangements, low exposure to violence and access to disability services. In terms of interventions, traditional behavioral interventions are often ineffective due to the difficulties with memory and learning cause and effect associated with FASD. In addition medications prescribed to treat attention difficulties for Attention Deficit Hyperactivity disorder are not effective in FASD. A number of family behavioral management programs and social skills programmes have been shown to be effective in managing the difficulties associated with FASD however the small sample sizes and exploratory nature of the research means that further evaluation of these programs is required.

Recommendations

✔ **National Public Health Campaign highlighting the risks of alcohol use during pregnancy (Department of Health).**

✔ **Education of professionals including pediatricians, public health nurses, teachers and other health professionals in the signs and symptoms of FASD to improve detection and reduce the risk of misdiagnosis (Department of Health).**

✔ **The development of national best practice guidelines in the assessment of Foetal Alcohol Spectrum Disorders (Department of Health).**

✔ **Further research establishing the efficacy of interventions for FASD and developing structures to deliver intervention before affected children reach six years of age (Department of Health).**

Drug Use

Drug use and antisocial behaviour

Illegal drug use is now a serious problem to communities across Ireland (although problematic drug use is still to a large extent confined to poorer communities, mainly in Dublin). Certain areas of Dublin experience excessive levels of drug related behaviour. This includes particular areas of the city centre and surrounding suburbs where the predominant drug of choice for those in their late 20's to mid 40's is heroin/opiates, although a range of other legal and illegal drugs are usually used simultaneously. There is some evidence that younger problematic drug users are not necessarily including heroin/opiates in the repertoire of drugs they regularly use, instead favouring a mix of heavy tranquillisers and benzodiazepine tablets which are easily attained, cannabis, synthetic 'head shop' products, cocaine and alcohol. In some areas there is evidence of children (often below the age of criminal responsibility) becoming involved in drug taking and drug dealing behaviour. These children can become inculcated in criminal networks and become alienated from normal, positive community supports.

Drug use and drug selling related activity provokes a strong level of fear and distaste among the general community which experiences drug related antisocial behaviour in some of the following ways:

➔ Selling or swapping illegal and prescription drugs in public areas

➔ Public or semi-public consumption of drugs

➔ Unsafe disposal of drug paraphernalia

➔ Congregation of large numbers of individuals associated with drug related behaviour

➔ Living next to neighbours where there can be regular traffic of unfamiliar individuals calling and where there can be unsociable behaviour, often carried out at unsocial hours.

The cumulative effect of having a large number of problem drug users and (as a consequence) drug sellers living in the one area means that, at a community level, people feel unsafe, are often the victims of acquisitive crime, and live in fear that their own children will follow such paths. It is also true that current responses do not adequately address the fact of drug use; drug use does take place in public, and this needs to be addressed by engaging with drug users and finding new responses to minimise public use of drugs. Added to this are the stories of families with drug affected members who are subjected to ongoing threats of violence and intimidation as a result of drug related debt and who often end up paying large amounts of money to fend off serious criminals. The escalation of such activity by existing drug dealing gangs is of great concern and must be addressed by existing measures in the National Drugs Strategy (such as more localised operation of the Criminal Assets Bureau) and new measures which are now required to apply pressure on individuals involved in such serious criminal activity. The appointment of key Garda personnel at divisional level who will respond to families in such predicaments is welcomed. This support system was piloted in north inner city Dublin and has proven to be a significant resource for the local community there.

Recommendations

✔ **Assist the rollout of locally based systems of support which address issues related to family intimidation and drug debt in areas with concentrated drug problems and which build on the north east inner city pilot project (An Garda Síochána).**

✔ Expedite plans to identify key Garda personnel at district and divisional level who would be designated officers for families and individuals requiring support as a result of intimidation (An Garda Síochána).

✔ Establish local and national intelligence systems to gather information on drug debt and liaise directly with the Criminal Assets Bureau (An Garda Síochána).

✔ Ensure training for key Garda personnel in each district on Criminal Assets Bureau profiling (An Garda Síochána).

✔ Support the establishment of a pilot project of a Medically Supervised Injecting Centre to enable the gathering of evidence on the effectiveness on this initiative to reduce harm for drug users engaged in risky behaviour (HSE).

✔ Support the development of a Crisis Residential Stabilisation/Detox Unit aimed at the most vulnerable people with polydrug use and multiple needs issues (HSE).

✔ Recognise heightened risk for young people in areas where concentrated drug/alcohol problems exist and target resources toward these areas, for example, a restored Young People's Facilities and Services Fund (Department of Children and Youth Affairs).

✔ Develop system of notification between Gardai and HSE Children's Services for the early identification of children who become involved in criminal (often drug dealing related) activity.

Identify effective systems of family intervention and supports in this regard (An Garda Síochána and HSE).

Sale of Prescription Drugs

There is a serious problem with the sale and swapping of prescription drugs in Dublin. This is a particular problem around the LUAS stop on Abbey Street at the junction with Marlborough Street. Its impact on local communities and businesses is destructive, de-stabilising and it erodes any feeling of community safety and well-being. The Garda Síochána's power to prosecute in cases where prescription drugs are being sold is limited.

Recommendation

✔ **Empower the Gardaí to prosecute in cases where offenders are found to be trading prescription drugs (Department of Justice and Equality and Department of Health).**

✔ **Introduce a national protocol on the prescription of benzodiazepines as a matter of priority and this should address problematic areas such as the issuing of repeat prescriptions (Department of Health).**

✔ **Develop a register of pharmacy returns to ensure the safe destruction of all mood altering drugs unused following their expiry date (Irish Medicines Board).**

National Drugs Strategy

The main response to our national drug problem is through the actions carried out under the National Drugs Strategy (NDS). In Dublin, the NDS identified the areas with the largest levels of illegal (heroin) drug use and put in place local drugs task forces to lead co-ordinated, multi-agency responses in which the local community played a key role. Under the NDS, 108 'actions' were outlined which impact on drug related behaviour. This includes harm reduction initiatives like the National Opioid (Methadone) Protocol, needle exchange initiatives, provision of drop-in and other services and the emerging National Drug Rehabilitation Strategy. The range of initiatives developed has helped to draw problematic drug users into contact with services and, to some extent, has provided stabilizing influences in their lives. Most long-term opiate/poly drug users are now in regular contact with support services. This supportive contact must be maintained and built upon if we are to see progression and re-integration of drug users into society. Similarly, it is important to ensure that communities are kept involved with the development of services in their local areas. Legitimate concerns of communities must be respected when it comes to the geographical location and nature of local treatment services. However, ill-informed or unjustified "not in our backyard" objections must be confronted by all. Local communities should be engaged at an early stage when services are being planned and should be involved on a structured basis in the ongoing review of the performance of services and their impact at local level.

The National Drug Strategy advocates more local service delivery. Again this is something that it welcomed. There is considerable scope for engaging both local GPs and pharmacies in providing safe community based supports for recovering addicts. The processes, procedures and structures for rolling this service out should be continuously audited to ensure that there are no blockages in the system and that consistent care is provided across the city and nationwide. Drug users can be cared for locally in discrete numbers without the attendant difficulties that large centres in more anonymous urban locations can give rise to.

Recommendations

✔ Continue the multi-level, cross-cutting approach of the National Drugs Strategy, in which all relevant government departments and agencies are expected to play their part, backed by full Cabinet support (Department of Health).

✔ Continue to specifically target areas with concentrated levels of problem drug and alcohol use by building on and supporting the work of the local drugs task forces, enhancing the community infrastructures developed through the Young People's Facilities and Services Fund and further developing treatment and rehabilitation services (Department of Health).

✔ Support, as a priority, the development of a Crisis Residential Stabilisation/Detox Unit aimed at the most vulnerable people with poly-drug-use and multiple-needs issues (HSE).

✔ Promote communication, coordination and cooperation between service providers and local communities (HSE, Drugs Task Forces, JPC's).

✔ Support the rollout of the National Drug Rehabilitation Implementation Committee National Care and Case Management Pilot (HSE).

✔ Support the rollout of the National Community Detox Pilot which enhances liaison between GPs and local drugs services in order to care plan for those involved in structured reduction programmes for methadone or benzodiazepines (HSE).

Chapter 6 – City Centre Issues

Introduction

Dublin is a safe city but there are serious problems in parts of our city centre related to drug dealing, the consumption of drugs and aggressive begging with a result that many visitors to the city don't always feel as safe as they should. It is clear from surveys of domestic visitors and tourists, as well as feedback from local businesses, that problems exists and it is having economic consequences.

In 2011, Dublin City Council, as part of the Your City Your Voice programme, conducted an on-line survey of 2,300 adults in Dublin. In this unprompted survey, 36% of respondents noted aspects of antisocial behaviour as being the city's least appealing characteristic.

The manifestation of antisocial behaviour in the city is not dissimilar to that within residential communities. However, the city does give the appearance of a certain level of anonymity, a perception that is not always backed by reality; many businesses and agencies active in the city recognise and even know by name some of those involved in antisocial behaviour. The behaviours that give rise to difficulties for businesses, residents, tourists and other city users are diverse and include:

➔ Dealing in and consumption of illegal and prescription drugs

➔ Unsafe disposal of drug paraphernalia

➔ Public consumption of alcohol and drunkenness

➔ Public urination

➔ Congregation in large groups

➔ Graffiti

➔ Begging

These issues are common in city centres around the world. The causes are complex and difficult to tackle. In Dublin, a number of significant steps have been taken in dealing with the impacts of antisocial behaviour in the past two years. There is a growing understanding that addressing the issue will involve a number of partners and that both long and short term solutions are required. While An Garda Síochána have been very successful in dealing with key aspects of antisocial behaviour, it is recognised that as long as the underlying reasons for antisocial behaviour continue to exist criminal justice measures will displace and disrupt problematic street activity rather than provide sustainable solutions. We need to consider longer term approaches. It is part of the Lord Mayor's role to host a policing forum which affords business and tourist representatives the opportunity to discuss matters of concern with the Gardaí and Dublin City Council and to allow co-ordinated responses to develop.

A group comprising Dublin City Business Improvement District (BID), HSE, Dublin City Council, An Garda Síochana, together with drug and homeless service providers have come together to formulate a strategic

and integrated response to antisocial behaviour in the city centre. Appropriate research is currently being conducted. It is expected that the research will identify numerous issues that underlie the city's problems, and will support many of the recommendations made in this report, on a more local level. In this chapter, we focus on antisocial behaviour issues in our city centre. With the exception of drug and alcohol use, which receive treatment in chapter 5, each of the factors identified above is dealt with in turn. The second part of the chapter looks at the other relevant issues, including the economic consequences of antisocial behaviour in the city centre.

Congregation in large groups

There are various hypotheses advanced as to why antisocial behaviour is a particular problem in the city centre:

→ The city is an accessible meeting space for people living in different parts of the city and suburbs.

→ There are areas which are known market locations for certain drugs. People who wish to purchase those drugs are drawn to those locations.

→ The concentration of social services, primarily drug and homeless services, within close proximity of each other provides a focal point where individuals availing of those services and their associates can meet. This is a classic scenario for the development of a market location. There is anecdotal evidence that patients of larger treatment facilities are being targeted by dealers when they leave clinics.

Recommendation

✔ **Methadone treatment access must be expanded to ensure that it is promptly available no matter where the user lives. Implement local services for local people in relation to methadone treatment in local areas rather than forcing people to access services in the city centre (Drugs Task Forces and HSE).**

Begging

Begging is a significant issue in our city centre that can deter visitors. With the advent of the Criminal Justice (Public Order) Act 2011, the incidence of begging decreased by 75% in comparison with 2010. However, in recent months it is reported that beggars have begun to target patrons of restaurants and public houses and general pedestrians, in a more aggressive manner. This form of begging is more prevalent in the evening time. It is mobile and conducted without props, such as cups etc. making it more difficult for the Gardaí to detect. 'Spotters' have also been reported which would suggest that there is a degree of professional organisation of this activity.

Graffiti

Graffiti in the city tends to be created by young suburban residents. It is interesting to consider graffiti in the context of the broken window theory. If graffiti is left, more graffiti results. Within two years of the commencement of the Dublin BID's graffiti removal programme a reduction in new graffiti of 76% was experienced. While graffiti can provide an important artistic outlet for people, it should not impact on the property rights of others. In some areas, 'graffiti walls' have been used to provide designated areas in which graffiti is permitted.

A study into the impacts of graffiti on wider societal behaviour was undertaken by a Dutch academic Kees Keizer from the University of Groningen in the Netherlands. He left an envelope containing €5 hanging conspicuously from a mailbox. When the mailbox was clean, 13% of passersby stole the envelope. When the mailbox was surrounded by litter, the percentage jumped to 25%, and when the mailbox was covered in graffiti, it rose to 27%, thus demonstrating the link between behaviour and pro-active management of the environment.

The Probation Service, in cooperation with Local Authorities in Dublin, operates a graffiti removal scheme as part of its Community Service Programme.

Recommendations
✔ **Support the ongoing work of the Business Improvement District Ltd (BIDs) in significantly reducing graffiti levels.**

✔ **Develop of a pilot scheme to gather evidence as to the benefits of Graffiti walls.**

Homelessness
It is recognised that city centre spaces are often utilised by people experiencing homelessness. There is considerable support amongst city centre stakeholders for the sustainable and independent living policies contained in the Pathway to Home model. In the medium term before this vision is realised there is scope to use hostels to provide a safe environment in which to stay during the day. Up to now, there have not been enough housing units supplied to implement the Pathway to Home model.

Recommendations
✔ **Support the vision and sustainable and independent living policies contained in the Pathways to Home model (HSE and Dublin City Council).**

✔ **Provide more housing units to implement the Pathway to Home Programme (Dublin City Council, Department of Environment, Community and Local Government).**

Economic consequences of antisocial behaviour
Dublin is a retail and tourist centre. 59% of all overseas visitors to Ireland visit Dublin. Dublin has historically been the largest retail destination in the country.

As noted above, people visiting the city have commented upon the levels of antisocial behaviour and intimidation within the city. Customers have choices and they will choose to spend their time and money where they feel safe.

The importance of Dublin City Centre to the national economy cannot be overstated. Revenue generated from foreign tourists is very important to the Irish economy and therefore it is essential to protect the city that 3 in every 5 tourists will visit.

In addition to transient tourism, employee lifestyle is also a key consideration for multi-nationals when choosing investment destinations. Dublin generally performs well in this consideration. It is incumbent to ensure that this positive experience is maintained. In recent years many I.T. companies such as Google and Facebook have located in the city centre.

The long term vibrancy of Dublin city is thus of critical importance for the Irish economy. It must be protected and in order to achieve this objective the city's commercial core must be equipped to compete on a level playing field with competitor cities and commercial town centres.

Chapter 7 – Design

Introduction

"The cities everyone wants to live in should be clean and safe, possess efficient public services, be supported by a dynamic economy, provide cultural stimulation and also do their best to heal society's divisions of race, class and ethnicity. These are not the cities we live in. Cities fail on all these counts due to government policy, irreparable social ills and economic forces beyond local control...we need to imagine what a clean, safe, efficient dynamic, just city would look like concretely – we need those images to confront critically our masters with what they should be doing."

Design is a way of working; it's an approach, a way of solving puzzles, problems and challenges. It is about both the physical environment, and about how the physical environment is used, including how systems and services are connected. The design process starts with a thorough evaluation of the issue, defining a brief to address the issue, developing potential solutions and implementing the appropriate one. Design challenges and solutions are found at both macro and micro scales, from urban design and strategic planning to detail design.

While design is often seen as an expensive luxury, the reality is that bad design costs more than good design. Ballymun as designed and constructed in the 1960's exemplifies this. The estate, consisting of 2,820 flats and 417 two storey houses was conceived, commissioned and constructed in under 5 years – from the consideration of a Dublin City Council (DCC) (then Dublin Corporation) technical report on system building by Government in January 1964 to the project being declared 'complete' in December 1968. The estate is now being regenerated including the demolition of the tower and slab flat blocks and the reconstruction of new homes, parks, community and commercial facilities. This process has been underway since 1998.

In this chapter, design is considered in the context of antisocial behaviour. First, a brief piece looks at the relevance of design to antisocial behaviour. Second, a range of relevant issues are examined. As with previous chapters, recommendations are made throughout.

Design and Antisocial Behaviour

Bridging the needs and objectives of agencies, community groups and individuals who are stakeholders in an area is essential to achieving successful neighbourhoods. Antisocial activity can be addressed effectively only by adopting an integrated and collaborative approach involving agencies inputting at all these stages. Continuity and fostering long term relationships make the difference.

One effective antidote to some antisocial activity is to help people care deeply about where they live and feel ownership of their home and public spaces. Encouraging community spirit does not cost much money. It can be fostered through grassroots initiatives such as community gardening. It can be fostered through good management and maintenance; enhancement schemes and the proactive tackling of neglected physical environments

manifesting as dereliction and vacancy. It does, however, need leadership at both community level and local council level.

Another focus can be on the physical environment. The writer Jane Jacobs' seminal work, 'The Death and Life of Great American Cities' articulated many commonsense principles, which are effective ways of combating antisocial activity at a local level. It was Jane Jacobs who coined the phrase 'eyes on the street'. Practically, this translates as ensuring buildings front onto and edge streets, have entrances directly off the street and which contain actively used rooms overlooking these streets.

The following sections examine these basic principles in the context of issues relevant to Dublin City.

Designing Communities

While the term 'ghettoisation' is usually applied to poorer communities, it can apply to any sector of society. The prevalence of new gated developments which have no connection with the street, where the new residents have no interaction with the existing community or each other is detrimental to the social fabric of communities. Populated places with engaged residents who are aware of their neighbours' needs is both an effective deterrent to antisocial behaviour and promotes a general feeling of safety.

The strategic location of community and recreation facilities at the interface of places/communities encourages easy use and engagement. For example, locating a recreation centre on the edge of a housing estate instead of in the centre is more likely to attract users from surrounding areas. Locating children's play areas close to cafés is more likely to encourage parents to accompany their children and supervise comfortably.

Diversity within communities is also important, including tenure diversity. Considerable progress has been made in this regard in Ireland in recent years through the provision of Part V Social and Affordable Housing and the incoming Tenant Purchase of Apartments Scheme. New Development Plan apartment standards are designed to make apartment living more attractive to families. However, at present, urban living is seen by many as compromised, serving a short term purpose (affordability, convenience) but unsuitable for the longer term and unsuitable for raising children. This applies to apartment living generally and also to many parts of the inner city, regardless of the size of the home. While it is in the nature of cities that they attract fluid and dynamic populations, all places still need to be anchored by people who invest emotionally and intellectually in them. All communities need continuity and need people who demand good services. It is crucial for Dublin that people of all socio-economic groups choose to live in its urban areas because they offer a high quality physical and social environment.

The 'Dublin House' Project is a pilot project currently being developed by Dublin City Council. The Dublin House idea explores and promotes the potential of small-scale residential development in inner city and inner suburban areas. It is aimed at people who want to create a home for themselves and their children in the city, given the limited availability of traditional 'houses'. It is a response to a number of needs, economic, architectural and social, including the following:

→ The design of a residential development model that would be viable for individual infill sites or as building units that would fit together for infill development on larger urban sites.

→ The need to develop in smaller plots that are sensitive to the historic fabric of the city

→ The need to address the poor design quality of many infill schemes.

→ The need to address the lack of choice in the design of apartment homes in cities and to offer people the opportunity to design homes that anticipate future needs.

The size of each 'Dublin House' is dependent on the size and context of the plot and could range from a single family unit to multi units developed by a small group of

friends/families. The creative carrot offered by 'Dublin House' could persuade people to view a city home as an attractive alternative to a suburban home.

Recommendations

✔ Progress and implement Dublin City Council's 'Dublin House' project, on a pilot basis.

✔ Locate community and recreation facilities so that they promote engagement across diverse communities and people. This can range from providing a playground close to a café to locating a playing pitch at the edge of a housing estate, not within it.

Connectivity and Legibility

Places should be designed so that people can orientate themselves easily. Good signposting plays a part; however, it doesn't overcome disorientation caused by maze-like streets leading to dead end cul-de-sacs, so prevalent in many housing, retail and industrial estates. The network of streets in an area should have a clear hierarchy punctuated with landmarks which support easy navigation.

Adjoining areas should be well connected with frequent through routes. While it is natural to assume that the fewer the number of entrances and exits into an estate, the more easily the area can be controlled, the opposite is often the case. Even small levels of antisocial behaviour can take hold and fester where the area is isolated.

Similarly, complete separation of motor and pedestrian traffic movement can lead to safety issues. While done to protect pedestrians and children from busy traffic, it can have unintended consequences. Long distributor roads bounded by impermeable walls are uncomfortable for pedestrians, bus users and cyclists as there is no passive surveillance from passersby and no easy escape if threatened. Pedestrianised lanes can be difficult to 'police' if not overlooked and can deteriorate to no-go areas.

Recommendation

✔ Ensure good connectivity and permeability for neighbourhoods to allow passive surveillance of the community.

Maintenance and Management

A poorly maintained physical environment sends out the wrong message and contributes to a downward spiral of behaviour. Derelict, neglected or vacant property affects how safe we feel. Derelict buildings and vacant sites are also a magnet for antisocial activity. This applies to both public space and privately managed space and property.

A deficit in our current system is that no rates are payable on derelict properties, thereby effectively incentivising owners of derelict or vacant sites to leave them empty. This system should be redesigned and reversed; owners should be penalised for allowing their properties to become derelict or required to surrender sites which are not being used.

Similarly, behaviours such as fly tipping, graffiti and vandalism need to be managed under current systems and controls but also need to be looked at through community initiatives and proactive measures, such as finding new or temporary uses for redundant lanes and sites. There are numerous derelict sites in the city. These are not only a blight on the city, but also a very poor use of space. They were more prevalent in the Dublin of the 70's and 80's and they gave out a feeling of poverty, helplessness and an encouragement to vandalise. If the city does not care, why should its citizens? Dublin City Council (DCC) should encourage the use of all city centre space, even on a temporary basis. Pop up uses could be encouraged that would be innovative and appropriate should be encouraged. Markets, community gardens, temporary playing pitches, etc., are all options in this regard.

Organisations like the Dublin Community Growers Association, or local communities who may wish to experiment with a community gardens could be supported. Where appropriate, facilities for cycle parking could be developed.

In order to improve the design, management and maintenance of public space, DCC has produced a Public Realm Strategy, which is at consultation stage. This identifies issues relating to antisocial behaviour, acknowledging that many of these issues are manageable if addressed by DCC Departments working collaboratively. The Strategy proposes the establishment of a dedicated Public Realm Working Group which will undertake ten pilot projects, two of which will address the specific issues set out above. The programme of work will be monitored over the course of 2012 and 2013.

Positive interventions, even at the most simple level can make people more aware of their environment and therefore more likely to value it. A recent example is a project undertaken in a north inner city school whereby local artists voluntarily decorated the school railings of a school yard. The children reacted positively, offering to raise money to decorate the rest of the yard. Community garden initiatives can completely transform areas, a successful example being the Summer Street North Garden and street improvement works. Initiated by residents, the Garden has been a catalyst for improvement of the street generally, has instilled pride locally and is an invaluable recreational amenity.

Dublin City Council is itself allocating additional resources to improve and enhance Local Authority housing stock and to refurbish and re-let vacant units. Flat complexes in particular frequently look inward, turning their back on the street. The internal areas can be very attractive, the interface with the surrounding streets less so. Improvement projects will look at all critical aspects, including this one. The development of a strategic programme of work commenced with a visual survey of all flat complexes – the Flat Complex Audit. This work will encompass identifying potential causes or opportunities for antisocial activity in and around each complex and specify measures to address these.

Recommendations

✔ **Re-examine the effectiveness of Derelict Site practices and legislation, and explore new ways to combat derelict sites, taking action as appropriate (Dublin City Council).**

✔ **Make derelict sites and properties that are not being used subject to higher rates than those which are being used to engage in economic activity (Department of the Environment, Community and Local Government).**

✔ **Investigate new uses for underused and disused lane ways and back streets in the city centre e.g. street markets (Dublin City Council and Dublin City BID).**

✔ **Promote and facilitate temporary use of vacant areas for community recreation and amenity uses, both cultural and social. This should include sites where no 'permanent' development is realisable in the short term (Dublin City Council).**

✔ **Identify a small area in central Dublin as a Pilot Study area for improvement through applying a design process. This to be a collaboration between all agencies and community stakeholders with an interest in the area. The purpose of the Pilot Study should be to identify antisocial behaviour issues, define causes, effects and measures to address these, develop strategies/better ways of working to eliminate the activity and implement these strategies and working models (Dublin City Council).**

✔ **Carry out an estate audit and physical survey to include specific information regarding antisocial behaviour, causes and measures to counteract same (Dublin City Council's Housing Department).**

Detail Design

As noted earlier in the context of inward looking flat complexes, there can be problems where all design aspects are not considered. Jane Jacobs noted the

importance of 'eyes on the street'. Similarly, there are some commonsense principles which can assist in giving people ownership of space:

→ Clear thresholds between private space and public space enable people to exercise responsibility and control over what they own. The design of the boundary is dependent on the context. Harder 'layers' such as wall, fences or porches might be appropriate in busy urban areas; softer 'layers' such as hedges or a change in surface in quieter areas.

→ Clear signage identifying public versus private access will also deter people from trespassing onto private property. Blank gables should be avoided, buildings should 'turn corners' and overlook both streets.

→ Recesses and blind spots should be avoided along building edges to streets and publicly accessible areas from parks to car parks.

→ Adequate lighting levels are essential in making people feel safer at night in public areas. Lighting of entry points of buildings will deter intruders.

An Garda Síochána's National Crime Prevention Unit offers a review service to Development Authorities and Agencies, applying CPTED principles (Crime Prevention Through Environmental Design) to development proposals. There are four overlapping CPTED strategies; 'Natural Surveillance', 'Territorial Reinforcement'; 'Natural Access Control' and 'Target Hardening'

Recommendation
✔ **Examine the principles of An Garda Síochána's National Crime Prevention Unit (CPTED) and develop recommendations in conjunction with Dublin City Council (Dublin City Council and An Garda Síochána).**

Antisocial Noise
Noise from neighbours is a significant cause of nuisance and sometimes distress for many people. Some of the causes of noise include shouting, excessively loud music or televisions, barking dogs or noise generated by machinery. Generally, if there is a dispute between neighbours over noise local authorities in Ireland can't intervene. Mediation can be helpful to help resolve disputes between neighbours. However, if the problem persists people experiencing disruption to their lives due to noisy neighbours are entitled to make a formal complaint to the District Court and seek an Order to deal with the nuisance.

In the UK councils have powers to deal with nuisance noise. Following a complaint the council can visit the site and measure noise levels. If the council decides the noise is a statutory nuisance, they're legally obliged to serve an abatement notice. This sets out what's required of the person causing the nuisance. For example, if the issue is loud music, the person may be asked to stop the noise or only play music between set times.

Recommendations
✔ **Ensure mediation services are available to help resolve disputes between neighbours over noise (Dublin City Council).**

✔ **Strengthen the powers of local authorities to measure noise levels and take action against households or individuals generating excessive noise (Department of the Environment, Community and Local Government).**

Chapter 8 – Organisational and Governance Structures

Introduction

Tackling antisocial behaviour is a complex problem that requires the involvement of the community, voluntary organisations and statutory organisations. It is difficult to get all the necessary bodies and individuals to work together. However, throughout the consultation process, one theme that was recurring was the willingness of all involved to work together to find solutions. In this chapter, the structures for policing antisocial behaviour are examined, and suggestions made for how all the stakeholders might work better together.

Policing Structures

Too often, we look to An Garda Síochána as the organisation responsible for dealing with antisocial behaviour. While the role of An Garda Síochána in tackling antisocial behaviour is important, it is also important to recognise the inherent role communities should have. Policing with communities is fundamentally more successful than policing of communities.

Section 35 of the Garda Síochána Act 2005 makes provision for the establishment of Joint Policing Committees in Local Authority areas and Section 36(1) of the Act outlines the function of the committees. These functions include:

→ To be a forum for undertaking consultation and encouraging discussion of matters affecting policing in a specific local authority area, as well as making

specific recommendations about matters affecting the policing of the local authority's administrative area.

→ To look at factors underlying and contributing to the levels of crime, disorder and antisocial behaviour in the area

→ To examine a number of matters including the levels and patterns of crime, disorder and antisocial behaviour in that area

Section 36 (2) (b) of the 2005 Act, states that a Joint Policing Committee:

> "may establish … Local Policing Fora (LPFs) to discuss and make recommendations to the committee concerning matters that it is to keep under review."

As well as having a Joint Policing Committee for the city as a whole, there are also local joint policing committees in the five Dublin City Council administrative areas. Within each of these areas a number of local policing fora or safety committees exist.

The City-wide Joint Policing Committee is tasked with the development of an overall strategy for the city. The local fora are run by Dublin City Council, with An Garda Síochána, Local Drugs Task Force, and a number of community representatives. If the fora are to work effectively, they require buy-in and participation from

many agencies and the local community. Those fora that work most effectively are ones that have brought in various organisations including the HSE, youth organisations, local community organisations and local people.

Safer Ballymun has been identified as one particular local policing forum that works effectively. Local issues are raised and then addressed with a problem-solving mind set. Considerable work was put into the establishment of the forum with agreement to work in a constructive, non-blame environment. The forum is organised by a steering committee where some of the individual issues are addressed. The forum disseminates information throughout the area.

A number of key objectives have been identified for the development and running of successful Local Policing Fora. Local fora should:

➔ Include both statutory bodies and the local community

➔ Have transparent structures

➔ Develop a strategic plan

➔ Have key performance indicators

➔ Identify and tackle the causes of antisocial behaviour in the community

➔ Focus on addressing the needs of the community

➔ Assist people in understanding policing and becoming part of policing

It was recognised that it can be difficult to get fora operational in some areas, particularly where state bodies are not necessarily seen in a positive light. However, it is often in these areas that local fora are most needed.

It is important that local people are informed of the work of their local forum. A lack of information can leave communities feeling that nothing is being done to solve their problems. However, there must be a balance struck between providing information to the public and keeping operational information private. It is essential to engage with communities that are experiencing antisocial behaviour problems and build relationships to ensure communities are not isolated.

Recommendations

✔ **Review and evaluate the effectiveness of Joint Policing Committee (JPC) and Local Policing Fora (LPF) structures with the objective of improving performance (Dublin City Council and An Garda Síochána).**

✔ **Review JPC membership, particularly in relation to the number of Community representatives (Dublin City Council and An Garda Síochána).**

✔ **Produce a strategy document which sets out clear goals of the JPC (JPCs).**

✔ **Require other relevant agencies such as HSE and Probation Service to join JPCs and LPFs (Department of Justice and Equality and Department of Health).**

✔ **Establish structures to ensure feedback in both directions between JPC and LPF.**

Governance Structures

The government is currently working on a policy statement on the role of Local Government. It is the norm in most European countries that many functions would be under the remit of the local authority, such as health, education and policing. This does not happen in Ireland and while it is unlikely that the forthcoming reforms that are proposed will go as far as integration, an alignment of boundaries would be of considerable assistance in making multi-agency work more effective.

Currently, statutory organisations are not as well integrated as they could be. Moving to a more integrated approach would offer many benefits:

→ more effective information sharing

→ improved deployment of staff and resources

→ co-ordinated strategic objectives and priorities

The compartmentalisation of budgets to individual organisations can cause difficulties in addressing complex problems such as antisocial behaviour. The agencies charged with preventing or intervening in antisocial behaviour are often not the ones which benefit from the cost savings. For example, an intervention by the HSE that is long and protracted can reduce antisocial behaviour without saving the HSE any money. However, cost savings are achieved by the local authority in reduced repair bills, An Garda Síochána in a lesser need for policing, etc.

Recommendations
✔ **Examine the possibility a common budgetary approach (Department of the Environment, Community and Local Government, Department of Justice and Equality, HSE).**

✔ **Align key agency boundaries with those of the local authority (Department of the Environment, Community and Local Government, Department of Justice and Equality, HSE).**

Multi Agency Working
All agencies have recognised the importance and common sense approach of working with each other. The barriers to doing this are many and include data protection, actions before the courts, and the identification of which agency should take the lead. In many cases these problems can be overcome. Where multi agency work can be done, it should be done.

Case conferencing and interventions on a multi-agency basis should be supported. Inter agency difficulties need to be addressed at the highest level possible.

Such work is dependent upon the establishment of strong interpersonal relationships, that must be protected through the development of protocols and clear guidelines that protect workers and vulnerable individuals.

Recommendations
✔ **Support multi-agency work (Department of the Environment, Community and Local Government, Department of Justice and Equality, HSE).**

✔ **Support case conferencing and interventions on a multi-agency basis (Department of the Environment, Community and Local Government, Department of Justice and Equality, HSE).**

✔ **A directly-elected Mayor for Dublin should chair an implementation body that would be charged with ensuring an effective multi-agency approach to antisocial behaviour (Department of the Environment, Community and Local Government, Department of Justice and Equality, HSE).**

✔ **Support and evaluate examples of multi-agency work such as the Ballymun network for assisting children and young people (Department of Children and Youth Affairs).**

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