The Liverpool Citysafe Trailblazers
Netherley Valley
Citizens’ Jury
Health Impact Assessment
Final report

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In addition we would also like to thank our steering group members

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Finally, we would like to thank Sophie Grinnell and Andrew Pennington for helping facilitate the workshop and our administrators, Fran Bailey, Anne Dawson and Chris McLoughlin for all their support.

1 The Home Office was invited to have a representative on the steering group but was unable to be directly involved but will be kept informed of progress.
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Executive summary

Background

In 2004 Liverpool City Council was given funding by the Home Office to pilot innovative ways of reducing Anti-social Behaviour (ASB). Three areas in Liverpool were agreed with the Home Office as ‘trailblazer’ areas to pilot these initiatives. Evidence from the pilot areas will be used to inform future programmes and activity relating to anti-social behaviour.

In the Netherley Valley trailblazer area a Citizens’ Jury was piloted. The Citizens Jury was made up of a group of 18 members of the community who met for four days in April 2004 to hear evidence from a range of people and discuss how to solve the problem of ASB (Breeze, Danczuk, & Patterson 2004). The jury then developed their own recommendations for how ASB should be dealt with within their community. They met three times over the next year to receive feedback on what was happening in their community and to refine their recommendations.

As part of the trailblazer project Liverpool City Council commissioned IMPACT (The International Health Impact Assessment Consortium), which is based in the Division of Public Health at Liverpool University, to carry out Health Impact Assessments (HIA) of the Trailblazers. This report describes the process, findings and recommendations from the HIA of the Netherley Valley Citizens’ Jury.

What we did

HIA is a way of identifying potential positive and negative effects on the health and well-being of those affected by the Netherley Valley Citizens’ Jury. After identifying these health impacts a set of recommendations are developed which provide decision makers (such as the Liverpool Anti-Social Behaviour Unit, Liverpool City Council and the Home Office) with advice on how they can protect and improve health and wellbeing.
The HIA was based on the Merseyside Guidelines for HIA (Scott-Samuel, Birley, & Arden 2001). These guidelines use what is called a social model of health (Dahlgren & Whitehead 1991). This includes:

- lifestyle factors such as smoking or exercise,
- social and community factors such as what kind of neighbourhood you live in and social networks,
- your living and working conditions such as whether you are employed, what kind of accommodation you live in, and also
- general socio-economic, cultural and environmental conditions which can include factors like government policy.

There were a range of methods used to identify the effects on health including; policy analysis, the development of a community profile, review of literature, observation, interviews and a workshop. All the evidence gathered was brought together and potential impacts on health and wellbeing were identified. This included:

- existing information which provides a picture of the Netherley Valley area,
- research evidence which indicates the possible links between health, ASB and the Citizens’ Jury,
- stakeholder knowledge and experience about Jury process and the area.

What we found out

The Citizens’ Jury is an innovative approach to tackling anti-social behaviour. As well as being a forum for the development of strategies for reducing ASB, the Citizens’ Jury has promoted active citizenship and a partnership approach between the community and statutory partners. Working with communities to solve problems potentially impacts positively on the health and wellbeing of the individuals involved and the wider community.

The health impact assessment has highlighted a number of ways in which the health of people living in the Netherley Valley Area could be affected by the Citizens’ Jury. These include:

- health impacts resulting from the recommendations on how to reduce ASB made by the Jury, and
- health impacts resulting from the process of carrying out the Jury on the Jurors and on the wider community.
Health impacts of the Citizens’ Jury recommendations on how to reduce ASB

Potentially the recommendations made by the Jury could impact positively on the community’s health and wellbeing. However, the way in which the recommendations are implemented will significantly influence this effect.

- A reduction in ASB would result in reduced levels of stress and anxiety and improve access to services and resources. ASB tends to affect already vulnerable people. Decreases in ASB could therefore potentially benefit these people and contribute to reducing health inequalities.

- Recommendations made by the Jury about increasing access to complaint mechanisms and publicising initiatives to reduce ASB would also potentially result in decreased levels of fear of crime, stress and anxiety and improved access to services and resources. However, in order for these positive impacts on health and wellbeing to occur, publicity needs to be effective and target vulnerable groups.

- Recommendations made by the Jury about preventing ASB by engaging with young people, providing sports facilities and empowering the community to access funding for community projects would result in positive impacts on health and wellbeing. Consideration needs to be given to how these strategies could be made accessible to all groups in the community.

Health impacts resulting from the Citizens’ Jury process

The health impacts were assessed at individual level (impacts on the health and well being of the Jury members) and also at community level. There are, however, likely to be interactions and links between the two levels. Being involved in the Citizens’ Jury potentially positively impacted on the health and well-being of the Jurors by;

- increasing feelings of control,
- reducing anxiety and stress, and
- increasing community participation and feelings of inclusion.

These potentially positive impacts could have also been negative if the jury was carried out in a way that decreased feelings of control and added to anxiety and stress.

Having the Citizens’ Jury in the Netherley Valley area could also have positively impacted on the community by;

- reducing levels of fear of crime, and
- adding to social capital.
The impact analysis suggests that the potential for improving health has not been fully realised. Although the Jurors generally did not expect that their recommendations would all be implemented, they expressed a clear desire to know what had happened to their recommendations. There was a perceived lack of feedback to the Jury on the outcomes of their recommendations. This resulted in some Jurors feeling frustrated, disappointed and lacking in control and influence. The potential impacts on the wider community were also limited due to the low level of awareness in the community of the Jury and limited integration of the Jury into the community. This also impacted on the Jury members.

Jury members did, however, report that they had gained a better understanding of how the council and related services work and how they can access those services. They felt able to support other members of their community if asked. They also generally felt proud to have been involved in helping their community deal with ASB.

**Recommendations**

It is recommended that Citysafe sets up a working group to consider the recommendations of the HIA. The working group should identify the feasibility of the recommendations, how they might be acted on, and identify lead people or organisations. A follow up meeting of the Citizens’ jury is also an opportunity to implement some recommendations for the current Citizens’ Jury process.

Recommendations have been developed around how to implement the Citizens’ Jury recommendations in a way that maximises the potential positive impacts and minimises the risk of negative impacts. These include;

- the use of effective communication strategies,
- ensuring equity in access to services and actions,
- community involvement in planning strategies to reduce ASB
- alternative funding mechanisms for community led projects,
- consultation and involvement of young people in ASB policy development and identifying barriers to involvement, and
- linking sports facilities to health promotion.
Recommendations were made for the current Citizens jury process. These include:

- establishing response to Citizens’ Jury recommendations,
- providing feedback to the Jurors on the response to their recommendations,
- sharing this information with relevant partner agencies,
- investigating options for the future of the Citizens’ Jury.

Recommendations were also made for future community engagement including:

- issues to consider when planning community engagement,
- development of a community involvement strategy,
- development of a communication strategy,
- linking community consultation forums with existing community groups and the general community,
- using process mechanisms to ensure that there are outcomes to community consultation and feedback provided to stakeholders as well as monitoring, evaluation and dissemination of achievement,
- clear identification of the roles of people involved,
- allocating time to creating a good working atmosphere,
- commitment to the process.

**Evaluation**

At the end of the Trailblazer HIA project there will be a process evaluation carried out. A process evaluation would assess whether the objectives of the HIA were fulfilled and identify lessons learnt from the process. An impact evaluation would also be desirable however this is dependent on availability of time and resources. An impact evaluation would identify the influence the HIA had on decision making and on participants.
1 Introduction

The Citizens' Jury is one of a number of innovative measures being tried out to break the cycle of anti-social behaviour in our communities. If it is a success, the idea will be rolled out to other parts of the city to give more people the chance to get involved. The Citizens' Jury is also an indication of the high priority Liverpool places on dealing with anti-social behaviour.

(Farrel 2004 Group Manager of Community Safety for Liverpool City Council)

This report describes the Health Impact Assessment (HIA) of the Netherley Valley Citizens’ Jury. The report is written with the intention that the different sections can be read as stand-alone documents so that the reader can, if they wish, jump to sections that are of particular interest to them. Throughout the document quotes from interviews carried out during the HIA are used to illustrate points. These can be found in the grey text boxes. The executive summary is written in plain English so that it is accessible to a wide range of audiences. The main report is also written in plain English but does contain some technical language.

Chapter 1 sets the scene for the report. It contains an introduction to Health Impact Assessment (HIA) and background information about the Netherley Valley Citizens’ Jury. It also describes the process used in carrying out the HIA.

Chapter 2 explores definitions of ASB, ASB policy and levels of ASB.

Chapter 3 presents a community profile of the Netherley Valley Trailblazer area. The profile brings together a wide range of data providing an overview of the demographic, economic and health situation in the area. This data has been used to identify groups of people who may be particularly impacted on by activities carried out as part of the Citizens’ jury as well as potential health impacts.

Chapter 4 introduces the Netherley Valley Jury, providing information about citizens’ juries in general and the background to the Netherley Valley jury.

Chapter 5 reports on identified potential health impacts resulting from the Citizens’ Jury’s recommendations to reduce ASB. The Jury produced a range of recommendations on how ASB should be tackled in their community. This section of the HIA identifies what the
potential health effects would be if those recommendations were implemented. Both chapter 5 and 6 have summary boxes at the end of each health impact section.

**Chapter 6** also reports on potential health impacts. In this chapter the impacts on health and wellbeing of the Citizens’ Jury process are investigated. The Citizens’ Jury as a form of community engagement has potentially impacted the health of the people involved in the jury and also health and wellbeing in the community.

**Chapter 7** contains the conclusion and the recommendations resulting from the HIA. This includes recommendations for;

- how the Citizens’ Jury’s recommendations can be carried out in a way that maximises potential positive health impacts and minimises potential negative impacts,
- the present Citizens’ Jury
- future Citizens’ Juries or other forms of community engagement
There is also a discussion about the potential limitations to the HIA.

**Chapter 8** outlines what will happen to the results of the HIA and makes recommendations for carrying out an evaluation of the HIA.

### 1.1 What is Health Impact Assessment

**Health Impact Assessment**

Health Impact Assessment is “a combination of procedures, methods and tools by which a policy, a program or project may be judged as to its potential effects on the health of a population and the distribution of effects within the population” (European Centre for Health Policy 1999).

In HIA a socio-environmental concept of health is used which encompasses a wide range of factors that affect health (Figure 1). This includes;

- lifestyle factors such as smoking or exercise,
- social and community factors such as what kind of neighbourhood you live in and social networks,
- your living and working conditions such as whether you are employed, what kind of accommodation you live in, and also
• general socio-economic, cultural and environmental conditions which can include factors like government policy.

By identifying potential health impacts and providing evidence based recommendations on how to minimise negative health impacts and maximise positive impacts, HIA aids decision makers to take health issues into consideration.

Figure 1 Wider determinants of health (Dahlgren & Whitehead 1991)

1.2 HIA of the Netherley Valley Citizens’ Jury

1.2.1 Background

This HIA is part of a larger project carrying out HIAs of the Liverpool Antisocial behaviour Trailblazers. Liverpool secured Home Office funding in 2004 of £232,000 each year over three years, to pilot initiatives described in the Anti Social Behaviour Bill (2003). Defined areas of Woolton/Gateacre/Hunts Cross, Netherley Valley and Norris Green were agreed with the Home Office as ‘trailblazer’ areas to pilot initiatives contained within the Anti-
Social Behaviour Bill 2003. Evidence from the pilot areas will be used to inform future programmes and activity relating to anti-social behaviour (ASB).

It was decided by the Liverpool Antisocial Behaviour Unit (LASBU) that a HIA of the trailblazers should be carried out as the trailblazers were seen to have potential significant health impacts. The International Health Impact Assessment Consortium (IMPACT), which is based in the Division of Public Health at Liverpool University, was commissioned by Liverpool City Council to undertake the study.

As part of the trailblazers a Citizens’ Jury was set up in the Netherley Valley area. A telephone survey was conducted to randomly selected Netherley Valley residents. All survey respondents who expressed an interest in participating in participating in the citizens’ jury were entered into a jury pool from which 18 Jurors were selected. It was attempted to recruit people who had not previously been actively involved in their community as well as an even mix of sexes and age groups.

The 18 selected members of the community met for four days in April 2004 to hear evidence from witnesses and discuss how to solve the problem of ASB (Breeze, Danczuk, & Patterson 2004). The witnesses provided information to the jury on the key aspects of the issues. The witnesses ranged from individuals who are actively involved in their community in trying to reduce ASB to professionals such as police, youth offending team and neighbourhood management. The jury then developed their own recommendations for how ASB should be dealt with within their community. They met three times over the next year to receive feedback on what was happening in their community and to refine their recommendations.

The HIA was supported by a project wide steering group involving representatives of key stakeholders. It was decided that a HIA of the Netherley Valley Citizens’ Jury should be carried out for two main reasons.

1. The Citizens’ jury is a core component of the trailblazers
2. It was considered that the Citizens’ Jury could have significant impacts on health and well being. The Jury was charged with developing recommendations for reducing ASB in their community. If these recommendations were implemented they could have impacts on health and wellbeing of the community. The process
itself of carrying out the jury was thought to potentially impact on the health and wellbeing of the jury members and also the wider community.

The objectives of the HIA were:

- To identify potential health impacts of the Citizens’ Jury including
  - health impacts resulting from the recommendations on how to reduce ASB made by the Jury, and
  - health impacts resulting from the process of carrying out the Jury on the Jurors and on the wider community.
- To identify differential impacts on population groups.
- To develop recommendations for maximising identified priority potential positive health impacts and minimising priority potential negative health impacts.
- To involve stakeholders in the identification of health impacts and development of recommendations.

The HIA identifies these impacts and, together with stakeholders, recommendations were developed as to how to make the Netherley Valley Citizens’ Jury as positive for health as possible. Based on the HIA and lessons learnt in carrying out the Jury, this HIA provides recommendations for how future Citizens’ Juries and other forms of community consultation can be carried out in a way that promotes health and wellbeing.

1.2.2 What we did

This is a comprehensive concurrent HIA. The process used was based on the Merseyside Guidelines for HIA (Scott-Samuel, Birley, & Arden 2001). These guidelines use a social model of health which enables the HIA to capture a broad range of potential health impacts.

Policy analysis

After the Steering group was established and the decision was made to carry out a HIA on the Citizens’ Jury, relevant policy documents were identified, collected and analysed. This included project proposals, local and national level policy documents related to ASB, and community consultation.

Community profile

A community profile of the Netherley Valley area was developed. This profile assists in understanding the context within which the Citizens’ Jury took place and identifying local
circumstances that could result in some population groups being particularly affected by the Citizens’ Jury. This included information about health status, socio-economic status and other factors that affect health.

Liverpool City Council provided funding for a company to collect existing data on the Netherley Valley area and put together a community profile of the three trailblazer areas (Mott MacDonald MIS 2005). Data was gathered from a variety of sources including the 2001 census, the 2004 Indices of Deprivation, CACI household income data and data from the Liverpool Youth Offending Team. Most of the data could be presented at Super Output Area (SOA) level. SOAs are a new geographic hierarchy introduced in 2004 by the Office for National Statistics. They are designed to improve the reporting of small area statistics in England and Wales and cover geographical areas that contain on average 1500 inhabitants. There are 12 SOAs in the Netherley Valley area.

**Literature review**

Research and other literature that examined how strategies to reduce ASB might affect people’s health and wellbeing and how community involvement can also affect health and wellbeing was collected and reviewed (for a list of search terms used see Appendix 3). Research data was collected from electronic searches of journals and books, a large amount of grey literature was accessed particularly from national and local government and NGOs. This allowed us to identify potential health impacts that could result from the Citizens’ Jury.

**Primary data collection**

Key informants and stakeholders were identified. Three Citizens’ Jury meetings were attended by the researcher as well as three Citizens’ Jury steering group meetings. These provided along with meeting reports and other documentation from Vision 21 who ran the jury, an overview of the process and outcomes of the Jury. Members of the Jury were asked and encouraged to become involved in the HIA. Semi-structured interviews were carried out with a range of stakeholders and key informants including; members of the Jury, people involved in setting up and carrying out the jury, and members of agencies that became involved in the jury process. Interviews that had been carried out to inform the overall HIA of the Trailblazers also informed this HIA. This provided further evidence about potential health effects.
All the evidence gathered was brought together and potential impacts on health and wellbeing were identified. This included;

- existing data which provides a picture of the Netherley Valley area,
- research evidence which indicates the possible links between health, ASB and the Citizens’ Jury,
- stakeholder knowledge and experience about Jury process and the area.

A stakeholder workshop was set up to discuss the results and develop recommendations to maximise any identified positive health impact and minimise any negative health impacts.

The main outcome of the HIA of the Citizens’ jury is this report which informs Liverpool City Council and relevant partners of the potential health impacts of the Citizens’ Jury and presents recommendations for protecting and improving people’s health.
2 Anti-Social Behaviour

2.1 What is anti-social behaviour?

...acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as the defendant. (Crime and Disorder Act 1998)

There is no one definition of ASB and people’s understanding of what constitutes ASB is determined by a variety of factors such as context, location, community tolerance and quality of life expectations (Nixon et al. 2003). The Crime and Disorder Act (1998) defines ASB as “acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as the defendant”. The Housing Act allows for the eviction of tenants for behaviour that “causes or is likely to cause nuisance and annoyance” (1995). The Anti-social Behaviour Act also refers to behaviour that is “capable of causing nuisance or annoyance to any person” (2003b). Often a range of behaviours are listed that could constitute ASB (Harradine et al. 2004; Home Office 2003; Hunter 2003).

The legal definitions are very broad which “gives the widest powers to those taking legal action and increases the discretion of the judicial decision makers” (Hunter 2003). Because it focuses on the outcomes of the behaviour rather than the actions itself, the legal definition has been criticised as lacking specificity and measurability (Armitage 2002). Behaviours identified as ASB include acts which in themselves aren’t illegal such as young people ‘hanging about’. Whether or not this is ASB generally depends on the effect the behaviour has (or is likely to have) on other people. This means that the intent of the person carrying out the behaviour is not relevant. The table below sets out a typology of ASB (Harradine, Kodz, Lemetti, & Jones 2004).
### Table 1 RDS typology of anti-social behaviour

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<th>Misuse of public space</th>
<th>Disregard for community/personal well-being</th>
<th>Acts directed at people</th>
<th>Environmental damage</th>
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<td>Drug/substance misuse &amp; dealing</td>
<td>Noise</td>
<td>Intimidation/harassment</td>
<td>Criminal damage/vandalism</td>
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<tr>
<td>Taking drugs</td>
<td>Noisy neighbours</td>
<td>Groups or individuals making threats</td>
<td>Graffiti</td>
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<tr>
<td>Sniffing volatile substances</td>
<td>Noisy cars/motorbikes</td>
<td>Verbal abuse</td>
<td>Damage to bus shelters</td>
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<tr>
<td>Discarding needles/drug paraphernalia</td>
<td>Loud music</td>
<td>Bullying</td>
<td>Damage to phone kiosks</td>
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<tr>
<td>Crack houses</td>
<td>Alarms (persistent ringing/malfunction)</td>
<td>Following people</td>
<td>Damage to street furniture</td>
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<tr>
<td>Presence of dealers or users</td>
<td>Noise from pubs/clubs</td>
<td>Pestering people</td>
<td>Damage to buildings</td>
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<tr>
<td>Street drinking</td>
<td>Noise from business/industry</td>
<td>Voyeurism</td>
<td>Damage to trees/plants/hedges</td>
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<td>Begging</td>
<td>Rowdy behaviour</td>
<td>Sending nasty/offensive letters</td>
<td>Litter/rubbish</td>
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<td>Prostitution</td>
<td>Shouting &amp; swearing</td>
<td>Obscene/nuisance phone calls</td>
<td>Dropping litter</td>
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<td>Soliciting Cards in phone boxes</td>
<td>Fighting Drunken behaviour</td>
<td>Menacing gestures</td>
<td>Dumping rubbish</td>
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<td>Discarded condoms</td>
<td>Hooliganism/loutish behaviour</td>
<td>Can be on the grounds of:</td>
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<td>Kerb crawling</td>
<td>Nuisance behaviour</td>
<td>Race</td>
<td>Hoax calls</td>
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<tr>
<td>Loitering</td>
<td>Urinating in public</td>
<td>Sexual orientation</td>
<td>False calls to emergency services</td>
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<td>Pestering residents</td>
<td>Setting fires (not directed at specific persons or property)</td>
<td>Gender</td>
<td>Animal-related problems</td>
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<td>Inappropriate use of fireworks</td>
<td>Religion</td>
<td>Uncontrolled animals</td>
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<td>Throwing missiles</td>
<td>Disability</td>
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<td>Climbing on buildings</td>
<td>Age</td>
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<td>Impeding access to communal areas</td>
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<td>Inconvenient/illegal parking</td>
<td>Games in restricted/inappropriate areas</td>
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<td>Misuse of air guns</td>
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<td>Setting vehicles alight</td>
<td>Letting down tyres</td>
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<td>Joyriding Racing cars</td>
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<td>Off-road motorcycling</td>
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<td>Cycling/skateboarding in pedestrian areas/footpaths</td>
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</table>
2.2 ASB Policy

There is an increasing emphasis being placed by the government on ASB and methods to tackle it (Harradine, Kodz, Lemetti, & Jones 2004). Traditionally ASB had been referred to as “neighbour nuisance” (Hunter 2003) and seen mainly as a housing issue. This definition has been broadened and rebranded as ASB. ASB relates to now all spheres of life (not just housing). Tackling ASB has been identified as one of the governments four key national policing priorities (2003a).

The media has also taken a strong interest in ASB. This has ranged from newspapers ‘naming and shaming’ people who have been serve with ASBOs (Byrne 4 A.D.) to critiques of the possible infringements on people’s rights (Cohen 2004). Some local authorities have utilised a “media strategy to take their ‘successes’ to the papers” (Hunter 2003). Newspapers also sometimes play a role in enforcing ASBOs in that they publish photos and information about people who have received ASBOs.

There is a range of legislation relevant to ASB. Hunter has commented that; “What we have seen so far is a policy imperative, that lacks definition, but does not lack legislation” (Hunter 2003). In the 1998 Crime and Disorder Act, Anti-social Behaviour Orders (ASBO) were introduced. More recently there has been an Anti-social Behaviour Unit (ASBU) created within the Home Office (January 2003). Since the ASBU was set up, an ASB Plan was developed which introduced the ‘Together’ campaign (Home Office 2004) as well as the ASB Act (2003b).

In the government’s white paper on ASB, the requirements for successfully tackling ASB were identified as:

- Everyone takes responsibility for their own actions and behaves in a way that does not harass or intimidate others.
- Intervention and support is provided to parents and children where their dysfunctional behaviour is ruining other people’s lives.
- The community sets clear standards of behaviour. The police, local authorities and others must enforce these standards and take swift, effective action if they are breached.
The perpetrators of ASB are accountable for their actions to those they have affected.

We owe a duty to the victims of ASB to ensure that they know that perpetrators are brought to justice (2003a).

There has also been a move towards what Crawford has characterised as “the local governance of crime” (Crawford 1997). This is reflected in the Crime and Disorder Act 1998 that requires the developments of partnerships to reduce crime at local level. There is also an apparent focus on individual behaviour and responsibility (Jacobs, Kemeny, & Manzi 2003).

2.3 Levels of ASB

Up until recently there has been very little available information on the prevalence of ASB in communities. In September 2003 a one day count of ASB acts in England and Wales found over 66,000 reports were made of ASB to agencies in one day. However latest British Crime Survey data shows that the proportion of people who perceived a high level of anti-social behaviour had fallen from 21% in interviews in 2002 to 18% in 2003 (Harradine, Kodz, Lemetti, & Jones 2004).

It’s difficult to estimate the number of incidents of ASB because it covers such a range of behaviour, much of which is probably not reported. The results of the British Crime Survey (2003/2004) show that the vast majority of incidences of ASB are not reported to any agency (Wood 2004). There are also a range of agencies who may receive reports of ASB (including police, LASBU and Housing associations).

People at risk²

Victims of crime (29%) and those in ‘very bad’ health (28%) are most at risk of perceiving high levels of ASB. Being in a black or Minority Ethnic Group (24%) and being young (22% aged 16-24) are also at greater risk (see Figure 2). People who had been victim of a crime in the previous twelve months were more than twice as likely to perceive high levels of

² This section is based on the Home Office report ‘Perceptions and experience of antisocial behaviour: findings from the 2003/2004 British Crime Survey’ (Wood 2004)
of ASB. Age was also a strong predictor with those in younger groups considerably more likely to perceive high ASB.

The type of area also impacts on perceptions of ASB with those in hard pressed areas being more than four times as likely to report perceiving high levels of ASB as those in wealthy achiever areas. Other strong area based predictors were the proportion of the population made up of young people and also areas with a relatively low proportion of economically active people.

**Figure 2 Areas and groups with a high risk of perceiving high ASB: findings from the 2003/2004 British Crime Survey**

### 2.4 Liverpool and ASB

The Liverpool Anti-Social Behaviour Unit (LASBU) was set up in September 1998 as an inter-agency response to the National Government agenda on crime and disorder and social inclusion. It was the first agency set up in the UK to deal with both punitive and reengagement strategies to reduce ASB (Farrel 2004). The purpose of the LASBU is “To reduce anti-social behaviour in Liverpool” (Farrel 2004). LASBU has developed a four pronged approach to achieving this aim;

1. Punitve action and resolution
2. Re-engagement and diversionary strategies
3. Community involvement and regeneration
4. Safer Communities
Liverpool Anti-Social Behaviour Unit (LASBU) has developed into a Safer Neighbourhoods Service (SNS) and aims to provide a “One Stop” Anti-Social Behaviour Service. The Safer Neighbourhoods Service will provide a comprehensive range of services to partner agencies including; management, legal services, enforcement, prevention, mediation, training and information, environmental services, target hardening, partnership working, area based problem solving (Farrel 2004).

The total number of incidents of disorder and youth nuisance reported to the Merseyside Police has fallen by 19% over the last 3 years (Citysafe Liverpool 2004). This figure may however be influenced by changes in the reporting system. During the national ‘one day count’ of ASB in (2003) there were 480 reports of ASB in Liverpool. The majority of the incidents related to litter (16%), criminal damage (16%) and nuisance behaviour (13%) (Citysafe Liverpool 2004).

A survey of public perception of ASB was carried out by MORI in 2004. Both in Liverpool and nationally the key areas of concern were:

- Teenagers hanging around on streets,
- Vandalism and graffiti,
- People using and dealing drugs,
- Rubbish and litter.

The use of ASBOs has also increased since they were introduced. Up until 2004 46 ASBOs had been issued in Liverpool. Current figures show that up until July 2005 this has increased to 98.

**Fear**

In 2003 Citysafe undertook a survey of people’s feelings of safety across Liverpool and within the city centre (Citysafe Liverpool 2004). Results showed that people tended to feel safer in their homes rather than in the community. Main reasons for feeling unsafe included ‘young people hanging about’ followed by ‘poor street lighting’.
2.4.1 Netherley Valley and ASB

There is limited information available on levels of ASB in the Netherley Valley Trailblazer area. During the time the citizen’s jury was in place four telephone surveys of residents in the trailblazer area took place. The surveys were carried out on approximately 650 randomly selected people each time and contained a range of questions relating to perceptions of ASB in the area and awareness of actions being carried out to reduce ASB. Although the surveys did not provide information on levels of ASB, they did identify what types of ASB are considered to be the main problem in the area. ‘Teenagers hanging around on the streets’ were consistently seen to be the main ASB problem in the area. Speeding traffic and litter were also seen to be a problem.
3 Community profile Netherley and Valley

The Netherley Valley Trailblazer area (Figure 3) is a predominantly residential area located on the south-eastern side of Liverpool bounded on 3 sides by green belts and is home to around 16,500 people (Mott MacDonald MIS 2005). 44% of the area is designated green belt land which protects the land from potential industrial growth. There is a small local business sector but none employ more than 200 people. Public transport links to nearby major employment areas are poor. The area is seen as peripheral and isolated although there is a good bus connection to the city centre (Liverpool City Council 2002).

Figure 3 Netherley Valley Trailblazer area

Netherley Valley has a history of regeneration and community involvement. The Trailblazer area was part of the European Commission’s Objective One Programme for Merseyside. This Programme recognised that Merseyside as a whole was lagging behind economically compared to the rest of Europe, and that there were certain parts of Merseyside that were considerably lagging behind Merseyside itself. Nationally there are 37 so called Pathways Areas, 11 of which are in Liverpool and include the Netherley and Valley Wards. The
Netherley Valley partnership was set up in 1995 and ran to 2004. During this time there were a number of initiatives funded which aimed to benefit the local people. Community involvement was a key part of this. An example is the Lee Valley Millennium Centre which provides a library, Drop in Study Centre, internet access, laundrette and an ICT platform for ICT initiatives. The area has also seen a £14 million housing development in conjunction with Liverpool Housing Action Trust (Liverpool City Council 2004b)

It is an area with traditionally high levels of unemployment (7% in 2001), poor housing and illiteracy. The real rate of unemployment is estimated at 14.6% in Valley ward and 13.1% in Netherley ward (using Sheffield Hallam University’s real rate of unemployment (Liverpool City Council 2002)). A large amount of the population lives in local authority/social housing. Average income is relatively low and more than half of households do not have access to a car even though the area has poor public transport links except to the city centre.

Levels of overall and health related deprivation are high\(^3\) with 72% of people living in the ten most deprived areas in England in terms of health deprivation (Figure 4, Figure 5). Income deprivation affecting children is also ranked highly particularly in the Valley area. Basic skills are poorer in Netherley and Valley wards than average for Liverpool. In Valley the gap to the Liverpool average for literacy is 1.2% and the gap for numeracy is 1.6%. In Netherley the gaps to the Liverpool averages for literacy and numeracy are 9.5% and 12.2% respectively. In Valley 30.2% are classed as having poor literacy and 33.6% as having poor numeracy. In Netherley ward 38.5% have poor literacy and 44.2% have poor numeracy skills (Liverpool City Council 2002).

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\(^3\) The Indices of deprivation consist of 37 deprivation indicators, which measure the experiences and characteristics of people throughout England. These are grouped together, to create a focus on themed factors of deprivation - called domains, sub-domains and sub-sets. The overall level of relative deprivation is measured in the Index of Multiple Deprivation.
Crime levels are lower than the Liverpool average, for example, Netherley Valley had a total crime rate of 89 per 1000 people in 2003 compared with a rate of 124 per 1000 in the whole of Liverpool. This is however significantly higher than the total crime rate for in England and Wales (23 per 1000).

People living in the Netherley Valley area have on average worse health than in other areas in England. Self reported health status is poorer than the England average. Standardised Mortality Ratios (SMR) compare the rate people die in one area with another area (England). A number higher than 100 implies an excess mortality rate whereas a number below 100 implies below average mortality. The SMR (1999-2003) for all causes...
is 132 (95% CI =123-143) in Valley ward and 154 (CI =137-171) in Netherley ward. There is also particularly high mortality from cancer (163 Valley, 142 Netherley). This means that people living in the Valley area are 63% more likely to die from cancer than the average person in England (NWPHO 2005).

Figure 5 Health Deprivation and Disability Rank in England- Indices of Multiple Deprivation 2004

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Confidence intervals (CI) provide an estimate of the error involved in a calculation. A 95% CI means that we can be 95% certain that the SMR falls within that range.
Netherley Valley has a high proportion of under 20s (see Figure 6 and Figure 7). The population has decreased by 4% between 2001 and 2003 in comparison to an increase of 0.5% for Liverpool. The high levels of young people may influence the perceived high levels of ASB in the area.

**Figure 6 Population pyramid Netherley Valley area 2001**
A summary of community profile data for trailblazer area are presented below. Data for the Netherley Valley is compared with Liverpool and England and Wales. Comparing Netherley Valley with Liverpool provides an impression of how similar or dissimilar the area is to the rest of Liverpool. These differences should be taken into account when considering applying the outcomes of the HIA to other areas in Liverpool. Liverpool is, however, a very deprived city, ranking number one overall in the indices of multiple deprivation in 2004. Including national level data provides a further baseline against which Netherley Valley can be measured and puts the area within a national context.

This is a description of an area based on statistics it may not however necessarily represent the people who live there’s view of their community.
Table 2 Summary statistics comparing the Netherley Valley Trailblazer area with Liverpool and England and Wales

<table>
<thead>
<tr>
<th></th>
<th>Netherley and Valley</th>
<th>Liverpool</th>
<th>England and Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (Census 2001)</td>
<td>16 353</td>
<td>439 469</td>
<td>52 000 000</td>
</tr>
<tr>
<td>BME (Census 2001)</td>
<td>5%</td>
<td>8%</td>
<td>9.1%</td>
</tr>
<tr>
<td>No. of households (Census 2001)</td>
<td>6 995</td>
<td>187 867</td>
<td>21,660,475</td>
</tr>
<tr>
<td>Lone parent households (Census 2001)</td>
<td>22%</td>
<td>16%</td>
<td>10%</td>
</tr>
<tr>
<td>Lone pensioner households (Census 2001)</td>
<td>17%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Household tenure:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner occupied</td>
<td>44%</td>
<td>53%</td>
<td>70%</td>
</tr>
<tr>
<td>Renting from council</td>
<td>37%</td>
<td>17%</td>
<td>13%</td>
</tr>
<tr>
<td>Other social rent</td>
<td>12%</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td>Private rent (Census 2001)</td>
<td>7%</td>
<td>15%</td>
<td>12%</td>
</tr>
<tr>
<td>Households with no car (Census 2001)</td>
<td>52%</td>
<td>48%</td>
<td>27%</td>
</tr>
<tr>
<td>Total unemployed (Census 2001)</td>
<td>7%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Long term unemployed or never worked (Census 2001)</td>
<td>15%</td>
<td>13%</td>
<td>2% England</td>
</tr>
<tr>
<td>Employed (Census 2001)</td>
<td>44%</td>
<td>46%</td>
<td>61%</td>
</tr>
<tr>
<td>Average Household Income (MIS, 2001)</td>
<td>£19 280</td>
<td>£22 511</td>
<td>£23,200 (UK)</td>
</tr>
<tr>
<td>Population living in the top ten most deprived areas in England (2004)</td>
<td>61%</td>
<td>59%</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Netherley and Valley</td>
<td>Liverpool</td>
<td>England and Wales</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
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</tr>
<tr>
<td>Population living in the top ten most deprived areas in terms of health (2004)</td>
<td>72%</td>
<td>75%</td>
<td>N/A</td>
</tr>
<tr>
<td>Total crime rate (Citysafe, 2003)</td>
<td>89 per 1000 people</td>
<td>124 per 1000 people</td>
<td>28 per 1000 people</td>
</tr>
<tr>
<td>Violence (Citysafe, 2003)</td>
<td>14 per 1000 people</td>
<td>20 per 1000 people</td>
<td>5 per 1000 people</td>
</tr>
<tr>
<td>Criminal Damage (Citysafe, 2003)</td>
<td>29 per 1000 people</td>
<td>48 per 1000 people</td>
<td>6 per 1000 people</td>
</tr>
<tr>
<td>No qualifications (2001)</td>
<td>49%</td>
<td>38%</td>
<td>29% England</td>
</tr>
<tr>
<td>Persons with limiting long term illness (2001)</td>
<td>28%</td>
<td>25%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Persons with good / fairly good health (2001)</td>
<td>85%</td>
<td>86%</td>
<td>91%</td>
</tr>
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4 The Netherley Valley Citizens’ Jury

4.1 Citizen Juries - what are they?

Citizens’ Juries are used as a public consultation tool by state agencies (Kashefi & Mort 2004). More than a hundred have been held in the UK focusing on a range of issues from local ecology to community responses to drug misuse. Citizens’ Juries are seen to have the potential to combine citizen deliberation, the interrogation of specialist evidence, and participatory approaches to problem solving (Smith & Wales 2000). The Jury members are usually selected out of a pool of randomly selected people. The jurors are meant to be representative of the local community in terms of characteristics such as age, gender, employment status.

The jurors meet, often over several days. They are presented with evidence from a variety of expert witnesses and are given the opportunity to question these experts. The witnesses are generally selected by the organisers of the Jury although some juries are able to request witnesses. The jury then go on to develop recommendations for the identified issue. One of the things that make citizens’ juries unique is that this is a deliberative process rather than the collection of people’s opinion. Jurors are given time to reflect on and scrutinise information provided and interrogate witnesses.

The results of the Jury’s deliberations are transcribed and written up. Unlike a jury in a court of law, the citizens’ jury does not make binding decisions. The report is presented to the Jury’s commissioners. Sometimes there may be an agreement that they have to comment on the jury’s report within a specified periods of time or justify themselves when they fail to implement the recommendations.
Research has shown mixed results from Juries. Issues identified that should be considered when running a jury include;

- whether they are seen to be representative, transparent or independent (Wakefield 2002),
- whether there can be sustainable community involvement,
- how to establish means of informing other stakeholders and jurors about action and progress (Rennie 2001),
- whether there is strategic level acceptance of jury recommendations. This is seen as important in ensuring agreement of relevant agencies (Rennie 2001).

4.2 The Netherley Valley Citizens’ Jury

The Netherley Valley area was selected to be a trailblazer area in which strategies to reduce ASB would be piloted. The decision was made to pilot a citizens’ jury in the Netherley Valley trailblazer area through consultation between the Liverpool Antis-social Behaviour Unit (LASBU) and the Home Office.

18 members of the community met for four days in April 2004 to hear evidence from witnesses and discuss how to solve the problem of ASB (Breeze, Danczuk, & Patterson 2004). Although it was intended that the jurors were representative of the community it should be noted that there were no young people involved. The recruitment process also attempted to recruit people who had not previously been actively involved in any consultation processes.

The Jury then developed recommendations on how ASB should be dealt with within their community. There were 3 follow up meetings held. These follow up meetings mainly consisted of more presentations from witnesses regarding what is being done in the area. The jury were also sometimes given tasks to do by the Jury facilitators (such as attending local meetings) and also developed further recommendations.

In addition to the jury, a baseline telephone survey of 650 people was carried out focussing on community members’ experiences and views on ASB. These were carried out by the Jury coordinators before each of the meetings so that the results could be reported to the jury. The surveys provided a way of canvassing the views of a wider range of people than those included in the jury. These follow up surveys were also used to compare how
the jury’s views aligned with those of their fellow community members. There were differences between the views of the jury and the people questioned in the survey. For example the surveys found that the main ASB problem in the area was ‘teenagers hanging around on the streets’ whereas members of the Jury often reported that drugs were the biggest problem in the area. This may be due to the Jury being exposed to information not readily available to other community members and the deliberative process they had been engaged in.

During the first week long meeting in April 2004 the Jury developed 25 specific recommendations alongside general recommendations. At the first follow up meeting there was some feedback from the local police inspector and the trailblazer coordinator on implementation of recommendations (Breeze & Patterson 2004). It was however left unclear if any of the actions they reported on were in response to or influenced by the Citizens’ Jury recommendations. The impact the citizens’ jury had on ASB strategies was unable to be determined.

There also appears to have been no formal process in place to consider the jury recommendations although there was an expectation that this would happen. For example; one press release reported that the jury recommendations would then be turned into a “working document, which the Council and partners will sign and will commit to deliver over the next two years” (Liverpool City Council 2004a). Whereas a report on the Trailblazers available on the Liverpool City Council homepage stated; “at this stage their recommendations are awaited and will be actioned upon release” (Liverpool City Council 2005).

Carrying out a Citizens’ Jury is an innovative way of consulting and engaging the public. It is a method for developing strategies to reduce ASB that could also provide an opportunity for dialogue and relationship building between the community and Liverpool City Council. The intended role of the Citizens’ Jury is however unclear. The Jury was tasked with developing recommendations for how they thought ASB should be dealt with in their area. However, interviews with stakeholders and associated documentation such as press releases and meeting reports from the Jury presented mixed messages about the role of the jury and reasons for setting it up (Table 3).
Table 3 What the jury was about- Stakeholder views

“I think the original aim was to get the 18 was to look at the problems and to come up amongst themselves with solutions”
(professional)

“I thought it was about more positive engagement with those people who’re not normally engaged at or within the process- getting rid of the normal suspects if you like and trying to drill down into the community and find out exactly what were the feelings and issues. But also perhaps to find out what was happening in the area that we weren’t aware of so there was a double edge”
(juror)

“I think the overall aim was to have someway of getting more in-depth opinion from people who are living at grassroots in these areas where the initiatives are being aimed at basically ...it was kind of a demonstrable way of involving people in developing policies which are all about their day to day lives”.
(professional)

The citizens’ jury defined their remit as “The citizens’ jury was set up so as to create an informed group of local residents who would be able to make realistic recommendations regarding initiatives, programmes, and activities related to anti-social behaviour in the Netherley and Valley area.”

Members of the jury who were interviewed as part of the HIA usually saw their main role as developing recommendations for reducing ASB. Some also commented that they felt they literally were a jury- passing judgement on the agencies involved. This contrasted with some of the professionals involved who appeared to view a main function of the jury was to develop community activists who would on their own initiative get involved in their community.

This lack of clarity about the role of the jury and their recommendations became a key issue in the HIA
5 Health Impacts of the Citizens’ Jury recommendations on how to reduce ASB

The Jury developed 25 specific recommendations alongside some more general recommendations about how they thought anti-social behaviour should be tackled in their neighbourhood (see Appendix 5). Out of these 25 recommendations they used a ranking method to identify 10 priority recommendations (Table 4). At subsequent meetings they were asked to revisit the recommendations and identify if there were changes in the prioritisation. They confirmed the ten recommendations as being their priority.

Table 4 Top ten Citizen Jury recommendations (Tyrer & Bidwell 2004)

<table>
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<th>Recommendation</th>
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<tr>
<td>More visible police presence</td>
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<tr>
<td>Purpose-built sports facility</td>
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<tr>
<td>24hr ASB reporting hot line</td>
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<tr>
<td>Survey of local young people to identify their needs and views</td>
</tr>
<tr>
<td>Increased Outreach work/Youth Works</td>
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<tr>
<td>Publicity campaign around initiatives to reduce ASB</td>
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<tr>
<td>Make more use of existing facilities</td>
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<tr>
<td>LASBU officer dedicated to the area</td>
</tr>
<tr>
<td>Facility for reporting incidents in the local housing office</td>
</tr>
<tr>
<td>Proving training for community groups to locate and access funds for community projects</td>
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5.1 Framework for analysing potential health impacts

This part of the HIA focuses on the ten priority recommendations. A mix of methods was used to identify the potential health impacts.

- A three part screening tool (see Appendix 4) was used to identify;
  - determinants of health,
  - population groups, and
  - factors that specifically influence mental health and well-being that may be affected by the recommendations.
- A review of available literature provided information on the impact of the recommendations on relevant determinants of health and how these again might impact on health outcomes.
- Interviews with stakeholders and a stakeholder workshop provided evidence from people with local knowledge, as well as personal and professional experience.
- The data collected for the community profile was examined to identify local circumstances that may result in (differential) health impacts.

The Citizens’ Jury recommendations focussed on two methods for reducing ASB – enforcement and prevention. Section 5.3 reports on the potential health impacts of five recommendations which focus on enforcement; section 5.4 considers five prevention focussed recommendations.

5.2 Reduction in ASB behaviour

The Citizens’ Jury recommendations, if successfully implemented, would potentially result in a reduction in ASB. ASB can negatively affect health in a variety of ways. People can suffer from stress, anxiety and fear. Sustained stress or trauma increases susceptibility to viral infections and physical illness (Stewart-Brown 1998, Cohen et al 1991 & 1997, Vedhara et al 1999). Fear of crime is negatively associated with self rated health status (Chandola 2001), poor health outcomes (Ellaway & Macintyre 1998), higher blood pressure (Harburg et al. 1973) and anxiety (Middleton 1998). These studies suggest that the fear of crime could lead to poor health through psychosocial mechanisms like stress. ASB can also affect people’s ability to move freely, and access resources and support.

In the British Crime Survey (Wood 2004) respondents were asked whether any of 16 listed ASB behaviours had a bad effect on them. For 68% none of these types of ASB had a bad
effect on them. The most common response in cases of young people hanging about, vandalism, drunk or rowdy behaviour and noisy neighbours was annoyance. Closely related to this was frustration and anger. Over a quarter (27%) of those reporting problems with noisy neighbours reported one or more of the following reactions; shock, fear, stress, depression, anxiety or panic attacks and crying. This was 23% for drug use or dealing, 19% for young people hanging around and for drunk and rowdy behaviour and 12% for vandalism and graffiti. In terms of quality of life, noisy neighbours had the biggest impact with 40% experiencing a high impact. For other types of ASB this ranged from between 16 and 22 percent.

Armitage described how research has shown that ASB affects communities by;

...increasing fear and social withdrawal and undermining residents’ ability or desire to exercise control of the situation. This can be seen through a reluctance to take part in crime prevention activity, be it formal (property marking) or informal (asking neighbours to watch your property whilst you are on holiday), as well as a reluctance to get involved in community activities. ... Finally, anti-social behaviour can also affect the lives of the perpetrators and their families. Negative effects include exclusion from school, eviction from their homes, losing contact with service providers, homelessness and becoming involved in the criminal justice system. (Armitage 2002 at 4)

Actual situation

When asked what they thought the main impacts on health and wellbeing of ASB were, the members of the Citizens’ Jury identified;

- feelings of vulnerability,
- difficulty experienced in sleeping, due to rowdy behaviour and noise at night,
- feeling afraid of certain gangs/youths,
- stress,
- anger,
- feeling ‘unhappy’ due to experiencing problems on a daily basis (Tyrer & Bidwell 2005).

In a telephone survey of 650 residents in the trailblazer area that was carried out in April 2005, 21% of respondents said they stay inside after dark and 14% avoid certain areas due to problems in their local area. 15% reported feelings stressed or worried because of
these problems and 9% are kept awake at night (Figure 8). There are however still 55% of people who report none of these problems.

Figure 8 Thinking about your quality of life; do any of the problems you experience in your local area affect you in any of the following ways?

ASB tends to affect already vulnerable people (Wood 2004). Netherley Valley has a comparably high proportion of children (5-15 year olds) and young and single mothers who are likely to be particularly affected by ASB and fear of crime. Elderly people also suffer from higher levels than the general population. Although the area does not have a high proportion of people from Black and Minority Groups (5.4%), their small numbers (891) may make them particularly vulnerable. A recent racially motivated murder of a young black man near the Netherley Valley area could mean that groups who are targeted for hate crime may be feeling particularly vulnerable. Decreases in ASB could therefore potentially particularly benefit these people and contribute to reducing health inequalities.
5.3 Enforcement

Five recommendations were aimed at increasing levels of enforcement and making complaint mechanisms more accessible to local people. As mentioned above a major potential health impact for all these recommendations would result from the reduction of ASB.

The recommendations made by the jury were;
1. More visible policing in the area
2. 24 hour hotline for reporting ASB
3. A strong publicity campaign to raise awareness in the community about initiatives being carried out to reduce ASB
4. An officer from the Liverpool ASB Unit dedicated to the area
5. Set up an offices in local housing associations where residents can report ASB

Generally these recommendations, if successfully implemented, could result in positive impacts on peoples’ health and well being by reducing levels of fear of crime, stress and anxiety. People would be able to access services and resources more easily and this may also lead to increased use of public space and more social interaction. There is however a possibility that increased police presence and increased publicity could increase some peoples’ level of fear.

Research shows that perceptions about crime and anti-social behaviour can be as important as reality (e.g Chandola 2001; Christmann & Rogerson 2004; Whitley & Prince 2005). For example, if there is a great deal being done in the area to reduce ASB or even a reduction in ASB, if people do not perceive this to be happening they will continue to suffer negative health impacts (e.g. stress, fear, restricted access to services and resources etc.). This issue was brought up in interviews and the stakeholder workshop. It was also reported that there was often a difference between local people’s perceptions of what was happening in their community and the professionals’ perception. This mismatch has created difficulties in communication between the Jury and witnesses. The surveys which were carried out during the time the Citizens’ jury was running also revealed that there were differences between what the members of the Jury perceived to be the main problem in the area (drugs) and what other members of the community thought (teenagers hanging around on the streets). Enforcement agencies such as LASBU and the police are put in a difficult situation where they are required to find ways of addressing different people’s
concerns based on their perceptions of levels of ASB and crime which may not necessarily match up with the actual situation.

“Netherley Valley has had a partnership up until March 04 for at least 8 years. The key role of the partnership was to engage the community towards development of programmes/projects around the key indicators of deprivation- not one of those people (jury) seemed to be aware of any thing that had happened in the area”
(professional)

Exert from discussion between Jury Member (J) and Witness (W)
“(W) Believe it or not it’s 300% better than it was ever was
(J) I would have thought at the very least improvements. Improvements in cooperation and the way police work...
(W) It is much better”

In order to reduce fear of crime all these strategies to reduce ASB need to be publicised in a way that reaches all groups in the community. The Jury recognised the importance of communication in its recommendations. A review of evaluated programmes aimed at reducing fear of crime identified effective communication alongside environmental improvements as a way of reducing levels of insecurity. It is recommended that communication strategies should be developed in partnership with public services and communities. Messages should be consistently targeted towards different groups in accordance with the research data (Building Research Establishment 2004). This was also an issue brought out in interviews and the workshop. Although the information is available it is currently not reaching everyone in the area. Consequently not all are able to benefit from it.
I went to ring the 24 hour hotline and I couldn’t find the number at first...not in the phone book...I ended up ringing up police to ask for it...they put me through to housing asked for hotline....they did the job I’ll give them that but if that is going to be advertised then at least stick to the one name and it has to be 24...”
(juror)

“the general citizen wouldn’t be reading page 25 of the local newspaper to see an advert by the NHS or whatever, to say that there is a forum in the first place. There are a very few people that will actually will be touched by the kind of publicity and advertising in the public sectors.”
(professional)

“but they could have gone along to any of the meetings they were told and then they blame the fact that the meetings aren’t published and the fact is the meetings are published. I mean if you go along to any of the Lee Valley and you can go in there and ask...there is a local paper that goes around there’s residents meetings. If you were living anywhere you could find out.”
(professional)

Differential impacts

Publicity measures need to be accessible to all people in the community. Some of the stakeholders interviewed were private house owners; they felt that they did not receive the same support as those in social housing.

“I feel like saying to her well you probably have a memo board and anything that comes up that you would like to get done you stick it on your memo board and take it in to the housing people and you get it done”
(juror)

Some groups are also more vulnerable to fear of crime. For example young mothers and people with mental illnesses suffer disproportionately from fear of crime. They also are more vulnerable to negative health impacts such as negative mood and low self esteem (Whitley & Prince 2005). Elderly people and people belonging to minority groups also suffer more from fear of crime (Building Research Establishment 2004). Publicity measures need to target these vulnerable groups.
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<th>recommendation</th>
<th>Potential impacts on determinants of health and health outcomes</th>
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<tr>
<td><strong>positive</strong></td>
<td><strong>negative</strong></td>
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</tbody>
</table>
| 1. More visible police presence | • Increased use of public space  
• More opportunities for social interaction  
• Reduced fear in older people  
• Reduced anxiety and fear in general  
• Improved access to services and resources | • Using limited police resources in this way could mean reduction of policing of other types of crime  
• Could increase isolation of perceived ASB perpetrators | • Some people prefer police rather than wardens  
• Perceived gap between professional’s and public perceptions |
| 2. 24hr reporting hotline | • Reduced fear of crime  
• People feel like something is being done – reassurance  
• Increased feelings of control | • 24 hour hotline exists but lack of awareness means not all are benefiting  
• If publicity only reaches readily accessible groups - less accessible and often vulnerable groups may miss out | • Perception is as important as reality |
### 3. Publicity

- Reduced fear of crime
- Reduced stress and anxiety
- Better access to services
- Knock on effects on parents and how they influence children’s patterns of activity
- Local pride
- Increased publicity could possibly also increase peoples’ fear of ASB and crime
- Perception is very important when considering what forms of publicity to use
- Publicity needs to be accessible to all groups in community - need for appropriate forms of communication
- Current forms of publicity is not reaching all the community - need to identify gaps
- Often community perception different from professional view.

### 4. LASBU officer dedicated to the area

- Reduced fear of crime
- Reduced stress and anxiety
- Improved access to services
- Potential resource difficulties

### 5. Reporting incidents to the local housing office

- Same as above
- If only available to people living in social housing, private home owners may miss out.
5.4 Prevention

The jury also developed five recommendations that focussed on preventing ASB in their community. The recommendations were:

6. Provision of training for local people to apply for funding for community development projects
7. Carry out a survey of young people in the area to find out what they would like to have in their area
8. Increase the amount of outreach work with young people in the area
9. A purpose built sports facility for the area
10. Improve the accessibility and utilisation of existing facilities such as sports halls and fields.

All five recommendations potentially impact positively on health and well-being.

5.4.1 Training in accessing funding

The people receiving the training may learn skills that are transferable to other areas of their lives. For example, writing job applications, organisational and planning skills. This training will also increase peoples understanding of services, systems and support available. They may also benefit from increased self esteem. Training local people to apply for funds for community development projects could potentially benefit the individuals involved but also the wider community. If they are successful in acquiring funds the resulting projects could benefit the whole community adding to social capital. This might also lead to the community having more control over what happens in their community.

Carcach and Huntley (2002) observed that crime rates are lower in local areas with high levels of participation in community oriented activities. The reasoning in the research was that participation in local organisations leads to increased opportunities for social interaction, which in turn enhances the community's ability to work together in the solution of local problems, realise common values, provide for informal social control to reduce local crime, and increase the community's ability to achieve improved levels of public safety. Research has shown that people who participate in local community activities are less likely to report poor health (Joshi et al. 2000).
Providing training opportunities for communities in how to access funding opportunities is also supported by national policy to build capacity in communities so that they can engage with local public services (Office of the Deputy Prime Minister 2005). For this purpose the Safer and Stronger Communities Fund was introduced for all Local Authorities in England in April 2005.

It brings together ODPM (Office of Deputy Prime minister) and Home Office funding streams aimed at tackling crime, anti-social behaviour and drugs, empowering communities and improving the condition of streets and public spaces, prioritising the most disadvantaged neighbourhoods. The engaging and empowering communities adds value to public policy, helps to build social capital, promotes active citizenship and strengthens community cohesion (emphasis added).

(Office of the Deputy Prime Minister & Home Office 2005)

Stakeholders expressed concern that the bidding system which is currently in place is in itself problematic and training people to use this system may result in;

“spending money on teaching people how to fill in forms and then you change the forms so you’ve wasted the outcome that comes from that then you put more money in.”

(professional)

It was suggested that giving communities the freedom to make decisions on how to use resources would be better;

“We need to be more trusting in terms of saying- well yes say for example if you did the survey for young people, you had ideas that fitted in with health outcomes, then why not give the community set up structures and give the community the money to spend on what they think they should spend it on, rather than spending time filling in forms then getting a panel together to decide who should get the money and who shouldn’t.”

(professional)
Enabling community groups to develop the skills necessary to gain access to funding for community projects potentially benefits health. The projects are likely to benefit the community and community-led projects would add to social capital and could promote community cohesion. The skills gained through this training could potentially benefit the individuals involved in other areas of their lives (for example in applying for jobs). However; the knowledge needed to access the current bidding system may not be applicable in other areas of life. Further potential health benefits could result from a funding system that empowers communities by giving them more control over what is funded within their community.
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<th>recommendation</th>
<th>Potential impacts on determinants of health and health outcomes</th>
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| 6. Funding training | • Increased community involvement  
• Learn transferable skills which could also benefit people personally (e.g. in putting together a CV or job application)  
• Increased self confidence and self esteem  
• Decision making skills  
• Potentially resulting in projects that will benefit community  
• Increasing skills within the community  
• Social capital  
• Increased access to services | • Could lead to frustration  
• Problems with bidding system - issue of teaching people to use a system that is in itself viewed as being flawed by some people | • Should training only be available to community groups or also to individuals?  
• Risk of teaching people how to fill in forms rather how to create and carry out good projects |

### 5.4.2 Young people’s survey

A young person’s survey is a way of engaging with a marginalised group in the community. Young people are particularly at risk of social exclusion (Policy Action Team 12 2000). For the young people surveyed it would give them an opportunity to have their say and may make them feel that they are a valued member of the community. Giving young people the opportunity for involvement in community issues has also been identified as a protective factor against ASB (Sutton, Utting, & Farrington 2004).
On July 18, 2005 the Government published the Youth Green Paper “Youth Matters” (Department of Education and Skills 2005) which outlines intended reforms of young people’s services. It is intended to make services more responsive to the needs of young people. It is proposed to provide Local Authorities with an ‘opportunity fund’ to be spent on local projects that young people want. “The key aim is for young people themselves to decide how the fund can be spent” (Department of Education and Skills 2005). A survey of young people could be a starting point for this. The Green Paper emphasises working in partnership with young people. Involving young people in the design and carrying out of the survey could be a way of doing this and would also give them increased feelings of control and involvement.

Other work with young people in Liverpool (e.g. Blanchard & Prendergast 2003) has shown that young people have similar concerns, fears and hopes as the rest of the community. The survey could be an opportunity to illustrate this and provide a basis for breaking down some of the barriers between young people and the rest of the community. However, if there is no follow up to the survey there is a risk of further alienating and disappointing the young people involved. Consideration should also be given as to how to involve hard to reach young people.
### 7. Young people’s survey

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<th>recommendation</th>
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<tr>
<td></td>
<td>positive</td>
</tr>
<tr>
<td>7. Young people’s survey</td>
<td>• Generally viewed as being very positive</td>
</tr>
<tr>
<td></td>
<td>• Gives young people an opportunity to have their say</td>
</tr>
<tr>
<td></td>
<td>• Opportunity to engage with young people not normally reached</td>
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#### 5.4.3 Outreach work/ Youth Works

Outreach work and programmes such as Youth Works can positively engage with young people and particularly target at risk young people. This can benefit the young people but also result in a reduction of ASB (Webb 2004). Outreach work can particularly target hard to reach young people and is sometimes seen to be more accessible than mainstream services.

The Government intends to provide more tailored and intensive support to children who are already experiencing problems (Department of Education and Skills 2005). Outreach work and programmes such as Youth Works could provide this support. However stakeholders emphasized that it also needs to be considered how to make the mainstream services more accessible. It was suggested that the perceived need for outreach workers was in part due to the inaccessibility and unacceptability of mainstream services.
Outreach work and programmes such as Youth Works positively benefit the young people who are reached. These forms of youth work also target at risk children who do not attend mainstream services. Successful work with young people can lead to a reduction in ASB and other forms of crime which will benefit the wellbeing of the local community. In addition to these targeted forms of youth services, barriers to utilising mainstream services need to be identified and resolved so that all young people can access youth services.

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<tr>
<th>recommendation</th>
<th>Potential impacts on determinants of health and health outcomes</th>
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</table>
| **8. Outreach work/Youth Works** | • Youth workers can motivate, inspire, positively direct young people  
• Opportunity to access youth offenders - get them involved  
• Could act as a gateway-improving access to and knowledge of other services  
• Different organisations want different things from youth workers which can lead to dilution of services  
• Need to also consider how to make mainstream services more accessible and acceptable  
• Need to decide at what level – e.g. should Netherley be considered separate from Speke  
• Need to be aware of diversity issues  
• Outreach work should demonstrate outcomes |
5.4.4 Purpose built sports facility/ utilising existing sports facilities

Sports facilities will positively impact on physical health and emotional and mental wellbeing. Sports facilities could also provide a base for other health promoting activities (nutritional advice, smoking cessation classes etc). They can provide a safe area for people to spend time and meet and could contribute to social capital and add to pride in the local area.

Research evidence suggest that living in what one perceives to be an unpleasant or threatening environment lacking amenities might lead to poorer health (Sooman & Macintyre 2005). The utilisation of existing facilities and/or having a new purpose built facility could create a more pleasant, less threatening environment. The provision of new sports facilities also provides an opportunity to promote general physical activity (cycle paths, encouraging people to walk, environmental improvements etc.). Utilising existing school facilities could provide an opportunity to break down currently existing barriers between different children from different school areas.

The Netherley Valley area has relatively high levels of reported ill health. Individuals with lower levels of education, income, and occupational prestige typically report lower levels of activity (Burton, Turrell, & Oldenburg 2003). People living in Netherley Valley area suffer from particularly high levels of cerebro-vascular disease such as strokes and respiratory disease and lung cancer. These are illnesses that, to a certain extent are caused by poor diet, lack of exercise and smoking. Availability of sports facilities and supporting health promotion activities could positively impact on these levels of poor health.
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<th>recommendation</th>
<th>Potential impacts on determinants of health and health outcomes</th>
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<tr>
<td></td>
<td>positive</td>
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</table>
| 9. Purpose built sports facility | • If widely used positive impact on health  
• Increased fitness  
• Provides safe area for people to go and meet  
• Pride in local area | • Possible target for ASB | • Consider using green space instead  
• Would it be utilised?  
• Consider targeting particular groups |
| 10. Make more use out of existing facilities | • Increased fitness  
• Could also include non sport related health promoting activities  
• Opportunity to get children and parents involved  
• Opportunity to visit other schools - could help break down barriers | • | • Would it be utilised - is there demand?  
• Needs to be accessible to whole community  
• Consider targeting at risk groups |
6 Health Impacts of the Citizens’ Jury process

This section focuses on the potential health impacts of the process of carrying out the Citizens’ Jury. Being involved in the jury has impacted on the lives of the jurors. Potentially the jury process has also affected the health and wellbeing of the Netherley Valley community.

The health impacts were assessed at individual level (impacts on the health and well being of the Jury members) and also at community level. There are, however, likely to be interactions and links between the two levels. For example, the extent to which the jury process affects community involvement and participation at individual level will also affect social capital at community level. Impacts on individuals are also likely to affect their family and friends.

6.1 Individual level impacts

The recruiting process used for the jury attempted to enrol people who had previously not been actively involved in the community. For the jury members it was a new and often challenging experience. They had to work intensively with an unfamiliar group of people, absorb large amounts of information and also stand up and be heard.

A mix of methods was used to identify the potential health impacts of this experience.

- A screening tool (see Appendix 4) was used to identify;
  - general determinants of health, and
  - specific factors that affect mental health and well-being that may be affected by the Jury process.
- A review of literature identified evidence about the potential health impacts of community involvement and other factors that affect psychological health and wellbeing.
- Interviews with stakeholders and a stakeholder workshop provided evidence from people who were personally involved in the jury. They also shared their local knowledge and professional experience. Interviews with jury members and other stakeholders used an adapted form of the screening tool as a prompt for identifying potential health impacts (appendix 4).
The screening tool is based on principles identified as underlying features of effective approaches for improving mental health in individuals, families, organisations and communities:

- reducing anxiety
- enhancing control
- facilitating participation
- promoting social inclusion.

(Department of Health 2001)

Figure 9 Framework for analysing health impacts at individual level of Citizens' Jury process
6.1.1 Control

Control beliefs refer to individuals’ beliefs regarding the extent to which they can control or influence outcomes (e.g. staying healthy, getting a job promotion) (Skinner 1996). “The beliefs people hold about their efficacy to exercise control over events that affect their lives influence the choices they make, their aspirations, level of effort and perseverance, resilience to adversity, vulnerability to stress and depression, and performance accomplishments” (Bandura 1997).

The link between perceived control and positive health outcomes is empirically well-established (Bailis et al. 2001). People who feel in control of their lives are generally healthier. Low control beliefs are thought to affect health outcomes through direct stress-induced physiological activation or unhealthy behaviours (Bailis, Segall, Mahon, Chipperfield, & Dunn 2001; Brunner 1997). Research has found that people of low-socio-economic status report lower levels of control beliefs. Bosma et al (2005) found that people who perceive low control beliefs (e.g. powerless and fatalism) accounted for more than half of the raised mortality risk for people of low socio-economic status.

Being involved in the Citizens’ Jury could have made people feel that they have more control over what happens in their community, greater understanding of how things work and how they can access resources and support.
Stakeholder feedback

Some jury members felt that being in the jury made them feel like they had more control. The feeling of control came from being listened to and also being able to take action themselves.

“I do feel that some of these agencies did listen to us and take on board what we were saying”
(juror)

“for two years I’ve been tormented with them running on the walls and damage and things stolen and things broken into and some of the speakers we had ... said the housing associations had to act with other agencies and do something. So after several times of asking them at the Housing Association and them done nothing afterwards I went and said as from the 1st of July you must take your part in this and within three months I got the railings up on the walls and it stopped all that and so I do feel that that has helped me good deal.”
(juror)

“I think for a short time when it was up and running with the police and so on and a few of them are like- we know the system is shoddy but this is what is going to happen- ... and got the feeling that some of the things that we said had to be shown that there was improvement. So I think yeah we had a little bit of input for a short time and now it’s finished. The citizens’ jury doesn’t exist anymore there is no sort of involvement”
(juror)

“Not being a know all but I feel like if someone came along now I might be able to help them... be able to say here’s the number... so if I hadn’t been on the jury I wouldn’t of been able to do that. Whether it’s done any good or not I haven’t been able to see it yet. But I wouldn’t of been able to do that”
(juror)

“being in that group gave me the chance to speak out”
(juror)
However, stakeholders often reported feeling that there was a lack of feedback on their recommendations and that sometimes witnesses who said they would get back to the jury with information failed to.

**Limited feedback:**

Describing a situation where someone had said they would report back at the next meeting but then did not turn up and no one else could/would respond:

“...So when they said that I just hold my head down and thought the same thing happens in society so I just hold my head down like that and thought heard that one before.”

(juror)

“when people would say they’ve got answers and they’ll come back to you and then at the end of the day they never. That was at the beginning of the jury. They were saying -we’ll get those answers we’ll take a note of them- and they never got back and I just thought that they were talking a load of nonsense then.... At the beginning of it was a bit mickey mouse.”

(juror)

“I hope that that’s been taken on board and it’s had an effect...But we don’t know”

(juror)

“They never brought any proof to say- we have improved that suggestion you but forward or that we’re trying to improve it we’re at this stage with it- but nobody ever came back and said. We had different people every time. The only person that come back every time is the police man.”

(juror)

“you know at one of his first meetings he was all - I’ll get back to you on that- he didn’t have a clue. No so we felt a bit despondent over that you know.”

(juror)

“It was always someone else will be able to tell you or we’ll bring more information on that next time but they never ever did. So that was one of the things I really didn’t like.”

(juror)
They were also unsure whether they had actually contributed to changes in the community. This led to a degree of frustration, disappointment, and feelings of lack of control and influence.

**Describing concern about the perceived lack of change:**

“I don’t I think it really changed anything… but I did think I did learn something being on the jury”
(juror)

“I think if at the end of the day if something could come out of it and we … had an impact on things that were going on, then I think I would say yes to that (feeling of control). But as it hasn’t I think we all had a good insight into what was right and we’ve all gone away and that’s it and that’s the end of it and nothing else is going to happen on our behalf for us”
(juror)

“you don’t want to think that you’ve just been there and nothings come of it. You know we really would like to know. You know it’s cost them a lot of money but also we’ve put a lot of effort in I know we weren’t physically doing anything but they say mental work is more tiring than manual work…”
(juror)

“things are spoken about, thing, are discussed, things are done, presentations, great great great but where’s the evidence that … either would show we’re being listened to or that anything concrete has come out it- you know it has been a year now”
(juror)

“that is the thing that I have to admit really annoyed me going over the same thing and that could be quite boring and quite disheartening really to feel that you hadn’t got any further”
(juror)

“but whether it was right or wrong I think the jurors definitely believed that their recommendations would be acted on and I don’t believe that has happened at all.”
(professional)

“Obviously I don’t know if we could find out but I’d like to know what’s happened with all our reports and what effect it’s had. I’d like to think something going to come out of it all.”
(juror)
Impact analysis

The Citizens’ Jury was an opportunity to positively impact on people’s health by improving their feelings of control. As the Jury was carried out in an area with relatively high levels of deprivation it is likely that members of the Jury belong to lower socio-economic groups which in turn generally report higher levels of feelings of lack of control compared with people in higher socio-economic groups. By enhancing control the process of carrying out the jury could have impacted positively on health and contributed to reducing health inequalities. This positive health impact has been limited because members of the jury are often unsure of whether they did have any control or influence.

<table>
<thead>
<tr>
<th>Control</th>
<th>Potential health impacts</th>
<th>Actual situation</th>
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<tr>
<td></td>
<td>positive</td>
<td>negative</td>
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<tr>
<td>People who feel in control of their life are generally healthier.</td>
<td>Some jurors felt that being involved in the jury added to their sense of control. However perceived lack of feedback may mean that Jurors felt a lack of control and influence.</td>
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6.1.2 Anxiety & Stress

Feeling anxious or stressed negatively affects your psychological well being and can also affect physical health. For example, Stress is associated with a range of other illnesses such as depression, increased susceptibility to infection, diabetes and high blood pressure (Brunner & Marmot 1999). Stress also results in increased levels of fibrogen in the blood. Fibrogen increases blood clotting and may lead to the formation of arterial plaques which in turn lead to increased risk of ischemic heart disease (Steptoe, Wardle, & Marmot 2005). The way we behave is also affected by stress. Smoking, drinking, and the consumption of high fat foods are all tactics used to relieve emotional distress (Cameron & Jones 1985).

Being involved in the jury, learning about what services are available, how support can be accessed, developing an increased understanding of how and why things happen in their community and generally feeling good about themselves for being involved in the jury could have reduced feelings of stress and anxiety. However the process of having had to work together with a group of unfamiliar people, speaking out in front of other people and defend their opinion could have also created stress and anxiety for some jurors.

Stakeholder feedback

Being involved in the jury was a confidence booster for some jury members

“in a small way I think it gives you the confidence to speak and put your point of view forward”
(juror)

“I would feel more confident about complaining or seeking different agencies out and trying to sort things out”
(juror)

“I feel it’s given me more confidence”
(juror)

“I was very pleased to be on it. I did feel quite privileged to be on it especially it being the first one that ever come about I was very pleased over that...I gained a lot more knowledge by it”
(juror)
Some also reported understanding better how decisions are made.

“it brought it to the forefront really. Like we all know about the police we don’t see police here especially on the beat… and we all realised that there isn’t enough funding…it shows you that this is where the funding is going and this is what its all down to brass tacks really”
(juror)

“yeah it’s definitely given a bit of an insight which you wouldn’t get obviously normally”
(juror)

Others expressed their worry that they haven’t had an impact and nothing will change

“people would say they’ve got answers and they’ll come back to you and then at the end of the day they never did.”
(juror)

“It makes me sad really ‘cause I’d like to know from the rest if anything has improved or not improved where they live I would like to know.”
(juror)

“We fear that nothing will really change”
(juror)

“We fear that no one will take any notice of what we have suggested”
(juror)

“I think it has brought things out a bit brought things to a fore so I’m thinking about things more and thinking I should write a letter…it’s definitely has given me a bit of a kick but I do fear … you don’t get any response or negative response and it’ll just slide back”
(juror)
Although some jurors reported some stress and anxiety, generally relating to wanting to do a ‘good job’, having to put forward their views and frustration with the process, the Citizens’ Jury process was seen as a positive experience.

“at the start I was really excited, oh gosh, and my mind was ticking racing...I’ve got questions but I didn’t have time to separate them- are they getting the right questions is that the particular person I want to give that this question to...”
(juror)

“And we weren’t prepared. I mean most of us have never spoken in public in our lives before and they found that a bit intimidating as well. And to stand up put your point of view across if you’ve never done it before it’s difficult”
(juror)

“at the early stages of the jury it did stop me from sleeping but it wasn’t a problem affecting me health it was just stimulating your mind.”
(juror)

“it was fine I enjoyed the experience”
(juror)

“you know I just really enjoyed hearing different people’s points of view. It was very interesting.”
(juror)

“I’ve never seen those people before and never met them and I did get on well with them...we all had our own points of view but when you get down to it we all had the same point of view. We all thought - well he’s thinking the same as me - and that did bring us together in that way and I think we were all quite decent people...well a few were fighting their own corner which doesn’t help because you are not there just to fight for yourself you’re there to sort it for the community...but all in all it did bring us all together...”
(juror)
Impact analysis

The jury members often reported being proud of being in the jury. They also generally reported that they have a better understanding of how things work and where they can access support. This could have impacted positively on health. However as with the issue of Control (6.1.1) this positive impact was limited by the perceived lack of feedback on whether their recommendations had been considered and to what extent they were taken on board. Although some jurors reported some stress and anxiety, generally Citizens’ Jury process was seen as a positive experience.

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<tr>
<th>Anxiety &amp; Stress</th>
<th>Potential health impacts</th>
<th>Actual situation</th>
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<tr>
<td>Stress and anxiety can result in illness such as heart disease, depression, increased susceptibility to infection, diabetes and high blood pressure.</td>
<td>It was generally reported that being involved in the jury made them feel good about themselves; they felt they have a better understanding of how things work and where they can access support.</td>
<td>Little impact on feelings of safety was reported because they said that they generally felt safe anyway.</td>
</tr>
<tr>
<td>Being involved in the Jury could have made people feel safer, that they have access to support, that they understand how and why things happen and generally feel good about themselves for being involved in the jury.</td>
<td></td>
<td>However some were anxious about the outcomes of the jury - particularly that nothing will change as a result of the jury, There were also reports of frustration and stress caused by lack of feedback.</td>
</tr>
<tr>
<td>Being involved in the jury could have been a stressful situation.</td>
<td>Although some jurors reported some stress and anxiety, generally relating to wanting to do a ‘good job’, having to put forward their views and frustration, the CJ process was seen as a positive experience.</td>
<td></td>
</tr>
</tbody>
</table>
6.1.3 Community participation & inclusion

If a person feels that they have a valued role, a sense of belonging, social networks and feel involved in their community they are more likely to perceive themselves as being healthy. Active community participation can, for example, reduce isolation, build confidence and act as a bridge to other forms of support.

Epidemiological studies have shown that social and emotional support can protect against premature mortality, prevent illness, and aid recovery (Berkman & Syme 1979; Giles et al. 2005). Higher participation in social activities is associated with better mental and physical health (Baum et al. 2000). Other research has linked civic participation and voluntary group membership to health (Rietschlin 1998). Low levels of political engagement has in turn been found to be related to lower levels of self rated health than people with higher levels of political engagement (Cummins et al. 2005).

Communities with higher levels of social capital (6.2.1) are generally healthier than those with lower levels. However most research on social capital has focussed on benefits at community level it is not always clear if these benefits also occur in the individuals who are contributing to social capital. For example, Ziersch and Baum (2004) in research on involvement in civil society groups (CSG) found that “involvement in CSG was significant but not always positive for health. It is possible that CSG involvement is good for a community but not necessarily for the individual”. People involved in forms of civic engagement may suffer from stress and frustration, they may be exposed to unpleasant situations or knowledge that they would not have normally encountered (Ziersch & Baum 2004).

The recruiting process for the jury specifically aimed at involving people who normally were not actively involved in their community. Being involved in the jury could have also acted as a springboard to further community involvement benefiting the individuals and their community. Jury members may have felt like they have a valued role in society, increased self confidence, reduced anxiety and that they are generally more in control. However, if the jury process left people feeling that their role had not been valued, that they did not have any influence or input into decisions made about their community (or as the Commission on Poverty, Participation and Power( 2000) put it “participation in a
meaningless forum is meaningless”) then these potentially positive impacts may be
negated.

**Stakeholder evidence**

Some of the jury members commented that they felt like they were more able to get
involved and understood more how things work.

“I’m thinking about things more and thinking I should write a letter…it’s definitely has
given me a bit of a kick but I do fear that the responses- that you don’t get any response or
negative response and it’ll just slide back.”
(juror)

“I’d like to know where to go, be recognised and tenants on the estate could say to me
well such and such to do with the housing can you speak to such a such for us and if they
can give me the information that they want me to get across”
(juror)

One jury member, even though he found the jury experience very disappointing to the
extent that it has put him off becoming involved other community involvement
opportunities, considered setting up his own group.

“if I hadn’t have had that experience (citizens’ jury) and you said do these (community
involvement) things I’d have said okay I’ll give it a try but from the Citizens’ Jury you do
get the impression well we’ll just keep feeding this information but you don’t get anything
coming back and so more reports more graphs you start thinking you need some thing
more …tangible
...
I spoke to a couple of people of possibly getting together as a group just to meet up and
talk. As a political sort of thing to see what we could do. Political parties political
organisations have got to start somewhere and a lot of times they start in smoky little pubs
and.”
Some also mentioned feelings of belonging and not being alone

“oh yes it does give you a sense of belonging...yes I do. Not being a know all but I feel like if someone came a long now I might be able to help them ...so if I hadn’t been on the jury I wouldn’t of been able to do that.”
(juror)

“as I say I did feel a sense of friendship and I did take a lot what some of these speakers said and some of the people that have had to put up with anti-social behaviour for years and some of it was quite touching I think that personally I enjoyed.”
(juror)

“you sort of feel that you are not alone and that you can fight this kind of thing”
(juror)

Generally the jury members seemed to feel that they now knew more about anti-social behaviour and how to access help. Some reported feeling more able to support other people through offering advice but they did not have immediate plans to become involved in other formal forms of community engagement (residents groups etc) beyond what they normally did.

“I think yeah we had a little bit of input for a short time and now it’s finished the citizens’ jury doesn’t exist anymore there is no sort of involvement”
(juror)

Although at the second follow up meeting, when asked whether they would attend a local meeting if it was at a convenient time, 14 out of 17 said they would. Eleven also said they would try and attend a meeting before the next meeting (Tyrer & Bidwell 2004). A total of four out of 11 present attended a local meeting. Of those who did not attend a local meeting, reasons were as follows:

• health reasons.
• lack of information because they;
  o received no information,
  o had difficulty accessing information about meetings, or
  o lack of knowledge where to look for information
(Tyrer & Bidwell 2005)
They identified what they thought were barriers to their involvement;

- Lack of knowledge about meetings.
- Meetings clashing with work and childcare commitments.

The jury identified ways of overcoming these barriers:

- A notice board, more frequent newsletters and leaflets.
- Summary sheets of what goes on/gets done in meetings, these could be put up in local shopping precincts or shop windows.
- Meetings need to be made more welcoming. People need to be made aware that all are welcome to attend.

(Tyrer & Bidwell 2005)
Members of the Jury and other stakeholders commented that there was not a high level of awareness of the Citizens’ Jury within the community. There were also no links made with other community groups.

“There should have been some awareness raising within the existing communities about what was actually happening”
(professional)

“The community don’t even know about it”
(juror)

but I think if they could have sat down with a few of the people off the estates like the neighbourhood watch people. Inviting a few of them along would have been good
(professional)

“It’s all like word of mouth but it’s not recognised to all the people that it’s going on. I think when I do talk to people who haven’t heard about it it’s like starting something from the beginning and it’s not really fair. It drains me.”
(juror)

“Potentially we could have been felt more being proactive within the community but it hasn’t really happened”
(professional)

Perhaps if there had been some dialogue with some of the existing groups in the area, with ourselves as people who work with these groups all the time, perhaps it would have also been worthwhile speaking to Liverpool Council for Voluntary Services because a lot of their role is about community involvement citywide and they could have helped with what was appropriate for new starters… I’m sure they would have helped through the community network to have brought along community reps from other areas who have perhaps a focus on health or have got a focus on crime and community safety rather than throwing them into the lions den with the likes of myself you know- the know alls- the city types. I think that would have helped.”
(professional)
Impact assessment

Being involved in the jury was a form of community participation and potentially positively impacted on health and wellbeing. Jury members reported things such as increased understanding and a feeling of belonging which could positively benefit health. The format of the jury meant that it was difficult for young people and people in full time employment to be involved. Young people in particular are key stakeholders; they are perceived to be the main perpetrators of ASB but are also the major victims. Young people could have made valuable contributions to the jury process and also benefited themselves.

At this stage it appears that it is likely that for many of the Jury their involvement in formal types of community engagement is not likely to continue without some kind of encouragement and support. Although the main aim of the Citizens’ Jury was the development of recommendations to deal with ASB, there has been an expectation expressed by some key stakeholders that the Jury members would become more actively involved in their community as a result of their participation in the Jury. A recent study identified from existing experience what factors may help and what factors may hinder people’s effective involvement in participatory schemes and initiatives (Beresford & Hoban 2005) (Table 5). In order for the members of the Jury to continue being involved organisations running these initiatives should identify whether their initiatives are set up in a way that would overcome these barriers.

One stakeholder did comment on lessons they learnt from their involvement in the jury

“It forced me to reflect on the way our pathways partnership worked. and in fact it has also prompted me to secure some additional funding so that our voluntary reps and they are now going on a capacity building course that will enable them to actually participate in meetings positively.”

(professional)
Table 5 Ways of overcoming barriers to involvement

- Recognising the importance of capacity building;
- Reaching out to people rather than expecting them to respond;
- Starting where people are, valuing their perspectives rather than assuming familiarity with conventional ways of doing things;
- Establishing accessible and 'user friendly' structures and processes for participation;
- Ensuring access in its broadest sense, including physical, environmental and cultural access;
- Enabling involvement on both an individual and collective basis;
- Helping to develop a sense of ownership by involving people in the shaping of participatory schemes;
- Being clear and open about power relationships in participation;
- Linking participation with making change in line with what people want and prioritise;
- Ensuring that participatory schemes are not narrowly tied to the existing agenda of the initiating organisation or agency;
- Recognising that current benefits policy and practice currently inhibit people's participation, accepting a 'duty of care' and recognising the need for change;
- Supporting and maintaining independent organisations run by people with knowledge drawn from experience as a basis for their capacity building and effective involvement;
- Supporting specific black and minority ethnic participatory initiatives and organisations;
- Building monitoring, evaluation and follow-up routinely into participatory schemes so that their lessons can equally routinely be learned and acted on;
- Supporting opportunities for negotiation, rather than assuming agreement. People with direct experience are far from a homogeneous group. They may have competing goals and concerns. Participatory schemes can and should enable these to be negotiated;
- Improving access to the growing body of experience about participation and poverty by collating existing knowledge and making it more readily available to local people, agencies and researchers wishing to draw on it.

(Beresford & Hoban 2005)
## Community participation & inclusion

<table>
<thead>
<tr>
<th>Potential health impacts</th>
<th>Actual situation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>positive</strong></td>
<td><strong>negative</strong></td>
</tr>
<tr>
<td>If you feel that you have a valued role, a sense of belonging, have social networks and feel involved in your community you are more likely to perceive yourself as being healthy.</td>
<td>Jurors generally reported feeling like they had a valued role being in the jury. Some however became disillusioned during the process. Lack of publicity means that there was not much general awareness of that role. Lack of feedback meant that some felt their role was not highly valued.</td>
</tr>
<tr>
<td>Being involved in the CJ could have positively contributed to all these factors</td>
<td>The lack of awareness in the community of the CJ meant that some jury members did not feel like they were really involved in the community.</td>
</tr>
<tr>
<td>If the process had the opposite effect- people feeling like they are not valued or involved in their community then this could have a negative impact on health.</td>
<td>There were missed opportunities to link in with other community groups.</td>
</tr>
</tbody>
</table>
6.2 Community level impacts

At community level, the Citizens’ Jury could potentially have had its biggest impact on general levels of fear of crime and social capital. The impacts on the members of the Citizens’ Jury will influence to a certain extent community level health impacts. For example if the jury process did not facilitate participation and promote social inclusion the impact on social capital is likely to be limited.

The same mix of methods was used to identify the potential health impacts at community level with the addition of a list of potentially vulnerable population groups

- A screening tool (see appendix 4) was used to identify;
  - determinants of health,
  - factors that affect mental health and well-being, and
  - population groups,

  that could be affected by the citizens’ jury process.

- Literature provided evidence about the potential health impacts of community involvement and other factors that affect psychological health and wellbeing.

- Interviews with stakeholders and a stakeholder workshop provided evidence from people who were personally involved in the jury. They also shared their local knowledge and professional experience. Interviews with jury members and other stakeholders used an adapted form of the screening tool as a prompt for identifying potential health impacts (see Appendix 4).
6.2.1 Social Capital

neighbourhoods where people know each other and trust each other and where they have a say in how their community is run can be a powerful support in coping with the day to day stresses of life that affect health. And having a stake in the local community gives people self-respect and makes them feel better (Department of Health 1999)

This quote from the 1999 White Paper on Health describes what is commonly called social capital. While definitions of social capital vary, key indicators of social capital include trust, civic engagement and social networks (van Kemenade 2003). Morrow’s investigation into social capital and children and young persons’ well being found that “people’s sense of self-efficacy in relation to their social networks, neighbourhoods and local or national civic structures, and their related feelings of alienation or engagement, will have some health related effects” (Morrow 1999). Although the exact way this functions is still being debated (see for example Muntaner, Lynch, & Davey Smith 2000; Woolcock 1998) it is generally accepted that communities with high social capital are healthier than communities with low levels (Kawachi, Kennedy, & Wilkinson 1999; Muntaner, Lynch, & Davey Smith 2000; van Kemenade 2003).

Deprived areas are often identified as having low social capital. There is however debate about whether they actually have lower social capital or if the measures used to assess social capital are only measuring certain kinds of social capital that tends to exist in more affluent communities (Muntaner, Lynch, & Davey Smith 2000). Differences between communities in social capital have been identified as contributing towards health inequalities (Figure 10). Within communities there can also be differences in access to opportunities, information, networks and participation. “Groups excluded from aspects of community social capital are likely to be excluded from related social and economic wellbeing” (Kilpatrick & Abbott-Chapman 2005).
Figure 10 Simplified causal model of inequalities of health, incorporating mechanisms related to social capital. Adapted from Marmot (1999) and Kawachi (1999) by Chandola (2001)

Involvement in voluntary activities such as citizens’ juries can potentially contribute to social capital and community cohesion. “High levels of participation in these activities (voluntary) are considered by policy-makers to be good indicators of healthy and well-functioning communities” (Attwood et al. 2003). There is mixed evidence about the relationship between community involvement and social capital with some authors reporting frustration and alienation as outcomes (Burton et al. 2004). However a systematic review of literature on community based initiatives found that the positive impacts outweigh the negatives. These impacts include:

- co-operation, communication and contact between participants and others, which fosters trust and further communication in future;
- ownership of the outcome of involvement and subsequent developments;
- a greater sense of identification with the local area;
- greater mutual tolerance of the constraints faced by the others involved; and
- a sense of partnership and some changed working practices. (Burton, Goodlad, Croft, Abbott, Hastings, MacDonald, & Slater 2004)

Analysis of the 2003/2004 British Crime Survey also found a negative correlation between neighbourhood support and perceived levels of ASB. A third of those who felt that
neighbours did not look out for each other in the area perceived high levels of ASB compared with 8% of those who felt neighbours did look out for each other (Wood 2004).

Awareness within the community of the Citizens’ Jury could have generally made community members feel that people are getting involved, that their community is valued, and that something is being done about ASB. The jury experience could also have acted as a springboard for the jury members to get more involved in their community again adding to social capital.

**Stakeholder evidence**

Some members of the jury commented in interviews that they felt that there were low levels of awareness of the jury in their local communities.

“it’s all like word of mouth but it’s not recognised to all the people that it’s going on... You know if they knew about it they’d know who we were. So they don’t know about it. It hasn’t been advertised so the city council is not being very fair by not publicising it straight away.”

(juror)

However others reported that there was some awareness;

“now people will turn and say to me-I’ve heard you’re on that citizens’ jury can you do anything abut those alleygates”

(juror)

Another jury member commented that there was some newspaper publicity at the start but they thought it would have been more effective to have had contact with other local people were actively involved in the community.

“I don’t like the way it was put when people were told it was going on... the way it was opened it was all like chief constable was there in all the pictures in the papers and we were the little lackeys in the background not saying who we were. Not that it would have made any difference but I think if they were could have sat down with a few of the people off the estates like the neighbourhood watch people. Inviting a few of them along would have been good”

(juror)

This was also commented on by other stakeholders

“perhaps there should have been some awareness raising within the existing communities about what was actually happening... I thought would have been helpful if a representative-I think there are only about four or five strong community groups in the area- if four or five of those could have come along and supported the process .... You know that kind of twinning is helpful.”

(professional)
“It’s like they’re putting defences up for a reason. It’s like they don’t want to help you to be recognised you know what I mean. It’s not particularly for me but you know there are a lot of projects there- are a lot of things that will be changing- and we did have a say in a lot of the things but no one knows.”

(juror)

“potentially we could have been more being proactive within the community but it hasn’t really happened”

(professional)

In conjunction with the Citizen Jury process surveys were carried out in the trailblazer area. One question related to awareness of the Citizens’ Jury (Table 6).

Table 6 Community awareness of Citizens’ Jury

<table>
<thead>
<tr>
<th>Survey</th>
<th>Have you heard about the Citizens’ Jury?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st follow up survey - July/ August 2004</td>
<td>17.1%</td>
</tr>
<tr>
<td>2nd follow up survey - November 2004</td>
<td>12.5%</td>
</tr>
<tr>
<td>3rd follow up survey - April 2005</td>
<td>12%</td>
</tr>
</tbody>
</table>

(Breeze & Patterson 2004; Tyrer & Bidwell 2005; Tyrer & Bidwell 2004)

There are a variety of reasons why there was low awareness of the jury and that this awareness decreased during the period the Jury was running; however, one reason may be that there was no communication strategy in place to create and maintain interest in the Jury.

Impact analysis

Potentially forms of community engagement such as the Citizens’ Jury can positively impact on health and well-being. The results of the survey (Table 6) show that there was, however, limited awareness within the community of the citizens’ jury and that awareness levels dropped over the duration of the jury. This suggests that knock on effects to the wider community from the jury in terms of social capital were likely to be minor.
<table>
<thead>
<tr>
<th>Social Capital</th>
<th>Potential health impacts</th>
<th>Actual situation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>positive</td>
<td>negative</td>
</tr>
<tr>
<td>Communities with high social capital are healthier</td>
<td></td>
<td>Lack of awareness of Jury and limited integration of the jury into existing community structures may mean that this potential positive health impact is not fully realised.</td>
</tr>
<tr>
<td>Citizens’ jury could have added to social capital in community.</td>
<td></td>
<td>Limited evidence of likelihood of jury members remaining actively involved in the community-need support to keep involvement</td>
</tr>
<tr>
<td>Being involved in the jury could act as a springboard to more community involvement also adding to social capital</td>
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<td></td>
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</tbody>
</table>
6.2.2 Fear of crime

Fear of crime has been found to be associated with self rated health (Chandola 2001; Green, Gilbertson, & Grimsley 2002). People who perceived their health to be in poor condition also worry more about crime than those who perceived themselves to be in good health (Chivite-Mathews & Maggs 2002). Mental health status is also strongly correlated to feelings of safety but this may be a consequence rather than a cause of feelings of safety (Building Research Establishment 2004).

Perception of crime affects quality of life (Christmann & Rogerson 2004). Older people, women and people with mental illness appear to suffer disproportionately from fear of crime (Whitley & Prince 2005). Women and elderly people are found to have a comparatively low rate of victimisation and a subjectively high fear of crime. Young men, in contrast, have a high-risk rate and a lower fear.

Figure 11 Fear of crime (reproduced from (Policy Action Team 8 2000))

Impact analysis

The Netherley Valley has higher than average proportions of some population groups who tend to suffer from higher levels of fear of crime than the rest of the population (low income, poor health, council/ social housing and single parents).
These groups could have particularly benefited from a reduction in fear of crime and this in turn could contribute to a reduction in health inequalities. The magnitude of this potential positive health impact is unknown. However due to the lack of awareness of the Citizens’ jury within the community and the limited integration of the jury into the community there has probably been little effect on levels of fear of crime.

<table>
<thead>
<tr>
<th>Fear of crime</th>
<th>Actual situation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Potential health impacts</strong></td>
<td><strong>Actual situation</strong></td>
</tr>
<tr>
<td>positive</td>
<td>negative</td>
</tr>
<tr>
<td>Even if actual levels of crime and anti-social behaviour were low, if people suffer from fear their health is negatively affected. As well as stress related illness fear may restrict access to support and resources.</td>
<td>This effect of this potentially positive health impact was probably limited due to lack of awareness within the community (12% awareness in April 2005) and limited integration of the jury into the community.</td>
</tr>
<tr>
<td>If people feel like ASB is being tackled in their community and that the community has some control over what is being done this may reduce levels of fear and anxiety.</td>
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</tbody>
</table>
7 Conclusion and Recommendations

The Liverpool Citysafe Trailblazer Team should be congratulated for piloting this innovative approach to tackling anti-social behaviour. As well as being a forum for the development of strategies for reducing ASB, the Citizens’ Jury has promoted active citizenship and a partnership approach between the community and statutory partners. Using techniques such a Citizens’ Jury, which work with communities to solve problems, potentially impacts positively on the health and wellbeing of the individuals involved and the wider community.

The main potential positive health impacts of carrying out the Citizens’ Jury are as follows:

- reduction in fear of crime and ASB,
- reduction in anxiety and stress,
- increase in feelings of control,
- increase in social capital, and
- increase in community participation and inclusion.

The HIA is unable to assess whether or not the Citizens’ Jury has had any impact on levels of ASB in the Netherley Valley area. However, reductions in ASB would also benefit the health and wellbeing, particularly of vulnerable groups.

The recommendations made by the Jury also potentially impact on health and wellbeing. These impacts are potentially positive. However, the way in which the recommendations are implemented will significantly influence the effect on health and wellbeing. Recommendations have been developed around how to implement these recommendations in a way that maximises the potential positive impacts and minimises the risk of negative impacts.
The trailblazers are a unique opportunity to pilot different methods for tackling ASB. They are intended to be a learning experience. An underlying theme throughout the health impact assessment is that the potential for improving health has not been realised. The HIA has identified issues that hinder or promote positive health impacts and recommendations have been developed (7.1).

In addition to these recommendations there are many examples of best practice and advice available that can be considered when deciding how to implement these recommendations. For example;

7.1 Recommendations

It is recommended that Citysafe sets up a working group to consider the recommendations of the HIA. The working group should identify; the feasibility of the recommendations, how they might be acted on and lead people or organisations. A follow up meeting of the Citizens’ jury is currently being planned. This would be an opportunity to implement recommendations for the current Citizens’ Jury process.

### Implementation of Citizens’ Jury’s recommendations to reduce ASB

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Relevant CJ recommendation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Use effective communication to inform the community of available services and to reduce anxiety around ASB.</td>
<td>3</td>
</tr>
<tr>
<td>a. Publicity around measures to reduce ASB should be tailored to fit local circumstances (for example low levels of literacy in Netherley Valley) and target vulnerable groups.</td>
<td></td>
</tr>
<tr>
<td>b. These communication strategies should be developed in partnership with public services and communities.</td>
<td></td>
</tr>
</tbody>
</table>
2. When planning services and actions to reduce ASB ensure there is equity in access.
   a. LCC should conduct a local audit of hard to reach and vulnerable groups. Use this information to target resources towards
      neighbourhoods/groups who are at greater risk of victimisation, deprivation and exclusion.
   b. Consider access issues such as;
      i. Netherley Valley covers a large geographic area,
      ii. availability of services out of working hours,
      iii. accessibility with public transport,
      iv. availability to all the community (51% of residents either own their own home or privately rent and so do not
          automatically have the same level of services as those in social housing).

3. Continue to involve the community in planning how to tackle anti-social behaviour to ensure that community as well as strategic
   needs are responded to.
   a. Provide opportunities for local communities to steer, prioritise and monitor delivery of services in their neighbourhood
      alongside service partners
   b. Provide support and training opportunities to enable communities to do this
   c. Involve socially excluded groups (such as children and young people) to ensure that these services are reflective of their
      needs.
4. The statutory agencies in Liverpool which allocate funding to community groups should investigate whether there are alternative ways of allocating funding that have been identified as good practice. So that:
   a. funding processes incorporate structures that would empower communities through having discretion over how money is spent,
   b. Investigate using Community Service Agreements as a way to give communities more control over tackling ASB (Pike 2004).
   c. If training is provided for community groups or individuals on how to identify and access funding, consideration should be given as to how to include in the training development of skills that could benefit the participants personally and their wider community,
   d. People who may not normally get involved or have the opportunity to get involved in this kind of process have access to it.

5. Statutory agencies should have a policy of consulting and involving children and young people in ASB policy development and service delivery which affects them. This is already being encouraged in the Youth Matters Green Paper (Department of Education and Skills 2005) and Every Child Matters: Change for Children (HM Government & HM 2004).
   a. Ensure that hard to reach children and young people are included, and the process used, is suitable for the whole range of children and young people who should be consulted
   b. Before carrying out the survey of local children and young people’s needs/wants, the purpose and expected outcomes of this should be identified. Results of the survey should form part of a dialogue where young people are given the opportunity to respond to the findings and results are communicated to the wider community.

6. Identify what are the barriers that restrict the accessibility and acceptability of mainstream services for children and young people.
   a. Investigate whether this can be done in conjunction with the youth survey
   b. Target outreach work for children and young people who have difficulty accessing mainstream services
7. Identify whether there is a need for additional sports facilities in the Netherley Valley area. If additional sports facilities are planned;
   a. during planning stage identify ways of making facilities accessible to all groups in the community,
   b. identify other health promoting activities that could be combined with sports and exercise facilities (advice and support),
   c. target facilities/ use of facilities for vulnerable groups,
   d. investigate options for linking in the creation of new sports facilities to a campaign to encourage people becoming more active in general,
      i. Identify barriers to activity (poor lighting, lack of cycling paths, support needed, fear of crime etc.).
      ii. Develop strategies for overcoming these barriers.

*CJ recommendation: 1. visible policing, 2. 24 hour ASB hotline, 3. publicity campaign, 4. dedicated LASBU officer, 5. reporting office, 6. funding training, 7. young persons survey, 8. Outreach work, 9. purpose built sports facility, 10. utilising existing facilities
## Recommendations for the current Citizens’ Jury Process

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Relevant Health Impact(^{o})</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Establish the response to the original jury recommendations.</td>
<td></td>
</tr>
<tr>
<td>a. What process was carried out to consider the recommendations?</td>
<td></td>
</tr>
<tr>
<td>b. Have any of the recommendations been implemented? Provide details</td>
<td>1,2,4</td>
</tr>
<tr>
<td>c. What was the reasoning behind which recommendations were/ or are going to</td>
<td></td>
</tr>
<tr>
<td>be implemented and which are not.</td>
<td></td>
</tr>
<tr>
<td>9. Feed back the outcomes of the Jury’s recommendations to the Jury members</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td>10. Consider who else should be given this information. For example;</td>
<td></td>
</tr>
<tr>
<td>a. Partner agencies</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td>b. Netherley Valley Trailblazer Area residents</td>
<td></td>
</tr>
<tr>
<td>c. Council</td>
<td></td>
</tr>
<tr>
<td>d. Home Office</td>
<td></td>
</tr>
<tr>
<td>e. Local voluntary groups</td>
<td></td>
</tr>
<tr>
<td>f. Citysafe partners</td>
<td></td>
</tr>
<tr>
<td>11. Investigate options for continuing the Jury in some form.</td>
<td>3,4,5</td>
</tr>
<tr>
<td>a. Establish whether the Jury Members would like to remain involved</td>
<td></td>
</tr>
<tr>
<td>b. If so, in what form</td>
<td></td>
</tr>
<tr>
<td>c. Investigate options for funding for setting up new group.</td>
<td></td>
</tr>
<tr>
<td>d. Identify any training needs</td>
<td></td>
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</tbody>
</table>

### Recommendations for future community engagement

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Relevant Health Impact</th>
</tr>
</thead>
</table>
| 12. In choosing approaches to community involvement and engagement consider;  
  a. identifying beforehand who it is that you want to engage with,  
  b. using random sampling to involve people who would not usually get involved,  
  c. ensuring the process is accessible to all relevant groups (e.g. children, young people, people in employment),  
  d. identifying barriers to involvement and ways of overcoming these. | 3, 4 |
| 13. Develop a Community Involvement Strategy for Netherley Valley, which defines formal and informal mechanisms and an infrastructure for residents who wish to be engaged in decisions about their neighbourhood | 3, 4 |
| 14. Develop a communication strategy so that information, such as measures to reduce ASB and community consultation, reaches the public.  
  a. Specific consideration should be given to ways of communicating activities to hard to reach groups that may be particularly affected by ASB (e.g. elderly people, young people). | all |
| 15. Future Citizens’ Juries or other forms of community consultation should be linked to existing community groups.  
  a. Invite and support jurors to attend meetings in their community.  
  b. Involve existing community groups in the jury process.  
  c. Establish ways of linking with children and young peoples’ groups | all |
| 16. When carrying out forms of community engagement such as Citizens’ Juries, create links between the jury and wider community.  
  a. Proactive communication and awareness raising to support public awareness and participation (for example through having an open meeting - ‘meet the jury’) | all |
| 17. Before beginning the process ensure basic process mechanisms are in place such as;  
  a. Feedback for the participants but also other partners and the public.  
  b. Process for considering and reacting to recommendations and other issues arising out of Jury meetings  
  c. Monitoring and evaluation and dissemination of achievement | 1, 2, 3, 4 |
18. Make sure there is clarity about the role of the people involved.
   a. Be clear about limitations.
   b. Prepare witnesses so that they are able to tailor their presentations to the Jury and so that they also have an idea of what to expect.

   1, 2, 3

19. Allocate time to creating a good working atmosphere
   a. Include time for team building exercises
   b. Consider whether participants need any capacity building (e.g. taking notes, effective listening, speaking out).
   c. Make support available throughout the process (e.g. Jurors’ friend)
   d. Avoid using adversarial language to describe different roles (Jury, Witness)

   1, 2

20. Be committed to the process. Only engage with the community if you are prepared to respond to the findings and committed to feeding the results into the decision making process.

   All

7.2 Limitations of the HIA and lessons learnt

A process evaluation will be carried out on the HIA. This will identify further lessons to be learnt from this HIA and possibly also further limitations.

The evidence used in the HIA shows associations between different risk factors and certain health impacts. Many of the associations are dependent on a range of intermediary factors. This means that, in estimating potential risks or improvements to health, precise calculations are impossible or inappropriate. The HIA has, however, considered a wide range of evidence and presented it in a clear transparent way for decision makers to consider.

The evidence provided by the stakeholders who were interviewed is specific to the current HIA. However many of the recommendations are also relevant to other areas but the local situation should always be taken into account. There were also a limited number of interviews carried out. Interviews with a wider range of stakeholders (such as members of the community) may have provided additional relevant evidence. The interviews with stakeholders were however semi-structured allowing for in depth conversations. The interviews with jury members were carried out until saturation (i.e. interviews were carried out until there were no new themes emerging).

There has been no in-depth investigation into the potential health impacts of a possible reduction in ASB resulting from the Citizens’ Jury. It is planned that this will be investigated in the second half of this project which will focus on strategies being used to reduce ASB in the Norris Green trailblazer area. The HIA also did not consider the potential health impacts on other stakeholders such as the professionals involved in the Citizens’ Jury. Some did comment on being involved in the HIA made them aware of some new things which they will potentially bring into their work lives. This could potentially be investigated in an outcome evaluation of the HIA.
8 Where do we go from here

8.1 HIA Report

This report has been reviewed and signed off by the project steering group. The report will be circulated to key stakeholders. This report is also available to anyone interested. An executive summary has been sent out to everyone directly involved in the HIA.

8.2 HIA Recommendations

It is recommended that Citysafe sets up a working group to consider the recommendations of the HIA. The working group should identify the feasibility of the recommendations, how they might be acted on and lead people or organisations. A follow up meeting of the Citizens’ jury is currently being planned. This would be an opportunity to implement recommendations for the current Citizens’ Jury process.

8.3 Evaluation

A process evaluation will be carried out at the end of the HIA project. It is also recommended that an impact evaluation of the HIA should also be carried out. This would evaluate the impact the HIA had on the decision making process.
References


17. Building Research Establishment 2004, A review of scientifically evaluated good practices for reducing feelings of insecurity or fear of crime in the EU member states, European Communities.


20. Byrne, C. Press wins right to 'name and shame' young offenders. The Guardian . 20-1-0004.
   Ref Type: Newspaper


   Ref Type: Generic

   Ref Type: Newspaper


35. Ellaway, A. & Macintyre, S. 1998, "Does housing tenure predict health in the UK because it exposes people to different levels of housing related hazards in the home or its surroundings?", *Health & Place*, vol. 4, no. 2, pp. 141-150.


   Ref Type: Generic


   Ref Type: Unpublished Work


   Ref Type: Electronic Citation

   Ref Type: Electronic Citation

   Ref Type: Electronic Citation


68. Rennie, R. 2001, People's Juries in social inclusion partnerships: six month follow-up of the jury process, Scottish Executive Central Research Unit, Edinburgh, 106.


Proceedings of the National Academy of Sciences, vol. 102, no. 18, pp. 6508-6512.


78. van Kemenade, S. 2003, Social Capital as a health determinant: how is it defined?, Health Canada, 02-07.

79. Wakefield, T. 2002, Citizens Juries: a radical alternative for social research, Department of Sociology, University of Surrey, Guildford, 37.


Appendix 1 HIA of the Liverpool Citysafe Trailblazers- Terms of Reference

Aims and objectives

The overall aim is to;

- Carry out a health impact assessment of the Liverpool Citysafe Trailblazers.

The specific objectives are:

- To identify potential health impacts of the strategy taken to reduce ASB in the three trailblazer areas in Liverpool
- To identify differential impacts on population groups
- To develop recommendations for maximising identified priority potential positive health impacts and minimising priority potential negative health impacts
- To involve stakeholders in the identification of health impacts and development of recommendations.

Scope of the HIA

The HIA will focus on actions being carried out in the three trailblazers. An initial rapid HIA covering the main actions being carried out in the Trailblazers will be completed. The initial HIA will be followed up by a more comprehensive HIA of identified key issues. The results of this will inform the continuing development of the strategy and follow up monitoring and possibly successive HIAs would chart health impacts and continue to contribute to strategy development.

The initial rapid HIA will focus on:

- Alcohol bans
  - Norris Green, Woolton
- Zero tolerance
  - Norris Green
- Citizen’s Jury
  - Netherley Valley

The exact geographical scope of the HIA will be determined as the research progresses.
Methods and procedures of the HIA

The HIA will be based on the Merseyside Guidelines. The broad approach taken would include the following:

- Establish HIA steering group and develop terms of references for the HIA.
- Identify, collect and analyse relevant policy documents including project proposals, local and national level policy documents related to ASB, local delivery plans, evaluations of approaches to reduce ASB.
- Develop a community profile of the three trailblazer communities including comparisons with Liverpool and national level data where available.
- Review the current evidence base on the relationship between strategies to reduce ASB and health determinants and ASB and health.
- Identify stakeholders and key informants in areas relevant to the pilots.
- Develop and apply instruments for collecting qualitative data from key informants and stakeholders. This may involve planning and undertaking focus groups, workshops and interviews.
- Assemble the data gathered and identify impacts on health determinants.
- Plan and facilitate a workshop(s) for key informants and stakeholders to identify the perceived priority impacts.
- Develop recommendations to maximise any identified positive health impact and minimise any negative health impacts.
- Monitor and evaluate the HIA process and impact.

Form and content of HIA outputs

IMPACT will produce a HIA report that will be available to any interested party. Other outputs may include:

- a non technical report,
- journal publications,
- conference presentations,
- website.

Intellectual property rights

Copyright -IMPACT
Research ethics

The HIA will be guided by the ‘Research Governance Framework for Health and Social Care’ (Department of Health, 2001).

Time scales

- Initial rapid HIA – approximately 8 weeks
- Comprehensive HIA – approximately 6 month
Appendix 2 Purpose and membership of HIA Steering Group

Background
Liverpool has secured Home Office funding of £232,000 each year over the next three years, to pilot initiatives described in the Anti Social Behaviour Bill (2003). Defined areas of Woolton / Hunts Cross, Netherley/Valley and Norris Green have been agreed with the Home Office as ‘trailblazer’ areas to pilot these initiatives. Evidence from the pilot areas will be used to inform future programmes and activity relating to anti-social behaviour (ASB).

The International Health Impact Assessment Consortium (IMPACT) at the University of Liverpool has been commissioned to carry out a Health Impact Assessment (HIA) of the pilot initiatives.

The overall aim of the study is to;
- Carry out a health impact assessment of the Liverpool Citysafe Trailblazers.

The specific objectives of the study are:
- To identify potential health impacts of the strategy taken to reduce ASB in the three trailblazer areas in Liverpool
- To identify differential impacts on population groups
- To develop recommendations for maximising identified priority potential positive health impacts and minimising priority potential negative health impacts
- To involve stakeholders in the identification of health impacts and development of recommendations.
Steering Group

The role of the HIA steering group is:

- To contribute to the development of the terms of reference,
- To contribute to deciding the scope of HIA,
- To facilitate access to information and key informants,
- To monitor the progress of the HIA,
- To contribute to the development of recommendations and to facilitate the implementation of recommendations,
- To contribute to publicising the findings of the HIA.

Steering group membership

<table>
<thead>
<tr>
<th>Individual</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex Scott-Samuel</td>
<td>IMPACT, University of Liverpool</td>
</tr>
<tr>
<td>Angela Forshaw</td>
<td>Liverpool City Council, Neighbourhood Manager Alt Valley</td>
</tr>
<tr>
<td>Bill Morris</td>
<td>Liverpool City Council, Trailblazer Coordinator</td>
</tr>
<tr>
<td>Jack Mahon</td>
<td>Norris Green community representative</td>
</tr>
<tr>
<td>Fiona Haigh</td>
<td>IMPACT, University of Liverpool</td>
</tr>
<tr>
<td>Joe Tuke</td>
<td>Home Office</td>
</tr>
<tr>
<td>Julie Aitcheson</td>
<td>Liverpool City Council, Head Enforcement Officer</td>
</tr>
<tr>
<td>Lesley Thompson</td>
<td>Liverpool City Council, Neighbourhood Manager</td>
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<td></td>
<td>South Liverpool</td>
</tr>
<tr>
<td>Mike Jones</td>
<td>The Children’s Society</td>
</tr>
<tr>
<td>Jeanette Walker</td>
<td>Netherley and Valley Citizen’s Jury member</td>
</tr>
<tr>
<td>Soraya Meah</td>
<td>South Liverpool Primary Care Trust</td>
</tr>
</tbody>
</table>

Format and frequency of meetings

The frequency of Steering Group meetings will be determined by the Steering Group on an ongoing basis.

5 The Home Office will be kept informed of progress. A representative may be sent to meetings.
Decision making process
All decisions will be made by consensus where possible. In the absence of consensus a vote may be taken.

Confidentiality
Discussions within the steering group will be treated as confidential unless deemed otherwise.
Appendix 3 Literature review search terms

Search terms used included combinations of the following:

- anti-social behaviour
- health
- fear
- crime
- Citizens’ Jury
- community engagement/involvement/consultation/participation
- social capital
- youth/young people and anti-social behaviour
- control
- inclusion
- mental wellbeing
- neighbourhood
Appendix 4 Impact Assessment Tool

Determinants of health

<table>
<thead>
<tr>
<th>Categories of influences on health</th>
<th>Impact +/- comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biological factors</strong></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
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<tr>
<td>sex</td>
<td></td>
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<tr>
<td>genetics</td>
<td></td>
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<tr>
<td><strong>Lifestyles</strong></td>
<td></td>
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<tr>
<td>Diet</td>
<td></td>
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<tr>
<td>physical exercise</td>
<td></td>
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<tr>
<td>use of alcohol</td>
<td></td>
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<tr>
<td>cigarettes</td>
<td></td>
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<tr>
<td>non-prescribed drugs</td>
<td></td>
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<tr>
<td>sexual activity</td>
<td></td>
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<tr>
<td>other risk-taking activity</td>
<td></td>
</tr>
<tr>
<td><strong>Social and community influences</strong></td>
<td></td>
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<tr>
<td>Family organisation and roles</td>
<td></td>
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<tr>
<td>citizen power and influence</td>
<td></td>
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<tr>
<td>social support and social networks</td>
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<tr>
<td>neighbourliness</td>
<td></td>
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<tr>
<td>sense of belonging</td>
<td></td>
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<tr>
<td>local pride</td>
<td></td>
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<tr>
<td>divisions in community</td>
<td></td>
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<tr>
<td>social isolation</td>
<td></td>
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<tr>
<td>peer pressure</td>
<td></td>
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<tr>
<td>community identity</td>
<td></td>
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<tr>
<td>cultural and spiritual ethos</td>
<td></td>
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<tr>
<td>racism</td>
<td></td>
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<tr>
<td>other social exclusion</td>
<td></td>
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<tr>
<td><strong>Physical environment</strong></td>
<td></td>
</tr>
<tr>
<td>Built environment</td>
<td></td>
</tr>
<tr>
<td>neighbourhood design</td>
<td></td>
</tr>
<tr>
<td>housing</td>
<td></td>
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<tr>
<td><strong>indoor environment</strong></td>
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<tr>
<td><strong>noise</strong></td>
<td></td>
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<tr>
<td><strong>smell</strong></td>
<td></td>
</tr>
<tr>
<td><strong>air and water quality</strong></td>
<td></td>
</tr>
<tr>
<td><strong>attractiveness of area</strong></td>
<td></td>
</tr>
<tr>
<td><strong>community safety</strong></td>
<td></td>
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<tr>
<td><strong>waste disposal</strong></td>
<td></td>
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<tr>
<td><strong>road hazards</strong></td>
<td></td>
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<tr>
<td><strong>injury hazards</strong></td>
<td></td>
</tr>
<tr>
<td><strong>quality and safety of play areas</strong></td>
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</tbody>
</table>

**Economic conditions**

| **Unemployment** |  |
| **income**       |  |
| **type of employment** |  |
| **workplace conditions** |  |

**Access and quality of services**

| **Health care services** |  |
| **Other caring services** |  |
| **careers advice**       |  |
| **Housing advice**       |  |
| **Community safety**     |  |
| **shops and commercial services** |  |
| **public amenities**     |  |
| **transport**            |  |
| **education and training** |  |
| **information technology** |  |

**Macro-economic, environmental and sustainability factors**

| **Economic / social /environmental trends** |  |
| **local and national priorities** |  |
| **policies, programmes, projects** |  |
| **climate** |  |
## Potentially affected population groups (Cooke 2004)

<table>
<thead>
<tr>
<th>Category</th>
<th>Affected Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire Population</td>
<td>Pregnant women</td>
</tr>
<tr>
<td>New Mothers</td>
<td>Children (0-4)</td>
</tr>
<tr>
<td>Children (5 – 12)</td>
<td>Young people (13-16)</td>
</tr>
<tr>
<td>Young people (17-25)</td>
<td>Older People</td>
</tr>
<tr>
<td>Unemployed people</td>
<td>Employees</td>
</tr>
<tr>
<td>People affected by divorce</td>
<td>People experiencing bereavement</td>
</tr>
<tr>
<td>People living in poverty</td>
<td>Carers</td>
</tr>
<tr>
<td>Homeless people</td>
<td>People with physical disabilities/illness</td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>People with mental health problems</td>
</tr>
<tr>
<td>People with alcohol problems</td>
<td>People with drug problems</td>
</tr>
<tr>
<td>People who experience abuse of any kind</td>
<td>Gay men, lesbians, bisexual people</td>
</tr>
<tr>
<td>People who experience domestic violence</td>
<td>Specific ethnic groups (please state)</td>
</tr>
<tr>
<td>Other please state</td>
<td></td>
</tr>
</tbody>
</table>
Factors that affect mental health and wellbeing (Cooke 2004)

<table>
<thead>
<tr>
<th>MENTAL WELLBEING THEME &amp; DETERMINANT</th>
<th>ENHANCING CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control over personal finances</td>
<td></td>
</tr>
<tr>
<td>Control over personal living environment</td>
<td></td>
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<tr>
<td>Control over personal decision making processes</td>
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<tr>
<td>Control over external decisions, ability to influence</td>
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<tr>
<td>Involvement in running of the project</td>
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<tr>
<td>Control over external environment</td>
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<tr>
<td>Access to services and resources (e.g. Education)</td>
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<tr>
<td>Self help skills</td>
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<td>Ability to problem solve</td>
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<tr>
<td>Control over own health</td>
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<tr>
<td>Influence over decisions in or about your neighbourhood</td>
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<tr>
<td>Control over own work/work environment</td>
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<tr>
<td>Other (please state)</td>
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</tr>
<tr>
<td>Mental Wellbeing Theme &amp; Determinant</td>
<td>Reducing Anxiety</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td><strong>Knowledge &amp; understanding of systems, services and support available</strong></td>
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<tr>
<td>Access to advice &amp; support</td>
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<tr>
<td>Access to informal support (e.g. peer support)</td>
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<tr>
<td>Services offered in an integrated way</td>
<td></td>
</tr>
<tr>
<td>Self esteem</td>
<td></td>
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<tr>
<td>Communication (e.g. being able to ask for support)</td>
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<tr>
<td>Same information given by everyone running the project</td>
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<tr>
<td>Reliability of information and services</td>
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<tr>
<td>Feeling safe (e.g. fear of crime, safe to contribute in a group)</td>
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<tr>
<td>Other (please state)</td>
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</tr>
<tr>
<td>Mental Wellbeing Theme &amp; Determinant</td>
<td>Facilitating Participation &amp; Promoting Social Inclusion</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------------------------------------</td>
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<tr>
<td>Having a valued role (e.g. a job, school governor, on tenants association)</td>
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<tr>
<td>A sense of belonging</td>
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<tr>
<td>Social contacts/networks</td>
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<tr>
<td>Challenging stigma</td>
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<tr>
<td>Challenging discrimination</td>
<td></td>
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<tr>
<td>Community involvement</td>
<td></td>
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<tr>
<td>Bringing people together</td>
<td></td>
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<tr>
<td>Other (please state)</td>
<td></td>
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</tbody>
</table>
Appendix 5 Summary of Citizens’ jury Recommendations

Community involvement-together community
- litter picks
- community fun events
- Neighbourhood ASB reps
- Training grant application, funding
- securing
- Litter picks
- cracking down dog mess
- Groundwork

Environment
- existing facilities accessible
- purpose built sports centre
- controlled environment-graffiti wall, quad bike, gun range

Prevention and youth provision
- more facilities
- young person survey
- ask the young people
- community citizenship lessons
- ASB prevention
- drugs and alcohol education
- non-traditional options-plumbing, gardening
- Youth outreach work
- mentoring

Supporting people
- 24 hotline
- reporting surgery
- local ASB officer
- publicity of initiatives
- ASBOs
- Curfews
- increased police
- increased neighbourhood wardens
- CCTV
- undercover police operations

Taking action
- professional support to witnesses
- keeping witnesses up to date
- personal alarms
- hearsay evidence
- video evidence

Access
- existing facilities accessible
- purpose built sports centre
- controlled environment-graffiti wall, quad bike, gun range

Control
- youth outreach work
- mentoring

Enforcement