

Final Internal Audit Report

Anti-Social Behaviour: Referrals and Case Management

May 2024

Distribution: Corporate Director Sustainable Communities, Regeneration & Economic Recovery
 Director of Culture & Community Safety
 Head of Violence Reduction Network
 Corporate Director of Resources and S151 Officer
 Director of Finance (Deputy S151)

Assurance Level	Issues Identified	
Limited Assurance	Priority 1	3
	Priority 2	2
	Priority 3	1

Confidentiality and Disclosure Clause

This report ("Report") was prepared by Mazars LLP at the request of London Borough of Croydon and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

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Please refer to the Statement of Responsibility in Appendix 4 of this report for further information about responsibilities, limitations and confidentiality.

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1. Introduction

- 1.1 The London Borough of Croydon's (the 'Council's) Anti-Social Behaviour (ASB) response is a multi-agency, collaborative partnership, forming part of the wider Violence Reduction Network (VRN) in Croydon. Within this, the ASB Team is responsible for investigating and managing ASB complaints across the Council and taking appropriate action where required.
- 1.2 Section 2 of the Anti-Social Behaviour, Crime and Policing Act 2014 defines ASB as *“behaviour by a person which causes or is likely to cause harassment, alarm or distress to any person. Or simply, as events on estates involving criminal behaviour, drug dealing and unprovoked assault. Some of the issues reported to the service, include - excessive household noise; drug use; verbal and racial abuse; harassment and intimidation, ASB caused by people vulnerable due to drug and alcohol abuse and mental ill-health, threats of violence and actual violence.”*
- 1.3 The ASB Team at Croydon provides a 'referral-only' service as an 'enforcement team', after low-level measures of intervention by partners have been exhausted. Partners and Authorities that work as part of the Council's ASB response include the Police, Registered Providers, Social Services, Education, Youth Offending Services, Mental Health Services (CAMHS), NHS (SLAM – South London and Maudsley NHS Trust) and the Family Justice Centre. Additionally, Croydon's ASB service are supported by legal, probation, regulatory services and judges.
- 1.4 The ASB team may take action in response to a referral of an ASB complaint. Examples of formal actions used include Community Protection Notes (CPN), Injunctions, Premise Closure Orders, Public Space Protection Orders (PSPOs), Possession Actions and Acceptable Behaviour Contracts. Examples of informal actions include Mediation, Restorative Justice, Informal Warnings and Warning letters. The appropriate action taken when responding to a case is determined on a case-by-case basis by the ASB Officer in collaboration with relevant partners.
- 1.5 The ASB team is managed by a Senior ASB Officer who reports to the Head of VRN. The VRN is directed by the Director of Culture and Community Safety within the Sustainable Communities, Regeneration & Economic Recovery department.
- 1.6 Internal Audit has not undertaken testing of ASB cases and have only considered controls relating to the strategy, oversight and monitoring of ASB.
- 1.7 While the review and testing were performed remotely, Internal Audit has been able to obtain all relevant documents required to complete this audit.
- 1.8 This audit was undertaken as part of the agreed Internal Audit Plan for 2022/23. The objectives, approach and scope are contained in the Audit Terms of Reference at Appendix 1.

2. Key Issues**Priority 1 Issues**

The Council had not published data on Community Trigger annually. This is a statutory requirement which all relevant bodies must adhere to. **(Issue 3)**

307 of the 500 active cases within the CaseWork System (i.e. 61%) did not have a risk assessment completed. **(Issue 4)**

There was a lack of formal management information reporting to senior management for oversight. **(Issue 5)**

Priority 2 Issues

The Council had a 'draft' ASB Policy dated November 2014, which needed to be reviewed, updated and approved by a relevant committee within the Council. **(Issue 1)**

No training related to ASB referrals and case management had been provided to staff since 2019. Additionally, there was no evidence of training and guidance material provided to partners and agencies involved in low-level intervention. **(Issue 2)**

The priority 3 issue is included under item 4 below.

3. Actions and Key Findings/Rationale

Audit Area: Legislative, Organisational and Management Requirements

Priority	Action Proposed by Management	Detailed Finding/Rationale - Issue 1				
2	<p>Review, amend and implement ASB Policy. A review has started to take place in relation to the ASB Policy and meetings with relevant leads have been scheduled.</p> <p>The team are benchmarking best practice across London.</p> <p>This needs to tie in with the Youth Safety Action Plan, VAWG Action Plan and the Service Level Agreement with Housing which is currently taking place.</p>	<p>Expected Control</p> <p><i>Anti-Social Behaviour, Crime and Policing Act 2014: Statutory guidance for frontline professionals (revised in June 2022) states that; where left unchecked, anti-social behaviour can have an overwhelming impact on its victims and, in some cases, on the wider community.</i></p> <p>In order to provide direction to the Council in dealing with ASB matters, it is expected that an ASB Policy is in place which can be easily accessed by relevant members of staff and covers the key features of the ASB, Crime and Policing Act 2014.</p> <p>Finding/Issue</p> <p>Internal Audit confirmed that the Council has a ‘draft’ ASB Policy dated November 2014. Through a review of the draft policy and discussion with the Head of VRN, it was confirmed that the draft policy required review, and to be updated and approved (by a relevant committee within the Council). Based on review of the Council’s current draft ASB policy, Internal Audit noted:</p> <ul style="list-style-type: none"> • Lack of review frequency and version-history; • Outdated contact information; • Outdated description of the nature of the service; and • Lack of information regarding Safer Croydon Partnership and other related agencies involved in ASB response. <p>Risk</p> <p>Lack of an up to date ASB policy can make it difficult to ensure that the Council is undertaking case reviews and delivering its statutory responsibilities as a relevant body.</p>				
	<table border="1"> <thead> <tr> <th>Responsible Officer</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Head of Violence Reduction Network</td> <td>30/05/2025</td> </tr> </tbody> </table>	Responsible Officer	Deadline	Head of Violence Reduction Network	30/05/2025	
Responsible Officer	Deadline					
Head of Violence Reduction Network	30/05/2025					

Priority	Action Proposed by Management	Detailed Finding/Rationale - Issue 2				
2	<p>The ASB team conducted training to the Tenancy team, Pollution team, and GRS team in April 2023 due to previous recommendations made.</p> <p>Further training is planned to take place within the council when new staff start.</p>	<p>Expected Control</p> <p>Guidance and training related to referrals and case management (pertaining to Anti-Social Behaviour, Crime and Policing Act 2014) should be made available to the staff; especially new joiners.</p> <p>Finding/Issue</p> <p>Internal Audit was informed by the ASB Manager that no training related to ASB referrals and case management has been provided since 2019. Additionally, there was no evidence of training and guidance material provided to partners and agencies involved in low-level intervention, who are a key part of Croydon’s ASB response.</p>				
<table border="1"> <thead> <tr> <th data-bbox="192 683 490 746">Responsible Officer</th> <th data-bbox="490 683 792 746">Deadline</th> </tr> </thead> <tbody> <tr> <td data-bbox="192 746 490 880">Anti-social Behaviour Team Leader</td> <td data-bbox="490 746 792 880">30/03/2024</td> </tr> </tbody> </table>		Responsible Officer	Deadline	Anti-social Behaviour Team Leader	30/03/2024	<p>Risk</p> <p>Lack of training and guidance related to ASB can make it difficult for staff, partners and agencies to ensure that ASB referrals and cases are being adequately managed, potentially resulting in dissatisfaction of residents.</p>
Responsible Officer	Deadline					
Anti-social Behaviour Team Leader	30/03/2024					

Audit Area: Receipt and Recording of Complaints

Priority	Action Proposed by Management	Detailed Finding/Rationale - Issue 3
1	<p>We already collect information, but we need to amend the feedback form to collect the relevant information. We also need to refresh the community safety pages on our website. We will aim to publish at the end of the financial year for 24/25.</p>	<p>Expected control</p> <p>The Anti-Social Behaviour, Crime and Policing Act 2014; Subsection (9) requires relevant bodies to publish information about the number of community trigger applications they received, the number of times the threshold was not met, the number of case reviews carried out and the number of reviews that resulted in further action.</p> <p>In addition, the associated Statutory guidance for frontline professionals (revised in June 2022) states: <i>The legislation states that relevant bodies must publish information covering:</i></p> <ul style="list-style-type: none"> • the number of applications for the Community Trigger received; • the number of times the threshold for review was not met; • the number of Community Trigger case reviews carried out; and • the number of Community Trigger case reviews that resulted in recommendations being made. <p><i>This is a statutory requirement which all relevant bodies must adhere to. The data must be published at least every twelve months.</i></p> <p>Finding/Issue</p> <p>Internal Audit could not find Community Trigger data published online. This was further investigated, and it was confirmed with the Chair of Community Review and Family Justice that the Council does not currently publish the data on Community Trigger.</p> <p>Risk</p>
Responsible Officer	Deadline	Relevant bodies have a statutory duty to publish specified data on the Community Trigger at least every twelve months. Not doing so can make it difficult to find a solution to the core problem causing the anti-social behaviour and potentially result in legal action and loss of reputation.
Head of Violence Reduction Network	30/12/2024	

Audit Area: Triaging and Allocation of Cases

Priority	Action Proposed by Management	Detailed Finding/Rationale - Issue 4				
1	<p>We will carry out the Risk Assessment for all cases managed by the ASB team. The ASB had a dedicated officer who focused on this and managed to complete the majority of RAs.</p> <p>A large majority of this work has already been completed.</p>	<p>Expected Control</p> <p>The Anti-Social Behaviour, Crime and Policing Act 2014: Statutory guidance for frontline professionals (revised in June 2022) states that <i>‘Relevant bodies should use their risk assessment procedures as part of the decision on whether the threshold is met.’</i></p> <p>Additionally, the Council’s ASB Policy states that <i>‘We have a responsibility to and for our customers and staff. This means we will always consider the consequences of decisions we make and any actions we take in order to make a balanced decision. However, we recognise that working with people is unpredictable and this means that there will be times when irrespective of the precautions we have taken, unexpected or unplanned occurrences may take place.’</i></p> <p>Finding/Issue</p> <p>Internal Audit confirmed that there are 500 active cases within the CaseWork System, out of which a risk assessment was not completed for 307 cases (61%). This figure includes 73 (out of 101) cases involving violence. Internal audit was informed by the ASB Manager that this was due to lack of a consistent approach to completing and recording risk assessments on the system.</p> <p>Risk</p> <p>Where risk assessments are not completed, there is an increased risk that cases may not be prioritised according to urgency. This could lead to service not providing the appropriate responses to situations which could result in serious harm to residents.</p>				
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Responsible Officer	Deadline					
Anti-social Behaviour Team Leader	30/03/2024					

Audit Area: Management Oversight

Priority	Action Proposed by Management	Detailed Finding/Rationale - Issue 5				
1	<p>The VRN are setting up performance measures for all teams and this will be built in.</p> <p>Please note that the high number of cases relates to other services such as tenancy and not necessarily on the ASB team alone. As part of the Service Level Agreement (SLA) with Housing we have built in performance reports.</p>	<p>Expected Control</p> <p>Management information pertaining to ASB referrals and case management should be captured and reported regularly during internal meetings to highlight and resolve potential issues.</p> <p>Finding/Issue</p> <p>Internal audit was informed by Head of VRN that the ASB Team does not currently report performance related to management of cases. A review of data within CaseWorks system established that out of the 500 active cases, 449 cases (90%) missed the internally set deadlines for stage of case management (refer to Appendix 2 for details). Additionally, the active cases ranged from March 2007 (last action day 6 July 2007) to July 2022 (last action day 12 August 2022).</p> <p>Risk</p> <p>Lack of regular reporting and management oversight related to case data can make it difficult to identify potential issues and take corrective actions in a timely manner. This can result in delays and risk of harm to the residents.</p>				
	<table border="1"> <thead> <tr> <th>Responsible Officer</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Head of Violence Reduction Network / Anti-social Behaviour Team Leader</td> <td>30/04/2024</td> </tr> </tbody> </table>	Responsible Officer	Deadline	Head of Violence Reduction Network / Anti-social Behaviour Team Leader	30/04/2024	
Responsible Officer	Deadline					
Head of Violence Reduction Network / Anti-social Behaviour Team Leader	30/04/2024					

4. Priority 3 Finding

Priority	Action Proposed by Management	Detailed Finding/Rationale - Issue 6				
3	Review and amend the Terms of Reference for the Safer Croydon Partnership. This was completed in line with the SCP review.	<p>Expected Control</p> <p>The Safer Croydon Partnership (SCP) covers community safety. It acts as the statutory Crime and Disorder Reduction Partnership (CDRP) for Croydon, as stipulated by the Crime and Disorder Act 1998.</p> <p>Finding/Issue</p> <p>Internal Audit confirmed that although the Terms of Reference for SCP were in place, these had not been updated since 2017.</p>				
	<table border="1"> <thead> <tr> <th>Responsible Officer</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Director of Culture & Community Safety</td> <td>30/03/2024</td> </tr> </tbody> </table>	Responsible Officer	Deadline	Director of Culture & Community Safety	30/03/2024	<p>Risk</p> <p>Lack of updated terms of reference can make it difficult to ensure that the team is meeting in line with the stipulated timeframes and the aims and objectives of the meeting are aligned with the ASB Act and the Council's ASB Policy.</p>
Responsible Officer	Deadline					
Director of Culture & Community Safety	30/03/2024					

AUDIT TERMS OF REFERENCE

Anti-Social Behaviour: Referrals and Case Management

1. INTRODUCTION

- 1.1 The Anti-Social Behaviour, Crime and Policing Act 2014 (the Act) introduced simpler and more effective powers to tackle anti-social behaviour (ASB). The Act provided changes to how local authorities respond to ASB, namely the introduction of case reviews, where victims have the right to request a review into how local agencies have responded to previous ASB complaints.
- 1.2 The Council defines ASB as events on estates involving criminal behaviour, drug dealing and unprovoked assault. This is not a comprehensive list but indicates the type of behaviour within this category.
- 1.3 Responding to ASB complaints requires a multi-agency approach and the Council works with relevant parties to respond to ASB complaints. The Council work with housing associations, landlords and the Police among other partnerships.
- 1.4 The Council is responsible for reports of ASB related to incidents happening in buildings or land that a landlord does not own or control or if the problem has an environmental impact.
- 1.5 This audit was undertaken as part of the agreed Internal Audit Plan for 2022/23.

2. OBJECTIVES AND METHOD

- 2.1 The overall audit objective was to provide an objective independent opinion on the adequacy and effectiveness of controls / processes.
- 2.2 The audit for each controls / process being considered:
 - Walkthrough the processes to consider the key controls;
 - Conduct sample testing of the identified key controls, and
 - Report on these accordingly.

3. SCOPE

- 3.1 This audit included the following areas (and issues raised):

Control Areas/Risks	Issues Raised		
	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)
Legislative, Organisational, and Management Requirements	0	2	1
Receipt and Recording of ASB Complaints	1	0	0

Control Areas/Risks	Issues Raised		
	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)
Triaging and Allocation of Cases	1	0	0
Civil Injunctions and Criminal Behaviour Orders	0	0	0
Management Oversight and Lessons Learned	1	0	0
Total	3	2	1

Appendix 2





Existing KPI / Timeframes protocols – extracted from CaseWork system

STAGE/ KPI	DESCRIPTION	Target (no of days)
1. Acknowledge receipt	<i>Acknowledge complaint</i>	3
2. First Victim Contact	<i>Contact Complainant</i>	5
3. Risk Assessment	<i>Risk Assessment and Action Plan</i>	5
4. Case Review 1	<i>3-week Review</i>	15
5. Case Review 2	<i>6 Week Review</i>	30
6. Case Review 3	<i>12 Week Review</i>	60

Definitions for Audit Opinions and Identified Issues

In order to assist management in using our reports:

We categorise our **audit assurance opinion** according to our overall assessment of the risk management system, effectiveness of the controls in place and the level of compliance with these controls and the action being taken to remedy significant findings or weaknesses.

	Full Assurance	There is a sound system of control designed to achieve the system objectives and the controls are constantly applied.
	Substantial Assurance	While there is basically a sound system of control to achieve the system objectives, there are weaknesses in the design or level of non-compliance of the controls which may put this achievement at risk.
	Limited Assurance	There are significant weaknesses in key areas of system controls and non-compliance that puts achieving the system objectives at risk,
	No Assurance	Controls are non-existent or extremely weak, leaving the system open to the high risk of error, abuse and reputational damage.

Priorities assigned to identified issues are based on the following criteria:

Priority 1 (High)	Fundamental control weaknesses that require immediate attention by management to action and mitigate significant exposure to risk.
Priority 2 (Medium)	Control weakness that still represent an exposure to risk and need to be addressed within a reasonable period.
Priority 3 (Low)	Although control weaknesses are considered to be relatively minor and low risk, still provides an opportunity for improvement. May also apply to areas considered to be of best practice that can improve for example the value for money of the review area.

Statement of Responsibility

We take responsibility to the London Borough of Croydon for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

This report is confidential and must not be disclosed to any third party or reproduced in whole or in part without our prior written consent. To the fullest extent permitted by law Mazars LLP accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation amendment and/or modification by any third party is entirely at their own risk.

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