

Planning for Healthier People

April 2008 Issue 2: Health Impacts of Fear of crime - older people

It is a common assertion that fear of crime is a major issue for older people, and many initiatives, including the Northern Ireland Community Safety Strategy (NIO 2002) have set out to tackle the problem. Equally, it is common to hear that fear of crime makes older people 'prisoners in their homes', but less attention is usually given to the wider impacts of fear of crime on health, in particular mental health. The question is, what does fear of crime mean for health and wellbeing, for people in general and older people in particular?



Better understanding across generations is important for reducing fear of crime and improving wellbeing among older people.

This paper is the second in the *Planning for Healthier People* series of briefings focusing on the health impacts of policy. It aims to review evidence on how older people's fear of crime is linked to broader issues, as well as evidence of how this impacts on older people's health and wellbeing. The paper concludes by making a series of recommendations on what types of action could best reduce older people's fear of crime, while also supporting their health and wellbeing.

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1. Healthy ageing and healthy urban planning: the WHO context

Fear of crime is an issue that has implications for several policy sectors. It also has obvious inequality implications, as more vulnerable groups tend to report higher levels of fear. This paper focuses on older people to look behind and beyond common assertions related to older people and fear of crime, but the issues raised and the recommendations made broadly apply to tackling fear of crime in any population group.

Two current priority themes for cities in the WHO European Healthy Cities Network, of which Belfast is a leading member, are healthy ageing and healthy urban planning. The aim is also to develop action across themes, wherever possible. These concepts act as the starting point of the discussion in this paper, as both focus on people and the factors that determine health and wellbeing.

Healthy ageing aims to enable people of all ages to lead a healthy, active, safe and socially inclusive lifestyle. It holds that this is influenced by many sectors and services, and also takes a life course approach by stressing that earlier life experiences have an impact on how people age. Healthy ageing shifts thinking from a needs based approach to a rights based one, which recognises that people have a right to equality of opportunity and treatment, particularly as they age. Healthy ageing is supported by the international WHO policy framework *Active Ageing*, which emphasises themes of independence, dignity and self fulfilment.

Healthy urban planning is a concept developed by the WHO European Healthy Cities Network since the mid-1990s. It aims to re-establish the historical link between health and planning and encourage planners to consider the broad health impacts of spatial plans. Ultimately, healthy urban planning aims to go one step further and introduce explicit health objectives in all spatial or urban plans. The full potential of the concept

is yet to be explored, but it has significant potential to tackle inequalities by addressing key factors in the built environment. For example, people in lower socio economic groups tend to live furthest from services, with limited access to transport and often in poor quality physical environments. With regard to older people, the built environment often lacks safe, well maintained and connected streets important for mobility and accessibility, and may create dark, uninviting areas that heighten fear.

Together, the concepts of healthy ageing and healthy urban planning provide a useful framework for tackling fear of crime, which is linked both to spatial planning and broader older people's issues. They can also help join up action, for example by focusing on fear experienced by people in poor physical environments.

This paper is presented in six sections. The next looks at what fear of crime is, while the third outlines current statistics on fear of crime in Northern Ireland. Section 4 examines the issues around fear of crime and older people, and section 5 outlines the major health impacts. Section 6 draws a conclusion and presents recommendations for how issues around fear of crime could be tackled in a way that will improve older people's health and wellbeing.

2. What is fear of crime?

Lee (2007) suggests that fear of crime became a public, political and research topic of interest in the 1960s, and links it to a new approach in governance that aimed to include citizens in the system by encouraging them to govern themselves. He charts how this concept became increasingly powerful, not least due to the development of large scale crime surveys, and how it has been utilised particularly in politics. In his view, however, fear of crime can be seen as an artificial concept produced by particular research and political priorities, and he stresses that the fear experienced by people must be viewed against this light (Lee 2007; 204). In other words,



For example media reporting can encourage 'stranger danger' fear.

people are afraid because they have learnt to be, which is a criticism also levelled in relation to sensationalist reporting of crime (Help the Aged 2006).

Current research on fear of crime consistently shows that it rarely exists 'in isolation', but is linked to people's personal circumstances, their experience of their living environment and also cultural images and stereotypes. More deprived communities tend to experience higher levels of crime, and therefore living in a deprived community or on a low income is often related to higher levels of reported fear of crime among all age groups (eg. NI Crime Survey 2005; Pantazis 2000). However, Pantazis suggests that this fear should be viewed in the context of general insecurities that people in lower socioeconomic positions face, which emphasises the contextual nature of fear of crime. More simply, fear of crime may be a way of expressing other or more general fears and insecurities.

It has also been suggested that social incivilities, such as vandalism, neglected buildings, littering and

substance abuse – which often are more common in deprived areas – create a perception of decline and an image of insecurity as it appears no one cares, which in turn feeds fear of crime, regardless of actual levels of crime (eg. Ferraro, LaGrange & Supancic 1992). Some commentators have related this to anxiety about a breakdown of moral values, and it is possible that such anxiety may be more pronounced among some older people, who may hold particular views about society and morality. However, Phillips and Smith (2004), who studied emotional reactions to incivility, found that anger or indifference were more common reactions than fear and avoidance among people of all ages.

Burnett (2006) notes that in such circumstances, fear may well be justified, and stresses that older people, as well as other age groups, are able to assess their risk accurately. This appears to be supported in the NI Crime Survey, which shows that older people are less worried than younger age groups about violent crime (*Perceptions of Crime: Findings from the 2005 Northern Ireland Crime Survey (Bulletin 9:2006, NIO)*).

Similarly, people who have been victims of a crime may feel justified in fearing further victimisation. However, evidence is somewhat inconclusive on whether victims do report higher levels of fear than non victims (eg. NI Crime Survey 2005; Weinrath & Gartrell 1996; Winkel 1998). This suggests that other factors may be significant determinants of fear. Access to social support, personal characteristics and beliefs around ability to control one's life (self efficacy) and perceptions of the area in which one lives are some of the key factors outlined in the literature.

Poor health is also highly correlated with fear of crime, which may be related to increased feelings of vulnerability (eg Acierno et al 2004; NI Crime Survey 2002, 2004, 2005). Women are much more likely to report high fear of crime than men, which has been linked to traditional stereotypes of women as fearful and vulnerable and has been challenged to some extent (eg. Mesch 2000). On the other hand, men are expected to appear fearless. Recent research has, however, begun to deconstruct this stereotype to reveal that official surveys tend to produce underestimates of fear among men of all ages

(Beaulieu et al 2007; Sutton & Farrall 2005; Gilchrist et al 1998).

3. Fear of crime in Northern Ireland

According to the recent consultation on a community safety programme for older people, an unpublished Omnibus Survey in 2006 indicated higher levels of fear of crime among older people (CSU 2007). However, the consultation document does not clarify the types of questions asked. Meanwhile, the report *Fear of Crime in Northern Ireland: Findings from the 2001 Northern Ireland Crime Survey (NICS; Research & Statistical Bulletin 5/2002, NIO)* report indicates that older people are not more concerned about specific types of crime than other age groups. Rather, people in poorer health and people who think they live in an area of high disorder and low social cohesion are more likely to report higher fear, regardless of age.

In both the 2001 Crime Survey report and the report *Perceptions of Crime: Findings from the 2005 Northern Ireland Crime Survey (Bulletin 9:2006, NIO)*, the only marked difference between older and younger



Young people are rarely a threat to older people, but may be perceived as such for example because of media stereotyping.

age groups is concern about being outside after dark, but also for this question difference in health status appears more important than age. Older people also appear marginally more likely to state fear of crime has a major impact on their life, but again other indicators such as health status and type of local area appear more important. In other words, age matters less than living circumstances, such as poor health or living in an area perceived to be disordered. However, the 2005 survey report indicates that women aged 75 and over are more likely than any other age group, and as likely as people in poor health, to state that fear of crime greatly affects their life.

For this paper, anecdotal evidence was also sought from a number of Good Morning programmes (Ballysillan, West Belfast, Lagan Village Home Safety Project, Strabane, Magherafelt, Down), which aim among other things to reassure older people. The indication was that fear of crime is an issue, but that clients do not always wish to speak about it as it may underline their feelings of vulnerability. Where clients did discuss their concerns, these included going to certain places at certain times, or seeing young people hanging about. The impact on health was felt to be significant, particularly as it exacerbated isolation and increased anxiety. Both isolation and anxiety, in turn, might trigger depression (eg. Forsell & Winblad 1999). There appeared to be consensus, however, that people who are already isolated or lonely are more likely to be afraid, and that poor health also impacts on fear. It was suggested that older people do not feel they are valued members of their community, and this is related to their fears. This issue is developed further below.

In conclusion, the evidence available in Northern Ireland suggests that fear of crime is an issue for older people, and has severe impacts particularly on the mental wellbeing of those it affects. However, fear is closely linked to other areas of concern and not age related per se. This is a central point that needs to be underlined, particularly as it is often overlooked. The

next section takes a closer look at what causes fear of crime, and how age may be related to fear.

4. Older people and fear of crime: the issues

In relation to older people and fear of crime, Pain (1997) has suggested that ageist stereotypes of older people as frail, dependent and needing protection have influenced research as well as action. Similarly, Murray (2007) argues that crimes against older people elicit high news value partly because they evoke such stereotypes, and partly because such stereotypes interplay with a sense of moral breakdown. More simply, crimes against older people are seen as particularly immoral and despicable since older people are frail and should be protected. Since these images continue to pervade society, it is likely that they influence older people themselves, and might also work to increase their fear.

Particularly early research on older people and fear of crime did tend to find high levels of fear, and in some cases this was attributed to ageing itself (eg. Cutler 1980; Toseland 1982). Many studies have also highlighted the apparent paradox between low risk, as measured by statistics of reported crime against older people, and high fear, with the implication that older people are irrational in their fear. (Burnett 2006). This irrationality has, however, been challenged by an increased focus on the causes and contexts of fear.

It should be noted that the idea of fearful older people has generally been challenged in more recent research. Farrall and Gadd (2004) found that few people fear crime frequently, and are more likely to be concerned in particular situations or places. Meanwhile, studies based on crime surveys, including a report on the British Crime Survey 2006-2007, have found that older people are not more fearful than other population groups (eg Nicholas, Kershaw & Walker 2007; McCoy et al 1996). In an influential study, Ferraro & LaGrange (1992) found that older

people were least likely to fear specific types of crime, such as property crime or attacks on the person (concrete fear). Chadee and Ditton (2003) also found that older people (in Trinidad) were least fearful of crime in general (formless fear). However, this contrasts with the NI Crime Surveys, which indicate that older people in Northern Ireland are more worried than other age groups about burglary, and also perceive themselves at higher risk of falling victim to burglary (NIO 2006).

Pain (1997) describes strategies that older people employ to feel safer, such as keeping a baseball bat near the door, and emphasises that many are not prepared to identify themselves as (potential) victims. Most crucially, it must be kept in mind that older people are a highly diverse group and that age itself is not necessarily a determinant of fear.

Controllability and the role of older people in society

Significantly, Tulloch (2003) suggests that agency and uncontrollability are key factors in constructing criminal threat and managing anxiety. In other words, those who feel they have little control over the situation and limited possibility to do something about it are more likely to feel 'besieged' by potential criminals. This is highly relevant to older people, and the real of perceived lack of control over one's life has been highlighted as one of the key determinants of fear among older people (Burnett 2006). This further resonates with anecdotal evidence, referred to above, that older people do not feel valued within their communities. A study of fear of crime among older Jews in Boston and London (Ginsberg 1984) found that while those studied in Boston tended to isolate themselves as a response to concerns about crime, those in London did not. The key difference, Ginsberg argues, was that older Jews in London continued to feel they were valued members of the community.

Pain (1997) also supports this view, and shows how fear of crime may be a reaction to deeper anxieties

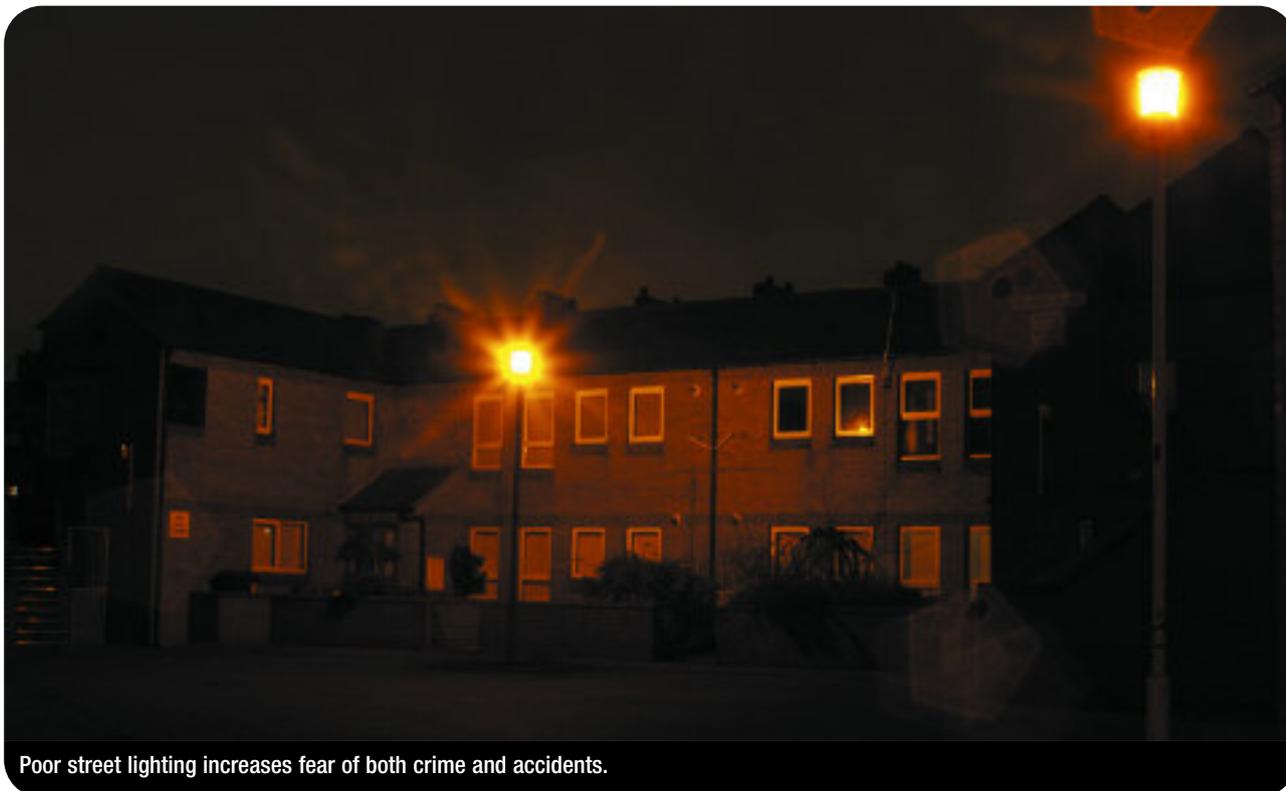
related to older people's position in and control of society. Indeed, she argues that older people's fear of crime can directly be linked to their marginal position, and that it serves to reinforce the social exclusion of older people as a population group.

Perceived lack of control and agency may also be related to lack of information. A survey by Age Concern in England (2003) on crime and older people showed that few respondents knew about initiatives to prevent crime, or support systems for victims of crime. They also felt they had not been consulted on the issue. Anecdotally, there is similar evidence from Northern Ireland.

The importance of perceptions

Several studies have suggested that fear of crime is related to *perceptions* of the level of crime, the character of the local area and, perhaps most importantly, one's own vulnerability (eg. Acierno et al 2004, McCoy et al 1996, Burnett 2006; Killias & Clerici 2000). The first factor helps explain why media reporting of crime is so influential, and for example the Northern Ireland Crime Survey does highlight that people's fear is influenced by media, and particularly TV, reporting of crime. Elsewhere, it has also been reported that people who watch a lot of TV tend to be more afraid than others (eg Pfeiffer et al 2005).

The last factor, however, is key to explaining why some people may feel more concerned than others. Older people, as well as people of any age in poor health, may perceive themselves to be particularly vulnerable due to their physical frailty, and similarly less able to cope with the impact of crime. Older people are also more likely to live alone, and many of the 'older' old are single women, who may feel doubly vulnerable. As discussed above, this is exemplified in the NI Crime Survey, although it should be noted that the proportion stating that fear of crime greatly affects their life remains relatively low at 14% of female respondents aged 75 and over. Here, it is also possible to see the influence of both ageist and sexist



Poor street lighting increases fear of both crime and accidents.

stereotypes, as previously noted. Among others Pain stresses that fear, and in particular responses to it, tend to be strongly gendered, which is important when developing solutions (Pain 1997).

Perceptions of vulnerability are, furthermore, linked to the perceived lack of control discussed above, and also to perceived levels of social support. The vast majority of studies on social capital indicate that fear is lower in neighbourhoods with higher levels of trust and closer support networks (eg. Chandola 2001, Kawachi et al 2003). This was also highlighted by one Good Morning programme, operating in an area workers characterised as a 'close knit community'. Social support networks, in turn, play a crucial role in preventing isolation and helping people cope with various types of stress.

Isolation: a key issue

However, for some older people lack of social support, isolation and loneliness are major issues fundamentally affecting their health and wellbeing.

Among others Jakobsson and Hallberg (2005) show that those who are isolated and lonely are more likely to be worried about crime, while an Age Concern survey (2003) suggests that fear can cause older people to isolate themselves. The result is a vicious circle of isolation and fear, but it is important to note that isolation is an underlying cause of fear and not only a consequence. This has significant implications for developing solutions, as it suggests that isolation needs to be tackled alongside fear. In any case, studies show isolation and fear separately result in diminished health and wellbeing, particularly a higher risk of depression, and that their joint impact is larger still. It has also been found that loneliness increases the risk of dementia (Murphy 2006).

The intergenerational chasm: a cause of anxiety

The Age Concern survey (2003) highlighted that respondents were concerned about harassment and verbal abuse in the street, which was related to a sense of unease about young people hanging around. Several other studies have indicated that older people

see young people, particularly groups of young people, as a threat (eg. Cattell 2001; Tulloch 2000). This is further supported by significant anecdotal evidence.

Importantly, young people may not be aware of causing any anxiety, and there is some evidence that older people may have more or less prejudiced attitudes about young people (eg. Brammar 2006). This is often termed 'othering', and is a key feature of managing fear: crime is committed by problematic 'others', and not by people in what is perceived as one's 'own group' (Pain 2000). Pain further highlights that 'othering' can serve to reinforce social divisions, and that feelings of anxiety and threat from young people, may be related to older people's feelings of their place in and control of society. A report on fear of crime among older people in Stoke-on-Trent (Brammar 2006) highlighted that older people's wariness of young people is related to fear of falling, should they be followed or encircled. This, in turn, is linked to issues of vulnerability and a wider set of health concerns. Currently, a doctoral thesis on harm to older people in a broader picture, encompassing physical, mental, and financial harm, is being prepared by Sarah Machniewski, doctoral candidate at QUB.

This research, which aims to draw up recommendations for how to broadly improve older people's health and wellbeing, is due for completion in 2009.

Studies on intergenerational practice have found that increased contacts between younger and older people help develop mutual understanding and reduce prejudices (eg. Raynes & Rawlings 2004). There is also evidence that intergenerational contacts can support the health and wellbeing of older people (de Souza & Grundy 2007).

Place and fear: the role of planning

It is often suggested that land use and design features have an impact on crime, and that fear of crime is

concentrated in places that offer concealment, dark places and also unkempt areas. Indeed, evidence from older people show that they are concerned about darkness, but equally often they may be wary of very specific places, for example areas where young people gather or around bars where there may be drunken and rowdy people (eg. Brammar 2006; Pain 1997, Age Concern 2003). Notably, a number of studies have found that empty, open spaces induce fear as much as enclosed spaces (Wilcox et al 2003; Pain & Koskela 2000).

Many initiatives have aimed to 'design out crime'. Typically, they focus on elements that improve surveillance over an area and allow better monitoring of access to it and entry as well as exit points. This might involve improved street lighting or fencing, and is often coupled with policing initiatives that centre on moving 'undesirables' out (Plaster Carter et al 2003). There may also be other initiatives, such as CCTV or Neighbourhood Watch schemes (Pain 2000), which often are mentioned as a key way to reassure older people (Age Concern 2003).

The 'broken window' theory (or incivilities theory referred to above), which argues that unkempt and poorly maintained spaces encourage both fear of crime and actual crime, as it appears no one cares or has control over the space, has also been highlighted in relation to older people. Cozens et al (2002) found that maintenance was at least as important as housing design in reducing perceptions and worries around crime. The English Department for Transport (2004), among others, has found that poorly maintained or lit, vandalised or graffiti ridden bus stop and train stations are some of the main deterrents against using public transports, particularly for older people. Conversely, it has also been suggested that the more greenery there is in an area, the less crime is recorded (Kuo & Sullivan 2001), although it is possible this is related to the socioeconomic structure of an area.



Good lighting deters offenders and improves safety.

However, Pain (2000) argues that fear originates in social relations and power inequalities, concentrated and manifested in certain spaces, and that focus should be on tackling these root causes rather than on spatial solutions that can at best ameliorate the problem. For example, older people's fear of young people and spaces inhabited by them may be caused by experiences of fear of harassment, which thus can act as a form of social exclusion. Similarly, spatial schemes aimed at improving security may encourage suspicion and a 'fortress' mentality that is counterproductive for improving social relations and networks. It can also be noted that Nair et al found that improved street lighting and residential safety measures did little to improve either victimisation or fear of victimisation in a deprived area of Glasgow (Nair et al 1993).

Nevertheless, for example Plaster Carter and colleagues (2003) note that engaging with the community whilst developing a crime prevention scheme had the advantage of building social networks and in itself reducing fear. Nair et al (1993) also

conclude that a more significant improvement could have been possible in Glasgow, if residents had been involved in planning the scheme. It appears clear, therefore, that how schemes are implemented is important for success, and engagement with local people and stakeholders is crucial.

The World Health Organization European Healthy Cities Network has been instrumental in developing the concept of healthy urban planning, which aims to ensure that people's needs are at the centre of all planning, and that health objectives are incorporated in spatial plans. The concept highlights the role planning can play in encouraging physical activity through well connected, walkable spaces, supporting social contact through attractive open spaces, and also by promoting safety through promoting social interaction and designs that discourage crime. Intersectoral collaboration is a central principle of the concept. Belfast Healthy Cities is working to increase understanding of the concept in Northern Ireland, in close collaboration with among others the Planning Service, the Department of Health, Social Services and

Public Safety, Northern Ireland Housing Executive and the Eastern Health and Social Services Board. Developing welcoming and safe spaces is an important aim of healthy urban planning, which also can help planning look specifically at the health impacts on a particular population group.

5. The health impacts of fear of crime

So far, it has been argued that fear of crime is a complex issue that is related to people's personal beliefs and circumstances, including their health status. Fear is also a major risk to health, particularly mental health and wellbeing. A nuanced understanding of the causes and effects is required to

develop effective interventions that will reduce older people's fear and improve their health and wellbeing.

Mental health impacts

While it is generally acknowledged that depression and other mental health problems are underdiagnosed among older people, it is estimated that up to 40 % of older people may have symptoms (Living Fuller Lives, Bamford Review report 2007). Even mild depression is likely to significantly reduce wellbeing, although it is often reported that older people tend to view this as part of ageing and therefore do not bring it up with their GP.



Socialising and physical activity, without fear of crime, contribute vastly to health and wellbeing.

Fear and stress contribute to poor mental health by creating anxiety, which is also highly related to a sense of lack of control and agency (Smit et al 2007). This applies to people of all ages, but older people may be particularly vulnerable to developing high fear of crime, as a response to more general anxiety. There is also a growing body of research suggesting that stress results in biological reactions that increase the risk of poor health, and that it is a key mechanism in explaining how disadvantage leads to poor health outcomes.

Fear induced isolation can develop in a number of ways. Most importantly, it reduces willingness to be out and about, which reduces opportunities for social contacts, hobbies and other activities that support mental health (eg. Brammar 2006; Age Concern 2003). Analysing the longitudinal, well established Whitehall II study, Stafford, Chandola and Marmot (2007) found that fear of crime was directly linked with reduced physical functioning as well as poorer mental health, and argued that curtailing social activities was the main explanatory factor. Hallberg and Jakobsson (2005) draw similar conclusions in a study among older Swedish women. However, among others McKee and Milner (2000) found that physical and mental health status explained limitations of activity more than fear of crime, and argue that health issues should therefore be addressed first.

Significantly, older people are often particularly worried about their safety on public transport, which has a major impact on mobility. As noted, a research report by the English Department for Transport clearly identifies fear for personal safety as a main deterrent against using public transport for people of all ages (DfT 2004). Improved access to transport, particularly door-to-door and demand responsive transport, along with better maintained public transport has been suggested to have a role in reducing this impact, which easily creates a vicious circle of increasing fear and isolation and worsening mental health (eg. Brammar 2006; DfT 2004).

Physical health impacts

It is important to note that the risk for poor mental health is increased among people in poor physical health who are worried about crime, as fear and poor physical health work both together and separately to increase the risk of anxiety and depression (eg. Rewston et al 2007). Conversely, poor mental health may result in poor physical health, as supportive mechanisms and the ability to look after oneself are reduced. Indeed, older people with poor mental health are more likely to be admitted to residential care than others (Onder et al 2007).

Fear of crime can also have a negative impact on physical health by limiting physical activity. Several studies have found that personal safety concerns are identified as key barriers to physical activity (eg. Edwards & Tsouros 2006; Loukaitou-Sideris & Eck 2007; Piro, Noss & Claussen 2006). A number of studies have found that safety concerns are a particular issue that limits physical activity among people in more deprived areas (eg Stafford et al 2007; Giles-Corti & Donovan 2002; Ross & Mirowsky 2001). Lack of physical activity, in turn, can lead to becoming overweight and obesity with associated health problems. It can also further worsen mental health, as being physically active helps relieve stress.

It can be noted that older people with severe mobility limitations may be more likely to report fear as a barrier to physical activity, highlighting the linkages between poor health and fear (Rasinaho et al 2007). One study even found that limiting mobility due to fear was a factor that contributed to poor nutrition among older Black American men (Locher et al 2005).

Social health impacts

Fear of crime may interact with other social factors that influence mental health and wellbeing, in a way that exacerbate or reduce negative impacts. Guite et al (2006) show that lower mental health scores are

related not only to fear of crime, but also to dissatisfaction with housing and the physical and social environment generally. This can be related to studies on deprivation, crime and health, which show that fear of crime is a significant health influence in deprived areas (eg. Pantazis 2000). Bowling et al (2006) found that where respondents perceived problems in the area, this was predictive of poorer health generally. However, this may highlight a wider range of general problems and concerns prevalent in deprived areas.

Studies focusing on the concept of social capital have explored the issue of neighbourhood characteristics, fear of crime and health in some detail. Briefly, social capital can be said to consist of three components, namely trust and social support, networks and ability to influence decisions (about an area). As noted above, the majority of studies show that closer networks within an area are linked to lower levels of fear of crime and better health and vice versa (eg. Altshuler et al 2004; Kawachi et al 1999; Carpiano 2007).

At the individual level, particularly trust and social support appear to act as protective factors against fear of crime and isolation. A study of neighbourhood characteristics and health among older women in Adelaide, Australia, showed that a reciprocal and trusting relationship with neighbours helped them feel safe and happy with their neighbourhood, while a lack of trust undermined this (Walker & Hiller 2007). Bowling et al (2006) drew a similar conclusion in their UK based study. Beaulieu et al also found that levels of social support and trust influenced fear of crime among older Canadian men.

Conversely, in an American study, Kruger, Reischl and Gee (2007) found that social contacts and social capital mediated the health impact of physical decline within a neighbourhood, while fear of crime counteracted this. Similarly, Krause and Thompson (1998), writing on American society, argue that older people living in deprived or run down areas expect

less social support than other older people, and that they experienced more pronounced negative health impacts from living in their particular neighbourhood.

6. Conclusions and recommendations

The review of scientific literature presented above clearly suggests that while there is a link between the incidence of crime and older people's fear of crime, other factors intervene to determine whether and how fear develops. There is also evidence that the health impacts of fear may worsen it, as they may exacerbate the primary causes of fear. It is, therefore, clear that tackling fear of crime must focus on tackling the causes of fear. This, in turn, means taking action on a broad scale that involves the remits of health and social services, transport, youth services, land use planning, housing and the community sector, as well as the community safety sector. It is also important to note that an intersectoral approach can help share the financial cost of new initiatives, while much can be achieved at little cost, by altering working practices.

Essential to future initiatives must be a willingness to try new approaches, which are based on sound evidence or have been shown to be effective elsewhere. Equally, support must be sustained for initiatives that provide promising early or medium term results.

Based on available evidence, the key issues appear to be the following:

1. An intersectoral approach

As fear and the causes of fear are closely interlinked, effective solutions must be based on **intersectoral collaboration to achieve a holistic approach**. This means increased collaboration between sectors that may not have traditional links, such as police, the health and social care services and land use planners, as well as strengthening existing partnerships. Community safety professionals should **engage with land use planners and developers** to highlight ways



Some research evidence shows that to some people, open places can feel threatening since there is nowhere to hide.

in which spatial planning and building design can support safety.

Recommendation: Solutions should be based on intersectoral approaches, lead by community safety organisations.

2. Engagement with older people

Most crucially, any solution must be based on collaboration and engagement with older people themselves. In other words, older people should be engaged from the earliest stage to define the issues, and be part of developing solutions that will be most effective for them. This in itself will contribute to reducing fear, as it shows that older people can be valued, can take control and have a role in shaping the society and community they live in, which older people have identified as key for healthy, dignified ageing (JRF 2004). Participation and engagement are

also key mechanisms for empowerment, which is essential to tackle the perception that older people have no role in society and cannot control events. This is particularly important in areas with higher levels of crime and fear of crime.

Recommendation: Older people must be engaged in planning and developing programmes that affect them. Older people should be represented on Community Safety Partnerships, and all agencies should invite older people's groups and fora to comment on proposals affecting their area.

3. Tackling ageism

Perceptions of vulnerability and lack of control appear at least to some extent related to ageist attitudes and cultural beliefs, as does the lack of understanding between younger and older people. Put simply, older people have come to view themselves as vulnerable,

in a culture that views older people as needing particular protection, while older people at the same time may stereotype young people as 'troublemakers'. It should be noted that anti social behaviour by young people to some extent may be related to similar feelings of powerlessness and a marginal position in society. For example, young people might be loud and cause minor damage to draw attention to themselves.

Recommendation: **Empowering all age groups should be core to social policy.** Intergenerational work is a way of improving understanding, but agencies must build on their duty under Section 75 to ensure initiatives provide opportunities for all age groups.

4. Building social networks

Schemes such as Neighbourhood Watch are helpful in reassuring older people. However, community based initiatives also have potential as ways of **building social networks** and offering older people opportunities to take some control as well as become active in the community. This can support health and wellbeing more broadly, not least by supporting older people's integration into the community. **Good Morning programmes** have been shown to reduce fear and have a positive impact on isolation, and are valuable tools, particularly through their targeting of isolated and vulnerable people.

Recommendation: **Support for opportunities to build social networks is essential. Support should be given to community development initiatives, which can play a valuable role in integrating older people into the community, supporting intergenerational contacts and preventing isolation with its associated health problems. The Community Safety Partnerships could play a significant and valuable role in this, alongside Health and Social Care Trusts, Northern Ireland Housing Executive and the Departments, as key funders of community organisations.**

5. Uniformed presence

Regarding community policing, Burnett (2006) suggests that officers should take time to speak to residents about their concerns, which can improve self esteem and reduce feelings of vulnerability as people feel they are being taken seriously. Simultaneously, such contact helps reduce isolation and build trust in service providers. It should be noted that Neighbourhood Wardens, employed by the Northern Ireland Housing Executive in some estates, might undertake a similar role, as indicated in NIHE strategy. This could streamline service provision, and also avoid the concern that having police at the door draws attention to the older resident.

Recommendation: **Uniformed presence should be developed as a support in reducing isolation. The potential for Neighbourhood Wardens to help reduce isolation and fear of crime should be explored. There is also a role for police to ensure community policing is developed in consultation with older people and the age sector.**

6. Access to information

Lack of information contributes to feelings of powerlessness and can exacerbate fear. Therefore, it is important that older people **receive information** in an easily accessible format. This should include **a broad range of information**, including ongoing initiatives to prevent crime and improve safety, facts on the level of crime, ways of getting involved in the community and relevant sources of support for victims. It is vital to consider how best to share information with older people. Many older people are not technologically confident, and therefore websites and DVDs may not suit direct communication with them. One option may be short informative TV or radio inserts, linked to resource packs available through key locations and on request, as most older people watch a lot of TV.

Recommendation: Public sector agencies, including Community Safety Partnerships and the police, must prioritise easy access to information. Information should be provided in places older people are likely to visit and where possible join up information from a range of sources.

7. Challenging media representation of ageing

Capacity building with media appears to have significant potential to reduce fear of crime. It is important to stress media's role in promoting positive images of ageing and highlighting the contribution that older people make to society, in contrast to sensationalising the image of vulnerability. As there is

some evidence that older people may have stereotypical views of young people as thuggish and disorderly, it is important to encourage media to report similar positive images of young people. Older people may also need training and support in media literacy, to help them identify sensationalising and stereotyping reporting techniques.

Recommendation: Organisations working with older people should develop a partnership approach to working with media and encourage responsible journalism, which considers the wider impact of reporting. Media should consider ways of reducing the perpetuation of stereotypes.



Well maintained facilities can help reduce fear of crime linked to public transport, stops and stations, which is a major barrier to increasing use of public transport.

8. Improving support services

For people who are isolated and largely housebound, **improved domiciliary care and support services** and **assistive technology** can make a vital contribution to both reducing isolation and feelings of vulnerability. Improved access to **flexible transport** can also help them get out and about, and get involved in activities that reduce isolation and support

their health and wellbeing. Northern Ireland Housing Executive's draft *Housing and Health Strategy* includes a commitment to develop assistive technology.

Recommendation: Improving support services plays is central to reduce isolation and vulnerability. Ways of enabling existing and new support services to reduce fear should be explored. There needs to be closer collaboration between NIO



Dark pathways and places that may offer hiding places can generate fear in people of all ages.

Community Safety Unit, Community Safety Partnerships, NIHE and Health and Social Care and Trusts to find ways of allowing already stretched frontline services to do this. DRD and Translink also have a role in improving both real and perceived safety of public transport and developing or supporting flexible services for people unable to use conventional public transport .

9. Recognising role and limitations of physical security measures

Concrete security measures have a place in reassuring older people and making a house (in the

case of personal alarms, a person) more resistant to attack. However, it should be kept in mind that such measures can have the unintended consequence of increasing the underlying fear, by validating it (eg. Norris & Kaniasty 1992). Where used, it is important that measures are not means tested, as this disadvantages a middle income group of older people, and also creates confusion that reduces uptake.

Recommendation: Physical security measures should form part of broader initiatives to support older people participate in society. Organisations running or planning such services should link to other agencies to achieve a broader package.



Physical safety measures help older people feel safer but should be part of a broad package.

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Acknowledgments

This publication is supported by Eastern area Investing for Health as part of a series of publications within Belfast Healthy Cities' Equity in Health programme.

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We would like to thank Belfast City Council for assistance with photographs on pages 1 and 17.

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