

Why is this issue important?

Offenders are more likely than average to smoke, misuse drugs and/or alcohol, suffer mental health problems, report having a disability, self-harm, attempt suicide and die prematurely compared to the general population. Research shows that drug users commit between a third and a half of all acquisitive crime and alcohol is estimated to be a factor in over half of all violent crime.¹

Repeat offenders are often some of the most socially excluded in society. They can suffer from multiple disadvantages and, in addition to the issues above, may also have social problems, lower levels of educational attainment, financial problems and debt.

Difficulties in accessing and maintaining stable housing and employment can interlink with an offending lifestyle and health problems.

Although offenders are in need of support on these fronts more than the general population, they can also face greater barriers to accessing support.¹

It is important that the families of offenders are taken into consideration. For offenders, having family relationships can reduce the likelihood that they will re-offend in the future. Receiving family visits while in prison has been associated with more successful employment and accommodation outcomes.² At the same time, children's lives can be strongly influenced by family circumstances. Criminal behaviour can be passed down the generations within a family.³

Key outcomes

- **Percentage of people in prison aged 18 or over who have a mental illness (Public Health Outcomes Framework (PHOF))**
- **Levels of offending and reoffending (PHOF)**

- **Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison (PHOF – new indicator in 2016)**

Impact in Brighton & Hove

Crimes have a significant impact on actual and perceived levels of safety by individuals, businesses and communities. Successful actions which address factors linked to offending and reoffending not only bring about changes in the behaviour and improved life opportunities for individual perpetrators, but also bring significant benefits to communities in Brighton and Hove.

Reoffending data from the Ministry of Justice tell us that in the twelve months ending June 2014 there were 2,168 proven adult offenders in Brighton & Hove, a figure which has been declining from a peak of over 3,300 in 2007. Of the July 2013 to June 2014 cohort, 30% went on to offend again in the next 12 months.⁴ This is higher than the England and Wales average of 25%.⁵

The annual cost of reoffending to society in England and Wales is estimated at between £7.4 and £10.7 billion.⁶

Reoffending by offenders on community orders was subject to a national survey with results published in 2015. This found that: males are more likely to reoffend than females; younger offenders are more likely to reoffend than older offenders; and the more previous offences have been committed by offenders, the more likely they are to reoffend. Those offenders with higher levels of identified needs were more likely to reoffend than those without, especially those with needs around drug misuse, education/ training/ employment, accommodation and attitudes.⁷

Offender management services: The Ministry of Justice 'Transforming Rehabilitation' programme resulted in offender management services in

¹ National Partnership Agreement between the National Offender Management Service, NHS England and Public Health England for the co-commissioning and delivery of health care services in prisons in England 2015/16

² Ministry of Justice and Department for Children, Schools & Families. Reducing Re-offending: Supporting families, creating better futures. 2009

³ Farrington, DP et al. Family factors in the intergenerational transmission of offending. *Criminal Behaviour and Mental Health*, 19: 109–124. 2009

⁴ Actual numbers of people who offend are estimated to be much higher than the number of offenders whose offending is proven. The Offending, Crime and Justice Survey in 2003 estimated that around one in ten people aged between 10 and 65 had committed an offence in the previous year.

⁵ Ministry of Justice Proven Reoffending Statistics <https://www.gov.uk/government/collections/proven-reoffending-statistics>

⁶ National Audit Office. Transforming Rehabilitation. 2016

⁷ Ministry of Justice. Reoffending by offenders on Community Orders. 2015.

6.3.3 Offenders and offending

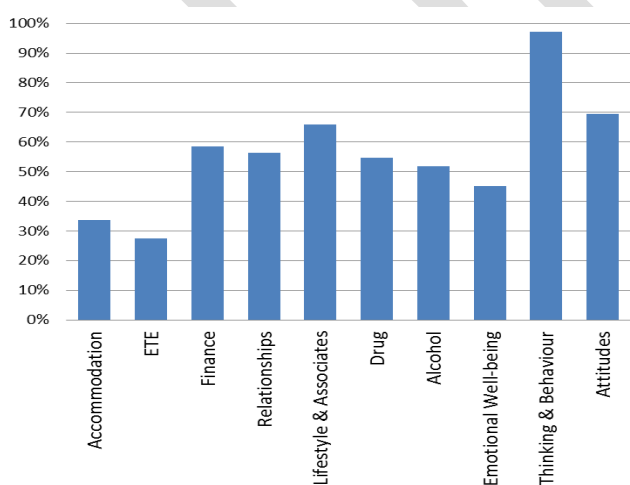
England & Wales being split in 2013 from a single probation service into two tiers. There are now 21 Community Rehabilitation Companies across England and Wales working with medium and lower risk offenders (about 61% of managed offenders nationally) and the National Probation Service which manages higher risk offenders and works across seven regional offices.

Locally, both the local Kent, Surrey & Sussex Community Rehabilitation Company (KSS CRC, managing medium and lower risk offenders) and the regional National Probation Service (managing higher risk offenders) carry out assessments of their services users' needs (OASys). As of July 2016, about two-thirds of the local offender caseload is managed by the KSS CRC and one-third by the NPS.

Needs assessments for offenders:

Figure 1 shows the needs⁸ for 719⁹ of the 798 offenders being managed by the KSS CRC in Brighton & Hove at the end of June 2016. The needs for the Brighton & Hove cohort were higher across almost all types of need than the average for all KSS CRC service users in the KSS region, but this was especially so around finance, alcohol and drugs.

Figure 1: Percentage of service users managed by KSS CRC with needs linked to offending behaviour (n=719)



Source: KSSCRC

⁸ As assessed at the most recent assessment

⁹ Out of the 798 offenders being managed by the KSS CRC, criminogenic needs data was available for 719 offenders.

Data from the NPS on their Brighton & Hove service users¹⁰ who were either released on licence or on a community order showed that a higher proportion than the CRC caseload had identified needs around emotional wellbeing, relationships and lifestyle. A higher proportion of Brighton & Hove NPS service users also had identified needs compared with the NPS SE and Eastern division around finance, alcohol and drugs (a finding consistent with the CRC benchmarking comparison), but a comparatively higher proportion also had identified need around emotional wellbeing and accommodation.

The Sussex Police and Courts Liaison and Diversion Scheme bases practitioners¹¹ in courts and custody suites who identify offenders with different health and other needs and direct them towards services that can help meet these needs.

In 2015/16 in Brighton & Hove 1,067 people were initially screened, of whom 628 were then assessed to determine their needs.¹² Of these, 78% had a mental health need, 36% a drug need, 34% an alcohol need and 21% an accommodation need, 11% a physical disability or physical health issue, 7% financial needs and 3% a learning disability. As a result of an assessment, advice may be given, a referral made,¹³ or it may be determined that the need is already being met. If a referral is provided as an option, this may be turned down by the client.

Another way in which offenders who have been arrested for certain crimes (mainly acquisitive crimes) can gain access to drug treatment is via the Drug Test on Arrest scheme.

Between January and July 2016 there were around 550 people arrested each month in Brighton &

¹⁰ Caseload as of 25/9/16

¹¹ Types of PCLDS practitioner include mental health and general nurses, a psychologist, occupational therapists and speech & language therapists

¹² NB. The court and custody offender population does not represent the population of offenders as a whole.

¹³ PCLDS Referrals to agencies in Brighton & Hove include to Inspire (specialist women offender service), Brighton Housing Trust, the Health & Wellbeing Centre, Pavilions, the Sussex Partnership NHS Foundation Trust (Mental Health Rapid Response and Assessment & Treatment Services); Mendos (support for people in the criminal justice system with mental health problems), Cruse (bereavement support), Project Anti-Freeze and the Clock Work Sanctuary (support for homeless people), Southdown Recovery (mental health support), Relate (counselling support for people with relationship difficulties)

Hove, of whom 13% were arrested for a 'trigger' offence type which can often be motivated by drug misuse. This group were tested for the presence of for class A drugs, and just under half tested positive; an average of 33 people per month. In this seven month period, 116 people tested positive for cocaine, 30 for opiates and an additional 87 for both.

Sentencing options for the courts include Drug Rehabilitation Requirements (DRRs), Alcohol Treatment Requirements (ATRs) and Mental Health Treatment Requirements (MHTRs). In 2015/16, 76 DRRs, 47 ATRs and 2 MHTRs were completed by CRC service users, of which 54% of DRRs and 53% of ATRs were completed successfully. Both MHTRs were successfully completed. Successful completion rates of both DRRs and ATRs are lower in Brighton & Hove than across the whole of the Kent, Surrey and Sussex. A very small number of ATRs and DRRs were completed by NPS service users.

Some offenders suffer from psychological problems and personality disorders for whom treatment and advice is purchased from the Sussex Partnership Trust.

Across England in 2013/14, 5.6% of people in prison aged 18 or over had a recorded mental illness. No local data is currently available for this indicator.²⁰

Some offenders managed by the NPS have served, or are serving, long term prison sentences for serious sexual offences and a small number are managed in approved accommodation within the community. This group in particular may suffer poor mental health linked with long-term social exclusion. A circle of trained volunteers provide support to this group, monitor accountability and provide positive role models.

Health provision in prison and on release: The KSS CRC work with health providers in HMP Lewes to make sure health requirements are considered within resettlement and rehabilitation planning. Health pathways on release from prison are harder to maintain and there is scope for more formal relationships between offender management and health services.

Integrated Offender Management (IOM): is a national approach to multi-agency working with offenders to reduce crime and reoffending by working with a locally defined cohort of offenders who may be either in the community or in custody. As of June 2016 the Brighton & Hove KSS CRC was prioritising work under the IOM scheme with 74 service users of whom 68 were male and 6 female. Almost two-thirds (62%) of this group had shoplifting, burglary or drug offences as their main offence type.¹⁴ This IOM cohort had a higher level of needs than for the average of all KSS CRC offenders shown in

Figure 1. With, for example, 90% having needs related to drugs misuse, 49% alcohol misuse needs, 97% finance needs and 60% accommodation needs. Over a third (38%) of this cohort had needs relating to emotional wellbeing, similar to the total CRC caseload.

There are a total of 128 adults and 35 young people in the IOM cohort¹⁵ as of July 2016. Those who are neither KSS CRC clients, nor clients of the Youth Offending Service, are managed by Sussex Police. There are strategic and operational protocols around IOM locally and there are monthly operational meetings. The police, probation agencies (CRC and NPS) and the local substance misuse service are the main participating agencies.

Accommodation: People with an offending history, particularly those who have been in prison, can have particular difficulties in finding suitable accommodation. They may have lost their family ties, and any accommodation they can find may be short term and/or of poor quality.

Affordable housing is a particular issue in the city and the number of supported hostels places has been reduced. As of February 2016, 36% (66/183) of KSS CRC service users released from prison on licence in the last year¹⁶ had no fixed abode, 66% (118/183) had issues around permanence of accommodation and 66% (121/183) had

¹⁴ KSS CRC data taken from nDelius

¹⁵ Including the 74 people managed by the KSS CRC/NPS who are on court orders or who are serving custodial sentences in the community 'on licence'

¹⁶ Excludes service users released where an assessment had not been completed.

unsuitable accommodation. These issues were also present for those being managed on community sentences by the KSS CRC, but to a lesser extent.

Homelessness or poor quality housing can be linked to physical health risks. And where housing costs are too high, this may be linked with debt and mental health problems.

Where we are doing well

In addition to support from statutory services, examples of local projects which provide support to offenders or build resilience to prevent offending include:

- Stronger Families, Stronger Communities (Troubled Families) works with families to provide an holistic approach to disadvantaged families
- Break4Change addresses child to parent/carer violence
- Living Without Violence programme for perpetrators of domestic violence
- A Band of Brothers mentoring project develops skills, emotional intelligence and enhances confidence in young men who are experiencing difficult life situations
- INSPIRE project to address the particular needs of female offenders
- Restorative Justice practices seek to establish links between the offender and those who have been affected by their offending report overwhelmingly positive experiences and are effective in increasing victim satisfaction and reducing the likelihood of reoffending.¹⁷ In 2015/16 there were 136 referrals to the Brighton Restorative Justice Hub which were able to be progressed.
- Sussex Pathways Community Mentoring project involves volunteers working with people 'Through the Gate' on release from prison.

Local inequalities

The KSS CRC caseload in June 2015 was 794 people: 85% were male, 34% in their twenties and 26% in their thirties.

East Brighton, St Peter's & North Laine and Queen's Park were the wards with the highest numbers of KSS CRC service users (each between 55 and 60).

A 2011 literature review found that different offender populations, e.g. women, minority ethnic groups, older offenders, those with mental health disorders, drug users have different health needs.¹⁸

For example, research showed that females have higher levels of mental health and relationship problems; while male offenders have higher levels of alcohol problems.¹⁸

Local OASys data support the findings of the above literature review and suggest that female offenders may have slightly lower needs across all areas except relationships and emotional wellbeing which may be slightly higher.

The Corston Report¹⁹ identified two additional areas of need experienced by women:

- support for women who have been abused, raped or who have experienced domestic violence and
- support for women who have been involved in prostitution.

In 2015/16 the Police and Courts Liaison and Diversion Service made 45 referrals related to Brighton & Hove women to INSPIRE, a dedicated service to support women offenders; 16 of these women (36%) engaged with the service.

Long-term prisoners: People who have committed serious offences may be subject to long-term prison sentences and may therefore experience health needs related to older age. Prisons are

¹⁷ MoJ Evaluation of Restorative Justice by University of Sheffield, 2011, <https://www.restorativejustice.org.uk/resources/moj-evaluation-restorative-justice>

¹⁸ An assessment of the needs of offenders in West Sussex, Institute for Criminal Policy Research, 2011

¹⁹ The Corston Report. A report by Baroness Jean Corston of a review of women with particular vulnerabilities in the criminal justice system 2007. Available at <http://www.justice.gov.uk/publications/docs/corston-report-march-2007.pdf>

required to work with Adult Social Care in respect of safeguarding clients in secure accommodation.

Predicted future need

Any underlying shifts which make factors linked to offending more or less acute, for example affordable accommodation, employment opportunities, are likely to impact on an offender's propensity to reoffend. The Welfare Reform Act 2012 brought into law significant changes to the benefits system. Broadly speaking, the programme of reforms has significantly reduced the value of benefit rates by keeping them frozen or increasing them at a rate below that of inflation. A key local impact of this is difficulty finding private rented sector accommodation that is within benefit rates. Individuals negatively affected need to receive appropriate support to manage their affairs, retain their health and wellbeing and avoid homelessness.

Any changes to the level or effectiveness of prevention or rehabilitation work around substance misuse may also have an impact on offending.

What we don't know

A national data release⁵ provides local data on reoffending, but this is subject to a time delay of up to 22 months. Software to enable local analysis of reoffending using data from the Police National Computer has been put in place to enable more timely data on the effectiveness of local work with cohorts of offenders. At time of writing, reporting and analysis of Brighton & Hove data is awaited.

From 2016/17 more detailed information will be collected by NHS Digital (previously the Health and Social Care Information Centre) on the mental health of prisoners and this indicator should be available below England level. Once available this will be available in the Public Health Outcomes Framework data tool.²⁰

The Public Health Outcomes Framework Indicator for substance misuse changed in 2016 (see

outcomes) and data is not yet available for the new indicator. As for the mental health indicator, once available this will be available in the Public Health Outcomes Framework data tool.²⁰

Key evidence and policy

- Integrated Offender Management is a national approach based on the importance of inter-agency working to successfully identify and meet the needs of offenders and reduce reoffending.²¹
- The 2009 Bradley Report drew attention to the mental health and learning disability needs of offenders and provided recommendations for improving the way in which issues are identified and managed.²²
- The 2007 Corston Report drew attention to the particular needs of female offenders, who may include those who have been subject to domestic or sexual violence or abuse, or may have been involved in prostitution.¹⁹
- The 'Reducing reoffending: supporting families, creating better futures' report by the Ministry of Justice and Department for Schools, Children and Families (2009) looked at how services can be provided around the children and families of offenders and at how these relationships can be an important influence on likelihood of future offending.²
- Offenders living in the community are expected to access health care in the same way as members of the general public. Brighton & Hove Clinical Commissioning Group (CCG) is required to commission general healthcare (including mental health services) and the local authority to commission public health services (including substance misuse services).²³ The National Offender

²¹ Home Office and Ministry of Justice (2015), IOM Key Principles, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/406865/HO_IOM_Key_Principles_document_Final.pdf

²² COI for the Department of Health (2009), The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system.

²³ <https://www.gov.uk/guidance/healthcare-for-offenders#eel-decline>

²⁰ Public Health England. Public Health Outcomes Framework data tool. Available at: <http://www.phoutcomes.info/> [Accessed 31/08/2016]

6.3.3 Offenders and offending

Management Service has produced guidance²⁴ on the management of offender health in prisons and in the community. The National Partnership Agreement states that prisoners should receive equivalent health and social care to that received by the general population and expect to achieve an improvement in their health and wellbeing, particularly around substance misuse, mental health and the management of longer term health conditions.²⁵

NHS England: About Liaison and Diversion
<https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/ld-about/>

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Recommended future local priorities

1. Consider how to maintain continuity of health provision for those leaving prison.
2. Explore ways of widening partnership involvement in the management of offenders using IOM to facilitate the most appropriate interventions.
3. Consideration to be given by the Brighton & Hove Safe in the City Partnership as to whether there are any additional steps or partnership work which can help to improve the health of offenders and reduce offending and its impacts.

Key links to other sections

- Youth offending
- Crime, anti-social behaviour and safety
- Domestic and sexual violence
- Alcohol and substance misuse

Further information

Offender Health Research Network:
<http://www.ohrn.nhs.uk/>

NHS England: Offender Health:
<https://www.england.nhs.uk/tag/offender-health/>

Kent, Surrey and Sussex Community Rehabilitation Company: www.ksscr.org.uk

²⁴ National Offender Management Service 'Guidance for Prisons and Probation on Healthcare for Offenders':
<https://www.gov.uk/guidance/healthcare-for-offenders>

²⁵ National Partnership Agreement between: The National Offender Management Service, NHS England and Public Health England for the Co-commissioning and delivery of Healthcare Services in Prisons in England, 2015/16.