

Newcastle upon Tyne's JSNA – Offenders November 2008

OVERVIEW

“When I consider what the needs of offenders are, I always try to always bear in mind that offenders want the same things as everyone else - health care, a job, a family, and somewhere to live. Of these issues, health is vitally important. With the high number of offenders with mental health problems, or difficulties with drugs, the contribution made by health professionals in addressing the needs of the offender population is absolutely crucial.”

(Justice Minister Lord Hunt, 2008)

1. Offenders and their families should receive standards of care equivalent to that of the wider community which are well resourced and their effectiveness measured ([Improving Health, Supporting Justice: A Consultation Document, 2008](#))
2. The new Home Office Crime Strategy, [Cutting Crime: A New Partnership 2008-2011](#), has its focus on drug misuse and alcohol misuse, responding to offenders with mental health needs and addressing social exclusion as well as reducing re-offending. The Strategy, emphasises the link between improving health and supporting justice, and will be a key driver of partnership work.

Facts and Figures

1. Childhood factors and adverse life events

The North East Public Health Observatory (NEPHO) produced a report on [The health needs of prisoners](#) (2005) referencing the [Psychiatric Morbidity Among Prisoners in England and Wales](#) summary report. NEPHO highlights the very high levels of adverse family and social experience of prisoners prior to entering into prison. Figure 1 shows childhood factors and adverse life events reported by prisoners. Female prisoners report very high levels of domestic violence and previous sexual abuse and over a quarter of both male and female prisoners were in local authority care as children.

Figure 1 – Childhood factors and adverse life events reported by UK prisoners

Childhood factors and adverse life events	Male		Female	
	Remand	Sentenced	Remand	Sentenced
Born outside UK	11%	10%	17%	16%
In local authority care as a child	33%	26%	29%	25%
Spent time in an institution as a child	43%	35%	27%	25%
Attended special school	27%	23%	16%	11%
Violence at home	28%	25%	51%	48%
Bullying	30%	30%	21%	26%
Sexual abuse	9%	8%	34%	31%
Serious illness or injury	18%	14%	16%	13%
Violence at work	6%	6%	3%	4%
Relationship breakdown	42%	45%	46%	46%
Death of close friend or relative	46%	47%	41%	47%
Death of parent or sibling	24%	29%	30%	30%
Death of spouse or child	6%	6%	17%	15%
Stillbirth of baby	8%	7%	10%	11%
Expelled from school	55%	49%	41%	33%
Running away from home	51%	47%	59%	50%
Homelessness	47%	37%	52%	34%
Serious money problems	55%	50%	50%	48%
Sacked or made redundant	44%	49%	26%	31%

Source: Office for National Statistics⁶

2. Population

Demographic changes in the UK population and sentencing policy are set to bring about significant changes to the age profile of offender population. For example, prison population trends for England & Wales (1996-2007) reveal that numbers of men aged over 60 and women aged over 50 have trebled over the past decade, compared to a one and half times increase among the 18 to 59 age group.

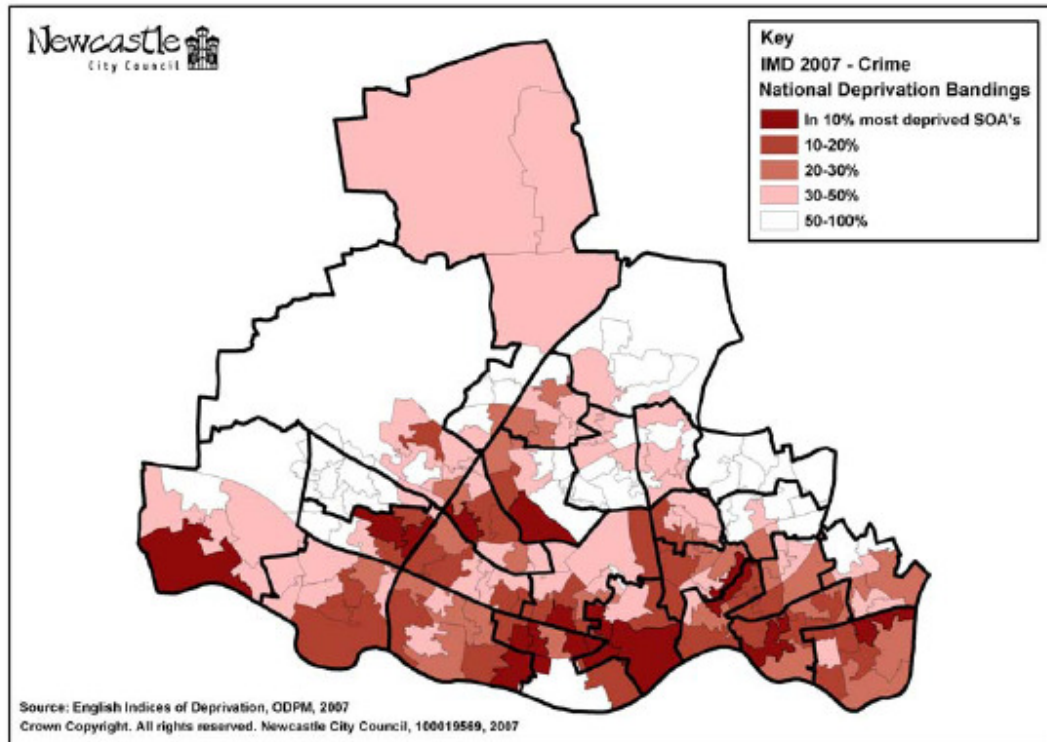
(Improving health, Supporting justice, 2008)

The population of Newcastle upon Tyne is predicted to increase

3. Deprivation

A profile of Newcastle upon Tyne provides information on the spread of deprivation and health status by ward. The evidence on crime and deprivation shows that there is more crime and proportionately more crime in deprived than non-deprived areas.

Figure 2 – Crime and deprivation in Newcastle upon Tyne in 2007



4. Alcohol use

Drinking alcohol is a culturally acceptable and legal activity. Inappropriate or excessive use of alcohol however impacts on everyone in society. Alcohol misuse is associated with crime and anti-social behaviour, accidents and injuries, unprotected sexual activity and other risk-taking behaviour, domestic violence, mental ill health, physical ill health including liver disease, cancer, high blood pressure, heart disease, and premature death.

Newcastle upon Tyne has a high population of young adults. Alcohol misuse - binge drinking in particular - is high in this age group. Newcastle upon Tyne has the highest rates of binge drinking in England. There is also a high prevalence of 'harmful' or 'dependent' drinkers. There are higher rates of alcohol-related deaths, fewer treatment services and longer waiting times than the rest of the country. In the local alcohol profiles published by [North West Public Health Observatory in October 2007](#), Newcastle upon Tyne ranks poorly for a number of indicators:

- binge drinking and alcohol specific deaths in men
- alcohol specific hospital admissions in men
- chronic liver disease in men
- harmful drinking.

Read more in the Alcohol section of the JSNA

5. Drug use

Drug use is associated with:

- harm to user's own health, wellbeing and ability to make a positive contribution

- problems within families coping with drug use by a family member
- problems in communities through its association with crime and anti-social behaviour.

Read more in the Substance abuse section of the JSNA

6. Young people

The majority of children and young people never become involved in crime or anti-social behaviour but there are certain well-evidenced factors that increase the likelihood that a young person will start offending. Factors are often combined and are associated with increased levels of poverty.

The at-risk groups include:

- those using drugs or alcohol
- children in the looked after system
- children and young people who are absent from school
- those growing up in families where there is a background of drug or alcohol use, domestic violence and/or crime

7. Housing

Good quality housing plays an important part in helping people who are leaving prison resettle into the community. The NOMS 'Reducing Re-offending Housing and Housing Support resource Pack, 2008' stresses the importance of settled accommodation in reducing re-offending, although identifies a reported shortage of Supporting People services for offender groups nationally. Comprehensive services across custody and community are essential in helping to reduce reoffending and social exclusion.

Research through the North East Regional Offender Accommodation Demonstrator (ROAD) Project 2008, indicates that offenders are 20% less likely to re-offend in settled homes; four times more likely to be in employment; and employed are six times less likely to re-offend. However, evidence suggests that up to one third of prisoners lose their home whilst in custody, and as a result may also struggle to access social housing in the future. Barriers faced by people leaving prison in accessing accommodation include existing rent arrears, insufficient funds for deposits or rent, as well as landlords' reluctance to accommodate ex-offenders. In addition, women are less likely to have housing arranged on release. It is important that services are able to meet the needs of women leaving prison.

Some higher risk offenders are initially supported via Probation Services within 'approved premises' on discharge from prison. This group invariably struggle to find longer term housing solutions, due to their offending history.

Evidence also shows that short sentence prisoners are 2 to 3 times more likely to re-offend if they don't have appropriate accommodation¹. However, prisoners serving a short-term sentence of less than one year leave custody with no or little resettlement support. Short-term supported housing and resettlement for this

¹ Nacro, Going Straight Home, 2006

group is vital in helping people to find and keep a home, preventing the risk of social isolation and potentially criminal behaviour.

In 2005, the Youth Justice Board commissioned a 12-month study to identify the extent to which young offenders' housing needs were being met or failed. The report arising from the study acknowledges a shortage of suitable accommodation for young offenders. The report highlights that mainstream services are not always appropriate for young offenders, whether due to the unsuitability of other residents, the fact that they are significantly older or because the accommodation is unsafe and intimidating because of the activities of other residents. The report also highlights the barriers in planning placements due to the high demand for beds which often means bed spaces cannot be kept open unless paid for.

8. Homelessness

The links between homelessness and offending are well documented. Data from Newcastle's Homeless Liaison Project (NHLP) shows that in 2006/7, 43.6% of all referrals for temporary and supported accommodation were from people with a history of offending. NHLP data also reveals that during 2006/7, 53% of all evictions from temporary and supported accommodation were for people with an offending history. This high level of evictions raises questions over the appropriateness of placements in supported housing.

Supporting People Client Form Data reveals that of clients who accessed a Supporting People service in 2006/7, 9 service starts were assessed as higher risk under Multi Agency Public Protection Arrangements.

Read more in the Homelessness section of the JSNA

Trends

Crime

There has been a 9.8% reduction in crimes in Newcastle upon Tyne over the last three years. There have been significant decreases in the following crimes: theft of motor vehicle, fraud and forgery, sexual offences, domestic burglaries and criminal damage offences.

Figure 3 – Crime figures for Newcastle upon Tyne 2004-2007			
Crime Type	July 04 to June 05	July 06 to June 07	% Change
Theft Of Motor Vehicle	1,363	939	31.1 reduction
Fraud & Forgery	1,156	798	31.0 reduction
Sexual Offences	321	237	26.2 reduction
Burglary Dwelling	2593	2145	17.3 reduction
Theft – Other	10,130	8618	14.9 reduction
Criminal Damage	9,228	8114	12.1 reduction
Theft From Motor Vehicle	3,350	3129	6.6 reduction
Drug Offences	1,499	1486	0.9 reduction
Other Offences	401	479	19.5 increase
Robbery	350	408	16.6 increase
Violence Against Person	5,492	5789	5.4 increase
Burglary Non-Dwelling	1,911	1941	1.6 increase
Total	37,794	34083	9.8 reduction

(Safe Newcastle Strategy 2008-2011)

Health

Improving health, supporting justice indicates that:

- 60% to 70% of prisoners were using drugs before imprisonment.
- A survey of prison drugs projects found that although 70% of those entering the prison had a drug misuse problem, 80% of these had never had any contact with drug treatment services.
- Over 70% suffer from at least two mental disorders.
- 20% of male and 37% of female sentenced prisoners have attempted suicide in the past.
- Around half of prisoners had no GP before they came into custody.
- Government figures show that the 5% most disadvantaged are 100 times more likely to have multiple problems than the most advantaged 50%, including conduct disorders, police contact, cannabis use, mood disorders and alcohol abuse.
- Nearly a third (30%) of prisoners' children experience significant mental health problems, compared with 10% of the general population.

In Newcastle upon Tyne there are an estimated 2,373 problematic drug users, of whom about half are in treatment. Most of those in treatment are aged between 25 and 34 years old. It is estimated that 1,200 children under 16 have parents who are problem drug users and drugs and alcohol are a significant factor in almost half of initial child protection conferences.

Research by [ADFAM](#) - Supporting families affected by substance misuse (June 2007) indicates that for every problematic drug user there are three other family members affected. This means there is in the region of 7,000 people in Newcastle upon Tyne, who are coping with drug use within the family.

Offenders on Community Orders

- Almost half of offenders experience alcohol-related problems.
- Nearly a quarter misuse drugs.
- Nearly half of the people serving community sentences have mental health problems. More women than men appear to suffer from a mental disorder. Many offenders under supervision self-harm.
- Offenders with mental health problems often experience a variety of other difficulties, including housing need, drug and alcohol dependency. Access to services and treatment is particularly difficult for people with both mental health and drug problems.
- Although no data is specifically available for the death rates of people on community sentences, we know that offenders supervised in the community (that is to say, offenders under probation supervision as well as people serving community sentences) are vulnerable. Rates of suicides and other risks of death (for example due to violence or drink driving) are high, even when compared to people in prison.
- Drugs and/or alcohol use play a role in most of the deaths (including suicides) among offenders supervised in the community.

Source: (National Offender Management Service, 2007)

Young offenders

In 2003-04, 311 young people were sentenced to custody within the north east. During the same period 377 young people were remanded into custody. These can be divided as follows:

- 99 were sentenced to a four month Detention and Training Order
- 188 sentenced to a DTO ranging from four months to two years
- 24 were given Section 90/91 sentences (reserved for the most serious offences)

(Source: The North East Youth Resettlement Framework for Action Consultative Draft 2)

Targets

- The Social Exclusion Unit's **Public Service Agreement (PSA) 16** is to 'increase the proportion of socially excluded adults in settled accommodation and employment, education and training'
- The National Offender Management Service (NOMS) aims to reduce re-offending by 10% by the end of the decade
- Newcastle Partnership's **Sustainable Communities Strategy and Local Area Agreement (2008-2011)** requires the targets below to be met (Figure 4):

LAA Priority objectives	Measured by	Baseline	2008/09 target	2009/10 target	2010/11 target	Lead Delivery Partnership
7. Encouraging and supporting sensible drinking	NI 39 Alcohol-harm related hospital admission rates (*35 target LAA)	2718.46 (2007/08)	2963.12	3185.35	3376.48	Safe Newcastle
21. Reducing criminal damage, domestic burglary, business and vehicle crime	NI 16 Serious acquisitive crime rate (*35 target LAA)	Baseline to be established July 2008 (estimated rate = 18.93)	18.45	17.99	17.54	Safe Newcastle
22. Reducing violent crime including domestic violence and alcohol related violence	NI 15 Serious violent crime rate (*35 target LAA)	Baseline to be established July 2008 (estimated rate = 0.45)	0.43	0.42	0.40	Safe Newcastle
	NI 20 Assault with injury crime rate (*35 target LAA)	Baseline to be established July 2008 (estimated rate = 9.60)	9.31	9.03	8.76	Safe Newcastle
23. Reducing anti-social behaviour	NI 21 Dealing with local concerns about anti-social behaviour and crime by the local council and	Baseline to be established as part of new place survey	Proxy – increase the % of people who say that they are well	+2%	+2%	Safe Newcastle

	police (*35 target LAA)		informed about what the local authority is doing to tackle anti-social behaviour by 2% based on the 2007 Residents Survey city average of 35% ²			
24. Reducing the harm caused by alcohol, drugs and other substances	NI 38 Drug related (Class A) offending rate (*35 target LAA)	Nov 07 – 26% proved offences	-25% reduction in arrests for all crime and 35% reduction in arrests for acquisitive crime for those on the drug intervention programme ³	TBC when NI 38 is defined	TBC when NI 38 is defined	Safe Newcastle
	NI 40 Drug users in effective treatment (additional local indicator)	1141	+9%	TBC	TBC	Safe Newcastle
33. All children and young people engage in positive behaviour out of school	NI 19 Rate of proven re-offending by young offenders (*35 target LAA) ⁴	TBC	TBC	TBC	TBC	CYP Strategic Partnership
	NI 111 First time entrants to the youth justice system aged 10-17 (additional local indicator)	TBC	TBC	TBC	TBC	CYP Strategic Partnership
19. Providing homes for older people, people with disabilities, vulnerable people and people with support needs	NI 141 The number of vulnerable people achieving independent living (*35 target LAA)	67.2% (2007/08) ⁵	68%	69%	70%	Environment & Housing
	NI 142 Number of vulnerable people who are supported to maintain independent living (additional	97.5% (2006/07)	97.7	98	98.3	Environment & Housing

Performance

The **Drug Interventions Programme (DIP)** seeks to reduce the levels of acquisitive crime by getting problematic drug users into treatment, retaining and supporting them there. The key findings of an Impact Assessment Study on the programme highlighted that:

- There was a 51% reduction in the rate of arrests for acquisitive crime, a 38% reduction in the rate of 'other' crime and a 46% reduction in the rate of arrests for all crime committed by those sampled
- On a case by case basis, 84% of those sampled either decreased their rate of acquisitive crime or stayed the same. 77% of individuals on the scheme either decreased their rate of overall offending or stayed the same.
- In 43 of the 58 cases the DIP programme provided the main case management support. This group reduced their rate of acquisitive crime by 53% and their overall rate of offending by 46%. This compares to the 47% and 37% reductions identified in a similar exercise undertaken in October 2007. The April 2006 figures were 43% and 35%.
- There was a 43% reduction in the rate of drug tests carried out on the caseload sample and a 58% reduction in the proportion of positive tests

Local views

Alcohol and drug use

The **Drug Support Unit**, part of Safe Newcastle has supported a wide range of consultation events for users and carers over the past three years to inform the ways that drug and alcohol use can be reduced including:

- DIP Service User Review (2007) to gain an understanding of the service user experience of the Drug Interventions Programme in Newcastle
- Parenting Consultation (2007) to gather information on what support parents with drug and alcohol problems have and need, and gather information on their experiences

Service user and carer representation is also sought on relevant groups including the Reducing Re-Offending Group to ensure that service users and carers have a say in commissioning, planning, service changes and decision making

Homelessness

Issues identified in the Homelessness Review in relation to adult offenders were:

- There is a need for more dispersed supported housing, and for better access to settled housing, as some offenders are not suitable for shared accommodation (e.g. some high risk offenders) or do not want this form of accommodation – in some cases, social landlords do not want to take the risk, even where offenders are capable of managing their own

accommodation, and do not need support, and it was noted that risk of re-offending and therefore risk to the public can be increased by not having accommodation

- Improvement in Information sharing so that providers can make informed decisions based on real rather than perceived risk, and so that any decisions to reject an application or referral can be understood by all concerned
- It can be difficult to access supported housing for those without a Probation Officer involved e.g. short term prisoners
- More supported accommodation is needed for people leaving prison having undertaken drug treatment to assist them to remain clean outside prison
- Some supported housing providers appear to have blanket bans without doing a risk assessment e.g. for sex offenders and people with an arson conviction
- For good quality advice needs to be made available to offenders whilst in custody, including advice on retaining their current accommodation and preventing homelessness from occurring
- High risk offenders' housing needs can be addressed through the MAPPA process. YHN systems and procedures for meeting these needs have recently been reviewed by YHN, but there may be a need to review how the MAPPA system is working in respect of other housing providers and agencies.

National and local strategies

Crime

The Social Exclusion Unit Report - [Reducing Re-offending by Ex-prisoners](#) (2002) highlights that many offenders experience a combination of factors which contribute to their offending. There are seven key pathways to reducing re-offending recognised by the Home Office;

- *Accommodation* – providing access to suitable and settled accommodation for offenders
- *Skills and employment* – ensuring that offenders have the skills, education and training necessary to help them to settle into sustainable employment
- *Health inequalities* – securing effective access to primary care and other health services for offenders in custody and the community
- *Drugs and alcohol* – encouraging offenders into treatment and providing support and through care to help them build productive lives
- *Children and families of offenders* – work to ensure appropriate information and support
- *Finance, benefit and debt* – tackling the financial problems faced by many offenders
- *Attitudes, thinking and behaviour* – support to address specific offending behaviour problems or motivation

The Home Office crime strategy sets out the main lessons learned over the past ten years and looks forward to how we can build on these lessons to address

new crime challenges. The crime strategy identifies a number of key areas for focus over the period 2008-2011. [Cutting Crime: A New Partnership 2008-2011](#) states that Responding to offenders with mental health needs. The majority of those with mental health needs do not offend, and of those that do, the majority are neither violent nor dangerous. There is, however, a much higher prevalence of mental health needs among offenders than within the general population, and it is important that those needs are managed. Some 72% of male and 70% of female sentenced prisoners suffer from two or more mental health disorders, 14 and 35 times, the level of the general population respectively.²⁰ Interventions to tackle the prominence of mental health needs among offenders take the form of early intervention and prevention, right through to rehabilitation.

[Improving prison and probation services: public value partnerships](#) (2006), sets out plans to extend contestability and partnership working as part of the drive to do better at protecting the public.

Health

The Department of Health consultation paper [Improving Health, Supporting Justice](#) (2008) states the vision for health and social care services as designing services to 'meet the challenging range of needs offenders and their families have.' It also states that 'offenders and their families will receive standards of care equivalent to that of the wider community which are well resourced and their effectiveness measured'.

The Health and Social Care White Paper [Our Health, our Care, our say: a new direction for community services](#) (2006) shifts the emphasis of health and social care from acute and intensive interventions, towards community and preventative services. It also calls to address these issues across health and social care.

Newcastle PCT's [Annual Operating Plan 2008/09](#) notes that further work to ensure that the needs identified by disadvantaged groups such as offenders released from prison will be developed.

The Home Office strategy - [Drugs: protecting families and communities](#) (2008) includes four areas of action:

- Delivering new approaches to drug treatment and social re-integration
- Preventing harm to children, young people and families affected by drug misuse
- Protecting communities through robust enforcement to tackle drug supply, drug-related crime and anti-social behaviour
- Public information campaigns, communications and community engagement

The [Alcohol Harm Reduction Strategy for England](#) places joint action at the heart of measures to improve treatment and support for people with alcohol problems. NOMS is working closely with the Department of Health, the National Treatment Agency and other partners to ensure that the needs of alcohol misusing offenders are addressed in commissioning these improved treatment services.

The Prison Service has published an Alcohol Strategy to support this work, and the Probation Service is developing a Delivery Strategy for publication this year.

Reviews and reports

The [Corston Report](#) presented a review of women with particular vulnerabilities in the Criminal Justice System; The need for a distinct, radically different, visibly-led, strategic, proportionate, holistic, woman-centred, integrated approach. Home Office publications, March 2007

An [Independent review of the diversion of individuals with mental health problems from the criminal justice system and prison](#) is currently being undertaken by Lord Bradley and will examine the extent to which offenders with mental health problems or learning disabilities could, in appropriate cases:

- Be diverted from prison to other services
- The barriers to such diversion.

The [Safe Newcastle](#) (SN) partnership portfolio tackles anti-social behaviour, crime, domestic violence and drug and alcohol misuse. It aims to protect and support vulnerable people, and work to reduce people's fear of crime. It also aims to reduce both offending and re-offending by addressing offenders' motivations, and making it more difficult for them to offend. There is a regulatory and public protection service to make sure food, accommodation, taxis, and work and leisure premises are safe. The partnership also enforces legislation to make sure companies trade fairly and the environment is protected from noise, litter and pollution.

The key priorities for SN in 2008/9 include:

- looking at the last three years' crime and disorder patterns and the concerns of people who live, work or socialise in Newcastle to develop a new three-year Safe Newcastle strategy
- tackling alcohol misuse and its link with offending by developing and starting to deliver Safe, Sensible and Social – Newcastle's first alcohol strategy, developed with other key agencies.

Current Activity and Services

Safe Newcastle has created and resourced a number of staff posts that facilitate and manage the drug-related work of the partnership. The posts are hosted with various employers but work together as Safe Newcastle's Drug Support Unit.

Delivering new approaches to drug treatment and social re-integration

This area of work aims to provide high quality, easy access services for people who have problems with their drug use. Safe Newcastle uses earmarked funding streams and mainstream resources to commission/provide a number of different services that provide treatment and support to people over 18 who have problems with drug use.

These include:

- A first point of contact for over 18s to access help.
- Harm reduction services.

- Structured day time activities.
- Counselling and other psychological support.
- Substitute prescribing.
- Community and inpatient detox
- Residential rehabilitation
- Other interventions that help people move away from a life dominated by drugs, for example, getting and living in their own home; getting a new job; rebuilding family relationships; and, finding new interests.

Work is taking place to:

- Help drug users and their families have their say about drug services so that we can work with them to make improvements.
- Make sure services work together as a single system, so that people can quickly and easily get the right range of services for their individual needs.
- Focus more on those services that help people move on from a life dominated by drugs, for example becoming abstinent; getting and living in their own home; getting a new job; rebuilding family relationships; and, finding new interests.
- Make sure these services are accessible to all people living in Newcastle whatever their background.
- Make sure that people who work with drug users have the right skills and knowledge to provide excellent services.

Preventing harm to children, young people and families affected by drug misuse

Safe Newcastle works in conjunction with the Children and Young People Strategic Partnership to identify need and use a range of mainstream and grant resources to commission/provide services that aim to reduce the chance that young people will develop problems with drug use and with drink.

- Schools and many youth services provide opportunities for young people to learn about drugs and alcohol and the harm they cause.
- D'n'A provides drug and alcohol services for young people. The service works with young people who are more likely to be in a situation where they take drugs or drink. This includes young offenders, children in care and those not attending school. The service also provides counselling work with young people who have started to take drugs or drink. Medical treatment is available if necessary.
- Opportunities have been developed for young people to get involved in activities, such as sport, music and drama. These activities aim to reduce the likelihood that young people will take drugs or drink.

Safe Newcastle/Children and Young People Strategic Partnership also commissions/provides services that work with children affected by parental drug or alcohol use and with parents coping with drug or alcohol use of their child. This could be work with one individual or work with a whole family.

Work is taking place to:

- Help young people and their parents have their say about drug services so that we can work with them to make improvements.
- Continually improve the drug and alcohol education available in schools and in youth services
- Promote D'n'A and help it to expand over time to provide a greater range of help about drugs and drink for young people.
- Develop more activities for young people, such as sport, music and drama, so that they are less likely to take drugs or drink.
- Make sure that teachers, youth workers, Connexions staff and others that work with young people identify young people who take drugs or drink and get them the help they need.
- Develop services to help children who have a parent who takes drugs or drinks.
- Improve support for adults who are affected by the drug or alcohol use of a family member or close friend.

Protecting communities through robust enforcement to tackle drug supply, drug-related crime and anti-social behaviour

Safe Newcastle is an intensive site for the Home Office's Drug Interventions Programme (DIP) and receives additional resources because of this. The programme works to identify drug using offenders and help them to get treatment and the other services they need to move on from a life dominated by drugs. This work takes place in all parts of the criminal justice system - in police custody cells, in courts, during community sentences, in prisons and when people return home from prison.

Northumbria Police leads the work to reduce the supply of drugs on the streets. Information from local people and partner agencies is very important to the police in carrying out this work.

Agencies who work within Safe Neighbourhoods (including Police, Neighbourhood Wardens, Neighbourhood Management, Housing Management and Ward Co-ordination) are ideally placed to find out about local drug related crime and anti-social behaviour and make sure work takes place to address them. This may include:

- Organising services to do outreach work with particular groups of people.
- Quickly removing drug related litter, such as discarded injecting equipment, and working to prevent it.
- Using enforcement powers; for example, the police have the power to temporarily close premises where Class A drug use or dealing is causing a nuisance to the neighbourhood.
- Providing information about services.

Work is taking place to:

- Improve the way we work with drug using offenders and make sure we have the right services in the city to meet their needs and reduce their offending.
- Improve information available to the police so that they know more about drug supply and use in Newcastle, understand how dealers link with each

other and, as a result, target drug operations where they will make the most difference.

- Make sure that drug operations run well and involve other services if needed.
- Make sure that people who work at a local level, particularly those involved in SNAPS groups, have the skills and knowledge they need to understand and address drug related problems.

Public information campaigns, communications and community engagement

This area of work aims to inform families, communities, organisations and businesses about drugs and drug related work and involve them in it.

Areas of activity include:

- Providing information and training about drugs; about how to reduce the harm caused by drugs; and, about work that is taking place to address drug issues.
- Developing ways to help people have their say about local drug issues so that improvements can be made.
- Feeding back about the work that has taken place to address the concerns people have raised.
- Improving policies in organisations and businesses so they can deal with drug use amongst staff and drug related incidents around their premises.

Reducing Re-Offending

Reducing re-offending amongst adults is the core job of the Probation Service which manages offenders who are either made subject to court orders or released from prison on license. In addition to the core probation-led work, Newcastle receives additional resources as an intensive site for DIP.

DIP delivers assessment, advice and support to drug users taken into police custody at the point of arrest and works to re-establish links with treatment services for drug users released from prison. DIP manages a caseload of around 120 individuals and supports approximately 50% of all new presentations to drug treatment services.

A small group of repeat offenders commit a disproportionate amount of crime. In Newcastle 60 people are currently identified as priority or prolific offenders (PPOs) and are managed more intensively by a combined team of police and probation staff. Nationally, drug misuse is a significant factor within the top 10% of most active PPOs

- 36% engage in offending as a major occupation to fund drug misuse
- 56% of Prolific Offenders are currently misusing drugs
- 86% of all Prolific offenders have used drugs

Safe Newcastle established the Reducing Re-offending Strategy Group in April 2007 with strategic objectives to:

- promote the profile of the reducing re-offending theme across all relevant areas of Safe Newcastle, its partners and delivery partnerships of the Newcastle Partnership
- integrate developments across the seven pathways to reducing re-offending with existing work-streams
- support and access relevant funding streams to support the work

The group concentrates on the needs of adult offenders whilst working closely with the Youth Offending Team to ensure the appropriate management of transitional issues. Initial focus is to undertake strategic work to enhance the impact of: the DIP; Drug Rehabilitation Requirements (DRR) and PPO.

The Group plays a leading role in developing the seven pathways; including improving access to suitable accommodation for offenders on release from prison, helping them access appropriate drug and alcohol treatment, and finding suitable work and training opportunities. Notable achievements in 2007/08 have been:

- The opening of a Construction Skills Training Centre in partnership with Tyneside Cyrenians and the ESH building group. Four graduates from the scheme are currently employed as building trainees.
- The development of 'Building Futures through Sport', which is a sports participation project to work with individuals known to the drug treatment and vulnerable housing sectors. The project is currently providing sports-based qualification training to 43 participants.

The North East ROAD Project aims to develop a model for the provision of housing and housing support services for offenders in the North East which is more coherent and joined up in its delivery – research has shown that reductions in re-offending is more effective when the various pathway elements are joined up. In the first half of the year 2007, of the 2,464 discharges from North East prisons, 1,937 were into settled accommodation (78%).

The prison service is developing its Integrated Drug Treatment System (IDTS) model in a number of prisons throughout the North-East. This is designed to improve the continuity of drug treatment between community and prison drug services.

Young offenders

There are 11 Youth Offending Teams (YOTs) and 4 Secure Establishments in the North East working with young people who have offended or are at risk of offending. YOTs are multi-agency partnerships based on local authority boundaries.

What is this telling us?

What are the key inequalities?

Prisoners

[A report on the health needs of prisoners by NEPHO](#) states that people in prisons, whether sentenced or on remand, have high levels of morbidity, particularly mental health problems and substance misuse. The rapid turnover of prisoners means that this is a problem for all communities and needs recognition by all primary care trusts.

There is a wealth of research around the health of prisoners, but very little relating to the health of offenders in the community even though the National Probation Service manages over 175,000 offenders in the community; over twice the number of prisoners.

Prison healthcare has improved in recent years, however it is likely that the poor health of prisoners does not suddenly remit on release and may even get worse. Department of Health policy guidance has suggested that offenders in the community seem to have difficulty accessing health services and tend to over-use crisis services such as Accident and Emergency. The few studies that have examined the health of offenders within community settings have indicated that the health of this group is worse than that of the general population. Reviews have suggested that the health needs of offenders in the community would be similar to those of prisoners.

Further outcomes are awaited from the Department of Health consultation paper Improving Health, Supporting Justice and from the Bradley Review of the diversion of individuals with mental health problems from the criminal justice system

Demographic changes in the general population and sentencing policy are set to bring about significant changes to the age profile of offender population.

- A Health Needs Assessment Of Offenders On Probation Caseloads In Nottinghamshire and Derbyshire, Report Of a Pilot Study (April '08)

Offenders on community orders

Data reviewed to date demonstrates that offenders in the community also report significant levels of morbidity including mental health problems and substance misuse.

What are the key gaps in knowledge/services?

Diversion from custody

There is a real need to divert offenders who have serious mental health problems away from prison and into the appropriate health service facilities. The needs of those suffering from physical health problems and from substance misuse and abuse must also be addressed. Providing suitable health and social care access is key to reducing repeat offending, in particular, prolific offending.

Healthcare

Healthcare within prisons is commissioned by Primary Care Trusts. Prisons Partnership Boards need to ensure that local needs are incorporated in the development of local plans and that there is full consultation with all stakeholders

involved in the design and delivery of services. As part of this Strategic Health Authorities, working with PCTs will ensure that healthcare is delivered against a number of criteria including the high quality and safe services with a reduction in health inequalities.

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Continuity of care

Key requirements in ensuring the development of continuity of care will be in tackling attrition at key stages of the assessment and treatment process and in developing the workforce of the future.

Research

There is a wealth of research around the health of prisoners, but very little relating to the health of offenders in the community even though the National Probation Service manages over 175,000 offenders in the community; over twice the number of prisoners.

Elderly prisoners

More research is required to understand more clearly the health needs of elderly prisoners and their resettlement and care needs on release.

Dual diagnosis

The term refers to people diagnosed with mental health problems, who also use illicit drugs or alcohol. It may, for instance, include someone diagnosed with a psychotic illness who uses street drugs, or someone who is depressed and drinking heavily or using stimulant drugs (such as amphetamine or cocaine) in order to feel more socially confident. More research is required to explore issues for individuals in this situation.

What are the risks of not delivering our targets?

- Increasing crime rates
- Increasing local concern about anti-social behaviour
- More people re-offending

Is what we are doing working?

Drug Intervention Programmes and drug treatment systems have a strong evidence base of effective practice.

Evidence from Court Diversion is required

Data from the Housing Gateway is beginning to show increased retention and satisfactory move-on for offenders with additional health related issues

offender management targets <i>selection</i>	2007/8		2008/9
	target	actual performance	target
Orders or licences successfully completed	70%	63%	70%
Offenders in settled and suitable accommodation at the end of their order or licence	75%	71%	82%
Offenders referred to the Learning and Skills Council for support with education, training and employment	2000	2012	1800
Breach proceedings initiated within 10 working days (where offenders fail to comply)	90%	97%	95%

(Northumbria Probation Service, 2007)

What is coming on the horizon?

- The population of Newcastle upon Tyne is predicted to increase including an increase in the number of people aged 65 and over who are likely to require greater healthcare resources.
- The National Offender Health and Social Care Strategy is likely to be published in spring 2009.
- ACE project has provided more detailed information regarding the relationships between homelessness, mental health and substance misuse.
- A need to develop more robust alcohol treatment pathways
- A need to prioritise routes away from addiction and towards social re-integration
- DWP; Reforming welfare to reward responsibility. Implications for substance users and offenders
- Re-launch of the HARP Protocol will place more responsibility on local agencies (to be led by the Council's strategic housing team) for ensuring that agencies and systems are able to meet the housing and support needs of offenders, including those leaving prison and those in the community.

What should we be doing next?

1) Healthcare for offenders

In the past, the prison health service has been very separate from the NHS, which has made it difficult to provide effective services. Now that the prison health service is coming under the aegis of the NHS there are opportunities to improve the health and health care of prisoners.

2) Greater partnership working

The proportion of offenders and ex-offenders with mental health needs is far higher than that found within the general community. This is also the case for children and young people in contact with the youth justice system. In addition, mental health needs in this population are often associated with issues of drug and/or alcohol misuse and social exclusion. Addressing these complex, multiple needs, requires active and effective partnership working across the range of health, criminal justice and social care agencies

3) Employment

The Council's *Employment Action Plan* identified the need for additional activity to support the employment prospects of a number of priority groups (e.g. incapacity benefit claimants, lone parents, older people, ex-offenders, homeless people and those from Black and Minority Ethnic groups) including:

- Pre-employment engagement of unemployed/inactive residents who are not involved in Jobcentre Plus's mainstream activities;
- Active customer management of clients. This would involve the provision of a sustained 1-2-1 support with individuals receiving a personalised, tailored package of help and support with the same adviser;
- Offering a menu of 'Support and progression' packages, tailored to individuals' needs; and, post-employment support.

4) Improved data collection

There is also the opportunity to improve data collection and communication – to ensure, for example, continuity of care when people enter or leave prison and a better understanding of the needs and movements of this population.

5) Social inclusion

The need for effective local partnership work is self evident²⁰ through, for example, Crime and Disorder Reduction Partnerships and Local Strategic Partnerships. The best way to improve the health of this vulnerable group is to prevent them going to prison by tackling underlying problems in our communities.

Housing and homelessness

Alongside the priorities listed above the **Supporting People** Sector Briefing on Homelessness, ex-offenders and people with drug and/or alcohol problems (2008) has also highlighted the following priority system improvements:

- Establish accommodation standards for supported housing;
- A supported housing 'Gateway' to improve access to temporary or supported accommodation;
- Greater clarity about the differences and similarities about services;
- Improved management information to inform commissioning;
- Services offering meaningful occupation, with employment and enterprise opportunities for vulnerable people;
- Services able to respond to the needs of couples;
- Floating support and advice services which operate across tenure;
- Services able to support women with a history of offending with complex needs;
- Increased numbers of people who move on positively from emergency access accommodation and reduced evictions;

- Improve move on from approved premises through the pathways process;

REFERENCES

1. [Department of Health \(2006\) Our health, our care, our say: a new direction for community services. DH: London](#)
2. [Home Office Cutting Crime: A New Partnership 2008-2011](#)
3. [Home Office \(2008\) Drugs: protecting families and communities. Home Office:London](#)
4. [Improving Health, Supporting Justice - the offender health and social care strategy \(2008\)](#)
5. Justice Minister Lord Hunt (2008), [Speech on the Interface between Coventry and Warwickshire Partnership Trust and criminal justice agencies](#), Novotel Hotel, Coventry
6. [NEPHO \(2005\) The Health Needs of Prisoners, NEPHO](#)
7. [NWPFO \(2007\) Local alcohol profiles](#),
8. [Singleton N., Meltzer, H., Gatword, R. Psychiatric Morbidity among Prisoners in England and Wales: summary report. London, the Stationery Office. 1998.](#)
9. [The Health of Women in Prisons \(2007\), Study Findings, Dept of Public Health, Oxford](#)
10. [The North East Youth Resettlement Framework for Action Consultative Draft 2](#)
11. [Social Exclusion Unit \(2002\) Reducing Re-offending by Ex-prisoners](#)