SAFER HARTLEPOOL PARTNERSHIP AGENDA



27 September 2013

at 9.30am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: SAFER HARTLEPOOL PARTNERSHIP

Councillor Christopher Akers-Belcher, Elected Member, Hartlepool Borough Council Councillor Allan Barclay, Elected Member, Hartlepool Borough Council Dave Stubbs, Chief Executive, Hartlepool Borough Council Denise Ogden, Director of Regeneration and Neighbourhoods, Hartlepool Borough Council Clare Clark, Neighbourhood Manger, Community Safety, Hartlepool Borough Council Louise Wallace, Director of Public Health, Hartlepool Borough Council Chief Superintendent Gordon Lang, Commander, Neighbourhood and Partnership Policing, Cleveland Police

Barry Coppinger, Office of Police and Crime Commissioner for Cleveland Chief Inspector Lynn Beeston, Chair of Youth Offending Board Luicia Sager-Burns, Director of Offender Management, Tees Valley Probation Trust Councillor Carl Richardson, Cleveland Fire and Rescue Authority Nominated Member lan McHugh, Hartlepool District Manager, Cleveland Fire and Rescue Authority John Bentley, Voluntary and Community Sector Representative, Chief Executive, Safe in Tees Valley

Andy Pow ell, Director of Housing Services, Housing Hartlepool Hartlepool Magistrates Court, Chair of Bench (vacant)

ALSO INVITED:

Karen Haw kins, Representative of Hartlepool and Stockton on Tees Clinical Commissioning Group

Mark Smith, Head of Youth Services, Hartlepool Borough Council

- 1. APOLOGIES FOR ABSENCE
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 Minutes of the meeting held on 16th August 2013

4. ITEMS FOR DECISION

- 4.1 Reducing Reoffending in Hartlepool *Director of Offender Management* (*Durham Tees Valley Probation Trust*)
- 4.2 "Transforming Rehabilitation: A Strategy for Reform" *Director of Regeneration and Neighbourhoods*

5. ITEMS FOR DISCUSSION / INFORMATION

- 5.1 Balance Alcohol Policy Update Presentation Representative from Balance North East
- 5.2 Hartlepool Household Survey 2013 *Strategy and Performance Officer*
- 5.3 The New Health Landscape Presentation Director of Public Health
- 5.4 Role of Health Organisations in Offender Health Presentation Representative from NHS England
- 5.5 Making the Difference: The Role of Adult Social Care Services in Supporting Vulnerable Offenders *Director of Regeneration and Neighbourhoods*

6. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of Next meeting -1 November 2013 at 9.30am in Committee Room B, Civic Centre, Hartlepool

SAFER HARTLEPOOL PARTNERSHIP DECISION RECORD

16 August 2013

The meeting commenced at 9.30 am in the Civic Centre, Hartlepool

Present:

Councillor: Christopher Akers-Belcher (In the Chair)

Dave Stubbs, Chief Executive Clare Clark, Neighbourhood Manager John Bentley, Safe in Tees Valley Andy Powell, Housing Hartlepool

In accordance with Council procedure rule 5.2 (ii) Andy Graham was in attendance as a substitute for Louise Wallace, Director of Public Health, Superintendent lan Coates as substitute for Chief Superintendent Gordon Lang and Chief Inspector Lynn Beeston and Julie Keay as substitute for Lucia Saiger-Burns, Tees Valley Probation Trust

Also present:

Karen Hawkins, Hartlepool and Stockton Clinical Commissioning

Group

Mark Smith, Head of Youth Services

Councillor Keith Fisher, HBC

Steven Hume, Stockton on Tees Borough Council

Anthony Lowes, NOMS North East

Officers: Joan Stevens, Scrutiny Manager

Danielle Swainston, Head of Access and Strategic Planning

Richard Starrs, Strategy and Performance Officer

Denise Wimpenny, Principal Democratic Services Officer

16. Apologies for Absence

Apologies for absence were submitted on behalf of Denise Ogden, Director of Regeneration and Neighbourhoods, Lucia Saiger-Burns, Durham Tees Valley Probation Trust, Gordon Lang, Chief Superintendent, Cleveland Police, Chief Inspector Lynn Beeston, Cleveland Police, Ian McHugh, Cleveland Fire and Rescue Authority, Councillor Carl Richardson, Cleveland Fire and Rescue Authority and Louise Wallace, Director of Public Health.

17. **Declarations of Interest**

None.

Minutes of the meetings held on 5 July 2013 18.

Confirmed.

19. **Matters Arising from the Minutes**

Superintendent Ian Coates confirmed acceptance of the role of Vice-Chair of the Partnership on behalf of Chief Superintendent Gordon Lang. The Chair requested that confirmation of the appointment be made in writing.

Troubled Families (Assistant Director, Children's Services) **20**.

Purpose of report

To update the Safer Hartlepool Partnership on the implementation of the Think Family Think Communities (Troubled Families) Programme in Hartlepool and changes to the arrangements for local delivery.

Issue(s) for consideration

The report included background information relating to the Troubled Families Programme following the Government's announcement that £448m be allocated to the programme.

As at 31 March 2013 Hartlepool submitted return data to the Troubled Families team, details of which were set out in the report. Since the start of the programme 97 families had been identified and work had commenced with the 97 identified. It was estimated that 28 payments by results would be claimed for July 2013.

With regard to changes to the arrangements for local delivery of the programme, in March 2013, the Troubled Families Co-ordinator role moved from the Director of Regeneration and Neighbourhoods to the Assistant Director, Children's Services and over the past 3 months a time limited core team had been developed to support the delivery of the programme, progress of which was provided.

It was reported that to date the Hartlepool Think Family Think Communities Programme had been able to identify 57 families that met the claim criteria. However, claims could only be made for 51 as funding was only attached to 5 out of 6 families. It was highlighted that this was higher than the

forecasted figure of 28.

The Head of Access and Strategic Planning responded to issues raised by Members. Clarification was provided in relation to the payment by results process and the support arrangements in place following the condusion of the claims process. In terms of the costs of implementing the programme, a guery was raised in relation to the anticipated income against additional expenditure to which the Partnership was advised that whilst cost benefits were yet to be examined, the DCLG had produced a cost benefit analysis tool to assist with the issue. Feedback in this regard would be provided to the Partnership in due course.

Decision

- (i) That the change of management arrangements of the Think Family Think Communities Programme be endorsed.
- That the changes to the delivery model be ratified. (ii)
- That the work to date on delivery of the programme in Hartlepool (iii) be noted.

21. Safe Places Scheme (Director of Regeneration and Neighbourhoods)

Purpose of report

To make the Safer Hartlepool Partnership aware of the Tees-wide Safer Places Scheme and seek the endorsement of the Partnership for the scheme.

Issue(s) for consideration

The Neighbourhood Manager provided background information relating to the scheme and made reference to the offer from Inclusion North to assist in the creation of a Safer Places Scheme across Teesside. The scheme was presently at the discussion stage in Stockton and Middlesbrough and was still being trialled by the Community Safety Team in Redcar and Cleveland. In Hartlepool, there had been take up of 50 places. One of the barriers to the success of the scheme was take up by transport providers. A steering group had been established with representation from all the agencies and districts working to launch a tees-wide scheme.

It was reported that there would be a sub-regional launch in the week commencing 14 October and the various methods of promoting the scheme were outlined, as detailed in the report.

In the discussion that followed, some concerns were raised that when testing the system, some staff employed in designated safe place locations

were not aware of the scheme and unsure as to what action to take in the event of any requests for assistance. Members emphasised that the success of the scheme was dependent upon staff employed in designated safe place locations being confident to deal with such requests and the benefits of training and briefing sessions for staff were highlighted as well as the need to publicise the success of the scheme. The Neighbourhood Manager agreed to feed those comments back to the Steering Group.

Decision

- That the contents of the report and comments of Members be noted. (i)
- That the approach being taken to introduce a Tees-wide Safe Places (ii) Scheme be endorsed.
- That the Director of Regeneration and Neighbourhoods explore the (iii) potential for expansion of the scheme with partners eg Health and Wellbeing Board and Safeguarding boards.

22. Community Safety Connect – Verbal Update

(representative from Stockton Borough Council)

Purpose of report

To provide an overview of the Community Safety Connect project.

Issue(s) for consideration

A representative from Stockton Borough Council, who was in attendance at the meeting, provided the Partnership with a detailed and comprehensive presentation in relation to the Community Safety Connect project which had been introduced in Stockton. The aim of the scheme was to build on the strong work that had been carried out on providing reassurance to local residents as well as continue to reduce the fear of crime and anti-social behaviour (ASB) in local areas. The presentation included background information as to how the project was developed including details the following three key elements of the project which could be adapted or developed at a low cost to meet the needs of individual areas.-

- Community Connect
 - web based application to report ASB
 - keep track of progress
 - benefits of the system
 - increased use of Quick Response (QR) codes

Client Connect

- single partnership document providing key information such as offending history, housing tenure, family makeup, health/special

needs, risk factors, chronology of involvement with agencies including named officers

- will enable the individual to receive the best possible support

Re-connect

- focuses on use of restorative practices to address ASB
- to provide victims and perpetrators with the opportunity to come together to address issues that have been caused as a result of ASB
- network made up of a number of representatives local authority, police, fire service volunteers from local communities.

Following conclusion of the presentation and in response to concerns regarding the effectiveness of anti-social behaviour orders, the representative acknowledged that whilst anti-social behaviour orders were effective in some cases, they may not address the problem in others. The need to positively engage with individuals, improve use of sanctions imposed and improve the monitoring and review process was highlighted.

A query was raised in relation to the impact on resources as a result of the project. The representative stated that whilst it was not envisaged that service requests would reduce, it was hoped that the project would reduce the workload of officers in the longer term with less time being spent dealing with telephone calls and manual input of information as well as better quality case notes to assist with enforcement.

The Chair thanked the representative for his attendance and requested that feedback from the Partnership be reported back to individual teams.

Decision

- The presentation was noted. (i)
- (ii) The comments of the Partnership be reported to individual teams.

23. Scrutiny Topic Selection – Reoffending (Scrutiny *Manager*)

Purpose of report

To advise the Safer Hartlepool Partnership of the crime and disorder topic selected by the Audit and Governance Committee for investigation as part of its statutory scrutiny responsibilities.

Issue(s) for consideration

The Scrutiny Manager reported on the background to the requirements of the Police and Justice Act 2006 to establish a Crime and Disorder Scrutiny

Committee and the suggestion made by the Partnership at the last meeting that the issue of reoffending should be investigated. The Audit and Governance Committee had welcomed the Partnership's suggestion and, in recognition of the importance of the issue, had agreed that an investigation would be undertaken as part of the 2013/14 work programme.

Decision

That the selection of 'reoffending' as the crime and disorder topic for investigation by the Audit and Governance Committee be noted.

24. Reducing Reoffending in the North East – Improving **Joint Working Between Prisons and Local** Authorities (ANEC/NOMS Report) (Director of Regeneration and Neighbourhoods)

Purpose of report

To update the Safer Hartlepool Partnership on a joint report produced by the North East Councils (ANEC) and National Offender Management Directorate (NOMS) into improving joint working between prisons and local authorities in the North East to reduce re-offending.

To propose that the 'reducing re-offending strategic group' takes responsibility for local implementation of the recommendations contained within the report as part of a broader strategy for reducing re-offending in Hartlepool.

Issue(s) for consideration

The report provided background information in relation to the production of a joint report produced by ANEC and NOMS. The ANEC Mayors and Leaders Group had agreed in principle to support the recommendations. However, had requested that the report be presented to the Local Community Safety Partnership to ascertain their views before giving their full support to the recommendations. An executive summary of the report was attached at Appendix A.

It was acknowledged within the report that amongst the many recommendations there would be some quick wins requiring minimum effort and resource with others requiring greater consideration through a North East Reducing Re-offending Forum. It was therefore proposed that the Safer Hartlepool Partnership ask the reducing re-offending strategic group to take responsibility for implementing the recommendations in the report as part of their work on the broader strategy.

Members were advised that a representative from the National Offender Management Directorate (NOMS) had been invited to the meeting to provide information on the report.

The Chair welcomed the representative from NOMS to the meeting who went on to deliver a detailed and comprehensive presentation on the project that had been initiated by ANEC and NOMS to identify opportunities for joint work directed at reducing reoffending and the associated harm to communities and focussed on the following:-

- Scope of the project
- The project answered a number of key questions
- Prison data by local authority as at July 2013

Recommendations

- Action based on resettlement pathways
- Focus on areas where prisons and local authorities can have greatest impact and improve outcomes
- A holistic approach to joined up end to end offender management
- ANEC and NOMS to work with partners to articulate local priorities
- NOMS and local authorities to work together with other key partners via a North East Reducing Reoffending Forum
- Strengthen co-operation and engagement at North East level to respond to opportunities, issues and risks by the planned reforms of offender management and through gate services.

Following the conclusion of the presentation Members discussed the contents of the report and issues highlighted by the representative which included the following:-

- (i) The representative from NOMS sought clarification as to whether partner organisations were engaging with prisoners in other areas outside the geographical boundaries. The representative from the Probation Trust referred to the strong links with Holme House Prison and the Probation Trust. Whilst acknowledging that links with other areas could be strengthened, it was highlighted that arrangements were in place to improve joint working to produce better outcomes for individuals. Details of joint working arrangements and the wraparound service in place with the local authority was provided. It was noted that all local authorities did not adopt a similar approach.
- (ii) Discussion ensued in relation to the importance of improving joint working and pathways from prison into the community, the problem of accessing services whilst in prison particularly those of a housing related nature and the impact on reoffending as a result. In order to address some of the issues identified, the NOMS representative advised that funding was provided by the

12 local authorities into a regional homelessness group contract to provide specific services. Arrangements were in place for a housing provider to engage with individuals at an early stage and. following release, there was a 13 week wrap around service provided by peer mentors.

- (iii) The Partnership debated the advantages and disadvantages of utilising volunteers as peer mentors to support offenders following release, the sustainability of this approach, access to internal housing support mechanisms as well as how individuals were supported following a withdrawal of an offer of accommodation as a result of unacceptable behaviour. In response, it was reported that the option to establish an Offenders Housing Group was being explored to alleviate risks of this type in future. It was noted that a discretionary grant was available to Prison Governors for emergency housing related issues.
- The Neighbourhood Manager, on behalf of the Durham Tees (iv) Valley Probation Trust representative, who had submitted her apologies and views prior to the meeting, questioned the value of a regional forum given the lack of outcomes of a previous forum that had been established a number of years ago. The importance of improving local connections with the prison and/or the reducing reoffending group to ensure things happened operationally was also highlighted. The NOMS representative indicated his availability to attend future meetings of the partnership as necessary.

In concluding the debate, the Chair was keen to receive feedback from the Reducing Reoffending Group, of which the NOMS representative was a Member, on the recommendations outlined in the report prior to a formal response being submitted to the Partnership to the ANEC Leaders and Mayors Group.

The Chair thanked the representative for his attendance at the meeting and responding to Members' questions.

Decision

- (i) That the information given and comments of the Partnership be
- (ii) That feedback on the recommendations, as detailed in the report, be sought from the Reducing Re-offending Strategic Group to enable a formal response to be submitted by the Partnership to the ANEC Leaders and Mayors Group.

25. Safer Hartlepool Partnership Performance

(Neighbourhood Manager (Community Safety))

Purpose of report

To provide an overview of Safer Hartlepool Partnership performance for Quarter 1 – April 2013 to June 2013 inclusive.

Issue(s) for consideration

The Neighbourhood Manager provided the Partnership with an overview of the Safer Hartlepool Partnership performance during Quarter 1, as set out in an appendix to the report. Information as a comparator with performance in the previous year was also provided.

Whilst noting an overall reduction in crime of 2.2%, the Partnership debated the potential reasons for the increase in domestic burglary, shop lifting and anti-social behaviour including the measures that had been introduced to reduce this trend.

Decision

That the Quarter 1 performance of the Partnership be noted.

26. Date and Time of Next Meeting

It was reported that the next meeting was scheduled for 27 September at 9.30 am.

The meeting concluded at 11.25 am.

CHAIR



SAFER HARTLEPOOL PARTNERSHIP

27th September 2013



Report of: Director of Offender Management (Durham Tees

Valley Probation Trust)

Subject: REDUCING REOFFENDING IN HARTLEPOOL

1. PURPOSE OF REPORT

- 1.1 To update the Safer Hartlepool Partnership on the current work of the local Reducing Reoffending Strategic Group into tackling reoffending in Hartlepool.
- 1.2 To propose a Reducing Reoffending strategy for Hartlepool that adopts an 'Offender Centric' approach to reducing offending and the broader harm caused to the community.

2. BACKGROUND

- 2.1 Following the Safer Hartlepool Partnership Development Day held in April 2013, the Safer Hartlepool Partnership agreed that there was a need to develop a local Reducing Re-offending Strategy to tackle high rates of re-offending whilst at the same time managing changes brought about by the Governments 'Transforming Rehabilitation' agenda.
- 2.2 A key principle underpinning the Governments Transforming Rehabilitation Strategy is that nothing will work unless it is rooted in **local partnerships** which bring together the full range of support, be it housing, employment advice, drug treatment or mental health services.
- 2.3 Research undertaken on both a regional (North East Councils (ANEC) and National Offender Management Directorate (NOMS), and local level (Team Around the Household) previously presented to the Partnership also indicates that much more could be done to improve pathways to services, and that in the most complex cases there is a need for the provision of additional support to get offenders back on the right track and break the cycle of re-offending.
- 2.4 Through the Reducing Reoffending Strategic group, led by the Reducing Reoffending Champion the Partnership has also recognised that raising

- awareness, and improving our understanding of the complexity and impact of re-offending in Hartlepool is key to improving our responses on the ground.
- 2.5 This report provides the SHP with an update on some of the work undertaken to date on reducing re-offending in Hartlepool, and proposes a Reducing Reoffending Strategy which aims to:

'Ensure that local services are coordinated in a manner that meets the needs of offenders, whilst at the same time ensuring local communities remain safe.'

The proposed key objectives of the strategy are:

- To improve pathways out of re-offending by shaping current services to meet the needs of offenders
- To provide appropriate support to offenders to keep them on right track and break the cycle of reoffending
- To improve a shared understanding of the complexities of offending behaviour on individuals and our communities

3. NATIONAL CONTEXT; CHANGING THE LANDS CAPE OF REHABILITATION

- 3.1 Nationally, significant changes are currently underway in relation to the transformation of rehabilitation services with the aim of bringing about greater reductions in re-offending and addressing the wider harm caused to the community by re-offending behaviour.
- 3.2 Re-offending has a personal cost for victims. In many cases this may be an immediate financial loss, but it is the impact of crime on the mental and physical well being of victims that can often have long lasting devastating consequences on individuals, and their families.
- 3.3 Re-offending also has a broader economic impact on society in general (estimated to be over £4bn annually). Investment in prisons and probation has not realised reduced reoffending rates with those sentenced to under 12 months receiving no form of statutory support in the community. This has led to a review in the way rehabilitation services could be delivered in the future.

As such the recently published report 'Transforming Rehabilitation: A Strategy for Reform' (May 2013) sets out governments plans to transform the way rehabilitation services will be delivered in the future underpinned by the following principles:

- Offenders need to be supported through the prison gate, providing consistency between custody and community
- Those released from short-term sentences, who currently do no get support, need rehabilitation if we are to bring their offending under control
- **Public protection** is paramount, and the public sector must take the role in keeping people safe

- The voluntary sector has an important contribution to make in mentoring and turning offenders lives around
- Nothing will work unless it is rooted in local partnerships and brings together the full range of support, be it housing, employment advice, drug treatment or mental health service
- 3.4 The reforms thus make provision for: new 'through the gate' services and designated resettlement prisons where prisoners will be returned for at least 3 months prior to release; the extension of rehabilitation to the most prolific offenders (those receiving less than a 12 month custodial sentence); the opening up of competition for the delivery of rehabilitation services to a wider range of providers; and the introduction of a payment by results system.
- 3.5 The new system which will go live in autumn 2014 also introduces a new national public sector probation service which will retain the management of offenders who pose a high risk of serious harm to the public. For those offenders falling outside of the 'high risk' category new providers of services will be expected to integrate with existing local partnerships to make the new system work. In this respect 21 contract package areas have been identified nationally with the current Durham Tees Valley Probation Trust area being identified as one contract package area.
- 3.6 As such intelligence on local needs and priorities will be fundamental in informing the future commissioning process, as will the commissioning priorities of local partners, including the PCC, and health providers.
- 3.7 The new providers are also expected to have regard to Police and Crime Commissioners (PCC) Plans, and once contracts are let, new providers are expected to work collaboratively with PCCs who are in turn expected to engage with providers through local forums such as Community Safety Partnerships, thus ensuring that providers are working together to deliver local priorities and reduce crime in local areas.
- 3.8 The key role for local Community Safety Partnerships in this new landscape will therefore be to ensure that the full range of local support services are co-coordinated in manner that meets the needs of offenders whilst at the same time keeping the Hartlepool community safe.

4. LOCAL CONTEXT

4.1 Over the last seven years crime and disorder rates in Hartlepool have been reducing year on year with the most recent statistics for 2012/13 showing a reductions of 9.7% in relation to crime and a reduction of 22.4% in relation to anti-social behaviour. However, compared to our local peers Hartlepool continues to have the second highest crime and anti-social behaviour rate across the Cleveland force area, and in terms of re-offending, according to the Ministry of Justice single proven re-offending measure Hartlepool has the second highest re-offending rate nationally (October 2011-2012).

- 4.2 Within this context the national reforms underway in relation to rehabilitation services will inevitably present some key challenges for the Safer Hartlepool Partnership.
- 4.3 Engaging with new providers of rehabilitation services will require an investment in developing good quality relationships if we are to make the system work. Equally local partners will also need to consider how they will deal with the increased demand for their services following the statutory expansion of rehabilitation services to those offenders receiving a custodial sentence of less than twelve months.
- 4.4 Having a clear picture of who the re-offenders are in Hartlepool, why they re-offend and the likely demand on services is therefore crucial to successfully delivering rehabilitation services in the future to reduce re-offending and the broader harm caused to communities.

5. LOCAL EVIDENCE BASE

5.1 As outlined above according to the Ministry of Justices single 'proven reoffending' measure Hartlepool has he second highest reoffending rate nationally.

The single 'proven re-offending' measure was introduced by the Ministry of Justice in 2011 with the aim of providing a consistent measure enabling communities to hold local service providers to account. This data is published on a quarterly basis in relation to adults and juveniles, who, within a rolling period of 12 months have:

- Received a caution, reprimand or warning or
- Received a court conviction other than immediate custody or
- Were discharged from custody or
- Tested positive for class A drugs on arrest
- In an effort to provide some further insight into re-offending in Hartlepool, additional analytical work has recently been undertaken by Safer Hartlepool Partnership Analysts who have examined the total cohort of Hartlepool re-offenders for the period April 2012 March 2013. This work looked at who the offenders are, who is currently working with them, and the types of offence committed. The top 10 offenders were also identified along with the breadth of their offending behaviour and where they were likely to commit offences.

(a) Who are the re-offenders?

The analysis reveals that during the 12 month period a total cohort of 1,704 offenders were identified with 531 of these offenders having committed a reoffence within the 12 month period.

The majority of re-offenders were adults (93%), with 84.4 % (420) being male. Within the male reoffending cohort the 21-24 years age group and 29-31

years age group were dominant but this was also accompanied by a spike in the number of male adult re-offenders aged 18 years, the majority of which were previously known to the Youth Offending Service. The age range in relation to female re-offenders in the group was also slightly different with the 23-25 years and 31-34 years age groups being predominant.

(b) Which services are the re-offenders engaged with?

42% of the adult re-offending cohort were known to probation and many of these (16%) were receiving intensive intervention via the Integrated Offender Management Team (IOM), known locally as the Criminal Justice Interventions Team (CJIT), or the Team Around the Household Initiative (TAH). All juvenile re-offenders (33) within the re-offending cohort were known to the Youth Offending Service and were therefore receiving intensive intervention to address their re-offending behaviour

Significantly, just over one third of the re-offenders tested positive for opiates or cocaine and a similar percentage (35%) were known to local drug and alcohol treatment services.

(c) Predominant types of re-offence committed

Crimes of an acquisitive nature represented over a third of the re-offences committed by re-offending cohort with a further 14% of re-offences being linked to violence against the person with 35% of violence re-offences being domestic related. Of interest, the offending profile of those re-offenders not known to probation showed a slight difference in terms of the types of re-offences committed with those re-offenders not known to Probation committing more anti-social behaviour related crimes such as drunk and disorderly and criminal damage offences.

The differences in offending behaviour across gender was also apparent with more than one third (39%) of female re-offenders committing shoplifting offences, compared to 22% of males. Within the re-offending cohort males were also more likely to commit serious acquisitive crime offences such as burglary and violence offences, with 8% of male re-offenders also being Prolific and Priority Offenders (PPOs).

Substance misuse, particularly opiates, was found to be a motivating factor in re-offending across both genders within the cohort, but females are more likely to seek support from treatment service than males.

(d) Profile of the top ten re-offenders in Hartlepool 2012/13

The profile of the top ten adult re-offenders displays the breadth of their offending in Hartlepool but most noticeably, only seven of the offenders were known to probation with only one being a PPO, and six of the offenders being High Crime Causers (HCCs). Further geographical analysis also demonstrated that the top ten adult re-offenders tend to reside in and offend in the most vulnerable and disadvantaged communities in Hartlepool.

5.3 Following this analysis the current selection criteria for Prolific and Priority Offenders is being revisited to provide additional focus for the IOM team, and given the spike in the 18 years age range of re-offenders the possibility of widening the PPO scheme to include young prolific offenders is also being explored. Additional work is also being undertaken to understand the impact of short term sentencing on re-offending in Hartlepool i.e. a dip sample will be carried out of those offenders not known to probation.

6. CRIMINOGENIC NEEDS; Pathways into Rehabilitation and Access to Services

- 6.1 The analysis undertaken by the SHP analysts with some further to work to be undertaken will identify a target group of re-offenders that will impact on a wide range of service areas, it being clear that a 'catch and convict' strategy that relies heavily upon Policing will not be sufficient to reduce their offending behavior.
- 6.2 Both national and local research indicates that adults and young people who offend are often the most socially excluded in society with the majority often having complex and deep rooted problems, such as substance misuse, mental health, homelessness and financial problems.
- 6.3 Improving pathways out of re-offending through the provision of local services that meet the needs of offenders, and tackling their issues in a holistic, and coordinated way is therefore fundamental to achieving the reduction in re-offending that is anticipated by government through their reforms.
- An 'offender centric' approach is already evident in local initiatives in Hartlepool, including the Integrated Offender Management Team, and Team Around the Household Initiative where it has been used to great success with offenders being at the centre of service design supported by a multi-agency team underpinned by a restorative approach to reducing offending.

However, addressing the underlying causes of re-offending in order to prevent re-offending is recognised as an inherently complex task and in many cases may require services to be reshaped to meet the need of offenders and growing demand for services.

The main criminogenic needs of offenders and therefore pathways out of reoffending are generally identified as follows:

- Accommodation
- Employment, Training, and Education
- Health physical and mental
- Drugs and Alcohol
- Financial management
- Attitudes, thinking and behaviour, and relationships

- A further insight into the criminogenic needs of those re-offenders known to Durham Tees Valley Probation Trust has also been provided as a result of analytical work undertaken by the Trust during 2012/13. This piece of work informs that those offenders who go onto re-offend within the Durham Tees Valley area have a different criminogenic needs profile to those who don't go on to re-offend, with accommodation, employability, drugs and alcohol, and financial management being the key factors to addressing their offending behaviour.
- The importance of the drug and alcohol treatment pathway is also evident in the data collated by Safer Hartlepool Analysts, and following the need for greater collaboration in the commissioning of health services being identified at the SHP development day in April, SHP health representatives have been meeting to discuss aligning commissioned services as they relate to offenders and will be presenting a progress report to the SHP at their September meeting. However regard should also be had to recent regional research into pathways to rehabilitation undertaken by ANEC/NOMs (Reducing Reoffending in the North East: improving joint working between prisons and local authorities June 2013) which sets out how 'through the gate' services could be improved to reduce reoffending through improved joint working between local authorities and prisons. Of particular note in this respect is the growing evidence base highlighted in the report suggesting that by far the most important criminogenic need / pathway to rehabilitation is accommodation.
- 6.7 This is also supported through the evaluation of the local Team Around the Household Initiative which involved some of the most difficult families/households to engage with in Hartlepool. These were households where offending behavior had been passed from one generation to the next, sometimes across as many as five generations, and all of the households were known to all local agencies for the wrong reasons.

During 2011 the Safer Hartlepool Partnership identified these households for intensive intervention due to the negative impact their offending behavior was having on the local community. Offender engagement with the TAH process was consensual, and without exception all offenders involved in the initiative had accommodation needs with the offer of appropriate accommodation often being the hook to get offenders engaged in the TAH process. The evaluation also demonstrated that having the right housing for the households involved was key to stabalising household members and reducing/stopping their offending behaviour.

For agencies involved in the TAH process the management of the households involved was also easier. Similar to Multi Agency Public Protection Assessment (MAPPA) arrangements, by sharing the risk, both potential victims, and the broader community were given maximum protection whilst giving offenders the best chance to rehabilitate. This subsequently resulted in improved financial management and increased employability prospects for those offenders involved.

6.8 The local 'Offender Housing Needs Group', chaired by the SHP Housing Sector representative, has also identified that whilst appropriate accommodation is, and can be made available to offenders through increased flexibility in allocation policies, and greater collaboration with 'through the gate' services', there is both a clear need for an improved understanding of existing locally commissioned services across all pathways, together with the need to provide day to day support for offenders to ensure that offenders remain on the right track in order to break the cycle of their reoffending.

The current investigation being undertaken by the Audit and Governance Committee into improving our understanding of the complexities and impact of reoffending in Hartlepool will invariably shed light on existing pathways to services, together with highlighting potential gaps in services to inform future commissioning intentions.

From an operational perspective moves are also underway to explore the criminogenic needs profile of the top ten offenders identified by SHP Analysts and merge the best practice of the IOM approach and the TAH approach. This will result in an individual action plan for each offender with sanctions developed on the basis of an offender profile that enables all needs and interventions to be assessed and outcomes measured.

However, it is the view of the Offender Housing Needs Group, that on the basis of existing evidence, Safer Hartlepool Partners, should give consideration to pooling resources to commission the service of a specialist housing advisor dedicated to working with re-offenders in Hartlepool. The Group also recommends that the need for day to day support for offenders in order to keep offenders on the right track and break the cycle of reoffending should remain paramount. The type and level of support required for the total cohort of re-offenders is therefore something that requires further investigation.

7. PROPOSALS

7.1 The Safer Hartlepool Partnership has a statutory duty to develop a strategy to reducing reoffending in Hartlepool. High reoffending rates in Hartlepool and changes in national policy, together with national, regional and local research indicates that the main thrust of a local reducing reoffending strategy for Hartlepool should be to:

'Ensure that local services are coordinated in a manner that meets the needs of offenders, whilst at the same time ensuring local communities remain safe.'

It is proposed that this will be achieved locally by focusing on:

- Improving pathways out of re-offending and the adoption of an offender centric approach.
- Providing appropriate support to offenders to keep them on right track and break the cycle of reoffending

- Improving a shared understanding of the complexities of offending behaviour on individuals and our communities
- 7.2 The strategy will be backed by an action plan based on the above objectives, and the collation of ongoing evidence with appropriate outcomes will be adopted to measure the success of the strategy and direction of travel in relation to the cohort of re-offenders identified.
- 7.3 In relation to criminogenic needs and pathways to services, the accommodation pathway needs to be recognized as the most important pathway, and it is proposed that Safer Hartlepool Partners give consideration as to how this pathway can be improved including giving consideration to the commissioning of a specialist housing advisor, and support services.

8. RISK IMPLICATIONS

8.1 The absence of a reducing reoffending strategy for Hartlepool could result in a fragmented uncoordinated service to offenders that could increase the risk of re-offending and wider harm to the community.

9. LEGAL CONSIDERATIONS

9.1 Under the Crime and Disorder Act 1998 the Safer Hartlepool Partnership has a duty to provide a co-ordinated response to reducing crime and disorder, tackling substance misuse, and reducing re-offending in Hartlepool.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 Implementation of the recommendations in the report will assist in ensuring that offenders are not placed at a disadvantage in relation to the provision of local services.
- 10.2 Evidence suggests that many offenders reside and offend in Hartlepools most vulnerable communities implementation of a reducing reoffending strategy backed by practical measures will assist in ameliorating the adverse impact of re-offending behaviour in those communities.

11. SECTION 17 CONSIDERATIONS

11.1 Failure to consider implementation of a reducing reoffending strategy will undermine the Councils ability to fulfill its statutory obligations under section 17 of the crime and disorder act to reduce re-offending.

12. RECOMMENDATIONS

- 12.1 That the Safer Hartlepool Partnership approves the draft strategy for reducing reoffending and agrees to further consultation on the strategy in line with the Hartlepool 'Community Compact'.
- 12.2 That the Safer Hartlepool Partnership considers the views of the Offender Housing Needs Group in relation to the commissioning of specialist housing advice and support services.

13. REASONS FOR RECOMMENDATIONS

- 13.1 The Safer Hartlepool Partnership has a statutory obligation under the Crime and Disorder Act to reduce re-offending in Hartlepool.
- 13.2 The proposed reducing reoffending strategy based on national policy and local evidence aims to reduce re-offending and the harm caused to the communities of Hartlepool.

14. CONTACT OFFICER

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SAFER HARTLEPOOL PARTNERSHIP

27th September 2013



Report of: Director of Regeneration and Neighbourhoods

Subject: "TRANSFORMING REHABILITATION: A STRATEGY FOR

REFORM"

1. SUMMARY

1.1 This report outlines the current position in respect of multi-agency discussions about a potential response to the Government's proposals for exposing the majority of Probation Services in relation to adult offenders to commercial competition, and seeks initial approval for a proposed approach, subject to further reports as the detailed options become clearer.

2. BACKGROUND

- 2.1 In January 2013 the Government published 'Transforming Rehabilitation: A Strategy for Reform', setting out plans for radical change to Probation Services in England and Wales. The Council responded to this consultation process via the Safer Stockton Partnership.
- 2.2 In summary, the plans are for the abolition of the current Probation Trusts and their replacement by a new National Probation Service (NPS), which will carry out initial assessments and pre-sentence work with offenders, and will manage those offenders assessed as representing high risk, and a series of new companies which will manage medium and low risk offenders. The original estimate was that 30% of current workload would go to the NPS and the other 70% to the new companies.
- 2.3 Despite receiving many adverse responses to consultation, the Government has decided to press on with its plans. One minor change, but a significant one for The Tees Valley, was an increase in the number of the proposed new companies from the original proposal of 16, which would probably have seen a single company covering the whole of the North East region, to 21, which allows for 2 companies, one of which will cover the current Durham Tees Valley Probation Trust area.
- 2.4 Many of the most important details about the competition process remain unclear. It is known that competition will be for ownership of a shareholding in one of the new companies, and that the Government will retain a share in

- each company. It is also known that the payments system will be based, in part, on results achieved in relation to reducing reoffending. It is believed that tenders will be evaluated on a basis of 50% quality, 50% price.
- 2.5 The current Trusts are to be abolished by April 2014 and the staff sorted into two groups, i.e. those who will transfer to the NPS and those who will transfer to the new companies. Trusts are being required to put in place so called 'ethical walls' to start to separate these two groups in advance of April.
- 2.6 The current Durham Tees Valley Trust is one of the top three nationally in terms of reducing reoffending and has some of the lowest unit costs. On five key measures of unit costs compared to the other 34 Trusts, its ranking positions are 35th (i.e. best), 34th, 31st, 21st and 16th.
- 2.7 A series of discussions has taken place to establish the level of interest in establishing a public and third sector consortium to bid for the work, in order to try to ensure that the levels of public service currently provided are maintained. Representatives of the Council have indicated its interest in participating in such a consortium, and other potential partners have been identified, i.e. TV Local Authorities, a local NHS Trust, a major local housing provider, and a sub-regional voluntary organisation. The most probable way forward would be the establishment of a Community Interest Company or similar vehicle, with shareholding and governance arrangements to be designed to reflect shares of any risk. Two Directors from the current Probation Trust have volunteered to work on this project.
- 2.8 The timetable is not yet fully clear but it is anticipated that the Pre-Qualification Questionnaire (PQQ) process for getting onto a tender list will begin shortly, with full tendering to take place in 2014 and contracts now to start from April 2015 (rather than Autumn 2014, as originally suggested by the Ministry of Justice).

3. FINANCIAL IMPLICATIONS

- 3.1 At this stage the only commitment would be to a share of the costs of undertaking the PQQ process. It is anticipated that the total cost would be of the order of £15,000 excluding legal costs, with the main cost element being specialist consultancy support. It is proposed to contribute up to £6,000 for this process, which can be identified within existing Safer Hartlepool Partnership budgets.
- 3.2 If the consortium is successful in relation to the PQQ process then the initial estimate of costs associated with mounting a full tender bid and supporting the cash flow of contract performance is of the order of £3 million to £4 million, to be shared between the partners in the consortium, and with full reimbursement and the possibility of modest profits, subject to performance achieved, but no decision on this scale of commitment is needed at this stage.

4. LEGAL IMPLICATIONS

4.1 The Council's involvement in this proposal is covered by its general power of competence under the Localism Act 2011. If and when the proposed delivery structure is firmed up then further legal advice will be taken.

5. RISK ASSESSMENT

5.1 The risks associated with the initial PQQ process are minimal. If the proposal proceeds then a full risk assessment will be undertaken, which will include the risk to any financial investment made by the Council and the reputational risk of contractual under-performance, both of which are offset by the strong track record of the current Probation Trust and by the wealth of expertise across the proposed partnership, and will also address the risks involved in taking no action. The current proposal is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

6. **RECOMMENDATIONS**

- i) That the action taken to date be endorsed.
- ii) That the Partnership continues to support the consortium bid.
- iii) That up to £6,000 from existing budget provision be used to support the POO.
- iv) That further reports be presented as and when more detail becomes available.

7. SECTION 17

7.1 The main rationale for involvement in the proposed partnership is to maintain and, if possible, improve upon the strong local track record in terms of reducing reoffending.

8. EQUALITY AND DIVERSITY

8.1 This report is not subject to an EIA because at this stage there is insufficient detail available to undertake a meaningful Assessment. Offenders managed by the Probation Service are overwhelmingly male and people from BME Communities are under-represented in local offending populations.

9. ASSET MANAGEMENT

9.1 One possible future development is that the Consortium may wish to explore co-location with Council Services as a way or reducing cost and improving access to services.

10. CONSULTATION INCLUDING WARD/COUNCILLORS

10.1 No consultation has been undertaken to date because there is insufficient information to undertake meaningful consultation.

11. BACKGROUND PAPERS

11.1 "Transforming Rehabilitation: A Strategy for Reform".

12. OFFICER

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SAFER HARTLEPOOL PARTNERSHIP

27 September 2013



Report of: Strategy and Performance Officer

Subject: HARTLEPOOL HOUSEHOLD SURVEY 2013

1. PURPOSE OF REPORT

1.1 To update the Safer Hartlepool Partnership on the available results from the Household Survey

2. BACKGROUND

- 2.1 This report details results from the Hartlepool Household Survey. The Household Survey (or MORI Survey as it has previously been known) has taken place every two years since 2004. In the past the borough-wide, face-to-face survey built upon the national NDC survey contract with Neighbourhood Renewal Fund (NRF) monies being used to extend the survey so that neighbourhood renewal area level data could be produced.
- 2.2 In spring 2012 the Local Government Association (LGA) consulted on proposals for benchmarking public perceptions of Local Government and in September 2012 issued guidance for Local Authorities. This guidance sets out the questions that should be included and the methodology that should be followed in order for the results to be compared against other local authorities. All results will be uploaded to the LGA's website LG Inform in the Autumn where results will be available for comparison in the detailed analysis report
- 2.3 In May 2013, a questionnaire was hand delivered to a random sample of 18,960 Hartlepool residents. The sample was selected from the electoral register to provide statistically reliable results to ward level at the 4% confidence interval (95% confidence level)
- 2.4 The response rates for individual wards ranged between 24.7% and 40%, with the more deprived areas of Hartlepool obtaining the lower response rates.
- 2.5 The overall confidence interval achieved for the survey is 1.17%. We can therefore have confidence that the results from the survey are reflective of the Hartlepool community.

2.6 The confidence intervals obtained for the individual wards range between 3.18% and 4.17%. Therefore, the survey reached the target to ensure it is able to provide statistically reliable results to Hartlepool ward level.

3 RESULTS SUMMARY

- 3.1 Attached, as **Appendix A**, is a copy of the survey containing the headline results. A number of questions included in the Hartlepool Household survey will be comparable with previous questionnaires, including the 2008 Place survey, past BVPI surveys, the 2010 MORI household survey, and Viewpoint surveys. However, the purpose of the following is to briefly summarise the findings from the Hartlepool Household Survey. In some instances, a comparison will be made with results received from the 2008 Place survey.
- 3.2 A full report will follow later in the Autumn, including comparisons and demographic break downs.

About your Local Authority

- 3.3 Respondents were asked to tell us how satisfied or dissatisfied they were with their area as a place to live, and reassuringly eight out of ten (78%) were either very or fairly satisfied. This proportion is similar to that obtained from the Place survey results (76%).
- 3.4 Hartlepool residents were asked to tell us how satisfied they are overall with the way Hartlepool Borough Council runs things. Nearly six out of ten (56%) were either very or fairly satisfied. This is a marked increase from 37% from the Place survey results.
- 3.5 Residents were asked to tell us how strongly they feel they belong to their local area, and seven out of ten responded very or fairly strongly (71%). This question was asked in the 2008 Place survey, although with slightly different wording. Reassuringly, the proportion of people who feel fairly or very strongly that they belong to their local area has increased since 2008 (60%).
- 3.6 Residents were asked how safe they felt when outside in their local area after dark and during the day. Reassuringly, almost nine out of ten (87%) respondents said they feel either very or fairly safe when out in their local area during the day. This reduces to just over half (54%) when outside after dark. These results are very similar to those obtained through the Place Survey in 2008.
- 3.7 Four out of ten (42%) respondents agree that their local area is a place where people from different backgrounds get on well together. Unfortunately, this is a marked reduction from responses received in 2008, when 72% of respondents definitely or tended to agree with this statement. We can see a shift away from people selecting 'tend to agree' in 2008 (64%) to neither agree nor disagree in 2013 (42%). Reassuringly, there has been reduction in the proportion of

- respondents who either definitely or tended to disagree with this statement from 28% in 2008, to 16% in 2013.
- 3.8 When asked to what extent they agree that people in the local area pull together to improve the local area, four out of ten (38%) respondents agreed.
- 3.9 Hartlepool residents were presented with a list of anti-social behaviour issues, and asked to tell us which they felt were a very or a fairly big problem in their local area. Residents were more likely to say the following were very or fairly big problems:
 - Rubbish or litter lying around (38%)
 - The speed and volume of road traffic (34%)
 - People using or dealing drugs (29%)
- 3.10 In looking at the results obtained through the Place survey, we can see that the following issues have had a notable reduction since 2008:
 - Vandalism, graffiti and other deliberate damage to property or vehicles (reduced from 27% in 2008 to 17% in 2013)
 - People being drunk or rowdy in public places (reduced from 28% in 2008 to 19% in 2013)
 - Rubbish or litter lying around (reduced from 45% in 2008 to 38% in 2013).

About your Local Area

- 3.11 When asked if residents feel they can influence decisions in their local area, only 12% thought they could. Over half (56%) said no, and a third (32%) said they did not know. When excluding the 'don't know' responses from the analysis, eight out of ten (82%) respondents said they did not feel they could influence decisions in their local area.
- 3.12 Less than half (47%) of respondents said they felt like part of the local community.
- 3.13 Six out of ten (59%) respondents said they are very or fairly satisfied with the quality of the service provided by the police.
- 3.14 Residents were presented with a long list of things which could be potential problems in their area, and were asked to tell us which from the list, they felt were problems in their local area. Hartlepool residents were more likely to select:
 - Transport / Roads / Pavements Condition of roads (63%)
 - Environment Dog / dog mess (56%)
 - Employment and the local economy Employment / Job opportunities / prospects (51%)
 - Employment and the local economy Cost of living (44%)
 - Environment Litter / rubbish / clean streets (38%)

4. RECOMMENDATIONS

4.1 That the SHP note the report and note that Ward level results will be available later in the Autumn.

5. CONTACT OFFICER

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HARTLEPOOL HOUSEHOLD SURVEY

YOUR VIEWS ON YOUR LOCAL AREA AND LOCAL SERVICES

Helpful hints for completing this questionnaire:

- The questionnaire should be completed by <u>any</u> resident of this address who is aged 18 or over.
- Please read each question carefully and tick a box to indicate your answer. In most
 cases you will only have to tick one box, but please read the questions carefully as
 sometimes you will need to tick more than one box.
- Answer the next question unless asked otherwise.
- Throughout this survey we ask you to think about 'your local area'. When
 answering, please consider your local area to be the area within 15 20 minutes
 walking distance from your home.
- Some questions include an "Other" option. If you would like to include an answer other than one of those listed within the question, please tick the "Other" box and write your answer in the space provided.
- Once you have finished, please take a minute to check you have answered all the questions that you should have answered.
- The questionnaire consists of 16 pages and should take no longer than 15 minutes to fill in. Thank you in advance for your time.
- Once you have completed the questionnaire, please return it in the pre-addressed envelope supplied by 12th July 2013. You do not need a stamp.
- Alternatively, if you would like to fill out this survey online, please go to
 <u>www.surveymonkey.com/s/HHSurvey2013</u>. The first question will ask you for a
 unique 5 digit code, which is printed on the bottom of the front page of this survey.
 The second question will ask you to enter your postcode.

Hartlepool Household Survey. May - July 2013.

Top line results – 6028 completed questionnaires.

30.6% response rate.

1.17 Confidence interval (95% confidence level)

* = excluded from results # = response below 0.5%

SECTION 1: ABOUT YOUR LOCAL AUTHORITY

Throughout the questionnaire we ask you to think about 'your local area'. When answering, please consider your local area to be the area within 15-20 minutes walking distance from your home.

Q1	Overall, how satisfied or dissatisfied are you with your local area as a place to live? N=5859											
	PLEASE T	PLEASE TICK ✓ ONE BOX ONLY										
	Very satisfied	Fairly satisfied	Neither satisfied or dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know	Very / Fairly satisfied	Very / Fairly dissatisfied				
	29%	49%	10%	8%	5%	*	78%	12%				

Your local area receives services from Hartlepool Borough Council. Hartlepool Borough Council is responsible for a range of services such as refuse collection, street cleaning, planning, education, social care services and road maintenance.

Overall, how satisfied or dissatisfied are you with the way Hartlepool Borough Council runs things? N=5810											
PLEASE TICK ✓ ONE BOX ONLY Neither Very /											
	Very satisfied	Fairly satisfied	satisfied or dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know	Very / Fairly satisfied	Fairly dissatisfied			
	11%	45%	23%	15%	7%	*	56%	22%			

In considering the next question, please think about the range of services Hartlepool Borough Council provides to the community as a whole, as well as the services your household uses. It does not matter if you do not know all of the services Hartlepool Borough Council provides to the community. We would like your general opinion.

Q3	Q3 To what extent do you agree or disagree that Hartlepool Borough Council provides value for money? N=5683											
PLEASE TICK ✓ ONE BOX ONLY Neither Strongly Tend agree or Tend to Strongly strongly strongly strongly agree disagree Don't know agree disagree disagree disagree disagree disagree disagree Don't know agree disagree di												
	agree 4%	to agree 31%	disagree 34%	disagree 23%	disagree 8%	*	agree 35%	disagree 31%				

Q4	On balance, which of the following statements comes closest to how you feel Hartlepool Borough Council? N=5586	el about
	PLEASE TICK ✓ ONE BOX ONLY	
	I speak positively of the council without being asked	5%
	I speak positively of the council if I am asked	26%
	I have no views one way or another	41%
	I speak negatively about the council if I am asked about it	22%
	I speak negatively about the council without being asked	6%
	Don't know	*
	Speak positively	31%
	Speak negatively	28%

Q5	To what extent do you think Hartlepool Borough Council acts on the concerns of local residents? N=5227										
	PLEASE TICK ✓ ONE BOX ONLY										
	A great deal	A fair amount	Not very much	Not at all	Don't know	Great deal / fair amount	Not very much / not at all				
	7%	47%	39%	7%	*	54%	46%				

Q6	Overall, how well informed do you think Hartlepool Borough Council keeps residents about the services and benefits it provides? N=5538											
	PLEASE TICK ✓ ONE BOX ONLY											
	Very well informed	Fairly well informed	Not very well informed	Not well informed at all	Don't know	Very / fairly well informed	Not very / not at all well informed					
	11%	51%	30%	8%	*	67%	38%					

Q7	How much do you trust Hartlepool Borough Council? N=5300											
	PLEASE TICK ✓ ONE BOX ONLY											
	A great deal	A fair amount	Not very much	Not at all	Don't know	A great deal / fair amount	Not very much / not at all					
	8%	47%	35%	10%	*	55%	45%					

Q8	Q8 How strongly do you feel you belong to your local area? N=5587											
	PLEASE TICK ✓ ONE BOX ONLY											
	Very strongly	Fairly strongly	Not very strongly	Not at all strongly	Don't know	Very / fairly strongly	Not very / not at all strongly					
	23%	48%	24%	6%	*	71%	29%					

Q9 How safe or unsafe do you feel when outside in your local area <u>after dark</u>? N=5622 PLEASE TICK ✓ ONE BOX ONLY IN THE **LEFT** HAND COLUMN BELOW

Q10 How safe or unsafe do you feel when outside in your local area <u>during the day</u>?
N=5638 PLEASE TICK ✓ ONE BOX ONLY IN THE **RIGHT** HAND COLUMN BELOW

	Q9 After dark	Q10 During the day
Verysafe	12%	43%
Fairlysafe	43%	44%
Neither safe nor unsafe	18%	8%
Fairly unsafe	18%	4%
Veryunsafe	10%	1%
Don't know	*	*
Very / fairly safe	54%	87%
Very / fairly unsafe	28%	5%

Q11 To what extent do you agree or disagree that your local area is a place where people from different ethnic backgrounds get on well together? N=3799

PLEASE TICK ✓ ONE BOX ONLY

Definitely agree 7%	Tend to agree 35%	Neither agree nor disagree 42%	Tend to disagree 11%	Definitely disagree 5%	Don't know *	Too few people in local area	All the same ethnic background *
				Defin	itely / ten	d to agree	42%
				Definite	ly/tend to	o disagree	16%

Q12 To what extent do you agree or disagree that people in this local area pull together to improve the local area? N=5350

PLEASE TICK ✓ ONE BOX ONLY

Definitely agree 7%	Tend to agree 31%	Neither agree nor disagree 34%	Tend to disagree	Definitely disagree 9%	Nothing needs improving 1%	Don't know *
				Definitely / to	end to agree	38%
				Definitely / tend	d to disagree	28%

Q13 Thinking about this local area, how much of a problem do you think each of the following are...

PLEASE TICK ✓ ONE BOX ONLY FOR EACH STATEMENT

	A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	Don't know / No opinion	Very / fairly big problem	Not a very big problem / problem at all
Noisy neighbours or loud parties N=5626	5%	8%	36%	51%	*	12%	88%
Rubbish or litter lying around N=5744	14%	24%	42%	20%	*	38%	62%
Vandalism, graffit and other deliberate damage to property or vehicles N=5514	5%	12%	44%	39%	*	17%	83%
People using or dealing drugs N=4488	13%	16%	26%	45%	*	29%	71%
People being drunk or rowdy in public places N=5307	7%	12%	39%	42%	*	19%	81%
Groups hanging around the streets N=5510	9%	16%	39%	36%	*	25%	75%
Abandoned or burnt out cars N=5246	1%	1%	14%	84%	*	2%	98%
Run down or boarded up properties N=5506	8%	11%	18%	64%	*	18%	82%
The speed and volume of road traffic N=5655	12%	22%	36%	30%	*	34%	66%
Racial harassment N=4547	1%	2%	18%	79%	*	3%	97%
People being attacked or harassed N=4838	3%	7%	24%	67%	*	9%	91%
Household burglary N=4741	4%	10%	49%	37%	*	14%	86%
Car crime (e.g. damage, theft and joyriding) N=4857	4%	9%	39%	48%	*	13%	87%
Property being set on fire N=4895	2%	3%	21%	75%	*	5%	95%

SECTION 2: ABOUT YOUR LOCAL AREA

Q14	Do you feel you can influence decisions that affect your local area? PLEASE TICK ✓ ONE BOX ONLY						
	Yes	No	Don't know				
N=5809	12%	56%	32%				
N=3952	18%	82%	*				

Q15	And to what extent do you feel part of the local community? N=5428								
	PLEASE TICK ✓ ONE BOX ONLY								
	A great deal	A fair amount	Not very much	Not at all	Don't know	A great deal / a fair amount	Not very much / not at all		
	7%	40%	42%	11%	*	47%	53%		

And how satisfied or dissatisfied are you with the quality of the service provided by the police? N=5492

PLEASE TICK ✓ ONE BOX ONLY

Neither Very / fairly Very / fairly Verv Fairly satisfied or Fairly Very dissatisfied dissatisfied Don't know dissatisfied satisfied satisfied satisfied dissatisfied 14% 29% 13% 45% 8% 5% 59%

SECTION 3: HEALTH AND WELLBEING

Q17 Thinking about the last 12 months...

How is your health in general? Would you say it is... N=5751

PLEASE TICK ✓ ONE BOX ONLY

Very goodGoodFairBadVery badVery good / goodBad / very bad18%35%33%11%3%53%14%

Q18 Do you have any long-standing illness, disability or infirmity? N=5724

By long-standing, we mean anything that has troubled you over a period of time, or that is likely to affect you over a period of time?

PLEASE TICK ✓ ONE BOX ONLY

Yes 47% Go to Q19

No 53% Go to Q20

Q19 If yes, does this illness, disability or infirmity limit your activities in any way? N=2647

PLEASE TICK ✓ ONE BOX ONLY

Yes 76% No 24% Does any member of your household have any of the following health problems? N=4630

PLEASE TICK ✓ ALL THAT APPLY IN THE **LEFT** HAND COLUMN BELOW

Does any member of your household access services / receive support for any of the following health problems? N=3853

PLEASE TICK ✓ ALL THAT APPLY IN THE RIGHT HAND COLUMN BELOW

	Q20 - Have any of the follow ing health problems	Q21 - Receiving support for the follow ing health problems
Weight issues / obesity	15%	4%
Alcohol / drug problems	1%	1%
An xiety / problems with nerves / depression / stress	19%	11%
Dementia / Alzheimer's	2%	2%
Breathing difficulties / respiratory illness	20%	13%
Autism / Attention Deficit Hyperactivity Disorder (ADHD)	2%	1%
Loneliness / Isolation	4%	1%
Other mental health problems	5%	3%
None of these	56%	74%
Don't know	*	*
Would prefer not want to answer this question	*	*

Q22 Overall, how satisfied or dissatisfied are you with services which provide support for...

PLEASE TICK ✓ ONE BOX ONLY FOR EACH SERVICE

FLEASE FICK V GIVE BOX GIVET FOR EACH SERVICE								
	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Notapplicable / not used services	Very / fairly satisfied	Very / fairly dissatisfied
Older People (e.g. residential care, home care, day services) N=5457	7%	20%	15%	5%	2%	52%	26%	7%
People with Mental Health Needs (e.g. supported accommodation, support to access employment) N=5294	3%	13%	15%	5%	3%	61%	16%	7%
People with Disabilities (e.g. residential care, day services) N=5324	5%	15%	14%	4%	2%	60%	19%	6%
Carers (e.g. advice, information and support services) N=5424		17%	15%	5%	2%	55%	24%	7%

Q23 How likely are you to recommend any of the following health care services that serve the Hartlepool area, to friends and family if they needed similar care or treatment?

If you have not used any of these services, please tick 'Don't know / not applicable'

PLEASE TICK ✓ ONE BOX ONLY ON EACH LINE

	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know/not applicable	Extremely likely / likely	Extremely unlikely/ unlikely
Your GP N=5274	37%	42%	13%	6%	2%	*	79%	8%
University Hospital of Hartlepool N=4907	27%	39%	17%	11%	6%	*	67%	17%
University Hospital of North Tees N=4179	11%	29%	24%	20%	17%	*	40%	36%
Urgent Care Services at the One Life Centre N=4293	12%	32%	18%	18%	20%	*	43%	38%
Community Services at the One Life Centre e.g. Musculo-skeletal dinics, sexual health, audiology N=3009	16%	37%	22%	12%	13%	*	53%	25%
Midwife N=1436	21%	32%	27%	10%	10%	*	53%	20%
Health visitor N=1759	20%	36%	26%	11%	7%	*	56%	18%
District Nurse N=1821	24%	37%	24%	8%	6%	*	61%	15%
Dentist N=4173	31%	47%	15%	5%	3%	*	78%	8%

Q24 Are you currently a... N=5795

PLEASE TICK ✓ ONE BOX ONLY

	_		
Smoker	15%	Go to Q25	
Non-smoker	63%	Go to Q27	
Ex-smoker	22%	Go to Q27	

Q25 If you currently smoke, which of the following best describes you? N=878

PLEASE TICK ✓ ONE BOX ONLY

I do not wish to stop	20%
I would like to stop one day but I am not ready yet	31%
I have tried to give up in the past but still smoke now	36%
I am currently trying to quit smoking	13%

Q26 If you wanted to quit smoking, which of the following places and services would you go to for help? N=851

PLEASE TICK ✓ ALL THAT APPLY

GP/Doctor	29%
Local NHS Stop Smoking Services	30%
Stop Smoking Services through pharmacies	9%
Online s ervices	2%
Nowhere – I would quit by myself	33%
Don't know where I would go	10%

In April 2013 the Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG) will be formally established. The role of the CCG is to commission health services for Hartlepool and Stockton.

Q27	7 Before receiving this survey, were you aware of the CCG and its role? N=5829 PLEASE TICK ✓ ONE BOX ONLY						
	Yes aware of the CCG, and knew of its role	11%					
	Yes aware of the CCG, but did not know about its role	8%					
	No – not aware of the CCG or its role	81%					

Q28 How would you like to be kept informed about the CCG and changes to services? N=5609

PLEASE TICK ✓ ALL THAT APPLY IN THE **LEFT** HAND COLUMN BELOW

Q29 How would you like to have your say about the CCG and changes to services? N=4408

PLEASE TICK ✓ ALL THAT APPLY IN THE **RIGHT** HAND COLUMN BELOW

PLEASE TICK V ALL THAT APPLY IN THE RIGHT HAND	Q28 Kept informed	Q29 Have your say
Through the CCG Website / online consultation	15%	16%
Through public meetings	9%	12%
Through receiving / responding to text messages	5%	4%
Through leaflets / consultations sent to your home	53%	30%
Through phone line / telephone surveys	4%	5%
Through newspapers with information / consultation instructions	31%	14%
Not interested	26%	46%

SECTION 4: ABOUT WHERE YOU LIVE

Q30 In which of these ways does your household occupy your current accommodation? N=5832

	PLEASE TICK ✓ ONE BOX ONLY	
	Owned outright	43%
_	Buying on a mortgage or loan	27%
	Pay part rent and part mortgage (shared ownership)	#
	Rent from Housing Association / Trust	21%
	Rent from a private landlord	7%
	Live here rent free (including in a friends or relatives property)	1%
	Other (Please tick ✓ and write in below)	69 comments

,

Rent from Housing Hartlepool (43 comments)

Other (10 comments)

Tied with job (9 comments)

Warden controlled accommodation (4 comments)

Buy to rent (3 comments)

Q31 How many children aged 17 or under are living here? N=5225

PLEASE TICK ✓ ONE BOX ONLY IN THE LEFT HAND COLUMN BELOW

Q32 How many <u>adults aged 18 or over</u> are living here? N=4851

PLEASE TICK ✓ ONE BOX ONLY IN THE **RIGHT** HAND COLUMN BELOW

	Q31 Children, 17 or under	Q32 Adults, 18 or over	Total people in household
One	12%	36%	32%
Two	8%	51%	41%
Three	2%	10%	14%
Four or more	#	4%	13%
None	78%	#	-

Q33 When did you personally move to this address? N=5765

PLEASE TICK ✓ ONE BOX ONLY IN THE **LEFT** HAND COLUMN BELOW

When did you move to this area? N=5676

PLEASE TICK ✓ ONE BOX ONLY IN THE **RIGHT** HAND COLUMN BELOW

	Q33 This address	Q34 This area
Less than 6 months	3%	2%
Between 6 months and one year	5%	3%
Between two and four years	12%	7%
Five years or more	80%	88%

Q35 Hartlepool Borough Council is also a key provider of public services locally, so we would like your views on some of the services it provides. How satisfied or dissatisfied are you with each of the following services provided or supported by Hartlepool Borough Council?

PLEASE TICK ✓ ONE BOX ONLY FOR EACH SERVICE

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know	Very / fairly satisfied	Very /fairly dissatisfied
Keeping public land clear of litter and refuse N=5652	12%	49%	17%	15%	8%	*	60%	23%
Refuse collection N=5851	33%	47%	8%	8%	4%	*	80%	12%
Doorstep recycling N=5488	29%	48%	14%	6%	3%	*	77%	9%
Local tips / household w aste recycling centres N=5262	29%	49%	15%	4%	3%	*	78%	7%
Local transport information N=4626	11%	37%	1%	12%	9%	*	48%	21%
Local bus services N=4802	15%	33%	22%	14%	16%	*	49%	30%
Sport / leisure facilities N=4267	10%	39%	32%	11%	7%	*	50%	18%
Libraries N=4936	22%	43%	23%	7%	6%	*	65%	12%
Museums / galleries N=4607	16%	45%	30%	5%	4%	*	62%	9%
Theatres / concert halls N=4378	10%	38%	34%	10%	7%	*	48%	18%
Parks and open spaces N=5236	22%	54%	15%	6%	3%	*	76%	8%

Q36 Thinking about your local area, which of the things below, if any, do you think are problems in your local area? N=5609

PLEASE TICK ✓ ALL THAT APPLY

Crime and Safety	
General level of crime	14%
Fear of crime	25%
Local police services	14%
Car crime	9%
Burglary	14%
Physical attacks / muggings	7%
Drug dealing / use	24%

Local facilities	
Sports / leisure facilities	15%
Community centres / facilities	11%
Local shops / supermarkets / shopping facilities	14%
Cultural facilities (libraries / museums)	10%
GPs / Health Centres / Hospitals / Health services	25%

Employment & the local economy	
Local e∞nomy	30%
Wage levels	27%
Cost of living	44%
Employment / Job opportunities / prospects	51%

Environment	
General appearance of the area	26%
Access to nature	6%
The level of pollution	9%
Litter / rubbish / clean streets	38%
Graffiti / Vandalism	10%
Abandoned cars	1%
Dog / dog mess	56%
Run down / boarded up properties	20%
Parks and open spaces	8%

Community		
Community activities	14%	
Feelings of community / knowing people	16%	
Race relations	4%	

Children / Young people	
Childcare provision	4%
Play areas, activities and facilities for younger children	21%
Facilities / activities for teenagers	33%

Housing	
Choiæ of housing	10%
Affordability of decent housing	17%
Upkeep / quality of housing	14%
Housing service provided by your landlord	5%

Education / Training	
Primary s chools	6%
Secondary schools	6%
Adult education / training	8%
Other education provision (e.g. online, college, work based)	5%

Transport / Roads / Pavements	
Speed and volume of traffic	34%
Level of traffic congestion	15%
Condition of roads (pot holes, etc)	63%
Parking provision	26%
Public transport	22%
Pavements / footpaths	38%
Nothing	3%

Don't know *

Out of everything you have selected in Q36 above, which FIVE things are important **Q37** to you PERSONALLY to improve in your local area? PLEASE WRITE IN BELOW **Transport / Roads / Pavements - Condition of roads (pot holes, etc)** Priority 1: 39% **Priority 2:** Environment - Dog / dog mess 39% Environment - Litter / rubbish / clean streets 28% Priority 3: Employment & the local economy - Employment / Job opportunities / Priority 4: prospects 22% Priority 5: Transport / Roads / Pavements - Speed and volume of traffic 21%

Q38 Are there any other problems in your local area that are not listed in Q36? If so, please use the space below to tell us about them. N=1601

Anti-social behaviour / gangs of youths	13%	Demolish Longscar Hall	2%
Dangerous / illegal car parking / parking outside schools	7%	Drugs / al cohol problems	2%
Poor refuse collection	7%	Smell pollution	2%
Dog fouling / lack of dog poo bins	6%	Litter	2%
Noise pollution / noisy neigbours	6%	Barking dogs / uncontrolled dogs	2%
Traffic calming / speeding traffic	5%	Better pavements	2%
Poor road conditions / potholes	4%	Ban ball games from the streets / near houses / cars	2%
Poor tenants place in area / poor neighbours	4%	Problems from tips / landfill sites	2%
Better grass cutting / collecting of grass cuttings	4%	Over development / no more new houses	1%
Proposed site for gypsies	4%	Bus service	1%
Poor council / poor councillors	3%	Flooding risk	1%
Redevelopment needed	3%	More cyde paths needed	1%
Improved street lighting	3%	Better road crossings	1%
Closure of part of hospital / healthcare concerns	3%	Fly tipping	1%
Poorly maintained properties / gardens	3%	Too many horses on road / horse fouling	1%
High level of council tax	3%	More police	1%
Residents parking on residential streets	2%	Other	22%
Better maintenance of trees / bushes	2%		-

SECTION 5: ABOUT YOURSELF

Please complete these questions which will help us to see if there are differences between the views of different residents. All the information you give will be kept completely confidential.

Q39 Are you male or female? N=5512 PLEASE TICK ✓ ONE BOX ONLY

Male 41%

Female

59%

Q40	What was you	r age on you	last birthda	y? N=5517	PLEASE TICH	K ONE BOX C	NLY
	18-24	25-34	35-44	45-54	55-64	65-74	75+
	2%	7%	11%	18%	21%	23%	18%

Q41 Which of these activities best describes what you are doing at present? N=5451

PLEASE TICK ✓ ONE BOX ONLY

Employee in full-time job (30 hours plus per wk) 25%

Employee in part-time job (under 30 hours per week) 10%

Self-employed full or part-time 4%

On a government supported training programme (e.g. Modern Apprenticeship / Training for Work)

Full-time education at school, college or university #

Unemployed and available for work 5%

Permanently sick / disabled 9%

Wholly retired from work 40%

Looking after the home 6%

Doing something else (✓ AND WRITE IN BELOW) 63 comments

Carer (40 comments)

Voluntary work (18 comments)

Other (5 comments)

Q42 To which of these groups do you consider you belong to? N=5473

PLEASE TICK ✓ ONE BOX ONLY

<u>White</u>		Black or Black British	
British	98%	Caribbean	#
Irish	#	African	#
Any other White background (✓ AND WRITE IN BOX)	1%	Any other Black background (✓ AND WRITE IN BOX)	#

	<u>Asian</u>		<u>Mixed</u>
#	Indian	#	White and Black Caribbean
#	Pakistani	#	White and Black African
#	Bangladeshi	#	White and Asian
	Any other Asian background		Any other Mixed background
	(✓ AND WRITE IN BOX)		(✓ AND WRITE IN BOX)

Chinese and Other ethnic groups

Chinese #

Other ethnic group (✓ AND WRITE IN BOX) #

JOINING VIEWPOINT

The Council has a panel of more than 1000 Hartlepool residents called **Viewpoint**. These residents have agreed to take part in postal surveys three times a year. The aim of these surveys is to find out what residents think about Council services and other services such as the police, the fire service and health trusts. The Council takes these views into account when planning for the future and making decisions, which have an impact on your daily life. Your views are important and can make a difference to how services are provided.

If you would like to join **Viewpoint**, please write your name and address in the boxes below, and also your email address if you have one. If you are not interested in joining **Viewpoint**, please leave these boxes blank. You can choose to leave **Viewpoint** at any time.

1404 residents interested

JOINING HARTLEPOOL ONLINE PANEL

We are also looking for Hartlepool residents to join our Hartlepool Online Panel – or H.O.P for short. By joining the H.O.P, you will be sent an email every month, letting you know about the consultations you can take part in over the next few weeks. These consultations might be online surveys, public meetings, or other types of consultation activities. What you take part in is entirely up to you. All we want to do is tell you about them!

To join the H.O.P, all you have to do is provide us with your email address. And if at any time you no longer wish to receive emails from us, simply let us know and we will remove you from the panel.

Email Address

551 residents interested

THANK YOU FOR TAKING PART IN THIS SURVEY

Please return the questionnaire to ADTS, the company who will be processing this survey, in the reply-paid envelope. If you mislay your pre-paid envelope, please contact Lisa Anderson on 01429 523041 or lisa.anderson@hartlepool.gov.uk

The information collected about you will be securely held and will be used to produce statistical reports. No personal data will be disclosed. In order to run this survey, the Council has entered into contracts with a distribution company, ADTS and will share information with this organisation. For the purposes of the provision of this service, ADTS act as a department of the Council and are bound by their contract to treat your information confidentially. Hartlepool Borough Council is the Data Controller.



SAFER HARTLEPOOL PARTNERSHIP

27th September 2013



Report of: Director of Regeneration and Neighbourhoods

Subject: MAKING THE DIFFERENCE: THE ROLE OF ADULT

SOCIAL CARE SERVICES IN SUPPORTING

VULNER ABLE OFFENDERS

1. SUMMARY

1.1 The report draws together current information about young people and adults with multiple needs in contact with the criminal justice system. It discusses the role of adult social care in supporting vulnerable adults and recognises the importance of a multi agency approach to reducing offending and re-offending.

2. BACKGROUND

- 2,1 Tackling offending and re-offending behaviour through a combination of prevention, diversion and enforcement activity underpinned by a strong multiagency approach is a priority for the Safer Hartlepool Partnership.
- 2.2 People with multiple needs are not always clearly identified in the public service information systems. For example, when personal needs are assessed separately for different services, individuals often fall below eligibility thresholds for each service even though their total need is high. Failure to respond to multiple needs has been shown to lead to greatly increased costs to the local public sector over both the short and longer term (Anderson and Caims, 2011).
- 2.3 Research undertaken on both a regional (ANEC and NOMS) and local level (Team around the Household) previously presented to the Partnership indicates that much more could be done to improve pathways to services and that in the most complex cases there is a need for the provision of additional support to get offenders back on the right track and break the cycle of re-offending.
- 2.4 This report should be considered alongside the 'Reducing Reoffending in Hartlepool' report which is included in today's agenda and proposes a strategy for reducing reoffending based on an 'offender centric' approach. The role of adult social care in reducing reoffending will also be explored by the Audit and Governance committee during their investigation into understanding the complexities and impact of reoffending in Hartlepool. The current report will

also be considered at a future Health and Wellbeing Board and the local Vulnerable Adult Safeguarding Board

3. RECOMMENDATION

3.1 The Partnership is asked to consider and comment on the attached report (Appendix 1)

4. CONTACT OFFICER

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the role of adult social care services in supporting vulnerable offenders



- 39% of adult offenders under supervision in one probation area had a current mental illness; 49% had a history of mental health problems (Brooker et al, 2011)
- 75% of adult prisoners have a dual diagnosis of mental health problems and substance misuse (Offender Health Research Network, 2009)
- 7% of adult prisoners have an IQ below 70 and a further 25% have an IQ in the range 70-79 (Mottram, 2007); it is generally acknowledged that between 5 and 10% of the offender population has a learning disability
- 15% of newly sentenced prisoners reported being homeless before custody; 37% said they would need help finding somewhere to live when released; 60% said that having a place to live would help them stop reoffending (Ministry of Justice, 2012)
- 40% of young people in custody have previously been homeless (YJB, 2007)
- 43% of children and young people on community orders have emotional and mental health needs (Healthcare Commission, 2009)
- 25% of children and young people who offend have an IQ below 70 (Harrington & Bailey, 2005), and 60% have communication difficulties (Bryan, Freer and Furlong, 2007).







Foreword

Every community is affected by crime and the harm it causes. Many of the people who offend most frequently are also some of the most vulnerable people in our communities who need support from a number of different local agencies.

The role of adult social care in supporting these individuals has been little recognised. Yet as directors and lead members of adult social care services we are in a unique position to offer leadership to local efforts to improve the lives of our most vulnerable citizens and their families.

Our role goes beyond that of commissioning and providing social care. We can help to build partnerships between local services, creating coherence where currently there is duplication and confusion. We can bring people together to identify where our local services are doing well and where improvement is needed. And we can lead the way in preventing offending and reoffending by improving people's life chances, their hopes for the future and their place in our communities.

All local authorities face major challenges in managing demand for our services while taking on important new roles in securing wellbeing for our communities.

Being attentive to the needs of our most vulnerable citizens of all ages is not an optional extra for adult social care services. It is fundamental to why we exist. We see people in their wholeness, not as problems, diagnoses or nuisances. We help people to be more independent, flourishing in their lives and contributing to their communities. Our leadership can bring about great change and this briefing paper offers insights and ideas to help us to achieve it, whatever the unique needs and circumstances of our local areas.



Sarah Pickup President, ADASS

Summary

This briefing paper for directors of adult social services and lead members draws together current information about young people and adults with multiple needs in contact with the criminal justice system.

Adult social care has an important, and often overlooked, role in supporting people with multiple needs who offend to desist from crime and lead independent, fulfilling lives in their communities.

People with multiple needs are not always clearly identified in public service information systems. For example, when personal needs are assessed separately for different services, individuals often fall below eligibility thresholds for each service even though their total need is high. Failure to respond to multiple needs has been shown to lead to greatly increased costs to the local public sector over both the short and the longer term (Anderson and Cairns, 2011).

Directors of adult social services and lead members can be the cornerstones of improved support to people with multiple needs in, or on the edge of, the criminal justice system.



Social care can make a difference in three main ways:

- by influencing local strategies to support people with multiple needs
- by forming partnerships with other services to meet multiple needs more efficiently
- by offering personalised social care support based on a person's unique needs.

Recent developments in health and social care policy emphasise early intervention, supporting recovery and choice, promoting independence and strengthening local partnerships across public services, including criminal justice.

While resources are currently constrained in adult social care departments, coordinating effective and personalised support for people with multiple needs, especially those at risk of offending and offenders, represents good value for money. It should achieve efficiencies in local public sector spending as well as improving the lives of an often ignored group of people.

How social care can make the difference

Strategy:

1.Ensure data concerning people with multiple needs, especially those at risk of offending and offenders, are reflected in Joint Strategic Needs Assessments and given sufficient prominence in Joint Health and Wellbeing Strategies

Partnership:

- 2. Encourage collaborative working at the strategic level with a range of partners, such as Police and Crime Commissioners, Probation Trusts and the NHS National Commissioning Board
- 3.Use aligned or pooled budgets, for example Community Budgets, to achieve better value for money from different streams of funding for people with multiple needs
- 4.Offer social care expertise to other local services, including housing, Integrated Offender Management and liaison and diversion services

Support:

- 5. Provide information, advice and guidance to people with multiple needs through intensive support, using link workers and vulnerable adults teams
- 6. Work with local liaison and diversion services to help assess and meet multiple needs as people enter the criminal justice system, and with prison staff as prisoners with multiple needs prepare to leave prison
- 7. Work with criminal justice agencies to ensure the safeguarding needs of vulnerable suspects, defendants, offenders and prisoners are recognised and met.

People with multiple needs

Adults with multiple needs often have a combination of mental health problems, including personality disorder; learning disabilities; developmental disorders such as autism, and behavioural and communication difficulties. There is growing evidence of high rates of neurodisability (Hughes et al, 2012) and acquired brain injury (Williams, 2012) in the population of young offenders, and no reason to suppose that the underlying conditions disappear in adulthood. People with multiple needs frequently have difficulties with substance misuse, physical health, housing and relationships.





Multiple needs in young people are often compounded by their youth and developmental immaturity. Entering the criminal justice system can be especially difficult for young people already negotiating the transition between children's and adult health and social care services. A recent inspection of transition arrangements for young people who offend found failures to identify the particular and multiple needs of this group and to initiate coherent planning for transfer to adult services, including continuation of support and interventions (Criminal Justice Joint Inspection, 2012).

Evidence shows that while young people in the transition to adulthood (16-17 years) and young adults (18-24 years) are the most likely age group to commit a criminal offence, with the right intervention and support, they are also the most likely to desist from offending and 'grow out of crime' (Transition to Adulthood Alliance, 2012).

Profile of people who offend

Adult offenders:

- 39% of adult offenders under supervision in one probation area had a current mental illness; 49% had a history of mental health problems (Brooker et al, 2011)
- •75% of adult prisoners have a dual diagnosis of mental health problems and substance misuse (Offender Health Research Network, 2009)
- 7% of adult prisoners have an IQ below 70 and a further 25% have an IQ in the range 70-79 (Mottram, 2007); it is generally acknowledged that between 5 and 10% of the offender population has a learning disability
- 15% of newly sentenced prisoners reported being homeless before custody; 37% said they would need help finding somewhere to live when released; 60% said that having a place to live would help them stop reoffending (Ministry of Justice, 2012)
- Prisoners who reported being homeless before custody were more likely to be reconvicted upon release than prisoners who didn't report being homeless – 79% compared to 47% in the first year after release (Ministry of Justice, 2012)

Children and young people (10 – 17 years):

- Looked after children are over-represented in the youth justice system: 22% of children aged under 14 years were living in care at the time of their arrest, and a further 6% were on the child protection register; this compares with around 1% of children within the general population who are in the care of the local authority (DCSF, 2009)
- 43% of children and young people on community orders have emotional and mental health needs (Healthcare Commission, 2009)
- 25% of children and young people who offend have an IQ below 70 (Harrington & Bailey, 2005), and 60% have communication difficulties (Bryan, Freer and Furlong, 2007)
- 40% of young people in custody have previously been homeless (YJB, 2007).



4





What works for people with multiple needs?

Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system was clear that social care is a key player in improving justice:

What is apparent is the interconnectedness between improving health and social care outcomes for those in contact with the criminal justice system and other government priorities, particularly reducing reoffending (Bradley, 2009).

Social care has a key role in reducing offending and reoffending. It has a major contribution to make in each of the 'seven resettlement pathways for offenders' (Gojkovic et al, 2011) including, for example, housing; finance, benefits and debt; and the children and families of offenders. There is growing evidence that supporting desistance from crime has much in common with the Recovery approach in mental health. Each are about building strengths through, for example, fostering positive social bonds, securing stable accommodation and meaningful occupation, and addressing health needs. They emphasise the importance of enabling people to have choice and control in their lives, with a greater sense of hope for the future and opportunities to build a better life (Shepherd, Boardman and Slade, 2008)

The 'protective factors' against reoffending are frequently those areas of life with which people with multiple needs struggle and in which early, relatively low level, intervention can make a difference. Rather than create novel interventions, the key is often to apply recognised good practice, using a variety of means to identify and engage with a group that is often excluded from mainstream services.

Effective responses to tackling multiple needs usually include a lead professional role, such as a link worker, who builds a trusting relationship and supports the individual to get access to the range of services they need. It is essential, however, that such arrangements are supported by robust partnership arrangements – often involving pooled or aligned budgets – able to bring together lead professionals from the different services that people need.

Supporting people with multiple needs

1. Self advocacy:

The Elfrida Society receives funding from adult social care to support people with learning disabilities. Activities for members include:

- learning skills for independent living
- access to education, employment and health
- opportunities to get involved in stakeholder engagement work, such as responding to consultations and providing training, which they have undertaken for the police and council services.

Members report increased self-esteem, confidence in speaking up, and the ability to make better decisions and choices about their lives.

(Material provided by the Elfrida Society)





2. Combined step-down and preventive services:

Walsall's Adult Social Care Operating Model includes moving people placed in residential or inpatient care to independent community based living. The model provides step down support to sustainable community living as an alternative to residential care, and preventive services for people who are vulnerable but not 'Fair Access to Care Services' eligible.

A social care provider, KeyRing, was commissioned to establish networks that combined 'step down' support for 26 people and preventive support for another 51 people regarded as vulnerable and liable to crises, which could require costly support. Evaluation after one year showed that the model was delivering savings against the original costs while also mitigating risks such as homelessness, abuse and mental health crises.

Joe, a beneficiary of Walsall's Adult Social Care Operating Model, was diagnosed with paranoid schizophrenia. He had substance misuse problems and had spent time in prison, an assessment and treatment unit and residential care. He moved into a flat with support from KeyRing. The support worker visits Joe once a week to help him with correspondence, bills and keeping appointments. The support worker encourages Joe to socialise, reminds him to take his medication and liaises closely with mental health services. Joe is sustaining his tenancy and now cooks for another member of the network. He is proud about this and how he has learned to be independent. He also recognises the importance of taking his medication and says he feels 'much better for it.'

(Material provided by KeyRing, http://www.keyring.org/home, and taken from Alder, 2012)

3. Early Intervention:

The Warrington New Directions service provides integrated, early intervention involving more than 25 local agencies and health and social care services to meet the needs of adults in contact with the police. Service users may be offenders or victims who are deemed to be at risk or in distress. Although many service users have multiple and complex needs they are unlikely to meet the criteria for access to mainstream support. Social workers linked to the New Directions service offer a needs assessment, which includes physical and mental health, social networks, housing and benefits. They provide brief interventions and help service users to make and keep appointments to address needs arising from their assessment.

An evaluation of service users in contact with the Warrington New Directions service revealed that 74% of those assessed had experienced mental health problems, and 42% had self-harmed; 50% per cent had problems with housing; 45% had problems with alcohol; 45% had financial difficulties; and around 60% had a history of offending.

4. Intensive support for women

Anawim women's centre in Balsall Heath, Birmingham, is a day centre for vulnerable women. It acts as a one-stop shop into services for women with multiple and complex needs, such as substance misuse, poverty, homelessness and domestic violence. Almost 30 different services are available through Anawim, providing much needed support to vulnerable women on issues such as drugs and alcohol, housing and healthy and safe relationships. The centre provides food, clothes, social activities, educational classes and a creche for children whilst the women participate in activities.

Anawim is increasingly receiving referrals of women offenders who have been sentenced by the courts to undertake unpaid work or a specified activity at the centre.





Working in partnership

Social care support involves more than the provision of direct services. It means working creatively at the interface between social care and other local services, both to support those who are eligible for social care support and those who are currently below the threshold but whose needs could escalate to 'substantial' or 'critical' level.

Advice and support from social care to other agencies, including voluntary and community organisations, can help them to improve their 'offers' to people who do not meet Fair Access to Care Services (FACS) criteria (Fox, 2012). For example, collaboration with Integrated Offender Management and with liaison and diversion services brings social care skills and knowledge to bear on the complex difficulties experienced by many vulnerable suspects, defendants and offenders. This could involve information and awareness training, co-working and advice 'surgeries'. Local authorities may also fund voluntary organisations providing relevant expertise and support, for example, self-advocacy, mentoring and supported employment.

Some local authorities have continued to identify 'Supporting People' monies as a distinct funding stream, usually within adult social care. Providing support to people with housing-related support needs to sustain their tenancy can play a valuable protective role in helping to promote independence and reduce reoffending. This in turn has shown to result in savings to the public purse, including a small net benefit to adult social care (Ashton & Hempenstall, 2009).

People leaving prison report difficulties in preparing for release. They need coordinated and consistent support with the basic needs of life such as a home, a job, healthcare and relationships (Byng et al, 2012). Starting the process of assessment and planning prior to release from prison, including the provision of information and advice, can make a significant difference to ensuring successful resettlement in the community (Edgar, et al, 2012).

The Housing First approach

The Housing First approach to housing and supporting people with complex needs was developed first in the United States and is now being adapted by some providers in the UK.

Its key principle is to place people who have been homeless and have drug or alcohol problems in permanent accommodation without first requiring them to undergo treatment. Most existing services for this group move people through a number of stages of hostel and supported accommodation before offering independent tenancy.

Evidence from the US suggests that Housing First clients have significantly higher rates of tenancy retention than those supported through a 'treatment first' approach. There was no significant difference between the two approaches in mental health symptoms, quality of life or drug and alcohol problems.

Turning Point Scotland has begun a three-year pilot project of the Housing First approach. Residents are given permanent tenancies in dispersed sites with round-the-clock floating support and peer support workers who help build residents' trust and engagement with local services (Scott, 2012).

A four-year US study comparing Housing First and Treatment First approaches found that the per capita cost of the Housing First programme was around half that of Treatment First programmes (Padgett et al 2006).





Local strategic leadership

In addition to their role as a commissioner and coordinator of care and support, local authorities can use wider powers to create safer and stronger communities to help ensure that people with multiple needs in, or on the edge of, the criminal justice system are included in initiatives to improve wellbeing and quality of life.

Every local authority is involved in a number of overlapping partnerships, such as Community Safety, Integrated Offender Management, Troubled Families, Safeguarding Adults, and Health and Wellbeing Boards. These all offer an opportunity to coordinate efforts to improve outcomes for individuals and the communities in which they live. As members of Health and Wellbeing Boards, directors of adult social services and lead members are ideally placed to raise the profile of people with multiple needs, especially those at risk of offending and offenders, and encourage the development of more integrated support:

...the need to tailor a package of measures for an individual will require close liaison to ensure the joining-up of services, e.g. housing, social services, benefits and education around individual offender needs (LGA, 2005).

Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) offer an important opportunity for local authorities to draw together a range of local organisations to support people with multiple needs and to overcome their invisibility in some mainstream services.

The implementation framework for 'No health without mental health' (HM Government, 2012) encourages the use of options such as Community Budgets to improve the quality and efficiency of support for people with multiple needs. Similarly, the NHS Mandate recognises the need for improved partnership working between the NHS and a range of agencies to achieve shared aims including:

...developing better healthcare services for offenders and people in the criminal justice system which are integrated between custody and the community, including through development of liaison and diversion services (Department of Health, 2012a).

Community budgets

Four Community Budget pilots in Essex, London, Manchester and Cheshire are reviewing local public expenditure to see how it is being spent and whether it can be put to better use. In London, the Tri-borough partnership (Westminster, Kensington and Chelsea, and Hammersmith and Fulham) included a focus on reducing reoffending.

The pilot found that over £4 million/year was spent by the three boroughs alone on offenders. Half of those given short prison sentences were likely to reoffend within a year. This same group represents 9% of all offenders but two-thirds of all prison admissions and releases.

A bespoke service is being established that will co-ordinate help by offering a single point of assessment and management across all three boroughs.





This will include:

- early assessment
- support based on likelihood of reoffending and motivation to change
- an 'end to end' key worker
- a personalised action plan, including consequences for non-compliance.

Different ways of working are being explored that have the potential to reduce costs and reoffending. For example, releasing prisoners mid-week instead of on a Friday afternoon means that key council services are open and can provide immediate support.

The pilot has a target of reducing re-offending by 10% and reducing direct spending, with an estimate of wider economic benefits over five years amounting to £25 million.

http://transact.westminster.gov.uk/docstores/publications_store/the_future_of_public_services.pdf

New opportunities to meet multiple needs

Early intervention, social investment, payment by results, multi-agency delivery – these should be the watchwords for every government department, local authority and private or voluntary sector provider in the coming years (HM Government, 2012).

There is an increasing convergence in both policy and practice between social care and criminal justice. This can create new opportunities to improve support for offenders with multiple needs, and those at risk of offending, and their families.

Of particular relevance is the draft Care and Support Bill, which includes a duty for social care services to co-operate with criminal justice agencies and encourages a greater focus for adult social care on early intervention and promoting independence (Department of Health, 2012b). The Law Commission has also been investigating ways of improving social care provision in prisons (Law Commission, 2011).

There is growing awareness in the criminal justice system of the value of social care. The National Offender Management Service (NOMS) has appointed Health and Wellbeing Co-Commissioning regional leads and its commissioning intentions document seeks to strengthen engagement with social care in respect of both offenders and their families (NOMS, 2012).

There is increasing emphasis in criminal justice policy on effective community sentencing. Offenders with multiple needs in receipt of a community order are likely to need support with compliance, for example in keeping appointments, understanding exclusions, avoiding risky people and situations, and intensive supervision has been shown to reduce reoffending rates (Ministry of Justice, 2011). As a result, there is growing interest in, and recognition of, the importance of advice and support from social care in working with vulnerable suspects, defendants and offenders by, for example, Integrated Offender Management schemes, liaison and diversion services and Probation Trusts.





While it is difficult to predict the impact Police and Crime Commissioners (PCC) might have on local communities, what is clear is the relevance of the local community safety fund, which PCCs can use in collaboration with partner agencies to tackle drugs and crime, reduce reoffending and improve community safety.



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