

**Northamptonshire County Council**

Business Intelligence and Performance Improvement

# **Offender and Ex-Offender Needs Assessment**

**Executive Summary**



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## EXECUTIVE SUMMARY

In 2010, the UK had 153 prisoners for every 100,000 citizens<sup>1</sup>. This was the second highest in Europe at the time and the fifth highest in the world behind the United States, Russia, South Africa and Spain. Since 1993 the prison population has steadily increased, more recently as a result of the increased number of custodial sentences handed down as a result of the summer riots of 2011 and the increase in recalls to prison of offenders on licence.

The number of prisoners in England and Wales has almost doubled in the last 20 years, up from 45,000 in 1993 to 84,000 in 2013. With this increase in population has come an increase in cost, almost £3bn in 2013. Prisons are overcrowded and have limited resources, meaning that in many cases they may not be the best solution to facilitate rehabilitation. Particularly for offenders with mental health or learning difficulties, a community based sentence that seeks to treat and resolve the underlying causes of offending would be more successful in reducing re-offending.<sup>2</sup> A BBC news article in 2010 stated that the cost per annum of keeping an offender in prison was circa £50,000, a community based sentence costing on average £2,800.<sup>3</sup> The prison population has risen disproportionately to the population of the country, almost doubling whilst the population of the UK has increased by 11%.<sup>4</sup> Re-offending by ex-prisoners based on recorded crime figures is estimated to cost the UK economy £11bn each year.<sup>5</sup>

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<sup>1</sup> <http://www.parliament.uk/briefing-papers/SN04334.pdf>

<sup>2</sup>

[http://centrallobby.politicshome.com/fileadmin/epolitix/stakeholders/A\\_Presumption\\_Against\\_Imprisonment\\_WEB2.pdf](http://centrallobby.politicshome.com/fileadmin/epolitix/stakeholders/A_Presumption_Against_Imprisonment_WEB2.pdf)

<sup>3</sup> <http://www.bbc.co.uk/news/magazine-10725163>

<sup>4</sup>

[http://www.populationmatters.org/documents/uk\\_population\\_growth.pdf?phpMyAdmin=e11b8b687c20198d9ad050fbb1aa7f2f](http://www.populationmatters.org/documents/uk_population_growth.pdf?phpMyAdmin=e11b8b687c20198d9ad050fbb1aa7f2f)

<sup>5</sup> [http://www.doitprofiler.com/media/52851/offending\\_settings-bringing\\_the\\_pieces\\_together\\_end-to-end.pdf](http://www.doitprofiler.com/media/52851/offending_settings-bringing_the_pieces_together_end-to-end.pdf)



The offenders in Northamptonshire can be categorised in two ways – offenders from Northamptonshire and offenders currently serving a sentence in Northamptonshire in one of the county’s two prisons. Of the offenders on the Probation Service caseload, 68% (1,767) are serving a non-custodial sentence.

The most common profile for an offender resident in Northamptonshire is a young, white male. He will be unlikely to be employed and will have low academic achievement. It’s highly likely he will have at least one mental health issue, quite possibly a learning difficulty and maybe multiple issues. His lifestyle can be best described as chaotic and he would most probably have an unhealthy relationship with alcohol, tobacco and/or drugs. He will live in an urban environment and this is most likely to be Northampton.

Whilst offenders such as the one described can engage and receive treatment whilst in a custodial setting, it is far less likely that the same individual will do so whilst in the community. There are a number of factors influencing this, but the limited engagement with health and wellbeing services will be a driver towards offending and antisocial behaviour.

The Centre for Mental Health found that mental illness is a key driver for offending behaviour<sup>6</sup>, yet it is the area that the least information and data exists for. Do we really know the real extent of mental illness and learning difficulties amongst adults in the county who have had contact with the Criminal Justice System? It would appear that we don’t. A challenge to change this from the government<sup>7</sup> should greatly improve the understanding of the depth of the issues affecting offenders and adequate and effective provision of services.

This is a period of change for offender management services in Northamptonshire, as indeed it is for the whole of England and Wales. The National Offender Management Service will soon be responsible for the supervision of high and very high risk offenders and

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<sup>6</sup> [http://www.centreformentalhealth.org.uk/pdfs/offending\\_behaviour\\_programmes.pdf](http://www.centreformentalhealth.org.uk/pdfs/offending_behaviour_programmes.pdf)

<sup>7</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/281250/Closing\\_the\\_gap\\_V2\\_-\\_17\\_Feb\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf)



supervision of medium to low risk offenders will pass to one of the 21 Community Rehabilitation Companies (CRCs) currently tendering for this service. At this time it is not known who the CRC's will be.

Of the two prisons in Northamptonshire, HMP Rye Hill has recently changed its role and become a specialist facility housing convicted sex offenders. This has meant that the population of the prison has recently changed and now inmates in HMP Rye Hill are predominantly from the West Midlands, London or the East Midlands, will be serving longer sentences and be older than the inmates previously resident there. As yet there is limited knowledge of this new community in Northamptonshire as they have only recently arrived. A survey by means of questionnaire was conducted with the newly arrived prisoners that asked questions in relation to the 7 pathways to offending behaviour and whilst this questionnaire was prepared in haste and will be refined and the survey re-conducted later in 2014, the results are useful and shown later in this document.

Data from HMP Onley's Needs Assessment and from a questionnaire given to new arrivals at HMP Rye Hill shows the demographic of the two prisons in Northamptonshire is very different. HMP Onley houses a population that is representative of the wider prison population whereas HMP Rye Hill houses older prisoners with longer sentences. The prisoners held at Onley are more likely to fit the traditional offender profile (young, male, chaotic lifestyle, unhealthy relationship with drugs and alcohol, high likelihood of mental health and learning disabilities, unemployment) whereas the offenders housed in HMP Rye Hill are more likely to have had a more stable lifestyle, more engagement with education, less likely to have taken drugs or had an alcohol problem and more likely to have been employed. Around 19% of the prisoners at Rye Hill are registered disabled; this is significantly higher than the previous population of the prison and brings with it a number of challenges. The prison recognises this and is currently working with Northamptonshire Healthcare Foundation Trust, Adult Social Care at Northamptonshire County Council and Occupational Therapy services to identify their requirements on both an establishment level as well as the individual prisoner level.

A project is currently under way to examine the impact of the Care Act 2014 on the Council and the prisons and this is expected to conclude early in 2015.



Physical health problems are easier to recognise than mental health problems and it is these 'hidden' issues that research shows drive offending behaviour. Other issues are related to financial and environmental factors such as unemployment, debt and housing. A theory put forward by Samuel Yochelson and Stanton Samenow in their 1976 book 'Inside the Criminal Mind' lists 5 steps to criminal behaviour.

- The roots of criminality lie in the way people think and make decisions.
- Criminals think and act differently, often from a very young age.
- Criminals are, by nature, irresponsible, impulsive, self-centred and driven by fear and anger.
- Deterministic explanations of crime result from believing the criminal who is seeking sympathy.
- Crime occurs because the criminal wills it or chooses it and it is this choice that rehabilitation must deal with.

The reasons for offending are varied and complex, this document aims to highlight the areas where focus would have the most impact in reducing offending and re-offending behaviour and give a snapshot of the offender community in Northamptonshire and the services available to assist those offenders at the present time.

In many cases, particularly for non-violent offences where sentences are less than 12 months, it is considered that imprisonment is not always the best method to prevent re-offending; a community based sentence may be more appropriate and more effective.<sup>8</sup> It is for these offenders that work is more challenging. Transforming Rehabilitation ensures that these offenders will be subject of licence conditions and thus supervised by probation providers. There will therefore be more information available on the needs of these offenders and greater impetus ensure that pathways are in place to meet this need.

There are a wide range of services to support offenders in dealing with the issues that face them and the ideal is to identify the needs as soon as possible when the offender comes into contact with the Criminal Justice System. Work is being undertaken by DSIP, Pilots etc to inform this process. It can also be noted that the OASys questionnaire used by the

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[http://www.howardleague.org/fileadmin/howard\\_league/user/pdf/Consultations/Response\\_to\\_Breaking\\_the\\_Cycle.pdf](http://www.howardleague.org/fileadmin/howard_league/user/pdf/Consultations/Response_to_Breaking_the_Cycle.pdf)



National Probation Service provides further information although is brief in regard to the underlying causes of behaviour and relies on the offender self diagnosing and admitting to having issues, or the training and experience of the officer conducting the interview, both of which are variables.

It is important that information is captured and analysed from these services to establish the level of need and effectiveness of any interventions.

In producing this chapter, we asked for information pertaining to programmes currently running to assist offenders with learning difficulties, mental health conditions such as anxiety and depression, take up rate and completion rates for the relevant prison and probation population. In relation to providing effective treatment and interventions to offenders who may have mental health issues there are many issues such as differing inter-agency priorities<sup>9</sup>. In some cases, offenders have reported being seen by as many as 23 different professionals in between their arrest and their return to their community<sup>10</sup>. However for Sex Offenders it appears the Sex Offenders Treatment Programme (SOTP) has improved access to psychological and psychiatric advice for Probation Officers<sup>11</sup>.

Reference has also been made to existing studies including the study into the health of offenders in the community in Nottingham and Derbyshire by Charlie Brooker.<sup>12</sup>

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<sup>9</sup> <http://yjbpublications.justice.gov.uk/Resources/Downloads/MentalHealthNeedsfull.pdf>

<sup>10</sup> <http://www.nacro.org.uk/data/files/nacro-2007101000-476.pdf>

<sup>11</sup>

[http://www.mentalhealth.org.uk/content/assets/PDF/publications/management\\_sex\\_offenders.pdf?view=Standard](http://www.mentalhealth.org.uk/content/assets/PDF/publications/management_sex_offenders.pdf?view=Standard)

<sup>12</sup> <https://www.nacro.org.uk/data/files/nacro-2008071500-176.pdf>



## ISSUES AND GAPS

- The recent re-role of HMP Rye Hill means that statistical data up to this point now has questionable relevance. HMP Rye Hill has surveyed their new intake of prisoners to gain insight into their needs but this needs to continue, particularly in terms of their physical needs. HMP Rye Hill now has an older population with more physical needs and is currently assessing those needs and how to meet them.
- The National Probation Service is currently being re-structured and as yet, contracts have yet to be awarded to the Community Rehabilitation Company that will manage offenders in Northamptonshire.
- Recording of data is not adequate to pinpoint issues. For example, the employment status of 88% of the probation service caseload is unknown.
- The number of offenders in Northamptonshire recorded as having a mental health condition, a learning disability or difficulty was extremely low compared to national data. This could be due to recording issues.
- Offenders are likely to have their substance misuse needs assessed by DSIP and may have their physical and mental health assessed by Liaison and Diversion Service. However there is no consistent process to ensure that all offenders, as a hard to reach/potentially vulnerable group, have their health needs assessed. Probation providers are not equipped with tools to screen for health related issues. Systems exist such as the Do-IT profiler<sup>13</sup> which provide a much more in depth look at the mental health and attitude of the offender.
- Offenders on short sentences or considered to be low risk have little assessment of their health and wellbeing, both physical and mental.
- There seems to be no definitive method to establish the physical, mental and emotional needs and requirements of the offender population. At present the data we have comes from the Probation Service risk assessment profiles which don't ask about mental health issues in any detail.

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<sup>13</sup> <http://www.doitprofiler.com/>



## RECOMMENDATIONS

- To build upon the work of the Dedicated Substance Intervention Programme (DSIP) pilot and Liaison and Diversion service to improve early and consistent screening of all individuals in contact with the criminal justice system at the earliest possible stage looking for mental health, learning difficulties and drug and alcohol issues.
- Alcohol: Further action needs to be taken to provide more alcohol brief interventions within the prison estate. This would provide awareness session/s of the damage excessive alcohol intake does to the body.
- Quick and easy referral onto a relevant scheme for the offender's issue and age. With regard to offenders in the community this could include: increasing the use of Mental Health Treatment Requirements as a sentencing option: exploration of access to psychological therapies for offenders, consideration of flexibility in terms of offender access to primary care and well-being activities: ensuring access to assessment and treatment for offenders on probation providers caseload once Liaison and Diversion Services move to the national specification which only details intervention up to point of sentence. In addition the pathway for support for offender with Learning Disabilities, difficulties and Autism need to be developed
- Drugs: The number of offenders who seek support for their drug misuse whilst in Prison is relatively low given the number of offenders who have declared having a substance misuse problem. Further ongoing attempts should be made to promote the services available so that more offenders take up the opportunity to address their substance misuse issues.
- Smoking: The number of offenders who smoke is unacceptably high within the prison estate. With 114,000 deaths per annum within the general population attributed to smoking related illness more attention should be given to making offenders aware of the damage they are doing to their general health by smoking. The Public Health/Prison team should devote more resources to this particular area of activity.
- General Health: A concerted drive should be undertaken to get the prison population more motivated and involved to improve their general health by taking regular exercise (attending gym sessions) and using the available time to spend



walking in the prison grounds when given the opportunity to do so, making healthy menu choices and undertaking as much physical activity as the circumstances allow.

- That the HWBB adopt offender health as a priority and accept governance responsibilities in relation to the work of the Improving Health Supporting Justice Working Group
- There seems to be no definitive method to establish the physical, mental and emotional needs and requirements of the offender population. At present the data we have comes from the Probation Service risk assessment profiles which don't ask about mental health issues in any detail. This needs to be developed into a recommendation
- Offenders are likely to have their substance misuse needs assessed by DSIP and may have their physical and mental health assessed by Liaison and Diversion Service. However there is no consistent process to ensure that all offenders, as a hard to reach/potentially vulnerable group, have their health needs assessed. Probation providers are not equipped with tools to screen for health related issues. Systems exist such as the Do-IT profiler<sup>14</sup> which provide a much more in depth look at the mental health and attitude of the offender and their use would provide much more valuable insight into the issues relating to individuals offending behaviour.
- Recording of data is not adequate to pinpoint issues. For example, the employment status of 88% of the probation service caseload is unknown. The adoption of an appropriate method of establishing and recording relevant information is recommended.
- Further research to ascertain the level of engagement with Health services in the offender community and what kind of assessments are currently done with the probation population would be worthwhile as this population is widely agreed to be the most difficult to reach.
- Research into mental health issues in a section of Lincolnshire's offender community found that probation staff said it was easier and a better service to their clients if they had a face to face relationship with mental health professionals, in this case the healthy living nurse. These real life relationships should be encouraged.

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<sup>14</sup> <http://www.doitprofiler.com/>



- Recommendation for prisons: assess each prisoner claiming to have a disability to ascertain the level of the disability and their need.
- Recommendation for prisons: word the self-assessment questions related to accessing drug and alcohol rehabilitation services in the same way, as prisoners appear deterred from accessing drug treatment as opposed to alcohol treatment