

## Offender Health

Offenders suffer disproportionate levels of poor physical and mental health. Many factors increase the risk of starting offending, and often contribute to the continued cycle of re-offending. These factors also contribute to poor health, and include homelessness; stress, domestic violence; substance misuse; and low educational attainment. Women offenders face disproportionately high needs. The level of severe mental illness in offenders is particularly high.

Several factors in childhood increase the risk of offending, including truanting, being excluded from school, and taken into care. Offending also has a negative impact on the health of their families and on the victims of crime. Children of offenders are three times more likely to have mental health problems or to engage in anti-social behaviour than their peers. Fear of crime impacts negatively on populations increasing levels of anxiety.

The health needs of North Somerset's offender population are difficult to establish, however the needs of those managed by probation are known. Most offenders in North Somerset are male, the peak age group of 20-24. The three main criminogenic needs are thinking and behaviour; alcohol misuse; and education, training and employment. The level in North Somerset is higher than the South West in eight of the 10 categories.

The North Somerset Reducing Reoffending Board oversees projects relating to the needs of local offenders. The project at the heart of this group is the Integrated Offender Management Scheme (IMPACT) which contains a housing project, the Early Intervention Project, which is designed to support offenders into stable accommodation while offering life skills development. The drug intervention programme offers access into treatment for individuals with drug misuse in the criminal justice system, and a court mandated alcohol treatment order has been created with treatment delivered by ARA in Weston-super-Mare. IMPACT has begun to show positive early reduction in offending and the North Somerset Early Intervention Project has begun to show positive outcomes.

### Challenges for consideration

The main challenge is reducing the risk and cycle of offending by addressing offenders health needs – particularly those which are greater in North Somerset

Action is also required to promote offenders as a vulnerable group among health services; include ex-offenders in developing health services; ensure access to mental health services; promote access to blood borne virus treatment; increase diversion of offenders with learning disabilities away from the criminal justice system; develop a court diversion scheme for offenders with mental health issues; and address family needs.

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## Why is this important?

*“Offenders are now recognised as part of a socially excluded population”<sup>1</sup>*

It has been shown that there is a substantial over-representation of people from socially excluded sections of the community in the offender population.

Offenders are now recognised as being a particularly vulnerable group<sup>2</sup> and more attention has begun to be given to the multiple and interrelated problems faced by many of these individuals. These problems, which can be viewed as the determinants of offending, not only commence and continue a cycle of offending, but they are also often result in poor levels of physical and mental health. The determinants of offending are well matched to the determinants of health, (i.e. poor housing, low levels of social capital, stress, substance misuse, low educational attainment, etc).

It is important to recognise that poor health is not just a symptom experienced by this group, but that it is also one of the determinants of offending. And many individuals find themselves in a ‘vicious cycle’ of; social exclusion, poor health, offending and involvement with the criminal justice system. Improving the health of this group will help in breaking this cycle.

The health of any population, including the offender population, clearly requires attention and intervention from public health, but, in addition, crime, and the fear of crime, should be of interest to public health as it negatively impacts on the health of the wider population; through increased anxiety, injury, increased exclusion, loss of social capital, etc.

*“Public health has a critical contribution to make to improve the health of people who offend and prevent future offending among current and future generations.”<sup>3</sup>*

*“The most obvious direct effects of crime on health are physical injury, disability and death”<sup>4</sup>*

*“Stafford et al (2007) found that fear of crime at baseline was prospectively associated with poorer mental health, with reduced physical functioning on objective and subjective measures, and with a lower quality of life.”<sup>5</sup>*

Just as there is an association between social inequalities and offending, there is also an association between social inequalities and becoming a victim of crime.<sup>6</sup> The cyclical links that exist between inequalities, offending, becoming a victim, fear of crime and poor health are important as they illustrate the importance of, and benefits that could be gained through, tackling offending via a health approach.

Despite the well recognised need to address the health of offenders and ex-offenders, and to tackle offending/crime as a driver of ill health among the wider

population. there is also a statutory responsibility, resulting from the 2010 amendments to the Crime and Disorder Act 1998, for Community Safety Partnerships (a group formed from all statutory agencies; Police, Probation, Fire and Rescue, Local Authority and in which Primary Care Trusts are a member), to reduce the local rates of reoffending.

### **What are the needs of the population?**

Offending is a complex and wide reaching issue, cutting across all sections of society, however the categorisation of offenders within the community can be done, in a basic manner, using two groups. Firstly there are those offenders who must adhere to statutory conditions and are subject to community supervision, these offenders are commonly called “stats.” Secondly there are those offenders who, whilst in the community, have no conditions to which they must comply; these are commonly called “non-stats.” “Non-stats” are generally those individuals released from short term prison sentences (less than 12 months) or end of license recalls (those individuals who have served their entire prison sentence and are released without being on license.) This group of offenders also contains those individuals, who have been found guilty or have admitted guilt, but who have not received a custodial sentence or an order managed by probation, i.e., individuals receiving a Conditional Caution, Court Fines, Suspended Sentence etc.

Calculating the size, or rate, of the local offender population is very challenging. There are numerous different data sources, all of which focus on slightly different information, e.g. local police data can show numbers of crimes that have been reported and processed but this does not include unreported crimes and does not include conviction rates, court outcome data will show the rate of convictions but does not include crimes for which arrestees have accepted guilt and been dealt with by the police. Probation data gives a comprehensive assessment of need; however it only includes data on statutory offenders and therefore excludes information on the large non statutory offender population.

Offending/crime data generally relates to individuals who are currently offending. The health of ex-offenders, those who have ceased to offend, must not be forgotten, but is difficult to establish.

As stated above, currently the best source of local data relating to offender needs is for those managed by Probation. Please note, that probation data can only be used as a ‘marker’ for the needs of the local offender population, it does not include information relating to the large ‘non statutory’ offender population.

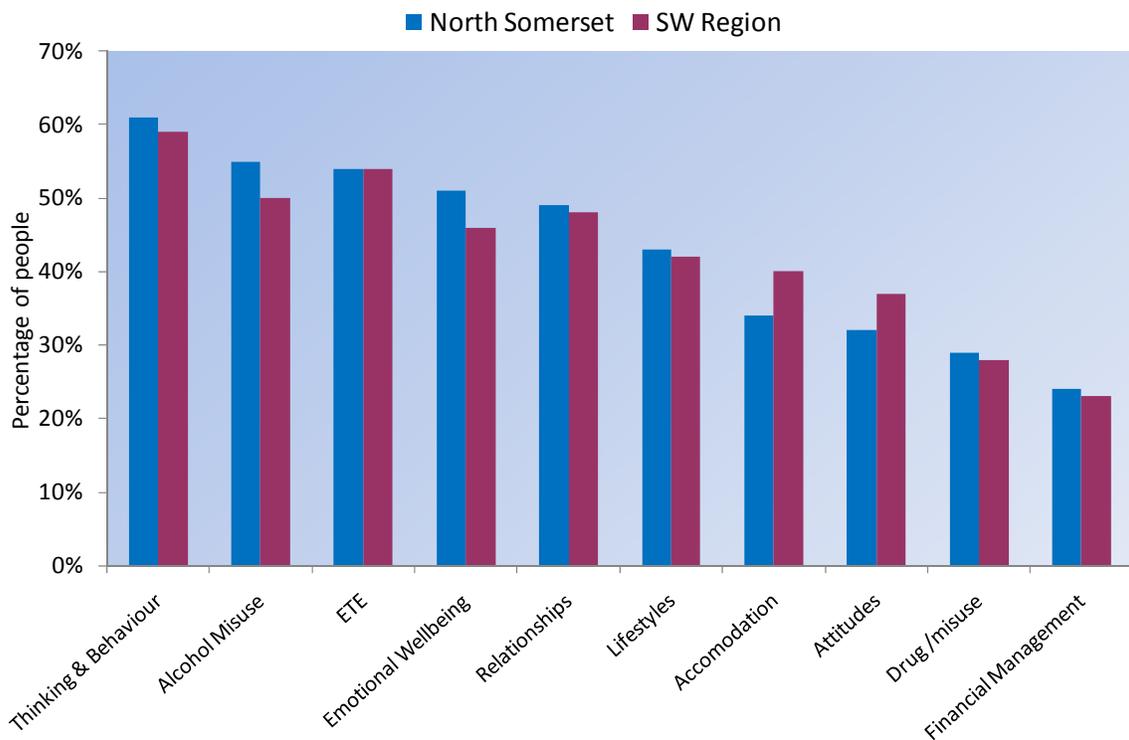
The following graph shows the criminogenic needs of North Somerset offenders on the probation caseload. “Criminogenic needs are attributes of offenders that are directly linked to criminal behaviour.”<sup>7</sup>

The graph shows the percentage of offenders on the North Somerset probation caseload for each criminogenic need. This is compared to the percentage of offenders with these across the South West Region.

Note that the needs of probation caseload offenders in North Somerset are higher in eight of the ten areas of need, and, whilst physical or mental health are not explicit categories monitored by probation there are several categories which can act as ‘markers’ for health, such as ‘emotional wellbeing’, ‘lifestyles’, ‘alcohol use’ and ‘drug use’, in all of which the percentage of North Somerset offenders reporting a problem is higher than the South West.

It is important to give attention to the high rates of alcohol misuse which exists both within the local and the national offender groups, as this is a problem which, as well as having a considerable impact on the health of the individual, is also a considerable risk factor in violent offending and anti social behaviour.

Chart 1: Percentage of offenders with Criminogenic needs, April 2008 to march 2009

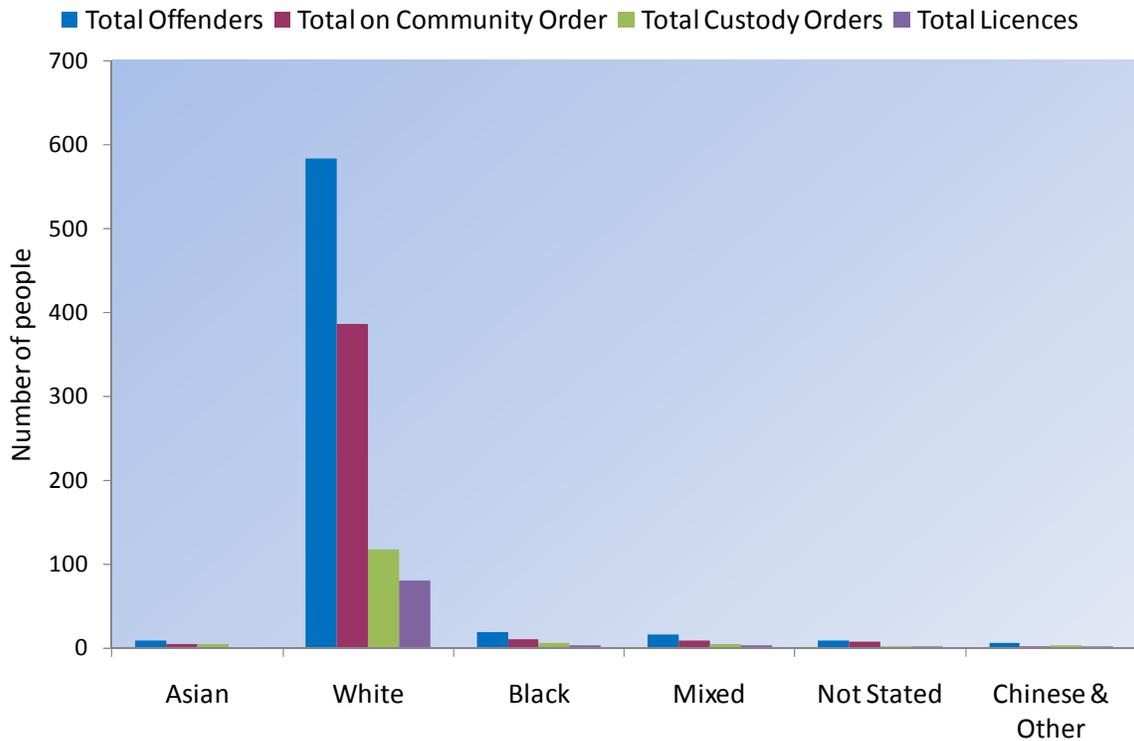


*ETE = Education, Training and Employment.*

**Source;** The North Somerset Reducing Reoffending Strategy 2010-2012

The following three graphs show the demographics of those offenders on the North Somerset Probation caseload, note that the same limitations apply to these graphs as discussed above.

**Chart 2: Offenders in North Somerset by ethnicity, 2009/10**



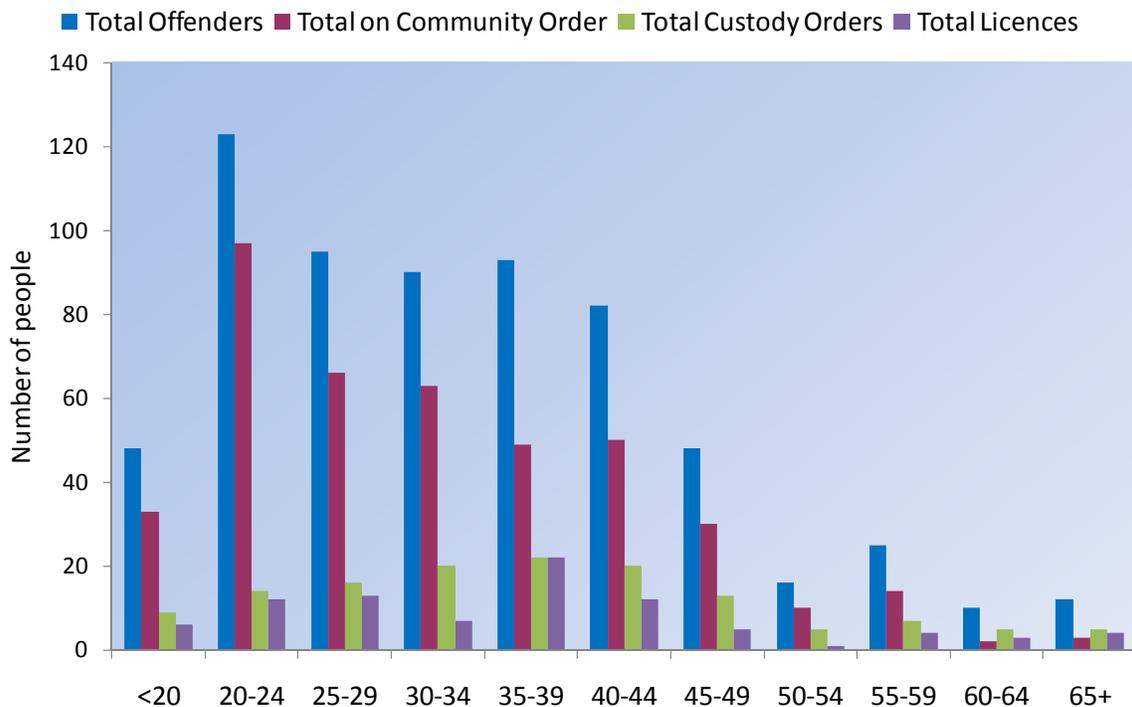
**Source;** The North Somerset Reducing Reoffending Strategy 2010-2012

**Chart 3: Offender in North Somerset by gender, 2009/10**



**Source;** The North Somerset Reducing Reoffending Strategy 2010-2012

Chart 4: Offenders in North Somerset by age, 2009/10



**Source;** The North Somerset Reducing Reoffending Strategy 2010-2012

More recent local Probation data has become available which shows that of the Probation caseload between December 2010 and March 2011;

- 53% were identified as having alcohol issues linked to their offending.
- 36% were identified as having drug issues linked to their offending.
- 45% had emotional well-being issues linked to their offending.
- 45% had physical or mental health conditions.

As has been discussed, the data available for reporting local offender health needs are sparse. It is considerably easier to comment on the health needs of offenders at a national level, and these needs have been reported within numerous documents. The quotes below show that not only does offending have a negative impact on the offender's health, but it also has a negative impact on the health and well-being of their families:

*"Many prisoners have a history of neglect. They often live in chronic poverty. They suffer from alcohol and drug abuse. Women in prison face particular problems. They have often experienced physical and sexual abuse."<sup>8</sup>*

*"Ex-offenders are substantially more likely to remain unemployed in the long term rather than taking a number of short-term jobs. An Association of Chief Officers of Probation (ACOP) survey, for example, shows that in the first six months of 1997 around 60 per cent of the people under the supervision of the Probation Services were unemployed"<sup>9</sup>*

*“Unemployment contributes to poor health”<sup>10</sup>*

*“Ill health has a detrimental impact on offending. It leads people into reoffending. Offenders face real health inequalities. They are often drawn from the most unhealthy sections of our communities.”<sup>11</sup>*

*“Offenders’ families are amongst the most socially excluded groups in society. Some are assumed to be ‘guilty by association’ and many suffer stress related conditions – almost three-quarters of partners and mothers in one survey attributed their health problems directly to the imprisonment of a family member”<sup>12</sup>*

*“around 160,000 children have a parent in prison each year. They are a vulnerable group at risk of poor outcomes, three times more likely to have mental health problems or to engage in anti-social behaviour than their peers.”<sup>13</sup>*

The two tables below illustrate the social and mental health inequalities that exist between the offending population and the general population.<sup>14</sup>

These tables were taken from

| <b>Social characteristics of people in prison and the general population</b> |                          |                           |
|--|--------------------------|---------------------------|
|  | <b>Prison population</b> | <b>General population</b> |
| <b>Ran away from home as a child</b>   | 47% (men)<br>50% (women) | 11%                       |
| <b>Taken into care as a child</b>  | 27%                      | 2%                        |
| <b>Regularly truanted from school</b>  | 30%                      | 3%                        |
| <b>Excluded from school</b>  | 49% (men)<br>33% (women) | 2%                        |
| <b>No qualifications</b>   | 52% (men)<br>71% (women) | 15%                       |
| <b>Numeracy at or below Level 1 (level expected of an 11 yr old)</b>         | 65%                      | 23%                       |
| <b>Reading ability at or below Level 1</b>                                   | 48%                      | 21-23%                    |
| <b>Unemployed before imprisonment</b>  | 67%                      | 5%                        |
| <b>Homeless</b>  | 32%                      | 0.9 %                     |
| <b>Drug use in previous year</b>   | 66% (men)<br>55% (women) | 13% (men)<br>8% (women)   |
| <b>Hazardous drinking</b>  | 63% (men)<br>39% (women) | 38% (men)<br>15% (women)  |

| <b>Mental health problems in prison and the general population</b> |   |   |
|--|---|---|
|  | <b>Prevalence among prisoners (16+ years)</b> | <b>Prevalence in general population (16-64 years)</b> |
| <b>Psychosis</b>   | 8%  | 0.4%  |
| <b>Personality disorder</b>  | 66%   | 0.4%  |
| <b>Depression and anxiety</b>                                      | 45%   | 17.6%   |
| <b>Drug dependency</b>   | 45%   | 3.4%  |
| <b>Alcohol dependency</b>  | 30%   | 5.9%  |

Women offenders are faced with disproportionately high needs, as highlighted in the Corston Report. Some of the key statistics from this report are;

- “Up to 50% of women in prison report having experienced violence at home compared with a quarter of men, “
- “One in three women in prison have suffered sexual abuse compared with just under one in ten men. “
- “In a case study of 50 prolific self-harmers in women’s prisons, conducted by the Safer Custody Group (SCG) in the National Offender Management Service (NOMS), only 12 of the women reported that they had not experienced abuse or rape in their lives. “
- “44% of women on remand have attempted suicide in their lifetimes; the comparable figure for men is 27%.”
- “Around 70% of women coming into custody require clinical detoxification compared with 50% of men.”
- “Mental health problems are far more prevalent among women in prison than in the male prison population or in the general population. Up to 80% of women in prison have diagnosable mental health problems. “
- “In 2003 women represented only 6% of the prison population but accounted for 15% of suicides.”
- “56% of all recorded incidents of self-harm occurred in the female estate.”

- “Women are also more prone to self-harm repeatedly. 1% of self-harmers in prison account for around 25% of all incidents of self-harm and around 50 prisoners (nearly all women) account for about 50% of all self-harm.”<sup>15</sup>

Clearly these figures, within the tables and the Corston Report quotes, relate to individuals whilst in prison, but without wanting to state the obvious, they highlights the vulnerability of a discrete group that spends most of their time within the community.

## **Current services**

The North Somerset Reducing Reoffending Board is overseeing the development of projects to address the needs of the local offending population.

These projects will be developed along one of the eight pathways out of re-offending, these are:

1. Accommodation
2. Employment, learning and skills
3. Mental and physical health
4. Drugs
5. Alcohol
6. Finance, benefits and debt
7. Children and families
8. Attitudes, thinking and behaviour.

There is currently only nominal funding with which to develop these projects, however each pathway has a dedicated strategic lead and it will be their responsibility to ensure that current, and future, services recognise offenders as a priority group and shape their delivery to meet the needs of this group.

Improving the delivery of health care services for offender and ex offenders will be essential.

## Services Commissioned in North Somerset

The project at the heart of the North Somerset Reducing Reoffending work is the Integrated Offender Management Scheme, operating under the umbrella of IMPACT. This is an approach which has been developed on a cost neutral basis by resources already working with offenders within their distinct professionalisms being brought together, (wherever possible being co-located) to manage jointly the needs and interventions for offenders.

North Somerset IMPACT also contains a unique housing project, called the Early Intervention Project. This is a project designed to support offenders into, and within, stable accommodation whilst offering them life skills development opportunities. The Early Intervention Project also takes an offending prevention

approach by offering services to all individuals with substance misuse needs, not just those within the criminal justice system. The opportunity to expand this preventative approach is currently being explored through the potential inclusion of individuals with high level mental health needs.

The Drug intervention programme, offers access into treatment to individuals with drug misuse problems within the criminal justice system.

The North Somerset probation service delivers various programmes to meet the needs of offenders.

A protocol for the delivery of alcohol treatment requirements (ATR), a court mandated alcohol treatment order has been created, with the treatment being delivered by ARA, 38 Boulevard, Weston super Mare.

### **What works?**

It is widely recognised that an intensive multi agency approach is needed to address the needs of the offender population, and there is also a need to place an emphasis on intervening at early stage, to both prevent offending and to also quickly address the interrelated problems faced by this group.

- IMPACT has, following the intensive multi agency model of the Prolific and Priority Offender programme, shown some very positive early reductions in offending.
- The North Somerset Early Intervention Project has also begun to show some positive outcomes.
- The Think Family programme has also begun to show positive results in addressing offending among local high need families.

Listed below are several documents which are linked to the reducing reoffending agenda. They give a broader picture of the problems faced by offenders and suggest ways to address these problems.

[State of the nation report - poverty, worklessness and welfare dependency in the UK. \(HM Government\).](#)

This documents sets out an assessment of poverty in the UK. It covers numerous factors which cause and perpetuate poverty and it also looks at the negative outcomes resulting from poverty and inequalities.

Whilst not specifically focussed on offenders this document gives a useful insight into the multiple problems faced by vulnerable groups in our communities.

This document will be used by the coalition government to guide future policy decisions.

<http://www.cabinetoffice.gov.uk/publications/state-of-nation-report.aspx>

[Green paper on criminal justice and addiction: \(The Centre for Social Justice.\)](#)

This document outlines the coalition's plans to reshape and develop both the criminal justice system and the drug and alcohol treatment services.

[http://www.centreforsocialjustice.org.uk/client/downloads/CSJ\\_Green\\_paper\\_criminal\\_justice\\_07%2007\\_WEB.pdf](http://www.centreforsocialjustice.org.uk/client/downloads/CSJ_Green_paper_criminal_justice_07%2007_WEB.pdf)

Reducing re-offending- supporting families, creating better futures; (Ministry of Justice)

This document outlines the impact offending and reoffending has on the offender's families and children. It also lays out a framework for ensuring that the needs of offender's families and children are met.

<http://www.justice.gov.uk/latest-updates/reducing-reoffending-supporting-families.htm>

Lord Marmot Report - Fair Society, Healthy Lives.

This report shows how an individual's socio-economic position has an impact on their health. There is an anecdotal link that locally those individuals who are continually reoffending are the same individuals experiencing poor health outcomes, due to low socio-economic status. If the social/economic problems of these offenders can be improved it is hoped that they will not only reduce their rate of reoffending but also improve their health.

<http://www.ucl.ac.uk/gheg/marmotreview>

Lord Bradley Report – review of people with mental health problems or learning disabilities in the criminal justice system.

This document reports on the level of mental health problems amongst offenders and the problems faced by these individuals. It also gives recommendations on how to improve services for this group.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_098694](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694)

Reducing Re-offending Housing and Housing Support Pack –

This framework is intended for all stakeholders involved in the offender housing field. It seeks to help support the development of partnerships and agreements which will improve housing outcomes for offenders, contribute to the reduction in re-offending and enhance public protection.

[http://noms.justice.gov.uk/news-publications-events/publications/guidance/HHS\\_Resource\\_Pack\\_2008](http://noms.justice.gov.uk/news-publications-events/publications/guidance/HHS_Resource_Pack_2008)

## Challenges for consideration by commissioner

The main challenge is:

- **Reducing the risk and cycle of offending by addressing offenders health needs – particularly those which are greater in North Somerset**

**Commissioners should also consider:**

- Ensuring offenders are recognised as a vulnerable group amongst all services, including health services.
- Ensuring access to mental health services for offenders has been included in new mental health service specification.
- Promoting access to blood borne virus treatment for all offenders.
- Increasing the diversion of offenders with learning disabilities or mental health issues away from the criminal justice system.
- Developing a court diversion scheme for offenders with mental health issues.
- Developing programmes to address the health needs of the families of offenders.
- Recognising the high rate of risk taking behaviour occurring within the offending population and develop methods to promote either behaviour change or access to specialist services.
- Developing services which meet the health and social needs of the families and children of offenders.
- Involving ex-offenders within the process of developing and delivering health services.
- Developing a forum and/or role to manage the health and offending agenda.

## References

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- <sup>2</sup> Marmot M, The Marmot Review Strategic Review of Health Inequalities in England Post 2010, 2010.
- <sup>3</sup> [http://www.centreformentalhealth.org.uk/news/2010\\_public\\_health\\_should\\_focus\\_on\\_mh\\_offending.aspx](http://www.centreformentalhealth.org.uk/news/2010_public_health_should_focus_on_mh_offending.aspx)
- <sup>4</sup> Goodwin S, Hillingdon Annual Public Health Report 2004, accessed on <http://www.hillingdon.nhs.uk/uploads/peface%20&%20chapter%201.pdf>
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- <sup>7</sup> [http://crime.about.com/od/g\\_criminal/g/crimneed.htm](http://crime.about.com/od/g_criminal/g/crimneed.htm)
- <sup>8</sup> Dobson G, Deputy Director of the Prison Reform Trust, accessed on <http://www.idea.gov.uk/idk/core/page.do?pagelId=17340394>
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- <sup>15</sup> The Corston Report, A Review of Women With Particular Vulnerabilities in the Criminal Justice System, Ministry of Justice, 2007.