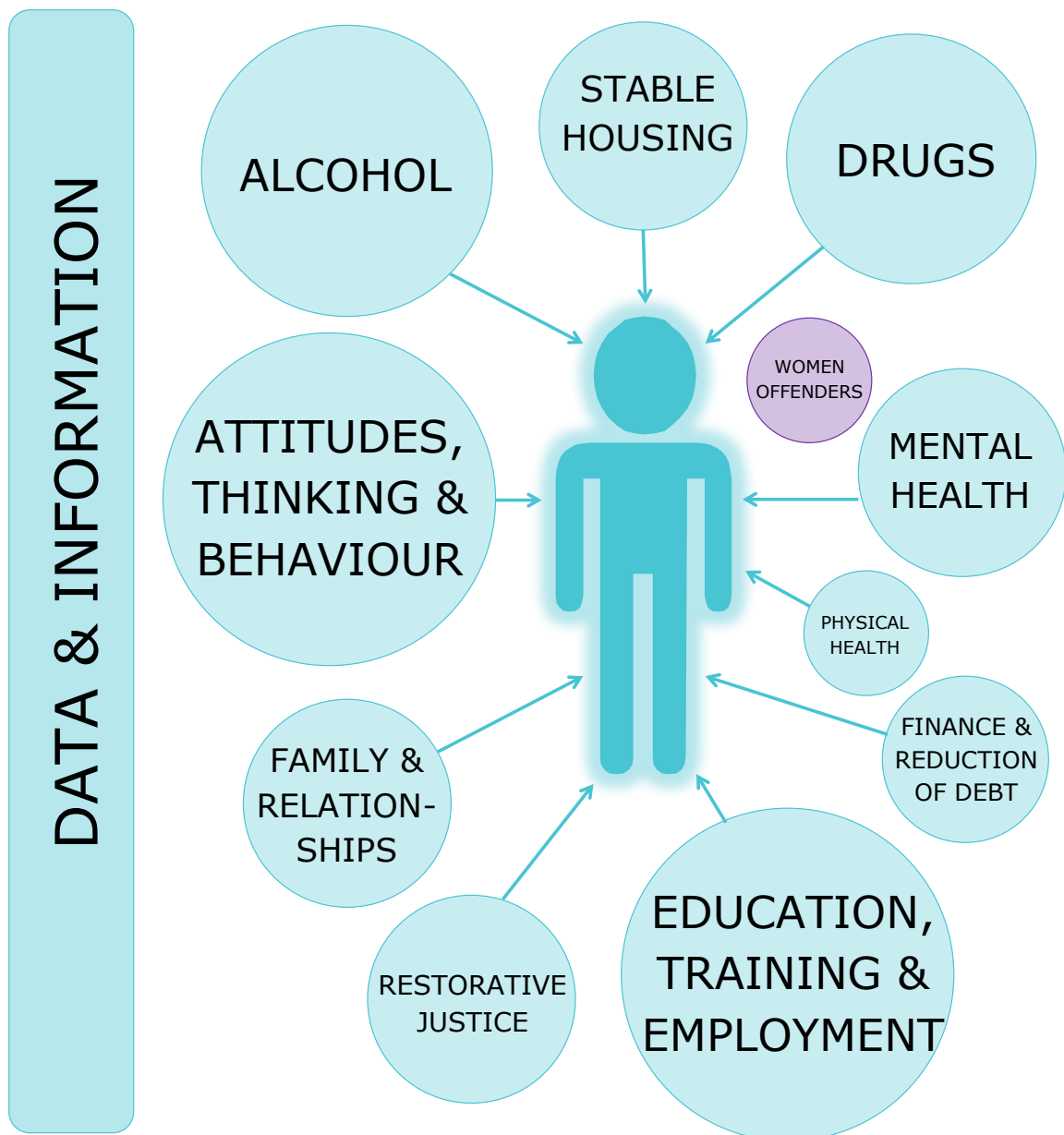


SAFER CORNWALL

Kernow Salwa

CORNWALL & ISLES OF SCILLY REDUCING REOFFENDING STRATEGY 2016-2019



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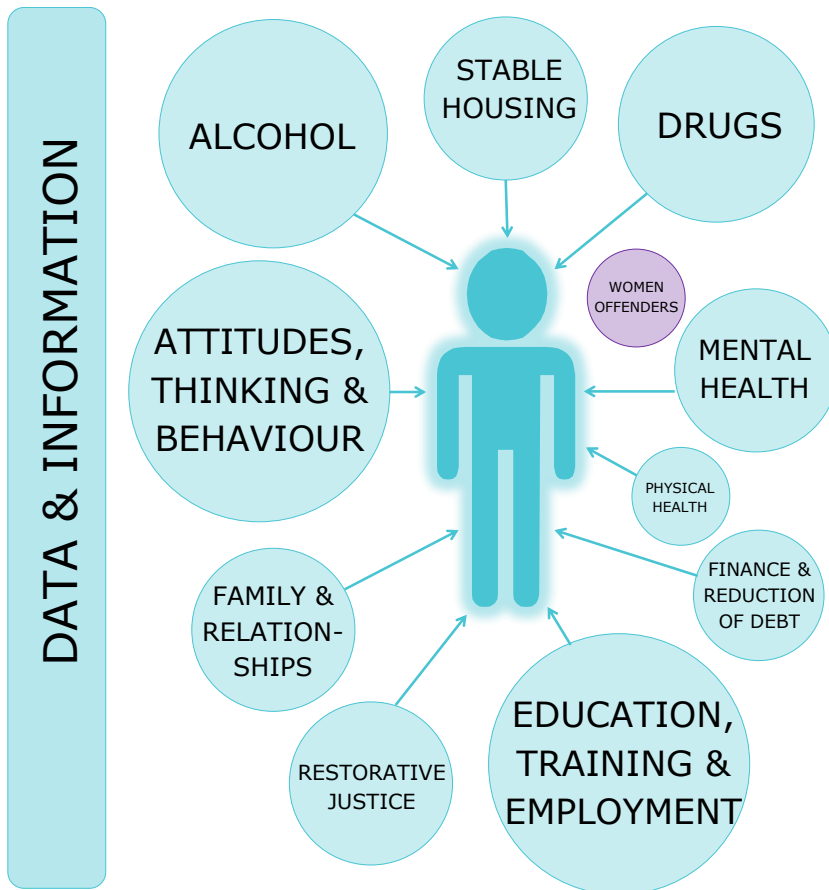
Priorities

Our overarching outcome is to:

Reduce reoffending of **adults, children and young people** in Cornwall and the Isles of Scilly in order to **reduce crime and prevent further victims**. The intention is to **reduce both the volume and seriousness of offences** i.e. to address risk and harm.

A review of the evidence and consultation with local stakeholders has identified the top priority areas that contribute to reducing reoffending and these are reflected in the supporting objectives below:

- Secure and maintain **stable accommodation**
- Reduce **drug and alcohol** harms and promote recovery
- Improve attitudes, **thinking and behaviour**
- Improve **mental health** and wellbeing
- Improve skills, education, training and **employment**
- Reduce reoffending **impact on families** and improve relationships
- Improve **physical health** and support to offenders with disabilities
- Improve management of **finances and debt and benefit** support
- Increase the contribution of **Restorative Justice**
- Improve outcomes for **women offenders**



And importantly to support effective delivery of this strategy and underpin all the other objectives:

- Collect and share **good quality local data** to inform local needs assessment and to monitor performance and outcomes.

Strategic Principles to Reduce Reoffending

Partners in Cornwall require an approach to reoffending that is outcome focussed and efficient. To do this, we recognise the importance of understanding negative influences on the lives of offenders and the complexity and varied needs that need to be addressed together to reduce the risk of reoffending.

The principles support a preventative as well as a reactive approach, focusing on offenders but also produce positive benefits for victims.

In determining the strategic principles, we have opted for a similar approach to that featured in the Pan-Dorset Reoffending Strategy. This is intended to provide some consistency across the Dorset, Devon and Cornwall area, supporting both the new **Community Rehabilitation Company** and the strategic alliance between **Devon and Cornwall Police** and **Dorset Police** (agreed in December 2015).

The principles are:

Local	Delivery at Cornwall level supported by Peninsula and regional agencies where required to reintegrate offenders into their local communities
Integrated	Recognising the need to work together across agency and geographical boundaries to jointly address the range of factors which will contribute to reducing re-offending, using joint commissioning arrangements to support this
Targeted	Putting our resources where we can make the most impact (for both frequency and seriousness of offending)
Individualised	Recognising that all offenders are different, we shape provision around the specific factors impacting upon the individual
Evidence based	Using data on crime, risk and need together with emerging research on why people desist from crime, to inform responses in localities
Co-produced	Working with not just those who offend but their families and the communities in which they live, who have a crucial role to play in supporting them to not reoffend
Restorative	Promoting an approach that encourages the offender to recognise the impact of their offending and make amends both to the victim and the wider community

Introduction

Why tackle reoffending?

Reducing reoffending is **at the heart of reducing crime** effectively and sustainably. Section 108 of the Policing and Crime Act 2009 placed a **statutory duty on Community Safety Partnerships** (CSPs) to formulate and implement a **strategy to reduce reoffending** by adult and young offenders.

Offenders are amongst the most socially excluded in society and often have **complex and deep-rooted health and social problems**, such as substance misuse, mental health, homelessness and debt, family and financial problems. Research shows that **prison is neither cost effective nor does it deliver sustainable benefits** in terms of reduced harm to the community.

Understanding and **addressing these underlying issues in a co-ordinated way** plays a key role in reducing crime in the long term and breaking the cycle of offending behaviour from one generation to the next.

For young people especially, this means identifying problems that may contribute to offending and providing an **early and effective response**. Young people are more likely than adults to reoffend

The proportions of offenders that reoffend, amongst both adult and young offenders in Cornwall, are **lower than both national and Peninsula** averages, at 19% and 29% respectively. We have seen the **offender cohort diminish in size** significantly, particularly over the last three years, but **rates of reoffending have stayed the same**.

Offender management has undergone a **significant transition** under the Government's Transforming Rehabilitation programme, with delivery of Probation services now **split between the public and private sector** and new requirements introduced under the Offender Rehabilitation Act.

There is now a nationwide **network of resettlement prisons** with the aim that the majority of offenders are managed by the same provider in custody and the community, with a through-the-gate approach to rehabilitation. We have no prison in Cornwall so our resettlement prisons are Exeter, Channings Wood and Eastwood Park (for female offenders).

At the heart of the reforms is the extension of statutory rehabilitation to short sentence prisoners (serving sentences of less than 12 months), who have the highest reoffending rates of any group and yet previously received no supervision after release. In Cornwall, on average across our 3 resettlement prisons **63% of adult offenders released from short prison sentences** in the year to June 2014 went on to reoffend within the next 12 months (three times the overall adult reoffending rate).

The changes create both **new challenges and opportunities** and require partners to **rethink how we work together** to reduce reoffending.

How did we get here?

Reducing reoffending has featured as a local priority for Safer Cornwall since 1 April 2012 and the strategic approach has been via the **Partnership Plan**.

The last three year Plan, 2013-2016, included the overarching aim to “*reduce crime by tackling the underlying causes of offending and reintegrate offenders into their communities*”. We identified seven objectives for reducing reoffending in adults and young people in Cornwall:

- Identify, target and work proactively with the offenders that present the **highest risk of harm** to their communities
- Work with partners to **address substance use** in offenders, tackling dependency and problem use of drugs and alcohol, improve health outcomes, aid recovery and reduce the risk of reoffending
- Work with partners to provide **stable accommodation** and opportunities for **training and sustainable employment** for offenders
- Provide a “**whole family**” approach to tackling reoffending, including addressing issues such as domestic abuse, parenting and breaking the intergenerational cycle of criminal behaviour
- **Support young people at risk** of or engaged in offending through **positive early intervention** and divert them from future criminal careers
- Work in partnership to **identify the impact of mental health** on reducing reoffending in order to ensure an effective response with appropriate resources allocated
- To incorporate **Restorative Justice principles** into the ongoing work with offenders in line with new legislation

Over the three years of the plan, we can **evidence some progress across all objectives**, but acknowledge that up until now this area of work has **lacked a cohesive approach**, largely due to the uncertainty during and following transition under the Government’s reform programme.

To inform the development of the Reoffending Strategy and identify priorities, a range of information, research and analysis has been brought together into a needs assessment – ***Reoffending in Cornwall: An evidence base***.

It is important to note that **information sharing arrangements** with offender management services have **not been reinstated** post-transition and this places **some limitations on the evidence base** around the needs of adult offenders. This information is drawn from a combination of analysis of legacy data provided by Devon and Cornwall Probation Trust and literature review.

In keeping with other strategic planning activity, the Reoffending Strategy will follow a three year cycle, with the 2015/16 needs assessment and strategy being the first year of the new cycle.

What have we already achieved?

Integrated Offender Management (IOM) is a single coherent framework for the management of prolific offenders, from prevention to conviction to rehabilitation and resettlement, with the aim of delivering long-term, sustainable benefits to the community. **Working with the offenders most likely to reoffend**, IOM is delivered within a Peninsula-wide framework under the name **TurnAround**, and

now sits within the delivery structure of the CRC. Previous reports for TurnAround indicated **good performance in reducing reoffending**.

In 2015 an agreement was reached for a **large-scale strategic alliance** between Devon and Cornwall and Dorset police forces. A review of functionality across the two forces included the delivery of TurnAround and has resulted in a rationalisation of police capacity and function of the programme, meaning a **reduction in staff and caseload**. We have yet to determine what the impact on reoffending will be.

The **Recovery Oriented Drug and Alcohol Treatment system** has been operational since 1 April 2013 and is delivering a more comprehensive range of services more equitably across Cornwall and Isles of Scilly, whilst also delivering savings. As part of the development of the new treatment system, the function of the Drugs Intervention Programme (DIP), Arrest Referral and supporting TurnAround IOM were embedded into the Criminal Justice Team.

Offenders engaged with community drug and alcohol treatment have been able to access the **Breaking the Cycle programme**, which provides an individually designed care package that takes into account the needs of the whole family. This package includes a wide range of services to help people overcome their problems (such as counselling, or help with accessing other services, like housing or health).

Addaction's Criminal Justice Team are delivering an **innovative new project that addresses the "toxic trio"**, supporting women who come from an offending background and have complex needs and issues including living in abusive relationships.

Offenders in abusive relationships can access the community **Domestic Abuse Prevention Programme**.

Engage Centres are a new way of engaging offenders with complex needs in community settings. The CRC is developing **Community Engage Centres** away from Probation Offices, in existing community hubs throughout Devon and Cornwall. Development of the centres is ongoing, with Newquay Engage recently opening.

Engage works in the community alongside voluntary and community sector projects and organisations, often in their premises. It encourages a wide client base and will offer **a range of opportunities, support and information** in informal settings, enhancing community reintegration. Engage aims to promote more **collaborative working** and offer reciprocal **opportunities to share resources and expertise** as well as develop common approaches. However, these centres are now at risk, due to lack of funding for premises. This is a common emerging theme across all strategies that is worthy of attention in its own right.

The **Community Rehabilitation Company** are now **co-located in REACH¹** in Truro and development will take place in improving outcomes for victims of domestic abuse by improving communication and information sharing with other agencies and ensuring better targeting of provision of the Building Better Relationships programme.

¹ Risk Evaluation and Co-ordination Hub – a "one stop shop" for domestic abuse services for both victims and professionals seeking help and support
Safer Cornwall Reducing Reoffending Strategy 2016-2019
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The Cornwall and Isles of Scilly Youth Offending Service (YOS) has provided a co-ordinated, **multi-agency response** to the needs of young offenders (aged 10 to 17 years) and young adult offenders needing support to transition into adult services, contributing to all objectives under this priority. The team included specialist health workers, police, probation, and leads from Children's Early Help, Psychology and Social Care Services, dedicated substance misuse workers (provided by YZUP, the young people's drug and alcohol treatment service).

Key achievements of the YOS include:

- Improved **substance misuse service delivery** and referrals to treatment through increasing joint assessments and identification of needs with YZUP;
- **Significantly improved delivery of health services** through enhanced access to the health IT system, including access to live information regarding physical health, mental health assessments and appointments etc.
- Delivered **Reowta** (Respect), a bespoke, targeted intervention to reduce **young people's abusive behaviour** in peer to peer relationships or adolescent to parent relationships
- Commissioned training from Anne Haynes on the '**Towards Respectful Relationships**' programme which resulted in each practitioner completing the training having a licence to use that model
- Co-developed and delivered the '**Respect Me**' programme with partnership commissioned domestic abuse services in Penzance APA (Alternative Provision Academy), which was praised by Ofsted inspectors
- Hosted the **Gweres Kernow service**, a small team of specialist workers working in partnership with other services to safeguard children who have displayed **sexually harmful behaviours**
- **Further embedded RJ approaches** across YOS and Children's Early Help, Psychology and Social Care Services, through in-house and external training

A **robust delivery model for restorative justice** has been developed in Cornwall. The Office of the Police and Crime Commissioner funded CSPs to develop capacity for RJ across the wider system, to meet the requirements of the Victims Code. Each CSP received funding for co-ordination, capacity building and for delivery. The Cornwall model splits the business into three main areas of work – within the criminal justice system (now branded 'RJ Cornwall'), historic and un-reported crime and community non-crime.

In partnership with the Domestic Abuse and Sexual Violence (DASV) Strategy Manager and DASV service providers, safe, structured and well managed RJ/DASV operating models have been agreed and are in the process of being developed. This is replicated with the hate crime service providers.

The wider Restorative Cornwall initiative is overseen by a RJ Forum that is chaired by Safer Cornwall Partnership, with the work co-ordinated by the Project Manager. The forum is made up of statutory and voluntary, community and social enterprise (VCSE) organisations and aims to grow skills and experience with VCSE sector, providing sustainability for the future.

Working with partners

The Reoffending Strategy is closely inter-related with a range of other strategies, and contains a number of **cross-cutting themes, priorities and work-streams**.

To effectively reduce reoffending this strategy must form part of a wider strategic framework that includes:

- Safer Cornwall Partnership Plan
- Cornwall Drug Strategy
- Cornwall Alcohol Strategy
- Cornwall Domestic Abuse and Sexual Violence Strategy
- Anti Social Behaviour Strategy
- Cornwall Housing and Homelessness Strategies
- Young People's Substance Misuse Plan
- Youth Justice Plan
- Restorative Justice Plan
- Together for Families Commissioning Strategy and Programme
- Health and Wellbeing Strategy
- Sustainability and Transformation Plan (STP)

Reoffending is well integrated into the **annual needs assessment and commissioning plan cycle for drugs and alcohol**, which is **well established** in Cornwall through the Drug and Alcohol Action Team and **joint commissioning arrangements** with partners. Engaging offenders in the community in specialist treatment services and reducing associated reoffending is a core element and the needs assessments share a **common evidence base** with the strategic assessment, ensuring **consistency** and read across these areas.

Commissioning and evidence around the other needs of **offenders have not been so clearly aligned**.

Local delivery landscape

This section identifies where the Reducing Reoffending Strategy contributes to the priorities of partners within the Community Safety Partnership.

Cornwall Council

The Council's Vision is

"A prosperous Cornwall that is resilient and resourceful. A place where communities are strong and where the most vulnerable are protected"

The **business plan for the Council**² sets out the vision and values for what kind of organisation it wants to be and how it wants to work.

The Community Safety Partnership is Cornwall's most mature and sustained strategic partnership. The Reducing Reoffending Strategy supports the Council's Strategy and business plan and priorities as part of the overall drive to create

² [Cornwall Council's Strategy 2015-2020](#)

healthier, safe, sustainable and resilient communities, , reduce inequalities and protect the local economy, community life and the environment.

The national Troubled Families Programme, known in Cornwall as the **Together for Families Programme**, is transitioning into Phase 2 of delivery which has involved a broadening of the eligibility criteria and a significant increase in the number of eligible families. The programme is co-ordinated through Cornwall Council's Education, Health and Social Care Directorate and governance sits with the Health and Wellbeing Board.

Cornwall will be expected to identify, engage and achieve positive outcomes for 4,050 families between April 2015 and March 2020.

There are **6 criteria identified for Phase 2** of the programme:

- Parent and children involved in crime and anti-social behaviour
- Children who have not been attending school regularly
- Children who need help
- Families affected by domestic violence and abuse
- Parents and children with a range of health problems, including mental health and drug and alcohol problems
- Adults out of work/at risk of financial exclusion; young people at risk of worklessness

In particular, Phase 2 **recognises the impact of parental/family offending behaviour** on children, alongside other factors to which they are especially vulnerable within the family environment, such as domestic abuse, mental health and problem drug and alcohol use.

The financial framework³ for the expanded programme (2015-2020) outlines the additional elements of the programme and includes new requirement to produce a Family Outcomes Plan and a framework by which to evidence positive outcomes.

Public Health England

The Public Health Outcomes Framework (PHOF) 'Healthy lives, healthy people: Improving outcomes and supporting transparency' sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

Directors of Public Health, located within local authorities, are tasked with looking widely at issues including crime reduction, violence prevention, responses to violence and reducing levels of reoffending, which can also prevent health inequalities. **The wider social determinants of offending are the same as the wider social determinants of health.**

With the implementation of the Health and Social Care Bill, Directors of Public Health in local authorities have become responsible for the public health aspects of the promotion of community safety, violence prevention, responses to violence, and

³ Financial Framework for the Expanded Troubled Families Programme (Department for Communities and Local Government, last updated March 2015)

local initiatives to tackle social exclusion. These statutory changes took place on 1st April 2013.

Police and Crime Commissioner (PCC)

The PCC's Police and Crime Plan 2013-17 contained a strategic priority to cut crime and keep people safe and recognised the importance of tackling the underlying drivers of reoffending.

In May 2016, a new PCC was elected for Devon and Cornwall and a **new Plan will be developed over the course of this year**, for implementation from 1 April 2017.

Development of the **Peninsula Strategic Assessment** to underpin the Police and Crime Plan and support joint working across the Peninsula Community Safety Partnerships continues to be a shared priority across the Peninsula CSPs. Peninsula CSPs have agreed that **reducing reoffending will continue to be a cross cutting theme** going forward into the new partnership delivery cycle 2016-2019. There has also been an appetite to produce a **Peninsula level reoffending strategy**.

Offender Management Services

The priority of the National Probation Service (NPS) is to **protect the public** by the effective rehabilitation of **high risk offenders**, by tackling the causes of offending and enabling offenders to turn their lives around.

The NPS is responsible for:

- **Preparing pre-sentence reports for courts**, to help them select the most appropriate sentence
- **Managing approved premises** for offenders with a residence requirement on their sentence
- **Assessing offenders in prison** to prepare them for release on licence to the community
- Helping all offenders serving sentences in the community to **meet the requirements ordered by the courts**
- Communicating with and prioritising the **wellbeing of victims of serious sexual and violent offences**, when the offender has received a prison sentence of 12 months or more, or is detained as a mental health patient

Dorset, Devon and Cornwall Community Rehabilitation Company (CRC)

The key functions of the CRC are:

- **Enforce community sentences** imposed on offenders by courts
- Manage and supervise **offenders on community sentences** and **work with people in prison** to address offending behaviour;
- **Assist the National Probation Service** with information so that it can provide reports on offenders for courts known as pre sentence reports;
- **Supervise, monitor and rehabilitate offenders on community orders** through nationally approved courses known as programmes to change behaviour and reduce reoffending;
- Carry out work such as drug testing, unpaid work, and employment, training and education activity to rehabilitate offenders. This work is known as **Interventions**;
- Manage and supervise **prisoners released into the community on licence**;

- Contribute to **multi agency panels** which include police, prison, health and others, to protect the public from the most dangerous offenders
- Work **in partnership with other statutory agencies to reduce crime and disorder**
- Continually **assess risk and dangerousness** in the community

The local priority areas of focus for the CRC's "Through the Gate" services are:

- Employment
- Accommodation
- Family and relationships
- Finance and debt

Youth Offending Service

Historically, a co-ordinated, **multi-agency response** to the needs of young offenders (aged 10 to 17 years) and young adult offenders needing support to transition into adult services has been provided by the Cornwall and Isles of Scilly Youth Offending Service (YOS).

Further to a review by the local Cornwall and Isles of Scilly Youth Justice Board, driven by budget pressures and reducing/changing activity, the YOS will be **merged with the Gweres tus Yownyk Service (GTY)** in September 2016 to create an **integrated adolescent service** is expected to fulfil all the statutory functions of youth justice in Cornwall and the Isles of Scilly.

The work of the new service will continue to be driven by the annual **Youth Justice Plan**.

The new delivery offer is not yet published but the design principle is one of a multi-disciplinary team, with staff retaining their **specialist professional skills** and not being asked to undertake new areas of work. The new service will be based on maintaining a **focus on youth offending**, using the specialist skills and knowledge inherent within the Youth Offending Service and ensuring that there will be a Cornwall-wide lead for youth offending.

For youth offending the priorities are based on national indicators:

- Reduce **first time entrants** into the Youth Justice System
- Keep the rate of young people sentenced to **custody** to a minimum
- Reduce the rate of **reoffending** for young people
- Plus two local indicators relating to improving outcomes related to **Accommodation** and **Education, Training and Employment (ETE)**

Drugs and Alcohol

Cornwall and Isles of Scilly Drug and Alcohol Action Team is responsible for leadership and delivery of the local and national drug and alcohol strategies, which includes **commissioning treatment services for offenders** experiencing drug and alcohol related problems. These are delivered through **criminal justice interventions** including custody, diversionary and sentencing pathways (court ordered treatment).

HM Prison Service Resettlement of released prisoners

Resettlement is where prisoners and their families receive assistance and support from the Prisons and Probation Services, and voluntary agencies to help them prepare for life after prison. This includes **advice** about their entitlement to state benefits, training, education, work experience and **preparation for release**. The objective is to **help prisoners return to normal life**, get a job and home, and cope with life without re-offending.

There are a number of initiatives aiming to achieve this objective:

- Prisoners preparing for release
- Pre-release courses
- Resettlement Prisons and units
- Community Work
- Earned community visits
- Preparation for Employment and Job Clubs
- Money and benefits

Catch 22 have recently won the contract to deliver resettlement support in partnership with Dorset, Devon and Cornwall CRC and provide services in HMP Channings Wood and Exeter.

Resettlement Plans are developed and tailored to meet the needs of each offender, with particular attention paid to those with protected characteristics. These plans are monitored closely and staff ensure that preparations for release are actioned through partnership working with the CRC, National Probation Service, statutory partners, including the Police, and other non-statutory partners.

Case workers both deliver and access interventions that support rehabilitation, working with both **mainstream and specialist providers**. These may include housing advice, support in sustaining positive relationships, linking with prison industries to match skills with the local job market, finding employment following release and addressing finance, benefit and debt issues.

NHS England Liaison and Diversion, Peninsula Criminal Justice Liaison and Diversion Service (Courts & Custody) – whole of Devon and Cornwall

These schemes are **commissioned by NHS England** and aim to ensure people who come into the criminal justice system with **mental health** conditions, **learning disabilities** and **other vulnerabilities** are **recognised and are promptly referred** into health and other services to get the treatment or support they need.

These new schemes, seek to join up police and courts with mental health services. By identifying someone brought into a police station or involved in court proceedings who may have a mental health problem or other vulnerabilities, Liaison and Diversion schemes should ensure an individual is supported through the criminal justice system and into the right mental health or social care service.

It can also **assist the police and courts** by providing up-to-date information on a person's state of mind; as well as **benefit the individual's health**, contribute to a reduction in re-offending, and reduce the likelihood that the individual will reach crisis point. The new Liaison and Diversion schemes are now delivering a service to everyone who needs it regardless of their age. **Services are available 24/7.**

Crisis Care Concordat

The [Mental Health Crisis Care Concordat](#) is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the [Crisis Care Concordat](#). Since then five more bodies have signed the Concordat, making a total of 27 national signatories.

The Concordat focuses on four main areas:

1. [Access to support before crisis point](#) – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
2. [Urgent and emergency access to crisis care](#) – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
3. [Quality of treatment and care when in crisis](#) – making sure that people are treated with dignity and respect, in a therapeutic environment.
4. [Recovery and staying well](#) – preventing future crises by making sure people are referred to appropriate services.

In Cornwall, a number of elements have been identified within the local plan to contribute to this strategy, including:

- **Improved services** for those with co-existing mental health and substance misuse issues
- **Review police use of places of safety** under the Mental Health Act 1983 and results of local monitoring Improved training and guidance for police officers
- **Improved quality of response** when people are detained under Section 135 and 136 of the Mental Health Act

ESIF Employment programmes

The links between the European Structural and Investment Funds (ESIF) programme and reducing reoffending should be strong. However, stakeholders are unable to identify coherence to the programme and means of linking up the necessary work to bring those furthest from the workplace into the programme, specifically offenders in this instance.

Stakeholders and offenders

Consultation was undertaken with a broad range of stakeholders and included Police, CRC, NPS, local communities, VSCE, JobCentrePlus, NHS, domestic abuse, drug and alcohol services and offenders. This identified the following overarching priority themes:

Improved transition and Planning

- Identification of accommodation and employment/training as part of resettlement plans prior to leaving prison (Catch 22), particularly those with no Fixed Abode

Co-ordination and integration – encouraging a holistic approach

- An agreed identified Lead is required for each offender's plan

- A **single plan per offender**, representing all aspects of the individuals assets and challenges, including the offender's own assessment, which all parties involved in the plan signed up to, to **join care packages** - specifically offender management, housing, employment, drugs, alcohol, mental health, families, parenting, domestic abuse;
- **Specific needs** in relation to gender, age, ability, sexual orientation to be incorporated in individual plans;
- An **individualised plan approach** to be taken for each offender, identifying the areas that will have the greatest impact upon reducing their offending.
- A **resolution process** to be triggered where any element of the plan cannot be delivered;
- Facilitating and following through on **reintegration** into community.
- **Clarity about who is paying** for the co-ordinator/navigator
- More work is needed around **offenders with complex needs** and addressing these issues in an integrated way in the community, including family-based interventions to address the "toxic trio" of domestic abuse, mental health and problem substance use;
- An **effective Reducing Reoffending Group**, including the Voluntary, Community and Social Enterprise (VCSE) sector, supported and endorsed by Safer Cornwall.

Demonstrating Value for Money and Successful Outcomes

- We need **good quality local data** (from CRC and NPS) to inform our local reducing reoffending needs resources, the development of the packages required to reduce reoffending locally and to validate outcomes and Value for Money. We also need to **monitor and share information about performance and outcomes**. The quality of data available about complex needs for medium and high risk offenders will be recorded, but an uncaptured area will be the 30% of people deemed low risk or low need;
- A **review of the data requirements** to support this strategy is essential, resulting in an agreed **Performance and Data Strategy**, supported by all partners;
- Stakeholders would like to see an **independent audit of offender management plans** annually to ascertain the level to which our priorities are being addressed and to help identify any gaps locally.

Crime and reoffending in Cornwall: an overview

Recorded crime

Recorded crime **continues to reduce over the longer term**, broadly in line with national trends, and our overall crime rate is consistently amongst the lowest in the country.

For the 2015/16 financial year there were 21,414 recorded crimes, equating to a rate of 39.3 crimes per 1000 population. The rate of all **recorded crime is 5% lower** than the same period last year, equating to 1,012 fewer crimes. We are placed first in the ranking for the **lowest overall crime rate out of our family group** of 15 most similar community safety partnerships nationally.

This is due to **continuing reducing trends in property crime** – thefts, vehicle crime and burglary – and **Criminal Damage**. Police control charts confirm a reducing trend with current crime levels being below the 3 year average.

Violence, particularly **violence without injury**, and **sexual offences** have seen significant increases. Over the same time period, the level of **domestic abuse crimes** reported has also steadily increased.

An important implication of this changing picture is that we are increasingly dealing with a **lower volume** of crime, but one which is much **more complex in nature** and impacts on the **most vulnerable** in our communities.

Reoffending

In Cornwall between July 2013 and June 2014, a total of **3,793 offenders** were cautioned, convicted or released from custody. **785 (20%) of these offenders reoffended**, committing one or more proven re-offences within the following year: 2,088 reoffences or approximately **9% of all recorded crime** in the monitoring period.

12% of the reoffender cohort were young offenders (under the age of 18 years) and their reoffences accounted for 10% of the total reoffences.

Reoffending rates for both adults and young people are **lower than national averages**; Nationally, proven re-offending rates for **adult offenders have remained fairly flat since 2000** fluctuating between around 25% and 28%, and since 2004 have remained steady at around 25%; The latest figures from the Ministry of Justice⁴ show that **nationally a quarter of offenders reoffend within 12 months** of caution, conviction or release from custody.

Young people are more likely to reoffend than adults (the current rate is 29%) but youth reoffending accounts for only 10% of all reoffences committed. The rate of youth reoffending has increased since 2000 but the cohort has changed

⁴ Proven re-offending statistics – July 2011 to June 2012, Ministry of Justice April 2014
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considerably over this time; it has more than **halved in size** due to a substantial decrease in the number of offenders with no previous offences and for those receiving a Youth Restorative Disposal, Youth Caution or Youth Conditional Caution. As such, the cohort is now comprised of offenders whose characteristics mean that they are **more likely to re-offend** than those in the 2000 cohort.

Numbers of **offenders are falling but reoffending rates are not**: both adult and youth reoffending rates have remained fairly static over the last 12 months.

- Around 1 in 5 offenders are female. **Female offenders are less likely to reoffend** than men;
- The highest rates of reoffending are amongst **prolific offenders**, their offending is usually **acquisitive in nature** to provide funds for a drug problem and they experience **frequent short spells in custody**;
- The offender cohorts with the highest rates of reoffending are:
 - Offenders with **larger numbers of previous offences**;
 - Offenders that commit **acquisitive crimes** (all types of thefts);
 - Offenders serving **custodial sentences**, particularly **sentences less than 12 months**. Historically offenders serving sentences of less than 12 months were not subject to supervision by Probation. This has changed with the introduction of new provisions for offender management by CRCs;
 - **Prolific and other priority offenders** (PPOs), most of whom will also appear in one or more of the groups above.

Offender needs profiles

Adults

Drugs and alcohol

56% have an alcohol problem linked to risk of harm and/or reoffending, with **9% having "significant problems"** with alcohol.

Drugs are a risk for 35% and the majority are users of non-opiates, with cannabis and ecstasy the most common.

Much higher prevalence of complex needs, particularly offenders with drug-related problems

59% of offenders identified as having drug and/or alcohol needs are **not in contact with treatment services**.

Mental and physical health

30% have a history of self-harm and / or suicide attempts and 14% had been assessed as having some or significant psychiatric problems.

35% are recorded as having a disability. Previous data indicates that **dyslexia, mental health and mobility issues** are the most commonly disclosed.

Local data on physical health is scant. National research indicates higher rates of long standing illness or **disability, smoking and blood borne viruses (BBV)**. BBV is a particular risk for those with a history of drug injecting (12%).

Risk factors associated with reoffending

Locally, the most prevalent issues amongst adult offenders are **unemployment** (65%, although this is a direct risk to reoffending for only 23%), criminogenic **alcohol problems** (56%) and **domestic abuse** (51%). **Thinking and behaviour** underlies most other risk factors.

A third of offenders were identified as requiring support in five or more areas. **Complexity increases as the risk of reconviction increases**.

13% of the offender population is **female**. Female offenders are more likely to be involved in abusive relationships (69%), to be opiate users (20%) and to have parental responsibility (43%).

Housing, employment & finances

Just over a **third have problems with their finances** that are linked to their offending behaviour.

11% homeless or will be on release. Risk of reoffending linked to housing for 35%. **Lack of suitable housing is a severe risk** to an offender's ability to engage with any other kind of programme or service.

Education, training and employability issues are linked to risk of reoffending for just under a quarter. **2 out of 3 are unemployed**.

Family and relationships

National research indicates that offenders are significantly less likely to reoffend if they maintain family contact. **A third of male offenders and 43% of female offenders have parental responsibility**.

Support also needs to be given, however, to address any **safeguarding and parenting issues** and **break the intergenerational cycle** of criminality.

Evidence of domestic abuse for 51%, (mostly as perpetrators, 84%, but 30% identify as victims of abuse).

Short sentence prisoners

For the purposes of the reoffending evidence base, projections for local numbers of short sentence prisoners were estimated based on national figures for the use of custodial sentences of less than 12 months.

This provided an estimate of **200 to 250 additional offenders coming onto the CRC caseload** for supervision (an increase of around 25-30%). The actual numbers realised over the last 12 months whilst this strategy has been in development have **not been confirmed by the CRC**.

Although we could assume that the needs of short-sentence prisoners will mirror the existing cohort, evidence tells us that this cohort is actually likely to have its own particular characteristics.

Described as the archetypal “revolving door” group, we know that short sentence prisoners have **multiple needs** and an **exceptionally high rate of reoffending**. The local needs of this new cohort of offenders are currently unquantifiable, however, due to an absence of information collected during their contacts with the criminal justice system.

A **national study** into the social care needs of short-term prisoners, prompted by the concerns of central government over high reoffending rates, was published in May 2011.⁵ The research included an extensive literature review, interviews with key stakeholders and a focus group with former short-sentence prisoners. The findings of this research are summarised below.

Factor	Needs	How they differ from the 12+ months cohort of prisoners
Accommodation	Homelessness and unstable accommodation were clear issues. Pre-prison homelessness 10-21% and accommodation often lost following prison. Many have complex co-existing problems that lead to exclusion from housing, ASB and difficulties sustaining tenancies.	Less likely to be in stable accommodation and more likely to have been homeless pre-prison; Accommodation problems the most frequently anticipated problem on release.
Employment, training and education	Unemployment was the norm. One survey suggested almost half had no qualifications and 13% had never worked. Life skills poor. Accommodation problems, drugs and alcohol, lack of qualifications/ skills and health problems, as well as criminal record, cited as reasons for unemployment.	Significantly less likely to have worked in the year prior to custody.
Finance, benefit and debt	The majority had been on benefits prior to prison; many were concerned about their financial situation on release and struggled with financial management.	None specifically identified

⁵ The Social Care Needs of Short-Sentence Prisoners (Anderson S. with Cairns C., Revolving Doors Agency, 2011), commissioned by the North East Public Health Observatory.
Safer Cornwall Reducing Reoffending Strategy 2016-2019
OFFICIAL

Factor	Needs	How they differ from the 12+ months cohort of prisoners
Drugs and alcohol	Estimates of alcohol problems ranged from 20-45%. Drugs were a particular problem with estimates ranging from 40-50%. High levels of heroin and cocaine use.	Daily and heavy drinking pre-prison were more common although only a small proportion wanted help for an alcohol problem. Greater use of heroin, non-prescribed methadone, tranquilisers and crack cocaine in the year prior to custody. Drug use particularly problematic amongst female offenders. Greater levels of risk-taking behaviour in terms of drug use, including more injecting.
Family, relationships and social networks	Family problems preceded and were exacerbated by imprisonment. Negative peers, unstable family relationships and isolation were all issues.	Less stable family relationships and increased social isolation [than other prisoners]. More likely to be single/living alone.
Emotional well-being	Emotional needs around bereavement, loss of children, childhood trauma/abuse and victimisation were evident, particularly in women, but provision of support (in prisons) was poor.	None specifically identified
Mental health	Short-sentence prisoners exhibited high levels of mental disorder, notably anxiety and depression – particularly amongst female offenders. Almost two thirds suffered from a personality disorder.	Little difference in prevalence rates of mental health problems or personality disorders amongst short or longer term prisoners. Noted that prevalence of mental health issues is higher in women prisoners than men.
Disabilities requiring social care	Evidence of health problems and disability. Although these may inhibit prisoners' mobility and ability to care for themselves, engagement of local authority adult social care departments was poor.	None specifically identified
Learning disabilities and difficulties	Information specific to this cohort was scarce. Levels in the prison population are estimated at 0.5-1.5% with many more prisoners on the borderline.	None specifically identified
Thinking, attitudes and behaviour	Short-sentence prisoners wanted help to address their offending behaviour. Offence patterns suggest problems with impulsivity and anger management. Recidivist short-sentence prisoners demonstrated institutionalisation and fatalism about their ability to change.	Thought they needed help with offending behaviour but may not have participated in programmes to address thinking, attitudes and behaviour due to their length

Young People

Drugs and alcohol

73% have an **alcohol** problem that is linked to **risk of reoffending**.

Illegal substances were a factor for nearly all young people in the cohort, with **persistent or heavy cannabis use** being the most commonly cited drug.

More complex needs – 76% require support in more than 5 areas.

63% of young people with an identified issue with alcohol and/or drugs have been **referred into specialist treatment services**.

Mental and physical health

Over half of the young people assessed have had **previous contact/ referrals with mental health services** although only 4 young people (11%) have had any formal diagnosis of a mental health condition.

With regards to **self-harm and previous suicide** attempts, analysis shows that 39% (15 young people) and 8% (3 young people) respectively have had these identified in their assessment.

Risk factors associated with reoffending

Locally, the most prevalent issues amongst young offenders are **thinking and behaviour, family and personal relationships** and **lifestyle**. These factors contribute to other causes related to a young person's risk of reoffending

National research suggests that three factors are highly **statistically significant** predictors of proven (**re**)offending within a 1 year period. These factors are **lifestyle, substance misuse and motivation to change**.

During 2014/15 there were 9 young females making up 12% of the cohort assessed. This proportion is **consistent with the adult offending cohort**.

Housing, employment & finances

Approximately 5% of the youth offending cohort has had **unsuitable accommodation during their order**, which is based around of risk of harm to the young person.

Analysis of assessment data indicates that 55% of the cohort have unauthorised absences from school and that nearly a **quarter of young people have special educational needs** (not stated).

Family and relationships

The family and personal relationship section is **consistently scored as a significant risk** for young offenders.

Where family and relationships was assessed as a problem:

- **Domestic abuse was present in 57%** (28 young people) of cases. Just over a quarter of young people had been the **perpetrator** of domestic abuse;
- Just over 1 in 5 of these young people has had a **family member engaged in criminal behaviour** over the last 6 months.

PRIORITIES: WHAT WE PLAN TO DO

Secure & maintain stable accommodation

Reduce drug & alcohol harms and promote recovery

Improve attitudes, thinking & behaviour

Improve mental health & wellbeing

Improve skills, education, training & employment

Reduce reoffending impact on families & improve relationships

Improve physical health & support to offenders with disabilities

Improve management of finances & debt and benefit support

Improve outcomes for women offenders

Increase the contribution of Restorative Justice

Secure & maintain stable accommodation

Lack of suitable housing is a severe risk to an offender's ability to engage with any other kind of programme or service.

National research suggests that stable accommodation can make a difference of over 20% in terms⁶ of reducing reoffending. Lack of a fixed address can exacerbate other problems and acts as a barrier to accessing support services such as benefits or registering with a GP.

What the evidence says

- In Cornwall, accommodation is a risk factor linked to reoffending and/or serious harm for **35% of the offender cohort** and is one of the **most commonly identified** problems for offenders;
- 11% of adult offenders are **homeless** or will be on release and have **acute needs**. Another potential area of acute need relates to suitable provision for individuals and families fleeing **domestic abuse**;
- **3 out of 4 offenders** requiring housing support have support needs in at least 5 other areas, creating **additional barriers to accessing support**. The most common are criminogenic needs relating to **alcohol** (65%), **financial management and income** (46%) and **drugs** (43%).
- The new cohort of short-sentence prisoners are **less likely than the existing cohort to be in stable accommodation** and more likely to have been homeless pre-prison. An accommodation problem is the most frequently anticipated problem on release;
- The demand for housing support for young offenders is considerably less common than for adults at 13%. But, as for the adult cohort, young people requiring housing support are likely to **have multiple needs**.
- National Offender Management Service (NOMS) guidance on evidence-based interventions highlights that support to **secure, manage and maintain employment and suitable accommodation is effective in reducing reoffending across** all segments of the offender population.

What we plan to do

- Review the **staged accommodation provision** available for offenders which is required to support rehabilitation;
- Implementation of the revised **Prolific and other Priority Offender (PPO) Housing protocol** to ensure that PPOs remain engaged within stable accommodation;
- Develop **similar housing pathways for other groups of offenders** to enable them to maintain suitable and stable accommodation, supported by effective risk assessment and management.

⁶ Home Office, OASys pilot study, 2001 (unpublished) – referenced in "Reducing re-offending by ex-prisoners", report by the Social Exclusion Unit (July 2002). Data only covers one year after release and studied those with severe accommodation problems.

Navigating Complexity and Risk

- **Potential cuts to the Public Health Grant** into the Wellbeing Universal Prevention and Early Intervention Fund could mean fewer supported accommodation bed spaces are available for those with complex needs, which has included offenders;
- There is **no dedicated supported accommodation** for those offenders who are victims of abuse and also experience drug and/or alcohol problems. This can also be the situation for other clients with **multiple complexities**;
- **Mental health needs are still often left unaddressed** where a client is also **drinking or using drugs**, contrary to best practice and national guidance;
- It is **too early to determine the effectiveness of the DAAT PPO Housing Protocol** being implemented by Cornwall Housing Limited and Addaction, but it seeks to secure, maintain and stabilise the housing of PPOs in housing who have drug and alcohol problems;
- The evidence base suggests many are homeless on entry and exit from prison but there does not appear to be any good practice we could further **develop learning** from to ensure **housing is in place when clients are released from prison**.

Reduce drug & alcohol harms and promote recovery

Drug and alcohol-related needs rarely sit in isolation and are more commonly seen in combination with a range of other issues, such as unsuitable housing, problems managing finances, drug problems and unemployment.

Identifying and understanding the obstacles to reintegration that offenders face is vital to ensure that their needs are addressed in an holistic and co-ordinated way.

What the evidence says

Alcohol

- Alcohol is the **most prevalent risk factor** amongst adult offenders - 56% of adult offenders have an alcohol problem that is linked to risk of serious harm and/or reoffending, with 9% having "significant problems" with alcohol;
- Offenders with criminogenic needs related to alcohol show **higher levels of multiple need and reoffending risk** than those that do not have alcohol-related needs but they are **less complex and chaotic than those with drug related needs**;
- **Engagement rates are lower than for drug using offenders** – 61% of offenders with a criminogenic alcohol need were not in contact with community treatment services up to and including December 2014. Offenders with significant alcohol problems were most likely to be in contact with treatment;
- The majority of offenders recorded with the combination of risk factors that make up the "toxic trio" have an **identified alcohol need** (42% alcohol only with a further 47% in combination with drug-related needs);
- Daily and heavy drinking pre-prison were **more common amongst short sentence prisoners** although only a small proportion wanted help for an alcohol problem;
- Until recent legislative and structural changes, we **had 11 different interventions** in Cornwall that could be used to tackle **problem drinking in offenders**, dependent on the scale and seriousness of both the offending and alcohol as a factor in their behaviour;
- Alcohol was considered to be a factor, either as a primary or secondary substance, in **75% of start assessments for young offenders**. This represents a **significant increase compared with the previous year** when approximately half of all cases identified alcohol as being a risk factor.

Drugs

- 32% of offenders have a drugs problem that is linked to risk of serious harm and/or reoffending, with the **majority using non-opiate drugs**, mostly cannabis;
- Adult offenders with drug problems tend to have **more complex needs** with three quarters requiring support in 5 or more other areas;
- Short sentence prisoners show **greater use** of heroin, non-prescribed methadone, tranquilisers and crack cocaine in the year prior to custody and they demonstrate **greater levels of risk-taking behaviour** in terms of drug use, including more injecting. Drug use is particularly problematic amongst female offenders;

- The level of referrals into treatment via criminal justice routes⁷ has been relatively stable for the last three years at 21-22%; local levels remain **lower than regional and national averages**;
- The majority of offenders with criminogenic drugs needs (59%) are not in contact with community treatment services;
- National research⁸ suggests that substance use is one of three highly **statistically significant** predictors of proven **(re)offending** within a 1 year period. Substance use (drugs and/or alcohol) is a significant factor in 45% of young offenders assessed as being at medium to high risk of reoffending;
- **Nationally it is reported that drug use is changing**, with less use of heroin and crack cocaine (particularly amongst young people) and more use of powder cocaine, ketamine, ecstasy and LSD. There are **emerging concerns** about New Psychoactive Substances (“legal highs”), image and performance-enhancing drugs, and prescribed and over-the-counter medicines;
- Locally the number of people treated by drug services has fallen since 2012, reflecting national trends. In the first half of 2015/16, however, numbers started to rise again and there are early signs of an upwards trend in the availability and use of heroin. We have seen the drug treatment cohort **increasing in complexity** with **wider issues around employment, housing and mental health**. This cohort is more likely to continue to engage in risky behaviours whilst in treatment and require **more intensive interventions** in order to achieve successful outcomes.

What we plan to do

- Increase the numbers of offenders in **effective treatment** and **improve successful completion** rates for criminal justice clients;
- Introduce validated **drug and alcohol screening** and recording in all offender management services to **improve identification, referral and engagement** into specialist services and to **identify if there are any barriers** (staff or offenders) that we need to address. This is a priority within both CRC and NPS;
- **Offender Manager workforce development**; we need to establish what the specific training needs are for offender managers - drugs, alcohol, mental health, optimal interventions;
- More work is needed to develop packages around **offenders with complex needs** and addressing these issues in an **integrated** way in the community, including family-based interventions to address the “toxic trio” of domestic abuse, mental health and problem substance use;
- **Moving thinking away from the traditional criminal profile** for drug users to a more dynamically changing picture;
- **Engage Hubs** seek to address complexity by bringing together services under one roof in localities, organised by the CRC. These hubs are now at risk through lack of funding for the premises, and are a priority for the partnership, as this same factor is impacting upon other CSP strategies;
- **Review the “ladder” of interventions available** to target problem drinking in offenders and select those to be utilised in Cornwall;
- Drug and alcohol services **continuity for short sentenced prisoners**.

⁷ Criminal justice routes include the Drugs Intervention Programme (DIP), CARAT / prisons and Probation

⁸ Wilson and Hinks 2011, Assessing the predictive validity of the Asset youth risk assessment tool using the Juvenile Cohort Study (JCS).

Improve attitudes, thinking & behaviour

What the evidence says

- Thinking and behaviour **underlies most other risk factors** for adult offenders;
- Research into short-sentence prisoners indicate that they want help to address offending behaviour but reoffenders demonstrate institutionalisation and fatalism about their ability to change. The length of programmes to address thinking, attitudes and behaviour may exclude many short sentence prisoners from participating;
- **Thinking and behaviour** is the **most common risk factor** associated with a young persons (re)offending behaviour.
- During the 2014/15 financial year approximately two thirds of young people who have an identified risk associated with thinking and behaviour have issues with **aggression towards others** (67%) and **poor control of temper** (65%).

What we plan to do

- **Map Thinking Skills resources provision and availability** against priority groups across Cornwall, identifying any significant gaps in evidence- based interventions for reducing reoffending and support the CRC in being able to deliver across Cornwall.

Improve mental health & wellbeing

Despite the recognised high prevalence of dual diagnosis amongst offenders with mental health problems, services are not well organised to meet this need. Services are currently organised in such a way as to positively disadvantage those needing to access services for both mental health and substance misuse/alcohol problems.⁹

National policy is developed separately for mental health and for substance misuse, and this is reflected on the ground, where dual diagnosis is used as a reason for exclusion from services rather than supporting access.

Effective work with offenders with dual diagnosis and complex needs depends on better assessment and information sharing between various agencies involved with an individual's care, so as to get a complete picture of their needs. Drug treatment plays only one part in supporting rehabilitation and re-integration.

What the evidence says

- 30% of adult offenders have a recorded history of **self-harm and / or suicide** attempts. This is higher amongst young offenders;
- 14% of adults had been assessed as having some or significant psychiatric problems, although **national research indicates that prevalence may be much higher**;
- Research into the mental health of short sentence prisoners show **high levels of mental disorder**, notably anxiety and depression and personality disorders. Little difference in prevalence rates of mental health problems or personality disorders amongst short or longer term prisoners, but **higher prevalence is noted in women prisoners than men**;
- **Emotional needs** arising from bereavement, loss of a child or childhood trauma are common but **support may be poor**;
- 57% of young people assessed as being medium to high risk of reoffending have emotional and mental health identified as a significant factor.
- Services for people with **dual diagnoses** (drugs and/or alcohol problems and a mental health condition) are **not well organised**.

What we plan to do

- A **joint commissioning approach** to mental health services for offenders and those with Dual Diagnoses
- Comprehensive **suicide and self harm prevention programme** with offenders
- Services for those struggling to come to terms with a **past life event** who do not have a diagnosis;
- **Training existing adult and young peoples' services** to recognise and support people with mental health issues (access whole spectrum of mental health);
- **Map mental health provision** for offenders;
- Provide **counselling and mentoring services** to support recovery;
- Provide **Mental Health First Aid** for offenders through Engage Hubs.

⁹ The Bradley Report (DoH 2009)

Improve skills, education, training & employment

What the evidence says

- **2 out of 3 adult offenders are unemployed.** Accommodation problems, drugs and alcohol, lack of qualifications/ skills and health problems, as well as criminal record, are cited as reasons for unemployment;
- Education, training and employability issues are linked to risk of reoffending for **just under a quarter of adult offenders**;
- **Short sentence prisoners** are significantly less likely to have worked in the year prior to custody. They are likely to **lack qualifications** and have **poor life skills**;
- Information from assessments indicates that 57% or 38 young people have not been attending school / education;
- For those young people who were assessed as medium or high risk of reoffending, 36 or 54% had a highlighted risk in regards to education, training and employment. Nearly a quarter of young people had an **identified special educational need** although only 8 young people were stated;
- National Offender Management Service (NOMS) guidance on evidence-based interventions highlights that support in **literacy, numeracy and lifeskills** is **effective in reducing reoffending** in women offenders and male offenders at higher risk of reoffending.

What we plan to do

- **Link the ESF programme opportunities** with Reducing Reoffending Strategy, as those furthest from the workplace;
- **Map ETE resources and pathways** for offenders;
- Develop an **employers initiative with local businesses** to increase engagement in reducing reoffending with employment opportunities;
- Provide **literacy, numeracy and life skills** for higher risk segments of offenders;
- Ensure that **basic skills assessments and Lifeskills interventions** are embedded into all Engage Hubs and offender services;
- Provide tailored **training and support to get back to work**;
- Extend the **schools exclusion and engagement programme** (YZUP drugs and alcohol) to targeted support for young offenders;
- Ensure that we meet the needs of **young offenders with identified special educational needs**.

Reduce reoffending impact on families & improve relationships

What the evidence says

- 51% of adult offenders are in **abusive relationships** – 84% are perpetrators, but 30% identify as victims of abuse. 54% of female offenders are victims of abuse;
- 34% of male offenders and 43% of female offenders have **parental responsibility**;
- The combination of risk factors that make up the **“toxic trio”** (drugs and/or alcohol, mental health problems and domestic abuse) is evident for 17% of the adult cohort and around a quarter of young offenders identified as at medium to high risk or reoffending;
- Short-sentence prisoners have **less stable family relationships** and increased social isolation. They are **more likely to be single/living alone**;
- Family and relationships is a significant factor in three quarters of young offenders assessed as being at medium to high risk of reoffending, with **domestic abuse being the most prevalent** family-related factor (57%). Other issues identified include poor parenting, experience of bereavement or loss, alcohol and/or drugs and criminal behaviour by other family members.
- Adding a component that **addresses alcohol problems** to a **Domestic Abuse intervention** should improve impact for offenders with this need for Adult Male Offenders (perpetrators over the age of 21). **Perpetrator programmes** and reoffending are also addressed through the Domestic Abuse and Sexual Violence Strategy. **Services for victims** of abuse, including female offenders, are included within domestic abuse provision and strategy and within Restorative Justice.

What we plan to do

- Implement and promote a **‘Think Family’ approach**;
- Include **family and relationship initiatives within resettlement plans** and deliver them through the Together for Families programme and the Domestic Abuse Strategy, including reoffending outcomes.

Improve physical health & support to offenders with disabilities

What the evidence says

- 35% of adult offenders are recorded as having a **disability**. Previous data indicated that **dyslexia, mental health conditions** and **mobility issues** are the most commonly disclosed;
- **Local data on physical health is scant**. National research indicates higher prevalence of long standing illness or disability, smoking and blood borne viruses. Blood borne virus is one of the risks of drug injecting (affecting 13%);
- **Short-sentence prisoners** may have health problems and disabilities requiring social care, but **engagement with local authorities likely to be poor**;
- Only 4 young people were assessed as having a physical health need during 2014/15. Further investigation reveals that these relate to **existing conditions that are compounded by substance misuse issues**. Due to the fact that a young person's assessment is based on risk of reoffending it is likely that the true number of disability and physical health issues are under recorded.

What we plan to do

- **Review service provision for offenders with disabilities**; ensure that disabilities are **recorded accurately**;
- Ensure that we are **Making Every Contact Count with offenders**. For example, through providing brief health interventions, motivational approaches and signposting in the **Engage Hubs**;
- Explore how to effectively **engage offenders in new initiatives** to improve physical activity, improve social connectedness and reduce isolation;
- Actively promote **Health Checks** and provide Health Checks vouchers.

Improve management of finances & debt & benefit support

What the evidence says

- Just over a third of adult offenders have problems with their **finances that are linked to their offending** behaviour;
- The **majority of short sentence prisoners were on benefits** prior to going to prison; many were concerned about their financial situation on release and **struggle with financial management**;
- **Multiple risks identified** through the implementation of **Universal Credit**, impact of **benefit cap, lack of clarity** on passported benefits and application of **sanctions** may place offenders at greater risk of homelessness, poverty and reoffending. This client group are amongst the least likely to be able to manage these changes effectively.

What we plan to do

- **Money and debt management services** are essential elements within offender and recovery services delivery and the resource available should be kept up to date and available through the Engage Hubs.

Improve outcomes for women offenders

What the evidence says

- 13% of the offender population is female. Female offenders are more likely to be involved in abusive relationships (69%), to be opiate users (20%) and to have parental responsibility (43%);
- National research indicates higher prevalence of emotional and mental health issues amongst female offenders. We have seen this locally in previous years but there is no evidence of this in the latest data;
- 9 young females were assessed during the 2014/15 financial year, making up 12% of the youth offending cohort. Female young offenders were more likely to have a higher risk of reoffending associated with **Family and Personal relationships, Emotional and Mental Health** and **Thinking and Behaviour**. Other issues include Substance Misuse and attitudes to offending
- Our knowledge base with regard to women involved in the sex trade is weak.

What we plan to do

- **Review the engagement of women offenders** in programmes and interventions, specifically family, mental health, thinking and behaviour and drug and alcohol programmes;
- Develop support for women offenders in line with NOMS guidance on what is most effective in reducing reoffending in women:
 - Provide **literacy, numeracy and life skills**;
 - Facilitate **family contact** for women in prison;
 - Provide **cognitive behavioural programmes** for higher risk segments - problem solving, emotional management, assertiveness and negotiation – along with more practical help such as financial and time management, parenting and employment skills;
- Develop **specific pathways and services** for women offenders impacted by the **“toxic trio”** of domestic abuse and sexual violence, drug and alcohol and mental health problems.

Increase the contribution of Restorative Justice

Restorative justice (RJ) and restorative processes are based on empowering those harmed by conflict or crime to communicate, directly or indirectly, with the person responsible, in a safe and structured way. Restorative justice enables victims to meet or communicate with their offender to explain the real impact of the crime. It holds offenders to account for what they have done and helps them to take responsibility and make amends.

What the evidence says

- Government research has shown a **very high rate of success** (over 85%) from victims' viewpoints. So if conducted according to recognised principles, RJ can **support recovery** from crime and **return to work**, through less depression, anxiety and fear for victims;
- Research also shows a **significant impact on reducing reoffending**, at least 14%, through 'in depth' RJ creating significant changes in offenders' attitudes and beliefs, so contributing to their employability and their desistance from crime;
- Some areas of the UK, and notably Northern Ireland, have **established RJ as a normal part of responding to crime** or conflict, running alongside and relating well to the traditional criminal justice system. **Quality standards** are overseen and developed through the national Restorative Justice Council.

What we plan to do

- Operate RJ at scale, with specified standards, and **ensure that it is effective** in meeting the needs of victims and offenders;
- **Develop key standards** that enable Cornwall to build upon innovative service delivery models;
- **Integrate RJ with other interventions** e.g. drug treatment, housing, employment support

Further reading

Key assessments, strategies and information sources are shown below with links to their current locations.

The Safer Cornwall website holds a library of publications relevant to community safety and our priorities. These assessments provide the evidence that underpins all of our various strategies and commissioning activity, including the over-arching Safer Cornwall Partnership Plan as well as all of the individual thematic work.

You will find the latest versions of:

- Safer Cornwall Strategic Assessment
- Drugs Needs Assessment
- Alcohol Needs Assessment
- Young Person's Substance Use Treatment Needs Assessment
- Peninsula Strategic Assessment

The following new assessments were developed in 2015 and are also available to view and download from the website:

- Domestic abuse and sexual violence: a needs assessment for Cornwall and the Isles of Scilly
- Reoffending in Cornwall: an evidence base
- Together for Families: Needs Assessment for Phase 2

Cornwall Fire and Rescue Service's **Risk Based Evidence Profile** is published in the Cornwall Fire and Rescue section of the Cornwall Council website.

The first two (in the anticipated series of eight) [Organised Crime Local Profiles](#) have been developed with partners and can be provided on request, to be read alongside the published Peninsula Overviews:

- Child Sexual Abuse and Exploitation
- Modern Slavery

The information presented in this needs assessment draws on all of these sources of evidence, alongside other relevant research and analysis, to ensure that there is a **clear read across** all of the strategies and that the **key messages** complement each other. These assessments are also provided for inclusion in the Health and Wellbeing Evidence Base (Joint Strategic Needs Assessment).

The Data and Research section of the Cornwall Council website holds a wide range of useful research papers and "bitesize guides" and also signposts to other relevant research by partners.

Glossary

Acquisitive crime	Crime grouping including burglary, vehicle offences and other types of thefts. Serious acquisitive crime refers only to dwelling burglary, robbery, thefts of and from vehicles
ARID	Assault Related Injuries Database (in hospital emergency departments)
ASB	Anti-Social Behaviour
BAME	Black, Asian and other Minority Ethnic (groups)
Channel	Multi-agency programme which identifies and provides support for people at risk of radicalisation.
(DDC) CRC	(Dorset, Devon and Cornwall) Community Rehabilitation Company - created as part of the transition of Probation in 2014. Private sector company responsible for managing offenders on Community Sentences.
CSEW	Crime Survey for England and Wales
CSP	Community Safety Partnership. Statutory partnership between Council, Police, Fire, Health and Probation to tackle crime and disorder issues
DASV	Domestic Abuse and Sexual Violence
DHR	Domestic Homicide Review; a statutory responsibility of CSPs
ED	Emergency Department (frequently still referred to as Accident and Emergency or A&E)
IBA	Identification and Brief Advice for alcohol problems
IDVA	Independent Domestic Violence Advocate or Advocacy (Service)
IOM	Integrated Offender Management. See TurnAround.
ISVA	Independent Sexual Violence Advocate or Advocacy (Service)
JSNA	Joint Strategic Needs Assessment. The JSNA is the evidence base that informs the Health and Wellbeing Strategy for Cornwall.
KSI	Killed or Seriously Injured (used to describe serious road traffic collisions)
LGBT	Lesbian, Gay, Bisexual and Transgender
LSOA	Lower Super Output Area. Statistical geography containing around 1500 people.
MARAC	Multi-Agency Risk Assessment Conference; high risk domestic abuse cases.
Modern Slavery	Modern slavery encompasses slavery, human trafficking, forced labour and domestic servitude. It is an international crime involving a number of source and transit countries.
MSF	Most Similar Family. Grouping of police forces or CSPs that are closest in terms of characteristics such as population structure. Used by the Home Office, police forces and CSPs to compare performance.
Non-crime incident	An incident recorded by the police that does not constitute a criminal offence. Recorded for risk assessment and intelligence purposes particularly in domestic abuse, hate crime and incidents involving children or vulnerable adults.
NPS	(1) National Probation Service (2) New/Novel Psychoactive Substances ("legal highs")
NTE	Night Time Economy
(O)PCC	(Office of the) Police and Crime Commissioner
PPO	Prolific and Other Priority Offender
Prevent	Prevent is part of the Government's counter-terrorism strategy, CONTEST. Its aim is to stop people becoming terrorists or supporting terrorism.
PSA	Peninsula Strategic Assessment
Rate	This is the number of incidents per 1000 population/households and is used to compare geographical areas of different population sizes.
RCHT	Royal Cornwall Hospitals Trust
RJ	Restorative Justice. RJ gives victims the chance to meet or communicate with their offenders to explain the real impact of the crime and it also holds offenders to account for what they have done and helps them to take responsibility and make amends.
RTC	Road Traffic Collision
SARC	Sexual Assault Referral Centre
SDVC	Specialist Domestic Violence Court
SODAIT	Sexual Offence and Domestic Abuse Investigate Team (specialist Police team)
STRA	Strategic Threat and Risk Assessment matrix; used to quantify risk and identify priorities.
TurnAround	The delivery name for Integrated Offender Management in Devon and Cornwall; a multi-agency team to tackle those at highest risk of reoffending.
YOT/YOS	Youth Offending Team / Service

SAFER CORNWALL

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