6.8 Reducing re-offending

Community Safety Partnerships (CSP's) are statutory partnerships created in every local authority area to reduce crime and disorder. The Barking and Dagenham CSP brings together all those who work together to tackle crime, anti-social behaviour and substance misuse in Barking and Dagenham, and who want to make the borough a safer place where people treat each other fairly and respectfully. The partners include the Council, the Police, Probation, Health services, Fire service and representatives of the voluntary and community sector. One of the statutory duties of CSPs under Section 17 of the Crime and Disorder Act 1998 is to reduce reoffending.

Previously there were six different measures of proven re-offending which were presented in five different publications across a range of Government departments. These measures used different methodologies which made it hard to understand reoffending behaviour and lead to confusion over the headline trends in reoffending.

In 2011/12 the Ministry of Justice introduced a new single measure of proven reoffending. The new measure uses offence data from the Police National Computer (PNC). The previous reports on re-offending have now been phased out.

The Ministry of Justice released the first set of figures for the new measure in October 2011. Figures are released on a quarterly basis with the most recent figures released in April 2016. A cohort of 2,906 Barking and Dagenham adult and juvenile offenders were identified between July 2013 and June 2014 and their offending behaviour tracked over a 12 month period (with a further 6 months allowed for cases to progress through the courts). 25.6% of these adult and juvenile offenders committed a proven re-offence within a year, slightly below the England and Wales average of 26.0%. There has been a decrease in the reoffending rate for adult and juveniles over the last three years.

When the data is further broken down into distinct offender groups it is clear that the adult offenders make up the majority of the cohort. However, the proportion of our young offenders who go on to reoffend is higher for youth (43.1%) than for adults (24.4%), and higher than the England and Wales average (Figure 6.8.1 below). Young offenders also have a higher average number of re-offences per offender than adults also known as the frequency rate.
Fig 6.8.1: Reoffending Binary rate, Percentage of cohort who reoffend, 12 month rolling period

Fig 6.8.2: Adult reoffending: Average number of offences per offender, 12 month rolling period
**Fig 6.8.3:** Juveniles Binary rate, Percentage of cohort who go on to reoffend, 12 month rolling period

**Fig 6.8.4:** Adult reoffending: Average number of offences per offender, 12 month rolling period

Source: Ministry of Justice, Proven Reoffending Statistics (Last updated 28 April 2016)
Improved working arrangements between partners including information sharing on offenders has resulted in more crimes being detected with individuals arrested and prosecuted. This is a positive move forward but it could have an impact on the statistics for the number of individuals with a proven re-offence. However, this is a theory and needs to be explored further.

6.8.1 Needs of offenders

Young offenders

Overall youth offending is likely to increase with the expected growth of 10 to 19 year olds residing within the borough up to 2020 and therefore should remain a focus for the Community Safety Partnership.

- The increased rate in young re-offenders is being linked to:
  - Emerging gang activity where gang members are more prolific offenders and have different profiles to the major youth offending population.
  - More families moving to the borough due to cheaper accommodation.

At the time of writing this JSNA section and as part of a Youth Violence Action Plan the Community Safety Partnership is scoping and mapping out the positive diversionary activities available to young people in the borough to ensure that any significant gaps are identified and addressed.

Several interventions are currently funded as part of the London Crime Prevention Fund. However, this is expected to be in place only until the end of financial year 2016/17.

In October 2016 the Mayor’s Office for Policing and Crime (MOPAC) will update London boroughs on available funding after 2016/17. Therefore, alternative funding sources will need to be considered and indentified early in order to maintain services in the long-term. A review of the funding arrangements for both established and potential interventions that come out of the diversionary scoping and mapping exercise for young offenders is required.

The Community Safety Partnership Youth Violence Action Plan has identified a need for a local targeted mentoring service aimed at hard-to-reach cases, those involved in gangs and those in custody. The intention is to offer young people structure and support in the community as well as prior to their release in order to discourage further offending.

The Youth Violence Action Plan has also identified a need to educate young offenders around the risks of knives and noxious substances at an earlier age. The delivery of in-house programmes within the YOS which address these issues, thereby improving
young people's decision-making at an early stage, and reducing the number of first-time entrants into the Youth Justice System is currently an area of focus. This work will also support young people who have been victims of stabbing and therefore may potentially be at risk of becoming perpetrators due to their associations or possible reprisals.

It has been proposed to deliver further education programmes in school that focus on this issue, thereby improving young people's decision-making at an early stage.

**Adult offenders**

As part of the Government's Transforming Rehabilitation Programme, London Probation Trust ceased to exist on 1st June 2014. Since this date, Probation services in London have been delivered by two organisations: the National Probation Service (NPS), and the London Community Rehabilitation Company (CRC). The CRC is responsible for managing offenders who pose a low or medium risk of harm and whom are not Multi-Agency Public Protection Arrangements (MAPPA) registered. The NPS manages cases that pose a high risk of harm, or who are MAPPA registered. Whilst also having to manage a degree of risk of harm, the CRC is therefore focussed on reducing risk of re-offending.

In a snapshot on the 4th of July 2016 across London, the CRC was managing 19,297 cases. Locally, the CRC is managing 623 Barking and Dagenham cases, 13% of whom are women (80 cases). The CRC caseload, both locally and regionally, includes a wide range of cases in terms of service user pattern of offending, levels of need, and range of response required to address risk of re-offending. Key information on offender needs from the current Barking Dagenham caseload profile is presented below.
In common with other boroughs and the London caseload, Thinking and Behaviour is the main area of criminogenic need. This area includes a number of indicators of cognitive thinking skills deficits and problematic behavioural traits, for example: lack of problem solving ability, lack of consequential thinking skills, impulsivity, interpersonal skills, concrete thinking.

The attitudes domain of needs includes pro-criminal attitudes, attitudes towards community/society, attitude to supervision and motivation.

It is clear that ETE (Education, Training and Employment) is also a significant need in the caseload. Desistance research also indicates the value in addressing this pathway in reducing individual risk of re-offending.

Alcohol appears to be a slightly more prevalent need than drugs – a pattern that is reversed in the London caseload and other boroughs.
Relationships is an area that assesses experience of, and problems with, close relationships, whether with partners or families. Problems in this area often result from difficult childhood relationships or broken attachments. Resolving problems in this area tends to increase social capital and support.

Emotional Wellbeing includes, but is not restricted to, mental health issues. It therefore covers the range from severe diagnosed illnesses and disorders to chronic but lower levels of anxiety and depression, isolation and difficulties coping. Experience tells us that this area is likely to be under-reported, partly because of service user unwillingness to reveal difficulties in this area, and partly because of assessors placing an overreliance on information around formal diagnosis.

**Women’s caseload**

The offending needs of the 80 women on the Barking and Dagenham CRC caseload at July 2016 has been summarised in Figure 6.8.6.
Figure 6.8.6 Criminogenic needs of the 80 Barking and Dagenham CRC women’s caseload at July 2016

Source: CRC assessment tool (OASys), July 2016
Accommodation is an area where need level is slightly elevated, as is alcohol. It should be remembered, however, that the women’s caseload is relatively small, so differences may have been inflated.

In terms of Emotional and wellbeing women have a higher need than the local total caseload (25% vs 20%). This is predicted by established research: many women present with lasting trauma as a result of experience of abuse. This can lead to isolation, anxiety, depression and other more serious mental health issues. At the same time, women are often unable to disclose trauma or deal with its effects without professional help. For this reason, this area is again likely to be under-reported.

**Summary of offender needs**

In order to reduce re-offending, it’s therefore clear that partnership working with a range of community agencies is required in order to effectively address service user needs.

Alongside 1:1 supervision and intervention by CRC offender managers, service users also have access to a range of existing structured interventions across a number of pathways: for example, offending behaviour programmes to address thinking skills, domestic abuse, anger management; drug and alcohol interventions; ETE hub and partnership with Job Centre Plus; Integrated Offender Management (IOM) pathways in partnership with LBBD and Police.

However, the data also suggests that there may be greater than reported need in certain crucial areas such as emotional wellbeing, mental health, and relationships. This suggests that stronger partnership working will be needed with statutory mental health services, and community agencies that provide talking therapies, mentoring and day to day wellbeing support beneath statutory thresholds. This is particularly the case for the women’s cohort.

**6.8.2 Drug intervention programme (DIP) findings**

According to DIRDET (Drug Interventions Record Data Entry Tool) data, 399 Class A drug misusing offenders were engaged by the arrest referral workers within local custody suites in 2015/16.

Key findings from the DIP profile data showed that 21 people were currently injecting and 32 of the 399 users had previously injected. This has health implications such as the spread of blood borne viruses including HIV and hepatitis.

Overall the data available shows that drugs are indicated in relation to acquisitive crime, particularly theft. Alcohol is particularly indicated in relation to offences of violence. The latest crime data available from Local Alcohol Profiles for England (LAPE) is for the 2012/13 period (released in May 2014). This shows a recorded decrease in alcohol-attributable crime in 2012/13 for Barking and Dagenham compared to previous years (10.53 per 1,000 population). However, Barking and Dagenham has a higher rate of alcohol attributable crime compared to the regional and national averages (9.02 and
5.74 per 1,000 population respectively) and is the 9th highest in London and the 10th highest in England.

Similarly, the rate of alcohol-related violent crimes has decreased and Barking and Dagenham has a rate of 6.54 per 1,000 population in 2012/13. This is above both the regional and national averages (5.67 and 3.93 respectively). Barking and Dagenham is ranked as the 11th highest in London and the 18th highest in England for alcohol related violent crime per 1,000 population in 2012/13. Data for alcohol related Crime is no longer available beyond this point.
Figure 6.8.7: Alcohol attributable crimes, rate per 1,000 population, London boroughs

Source: Local Alcohol Profiles for England (LAPE)
Figure 6.8.8: Alcohol attributable violent crimes, rate per 1,000 population, London boroughs

Source: Local Alcohol Profiles for England (LAPE)
6.8.3 Approaches to reducing re-offending

A number of schemes are in place in Barking and Dagenham to contribute to reducing re-offending. These include:

**Multi agency public protection arrangements (MAPPA)**

MAPPA are statutory arrangements for managing sexual and violent offenders. MAPPA exists to support the assessment and management of the most serious sexual and violent offenders. It does this through assessing risks, putting risk management plans in place, and sharing information in order to monitor the risk management plan. Police, probation and prison services are responsible for leading MAPPA, but other agencies have a duty to cooperate (including social care, health, housing and education).

**Multi agency risk assessment conference (MARAC)**

The MARAC meets monthly to discuss high risk cases of domestic violence. Cases are identified using the Safelives risk assessment tool. MARAC meetings are attended by voluntary and statutory agencies including Independent Domestic and Sexual Violence Advocates (IDSVAs), Health Visitors, Children Services, Housing Options, Complex Needs, Adult Social Services, Victim Support, Probation, and the Drugs and Alcohol Team. IDSVAs operate as the voice of the client, and an individual safety plan is devised which assesses the needs of the victim(s) in order to inform referral to appropriate services.

The aims of MARAC are:

- To provide and share intelligence and information on individuals subject to MARAC (victims, children and perpetrators) to increase the safety, health and well being of victims (adult and children).
- To determine whether the perpetrator poses a significant risk to any particular individual or to the general community.
- To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm.
- To reduce repeat victimisation.
- To improve agency accountability.
- Improve support for staff involved in high risk domestic violence cases.
**Integrated offender management (IOM)**

Integrated Offender Management is an overarching framework that allows local partner agencies to work together to ensure that the offenders whose crime cause most damage and harm locally are managed in a coordinated way. It follows a multi-agency problem-solving approach and includes aspects of a restorative approach. IOM incorporates schemes such as Prolific and Priority Offenders (PPO) and offenders with a Drug Rehabilitation Requirement (DRR). Probation and the Police are the lead agencies.

The IOM team drives multi agency working to address the root causes that lead these persistent offenders to re-offend. Individuals within the team act as lead professionals, providing intensive engagement and a continuum of support, intervention and disruption to offending behaviour. They enhance existing services already in place and ensure the holistic needs of the offender are addressed to stop them re-offending. They also rapidly enforce the law when individuals do not comply.

**The drug interventions programme (DIP)**

DIP provides interventions for drug-misusing offenders throughout their criminal justice journey. DIP grips people as early as possible in their contact with the criminal justice system, from initial drug testing and assessment in the custody suite, right through to post-release care and management in the community. Across the criminal justice system, drug workers and police identify drug users, with particular emphasis on intelligence-based targeting in police stations. They help drug-using offenders by challenging their criminal behaviour and brokering access to help with life skills, education and training, employment, drug treatment and housing.

**Drug rehabilitation requirements (DRR)**

The DRR is a court order designed to reduce offenders’ abuse of drugs and the crimes they commit to fund their drug abuse. A DRR combines structured drug treatment, drug testing and weekly supervision with a probation officer and can last from six months to three years.

**Alcohol treatment requirements (ATR)**

The ATR is intended to support the rehabilitation of offenders with alcohol dependency. The ATR is a court order and offenders are required to attend for treatment and probation supervision with a view to reducing or eliminating dependency on alcohol and reducing their risk of re-offending. The ATR is currently available as a six to 36 month requirement as part of the Community Order or Suspended Sentence Order.
Anti Social Behaviour Victim, Offender, Location and Time (VOLT)

The Anti-Social Behaviour (ASB) VOLT Group is a multi agency joint tasking and action group specific to Barking and Dagenham. This group acts as an operational arm of the CSP and was established to address issues relating to repeat victims of anti-social behaviour. Anyone can nominate any person to be considered a repeat or vulnerable victim of ASB. However there are a number of structured reports and units which consider this part of their business including the TP Central Performance Unit which produces monthly repeat ASB Callers. This meeting reviews intervention plans and makes recommendations to practitioners for further actions or for escalation to the ASB Standing Case Conference, which deals with ongoing referred cases.

Gangs and Drugs Unit

The Gangs and Drugs unit are a police unit tasked with the specific aim of addressing gang-related crime within the Borough. The Unit operate primarily from the Community Safety and Offender Management department of the borough, as well as from Fresh Wharf police station in Barking. Officers benefit from co-location through access to intelligence from the Youth Offending Team (YOT), Anti-Social Behaviour (ASB) team and other relevant staff. Intelligence data is gathered and stored on individual gang members who are allocated a Score based on the risk of their involvement in violent crime (either as victim or perpetrator). High-risk members are closely monitored with direct attempts to engage them in local services, and the Unit also works in close connection with other services including Jobcentre Plus, Probation, the Youth Offending Service and local Pupil Referral Units. The Unit also makes use of the Safe and Secure programme, which seeks to help people facing serious gang-related violence through offering them alternative housing away from their neighbourhood.

Troubled families

Troubled Families (TF) programme is a programme delivered by the Department for Communities and Local Government (DCLG) aimed at reducing the cost to the public purse by families suffering various types of crisis. These issues include: Missing from Education, Child in Need, Child protection, Employment and finance, Health, Domestic violence and Crime. The Local Authority (LA) uses a number of methods to identify those families eligible for TF support. Once accepted, the family is allocated a worker from various different agencies with a view to “turning the family around”; increasing life outcomes and reducing public spend on the family. TF is a payment-by-results (PbR) system, with financial incentives to the agency carrying out the work. Barking and Dagenham LA has worked closely with Probation, Domestic Abuse (DA), Youth Offending to ensure that those offending or at risk of reoffending are supported via the TF programme.
Girls group

The LBBD Girls Group was introduced in August of 2012 as a gender-specific programme to address the needs of girls who offend, in order to empower girls and provide them with skills to aid in their development. The group is coordinated by a YOS Youth Justice Intervention Worker and sessions are held each week. The group discussion a number of issues including child sexual exploitation, healthy relationships, anger management and domestic violence. The coordinator also meets with the girls one-to-one before and after each session to discuss their individual needs, and where appropriate, girls can be asked to co-facilitate sessions in a peer mentoring role. Where issues are uncovered by the coordinator or raised by the girl, they are fed back to the Case Manager, which are then followed up as appropriate. In July 2014 the Girls Group was shortlisted at the Howard League for Penal Reform Community Programme Awards and was awarded runner-up in the community sentences – Young people category.

6.8.4 Gaps in service provision

Drug testing on arrest

In January 2013, targeted drug testing was introduced to the police custody suite at Fresh Wharf police station in Barking. If someone tests positive for either opiates or cocaine they are required to be assessed by a drugs worker and attend a further appointment at the community drug project, The Red Lion Service, (Previously known as the Recovery Management Service). Should an individual refuse a drug test or fail to attend any appointment with the drugs worker they will be charged with that offence.

Prior to drug testing it was difficult to gauge how many Class A drug users there were in Barking and Dagenham. Those people that accessed services did so voluntarily. Over time, the drug testing has given us a more detailed profile of Class A drug activity amongst those committing crime. The following table shows the drug testing outcomes for the latest period that can be reported.

**Figure 6.8.2 Test Outcomes (Dec 14- Nov 15)**

<table>
<thead>
<tr>
<th>Test Result</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>127</td>
<td>22%</td>
</tr>
<tr>
<td>Opiates</td>
<td>20</td>
<td>4%</td>
</tr>
<tr>
<td>Both</td>
<td>98</td>
<td>17%</td>
</tr>
<tr>
<td>Negative</td>
<td>289</td>
<td>50%</td>
</tr>
<tr>
<td>(Aborted/Refused/Not recorded)</td>
<td>42</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>576</strong></td>
<td><strong>100 %</strong></td>
</tr>
</tbody>
</table>
The table above shows that the majority of those tested came back negative, but of those with a positive test result, the greatest number tested positive for Cocaine (22%) with a similarly high number testing positive for both Cocaine and Opiates (17%).

Testing with an Inspector’s Authority provides boroughs with the opportunity to be proactive in identifying drug misusing individuals amongst those arrested for ‘non-trigger’ offences of sexual and physical violence (particularly Domestic Abuse), ASB, Prostitution and non Class A drug offences. The minimum number for Inspector’s Authority tests is 15 per month, per borough from April 2014 (as agreed with the Mayor’s Office for Policing and Crime). Of all the individuals drug tested in the period December 2014 – November 2015, 435 were for trigger offences¹ and 141 were for non-trigger offences, and these have been analysed separately:

**Figure 6.8.3 Trigger Offences (Dec 14- Nov 15)**

<table>
<thead>
<tr>
<th>Test Result</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both</td>
<td>85</td>
<td>20%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>79</td>
<td>18%</td>
</tr>
<tr>
<td>Negative</td>
<td>217</td>
<td>50%</td>
</tr>
<tr>
<td>Opiates</td>
<td>18</td>
<td>4%</td>
</tr>
<tr>
<td>(aborted / not recorded)</td>
<td>36</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>435</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Figure 6.8.4 Non-Trigger Offences (Dec 14- Nov 15) JUN 14- FEB 15**

<table>
<thead>
<tr>
<th>Test Result</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both</td>
<td>13</td>
<td>9%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>48</td>
<td>34%</td>
</tr>
<tr>
<td>Negative</td>
<td>66</td>
<td>47%</td>
</tr>
<tr>
<td>Opiates</td>
<td>8</td>
<td>6%</td>
</tr>
<tr>
<td>(refused / not recorded)</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>141</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

There were 69 tests carried out on non trigger offences that resulted in a positive drug test. This demonstrates the continuing need for such testing, as the use of drugs is not limited to those committing trigger offences.

Recently the drug treatment services have undergone staff re-structuring and as a result have revised the role of the criminal justice workers. The workers no longer remain in custody for the duration of their shift; they now cover Barkingside Magistrates court. Further analysis needs to be undertaken in order to establish whether the service users who are assessed on a voluntary basis go on to complete treatment, and whether their outcomes differ from those referred through the criminal justice system.

---

¹ Trigger offences are generally offences involving stealing, fraud or drugs, including: Theft and attempted theft. Robbery and attempted robbery. Burglary and attempted burglary. Aggravated Burglary.
As a result of an increase in identified Class A drug users, it is anticipated that there will be an increase in the number of community sentences awarded from court i.e. Restrictions on Bail (RoB) and Drug Rehabilitation Requirements (DRR), and Alcohol Treatment Requirements (ATR). By increasing the number of community sentences there will be more people that have to engage in treatment on a regular basis, and if they fail to do so they will have to re-present at court.

**Figure 6.8.5 DRR and ATR: 2015/16 Targets and Results**

<table>
<thead>
<tr>
<th></th>
<th>Starts*</th>
<th>Completions</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRR Targets</td>
<td>44</td>
<td>24</td>
</tr>
<tr>
<td>Q4 Result (local data)</td>
<td>43</td>
<td>26</td>
</tr>
<tr>
<td>ATR Targets</td>
<td>35</td>
<td>24</td>
</tr>
<tr>
<td>Q4 Result (local data)</td>
<td>35</td>
<td>38</td>
</tr>
</tbody>
</table>

The partnership would benefit from further analysis and evaluation on the effectiveness of the local DIP on reducing reoffending.

**Mental health service provision**

Community Mental Health service provision for offenders has been reported as having a gap in both service provision and knowledge amongst the teams working together to coordinate offender management. Feedback received is that if an individual does not fit the mental health service criteria there is little support available to them. There appears to be a lack of personality disorder services to help address the needs of offenders.

**Housing / accommodation**

There is a lack of available accommodation for individuals released from custody which can lead to reoffending.

**Schools projects**

The Safer Neighbourhood Board is looking to fund a schools project to explore knife crime and weapon based violence. Initially working with a new cohort of up to 1800 young people in 6 secondary schools in the borough, the project will go on to work with a group of selected young people with a view to these young people taking part in a youth forum.
Recommendations for Commissioners

Mapping of existing offender management provision across the area is necessary to fully identify current resources that can be used to assist integrated offender management and ensure no duplication.

**Young offenders**

Support to the YOS to address the physical health related interventions for clients including sexual health is needed, whilst the focus on mental health and substance misuse is maintained.

A review of the funding arrangements for both established and potential interventions outlined as part of the work for the Youth Violence Action Plan. Several interventions are now funded as part of the London Crime Prevention Fund. The fund is expected to be in place only until the financial year 2016/17. Therefore, alternative funding sources will need to be considered and indentified early in order to maintain services in the long-term.

**Adult re-offenders**

Pooling of resources is needed to set up a dedicated multi agency and co-located team to drive the coordination of Integrated Offender Management for the most persistent re-offenders. Such a team could incorporate the Gangs Unit above and also include staff from probation and DIP with additional input from courts, prisons and drug treatment services. The majority of staff are already in place in organisations and resources would be used to set up premises where the team could be co-located and supported by dedicated administration. This team should include mental health support such as psychologists to case manage offenders with mental health problems.

**Drug testing**

Source funding to continue with drug testing within Fresh Wharf police station in Barking beyond March 2018