



# Making the Difference:

*the role of adult social care services in supporting vulnerable offenders*



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

## Foreword

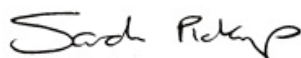
Every community is affected by crime and the harm it causes. Many of the people who offend most frequently are also some of the most vulnerable people in our communities who need support from a number of different local agencies.

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

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

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

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



Sarah Pickup  
President, ADASS

## Summary

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

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

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

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

Social care can make a difference in three main ways:

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

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

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

### **How social care can make the difference**

#### **Strategy:**

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

#### **Partnership:**

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

#### **Support:**

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

### **People with multiple needs**

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

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

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

### **Profile of people who offend**

#### **Adult offenders:**

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

#### **Children and young people (10 – 17 years):**

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



## What works for people with multiple needs?

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

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

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

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

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

### Supporting people with multiple needs

#### 1. Self advocacy:

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

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

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

*(Material provided by the Elfrida Society)*

## **2. Combined step-down and preventive services:**

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

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

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

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

## **3. Early Intervention:**

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

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

## **4. Intensive support for women**

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

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

## Working in partnership

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

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

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

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

### The Housing First approach

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

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

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

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

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

### Local strategic leadership

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

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

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

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

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

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

#### Community budgets

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

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

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



This will include:

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

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

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

[http://transact.westminster.gov.uk/docstores/publications\\_store/the\\_future\\_of\\_public\\_services.pdf](http://transact.westminster.gov.uk/docstores/publications_store/the_future_of_public_services.pdf)

## New opportunities to meet multiple needs

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

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

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

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

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

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

## References

- Ashton, T. and Hempenstall, C. (2009) Research into the financial benefits of the Supporting People programme, 2009. London: Department for Communities and Local Government
- Bradley, K. (2009) The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system. London: Department of Health
- Brooker, C. et al (2011) An Investigation into the Prevalence of Mental Health Disorder and Patterns of Health Service Access in a Probation Population. Lincoln: Criminal Justice and Health Research Group
- Bryan K., Freer J. and Furlong C. (2007) Language and communication difficulties in juvenile offenders, *International Journal of Language and Communication Disorders*, 42, 505-520.
- Byng, R. et al (2012) COCOA: Care for Offenders, Continuity of Access. Final report. NIHR Service Delivery and Organisation programme
- Criminal Justice Joint Inspection (2012) Transitions: An inspection of the transitions arrangements from youth to adult services in the criminal justice system. A Joint Inspection by HMI Probation, HMI Prisons, Care Quality Commission, Ofsted, Healthcare Inspectorate Wales and Estyn. HMI Probation
- Department for Children Schools and Families (2009) Children Looked After in England (including adoption and care leavers) year ending 31 March 2009, London: DCFS
- Department of Health (2012a) The Mandate. A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015. London: Department of Health
- Department of Health (2012b) Draft Care and Support Bill. Cm 8386. London: The Stationery Office
- Edgar, K., Aresti, A. and Cornish, N. (2012) Out for Good: taking responsibility for resettlement. London: Prison Reform Trust
- Fox, A. (2012) Act Personal, Think Local. Local Area Coordination Network Newsletter, 4, p.5
- Gojkovic D, Mills A and Meek R (2011) Scoping the involvement of third sector organisations in the seven resettlement pathways for offenders. Southampton: Third Sector Research Centre
- HM Government (2012) Social Justice: transforming lives. Cm 8314. London: Department for Work and Pensions
- Harrington, R., and Bailey, S. (2005) Mental health needs and effectiveness provision for young offenders in custody and in the community. London: Youth Justice Board
- Healthcare Commission (2009) Actions speak louder: a second review of healthcare in the community for young people who offend, Commission for Healthcare Audit and Inspection and HM Inspectorate of Probation
- Hughes et al (2012) Nobody made the connection. London: Office of the Children's Commissioner
- Law Commission (2011) Adult Social Care. London: The Law Commission
- Local Government Association (2005) Going Straight: reducing reoffending in local communities. London: Local Government Association
- Ministry of Justice (2011) Evaluation of the Intensive Alternatives to Custody pilots. London: Ministry of Justice
- Ministry of Justice (2012) Proven Reoffending Statistics Quarterly Bulletin: July 2009 to June 2010 England and Wales. London: Ministry of Justice
- Mottram P. G. (2007) HMP Liverpool, Styal and Hindley Study Report. Liverpool: University of Liverpool
- National Offender Management Service (2012) NOMS Commissioning Intentions for 2013-14: negotiation document. London: National Offender Management Service
- NHS Confederation (2012) Health and wellbeing boards and criminal justice system agencies: building effective engagement, <http://www.nhsconfed.org/Publications/Pages/lresources-health-wellbeing-boards.aspx>
- Offender Health Research Network (2009) A National Evaluation of Prison Mental Health In-Reach Services. Manchester: University of Manchester
- Padgett D, Gulcur L and Tsemberis S 2006 'Housing first services for people who are homeless with co-occurring serious mental illness and substance abuse' *Research on Social Work Practice* 16 No 1
- Scott, G, (2012) A Place to Live. London: Centre for Mental Health
- Shepherd G, Boardman J and Slade M (2008) Making Recovery a Reality. London: Centre for Mental Health
- Transition to Adulthood Alliance <http://www.t2a.org.uk/>
- Williams, H. (2012) Repairing Shattered Lives: Brain injury and its implications for criminal justice. London: Transition to Adulthood Alliance
- Youth Justice Board (2007) accommodation Needs and experiences of young people who offend. London: YJB

## Acknowledgements

We would like to thank Alison Giraud-Saunders for researching and writing this briefing paper; and, for their advice and guidance, we also thank Mick Connell, Director of Adults and Communities, Leicestershire County Council and Zandrea Stewart, adass autism lead/Head of Mental Health and Learning Disability, Coventry City Council.

We are very grateful to the Esme Fairbairn Foundation and the J Paul Getty Junior Charitable Trust for their generous support.

## This publication has been produced by:



[www.adass.org.uk](http://www.adass.org.uk)



[www.centreformentalhealth.org.uk/criminal\\_justice/index.aspx](http://www.centreformentalhealth.org.uk/criminal_justice/index.aspx)



[www.prisonreformtrust.org.uk/](http://www.prisonreformtrust.org.uk/)



[www.revolving-doors.org.uk/home/](http://www.revolving-doors.org.uk/home/)

Prison Reform Trust  
15 Northburgh Street  
London EC1V 0JR  
Tel: 0207 251 5070  
[www.prisonreformtrust.org.uk](http://www.prisonreformtrust.org.uk)