



INTEGRATED OFFENDER MANAGEMENT

Effective alternatives to short sentences



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Key messages

- Short-sentence prisoners (those serving sentences of less than 12 months) have the highest recorded reoffending rates, and warrant targeted interventions delivered through Integrated Offender Management (IOM).
- They are repeatedly found to experience multiple problems including substance misuse, homelessness and poor mental health.
- When combined, these problems can perpetuate a cycle of sustained offending behaviour, punctuated by short periods of detention, and significant barriers faced in accessing treatment on release.
- This cycle places a substantial financial burden on national and local resources.
- IOM provides the framework to bring together partners to develop and deliver responses to significantly reduce reoffending among this group.
- A range of partners should be included at both a strategic and operational level, including mental health, housing and alcohol support agencies.
- Comprehensive needs assessment and creative strategic thinking can overcome barriers to service access commonly faced by problematic offender groups.
- Strong links need to be built with prisons so that work can start early to build motivation and plan for release.

Examples of broad partnership working and innovative solutions to improve offenders' access to services to reduce reoffending are provided throughout the briefing, many of which are cost-neutral.

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Introduction

Building on the success of Prolific and other Priority Offenders (PPO) schemes, Integrated Offender Management (IOM) provides a strategic umbrella to bring together representatives from criminal justice agencies, the local authority, health services and the voluntary sector, to address locally determined offending priorities through targeted interventions.

With no prescribed model for the delivery of IOM, local areas are given significant freedom regarding its implementation. It is hoped that this will lead to IOM initiatives which are responsive to local need while retaining the core of the approach outlined in the Home Office *Integrated Offender Management Key Principles* document.

In this briefing we draw on the existing policy and research base around IOM as well as key lessons from Revolving Doors Agency's partnership work across the country, including projects with IOM teams in the London boroughs of Newham, Brent and Islington. Both strategic and operational perspectives are considered in thinking about:

- **Who to target?**
- **What interventions to offer?**
- **Which partners to bring to the table?**



Who to target?

To take account of different area offending profiles, the focus of IOM is left to local determination. However, in light of the growing body of evidence of the inefficacy of custodial sentences of less than 12 months in reducing reoffending, short-sentence prisoners have been identified as one of the priority cohorts in the *IOM Government Policy Statement*.¹

Why target short-sentence prisoners within IOM?

1 / They have the highest reoffending rate of any group of offenders

- The reoffending rate for short-sentence prisoners stands at 60%. This is considerably higher than the 50% reoffending rate averaged across all custodial sentence lengths² and the 35% reoffending rate following community sentences.³
- On average, short-sentence prisoners are reconvicted of five further offences in the year following release.⁴
- They have an average of 16 previous convictions, an offending tally higher than any other group of offenders.⁵

2 / They exhibit high levels of substance misuse, homelessness, poverty and debt

- 44% of short-sentence prisoners in a large scale survey⁶ had used heroin, cocaine or crack cocaine in the four weeks prior to custody, compared with 35% of those serving longer sentences (of between 1 and 4 years).⁷
- 17% of short-sentence prisoners surveyed reported being homeless prior to entering custody, compared with 9% on longer sentences.⁸
- Only half had worked in the year prior to entering custody, compared with 58% of those serving longer sentences. 13% of short-sentence prisoners had never worked.⁹

3 / There is a recognised link between multiple problems and the repeating cycle of crisis and crime

- The SPCR project recorded an average of three unmet health and social care needs among all prisoners surveyed.¹⁰ Recidivist short-sentence prisoners selected for the London IOM pilot, the Diamond Initiative, had on average five unmet health and social care needs.¹¹



Offender-focussed interventions

The first of the Key Principles to underpin local IOM arrangements, “all partners tackling offenders together”, emphasises that “local partners, both criminal justice and non-criminal justice agencies, encourage the development of a multi-agency problem-solving approach by focussing on offenders, not offences”.²⁰

Evidence from desistance research supports such an approach, highlighting the importance of individualised support in fostering change, with one size fits all interventions unlikely to succeed.²¹

Where possible, a single lead professional within the IOM team should be identified to coordinate the interventions.

- Multiple needs are often interrelated, and mutually reinforcing. The combined effect of several low levels needs can accumulate to result in an overall higher level of need and ensuing crisis.¹²
- The coalition Government’s green paper, *Breaking the Cycle* (2010), recognises that “a significant proportion of crime is committed by offenders who have multiple problems”.¹³

4 / Currently only limited interventions are provided to this group

- Short-sentence prisoners face barriers in accessing resettlement services while in custody due to the limited window available for engagement. The average duration a short-sentence prisoner is detained in custody is 45 days, while waiting times for activities aimed at reducing reoffending is 26 days.¹⁴
- Short-sentence prisoners over the age of 21 are not routinely supervised by probation services upon release.

5 / Existing responses place a significant financial burden on national and local resources

- Short-sentence prisoners constitute around 10% of the prison population at any given time, but 65% of custodial sentences issued by the courts.¹⁵
- This is estimated to cost £3.5 billion annually in processing costs alone¹⁶ and between £7 and £10 billion a year when the wider costs of reoffending are taken into account.¹⁷
- The process of sending an offender to prison costs £60,000,¹⁸ excluding the £16,500 prison costs for a six month detention in a male local prison.¹⁹

While some of these costs are borne by central government departments, others are directly passed to the local area.

Breaking the reoffending cycle requires a holistic and coordinated response that addresses the full range of health and social care needs exhibited by the offender. The *IOM Government Policy Statement* highlights evidence that “multi-modal approaches, which tackle a number of these issues are more likely to be effective than focussing on a single issue in isolation”.²²

Desistance research highlights the need to build motivation and belief that change is possible in helping offenders to form new positive identities.²³ A key lesson from Revolving Doors’ National Development Programme was the need to deliver services that believe in people and their capacity to change.²⁴

As well as addressing specific causes of offending behaviour, an offender-focussed approach should also consider how to build on strengths and existing support networks.



Bringing the right partners to the table

The Home Office emphasise that IOM is as much a strategic partnership as it is an operational one.²⁵ It is crucial that a wide range of partners are brought around the strategic table to ensure the profile of issues contributing to offending behaviour can be matched with the interventions on offer.

A range of agencies including (but not limited to) police, probation, local authorities, health and substance misuse services should come together not only to deliver a multi-agency response to individual offenders, but to assess and address local need and service gaps on a strategic level. In implementing IOM, the Home Office recommends that areas have “a clear and common strategic vision of IOM that all agencies understand and are signed up to”.²⁶ The *Key Principles* document advocates that “all relevant local partners are involved in strategic planning, decision-making and funding choices”.²⁷ This is at the core of the Home Office’s second Key Principle for IOM: “delivering a local response to local problems”.²⁸

The evaluation of London’s Diamond Initiative, suggested that “the mix of help offered may not have been effectively matched to client need. Provision should be designed based on local analysis of the needs of the client group, but anticipation of standard problems based on previous research should be built in at the planning stage. Unmet client need is as much a strategic problem as it is a practical problem”.²⁹

A Home Office survey of IOM implementation found that while Drug Interventions Programmes (DIP) have become well embedded, in many IOM areas there is considerable scope for expanding partnerships with both statutory and voluntary sector agencies, specifically mental health services, alcohol treatment services, the prison service, and housing, employment and education providers.³⁰

Thinking about mental health

Levels of mental ill health are substantially higher among offenders than in the general population, but levels of service access are often not comparable to the level of need exhibited by this group.

- 8% of prisoners suffer from schizophrenia or a delusional disorder, compared with 0.5% of the general population.
- 45% of prisoners suffer from a neurotic disorder (e.g. depression) compared with 14% of the general population.³¹

Despite the poor mental health profile found within the prison population, few short-sentence prisoners are able to access prison based mental health services – just one in 15 short-sentence prisoners reported receiving help for a mental health problem while in custody.³²

Offenders managed in the community also encounter a range of barriers in accessing treatment from community mental health services. Examining the patterns of mental health service access among probation clients in the East Midlands, Brooker et al (2011) report “in some cases offenders simply didn’t meet the criteria for existing service provision” with a potential need to widen provision. Barriers to service access were also encountered by offenders with a dual diagnosis of a mental health and substance misuse problem.³³

Through its focus on bringing relevant strategic partners together to identify and reduce service gaps, IOM can provide a forum to consider how provision can be better focussed to meet the needs of offenders.

At an operational level, research with probation staff has identified a number of enabling factors for their clients to access services, which could be usefully incorporated into any local IOM approach.³⁴

Enabling factors to improve access routes to mental health services:

- Co-location of services
- Agreed access routes to primary care for offenders who are not registered with a GP
- An identified point of contact within mental health services
- Clear communication within and between agencies
- Joint meetings between the offender, probation and health service staff
- Mental health awareness training among probation staff, to improve confidence in referring their clients.

ISLINGTON IOM

The identified need

A range of unmet mental health needs demonstrated by a substantial proportion of the IOM cohort. There were also difficulties in engaging this group with Community Mental Health Teams (CMHT), due to threshold levels and the chaotic lifestyles often exhibited by the cohort.

The developed solution

Tailored Improving Access to Psychological Therapies (IAPT) clinics delivered within probation offices, where attendance at appointments is high, and access to treatment is available for those who do not meet the thresholds of statutory mental health services. The aim of the IAPT initiative is to improve access to psychological therapies for marginalised groups, including offenders, an example of IOM Key Principle 4 in action – “making better use of existing programmes”.

CAMBRIDGE AND PETERBOROUGH IOM

The identified need

A lack of integration of statutory mental health services within the IOM framework. This led to difficulties in accessing treatment for the high proportion of offenders managed under IOM with mental health issues.

The developed solution

The clinical director of the mental health trust was recruited to join the IOM strategic group. Two mental health nurses were also seconded to deliver interventions within the IOM unit. Additionally, a member of the complex case unit relocated to work part-time within the probation office, to provide professional support in working with offenders with complex needs, and to assist in brokering access to psychiatric services for the IOM cohort.

Thinking about alcohol

Alcohol is widely accepted as a risk factor in offending, particularly in relation to violent offences. Nearly half of all respondents in the 2011 British Crime Survey who reported being the victim of a violent crime believed their perpetrator was under the influence of alcohol.³⁵ 46% of prisoners surveyed at HMP Winchester reported that alcohol was linked to their criminal activity, with violent crime accounting for half of their related offences.³⁶

High rates of problematic alcohol use are recorded among prisoners, with significantly higher levels found among those serving short custodial sentences. 39% of short-sentence prisoners surveyed were classified as heavy drinkers, with just under one quarter self-reporting that they were drinking on a daily basis before entering custody.³⁷

Levels of engagement with alcohol treatment services among repeat short-sentence offenders are often found to be low. While three quarters of the short-sentence prisoners using a resettlement service in HMP Lewes reported problematic alcohol use, only one quarter had accessed treatment services in the community in the six months prior to imprisonment.³⁸



The limited window available for engagement during short custodial sentences means few short-sentence prisoners can access treatment services while in custody. Where prison alcohol treatment services are accessible, poor referral pathways between these services and those based in the community have been reported.³⁹

The provision of services for alcohol misusing offenders has been identified as being under resourced, with demand for services far greater than supply. A problematic lack of clarity surrounding procedures and responsibility for the joint commissioning of services has also been identified.⁴⁰ Research findings suggest investment in alcohol treatment services can yield significant cost savings across a range of agencies. For every £1 spent on alcohol treatment services, £5 is saved elsewhere (across health, social care and criminal justice agencies).⁴¹

IOM provides the framework through which those who commission drug and alcohol services can come together to examine local need and provision to reduce problematic alcohol use among the IOM cohort. This has the potential to reduce reoffending, anti-social behaviour and to make sizeable cost savings to the local area through reduced alcohol-related illness and use of A&E services.⁴²

Data collected from IOM offenders' needs assessment – and on the impact of alcohol-related interventions on reoffending – can be used to inform evidence-led joint commissioning of services for alcohol misusing offenders.

HAMPSHIRE IOM

The identified need

A detailed needs analysis revealed the extent of alcohol-related offending within the county, and the “complex and interrelated issues faced by the [substance misuse] service user”.

The developed solution

Hampshire DAAT commissioned the Society of St James, a Voluntary and Community Sector (VCS) organisation with a background in working with adults with substance misuse issues combined with other complex needs, to deliver a range of interventions related to alcohol misuse among the IOM cohort.

BRIGHTON HOSTELS' ALCOHOL NURSE SERVICE

The identified need

A group of dependent problematic drinkers displaying anti-social behaviour and frequently presenting at A&E. They also repeatedly failed to engage in community alcohol treatment services.

The developed solution

An alcohol nurse seconded to deliver interventions in the hostels where this group was accommodated. Reshaping service delivery to facilitate easier access for the cohort dramatically increased the number entering into detoxification and rehabilitation services and achieved significant reductions in wider health spending.

Thinking about housing

Housing plays a critical role in the transition from offending behaviour:

- A 2002 government report, *Reducing Reoffending by Ex-Prisoners*, recorded a 20% reduction in reconviction rates among offenders arising from secure accommodation.⁴³
- Manchester's IOM scheme, *Spotlight*, recorded an 86% drop in reoffending among 12 PPO who were provided with free accommodation upon release from short prison sentences – reporting an 11-fold return on the investment cost.⁴⁴
- More than three quarters of prisoners who reported being homeless before entering custody were reconvicted within a year of release (compared with 49% who were not homeless).⁴⁵

While securing accommodation upon release remains a significant concern for many prisoners, those serving short prison sentences are significantly less likely to have been in stable accommodation and more likely to have been homeless prior to entering custody. 17% of short-sentence prisoners surveyed in the SPCR project were sleeping rough or living in temporary accommodation before entering custody, compared with 9% of those serving longer sentences.⁴⁶

Respondents to the Home Office IOM implementation survey recognised the role that housing plays in reducing reoffending within IOM responses, but highlighted the difficulties encountered in identifying and obtaining accommodation for offenders. Short-sentence prisoners released from prison are often not eligible for support from local authority homeless services, and may be classified as intentionally homeless, significantly reducing the housing options available.

Working with the IOM team in Bedfordshire, the borough council now classifies all IOM offenders as vulnerable under homelessness legislation, accepting a statutory duty to house them.

Strengthening strategic partnership working with both social and private housing providers within IOM facilitates the identification of barriers and the development of solutions to begin to address these.



DURHAM IOM

The identified need

A lack of knowledge and resources within the IOM delivery team in supporting Prolific and other Priority Offenders (PPO) to find accommodation.

The developed solution

The secondment of a Housing Solutions Officer from Durham County Council to the PPO scheme who is dedicated solely to working with PPO to address immediate and longer term housing needs. Additionally, the Housing Solutions Officer actively develops relationships with private and registered social landlords to increase housing options for the cohort.

CLEVELAND IOM

The identified need

Limited housing options available for the most prolific offenders managed under IOM.

The developed solution

Good quality supported accommodation is provided to PPO upon release from prison, to encourage a sense of investment in the individual. Upon maintaining the tenancy in good order, certification is provided, which is accepted by local private landlords to increase the 'move on' options available.



Working through the gate

IOM Key Principle 5 emphasises “that intensity of management relates directly to severity of risk”.⁴⁷ A key finding from the London Diamond Initiative was that risk of reoffending among the cohort was at its highest in the period immediately following release from prison:

- 17% of the diamond cohort first reoffended within the initial three months of release, compared with 4% who did so during the final three months of the year after release.⁴⁸

Engaging with short-sentence prisoners near the start of their custodial sentence allows for the early identification of immediate needs, such as registering for benefits and maintaining or securing housing. The intensive and comprehensive package of support provided before and upon release by the St Giles Trust’s Through the Gate initiative, recorded over a 40% reduction in reoffending when compared with national data.⁴⁹

Early release planning can also act to bolster motivation to address offending behaviour. Service users of the Revolving Doors’ resettlement service for short-sentence prisoners inside HMP Lewes, described how, for the first time they could see prison as part of a potential journey away from offending.⁵⁰

In the IOM pioneer area process evaluation, the active involvement of the prison service at both a strategic and operational level was highlighted as playing a critical role in ensuring information relating to an offender’s transition between prison and the community is shared to allow for the delivery of more coordinated interventions.⁵¹

BRISTOL IOM (IMPACT)

The identified need

The active involvement of the local prison in ensuring that interventions delivered to offenders managed under IOM are coordinated, which avoids duplication of resources.

The developed solution

Strong relationships built with the prison governor and staff to ensure the prison service is at the heart of the local IOM approach. Designated IOM prison officers work closely with IOM offenders while they are in custody to identify support needs and begin interventions along the reducing reoffending pathways, and crucially, continue supervision upon release into the community.

WEST YORKSHIRE IOM

The identified need

To improve partnership working between West Yorkshire police, the prison service and the local voluntary sector in the delivery of IOM, and in meeting the immediate needs of short-sentence prisoners in the local prison.

The developed solution

An IOM hub was piloted within HMP Leeds, led by staff seconded from a local VCS organisation that provides accommodation and support to socially excluded groups. Identifying and engaging those who will be targeted by IOM early on in their sentence allowed for the development of wraparound support packages, and where possible, fast-tracking into the organisation’s accommodation.

Conclusion

This briefing has demonstrated the range of factors that can feed into the cycle of repeat offending by short-sentence prisoners and how, by broadening the response within local IOM approaches, this cycle can be interrupted.

For further details of any of the examples provided or advice on how to expand partnership working in IOM in your area, please contact us on **SPARK@revolving-doors.org.uk**.

ABOUT US...

Revolving Doors Agency is a charity working across England to change systems and improve services for people with multiple problems, including poor mental health, who are in contact with the criminal justice system. Our work has three strands: policy and research; partnership and development; and service user involvement.

To find out more about our work go to:
www.revolving-doors.org.uk

Or email:
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End notes

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4. National Audit Office (2010), p15
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8. Ibid. p8
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