Northamptonshire County Council

Business Intelligence and Performance Improvement

Offenders and Ex-Offenders Needs Assessment
CONTENTS

Contents ......................................................................................................................... 2

1 Introduction .................................................................................................................. 5

1 Attitudes, Thinking and Behaviour .............................................................................. 6

2 Accommodation .......................................................................................................... 6

3 Drugs and Alcohol ...................................................................................................... 6

4 Children and Families ................................................................................................. 7

5 Health .......................................................................................................................... 7

6 Education, Training and Employment ........................................................................... 7

7 Finance, Benefits and Debt .......................................................................................... 7

2 Recommendations ...................................................................................................... 9

2.1 Issues and Gaps ........................................................................................................ 13

3 Executive Summary .................................................................................................... 15

4 What is Offender Health and why is it important? .................................................... 21

5 National Policy and Legal Context .............................................................................. 29

5.1 The National Picture ............................................................................................... 35

6 Local Policy and Legal Context .................................................................................. 37

6.1 The Local Picture .................................................................................................... 39

7 Northamptonshire’s Offenders ..................................................................................... 42

8 Probation Services caseload ....................................................................................... 48

8.1 Alcohol .................................................................................................................... 54

8.2 Drugs ....................................................................................................................... 55

8.3 Accommodation ....................................................................................................... 55

8.4 Basic Skills ............................................................................................................... 56

8.5 Attitude and Lifestyle .............................................................................................. 58

8.6 Disability .................................................................................................................. 60

8.7 Emotional Wellbeing .............................................................................................. 60

8.8 Education, Training and Employment .................................................................... 61

8.9 Findings ................................................................................................................... 62

8.10 Locality issues ........................................................................................................ 63

Corby ............................................................................................................................. 64

Daventry ......................................................................................................................... 65
East Northamptonshire................................................................. 66
Kettering .......................................................................................... 67
Northampton .................................................................................... 69
South Northamptonshire ................................................................. 70
Wellingborough ............................................................................... 71

9 Northamptonshire Facilities .......................................................... 73

9.1 HMP Rye Hill .............................................................................. 75
9.1.1 The Prison population at Rye Hill ........................................ 77
9.1.2 Age ........................................................................................... 78
9.1.3 Ethnicity and religion ............................................................... 78
9.1.4 Sexuality ................................................................................... 78
9.1.5 Length of sentence and first time entrants to the prison system .... 79
9.1.6 Disabilities ................................................................................ 79
9.1.7 Education and employment .................................................... 80
9.1.8 Place of origin and housing .................................................... 81
9.1.9 Skills and Learning ................................................................. 82
9.1.10 Fitness ..................................................................................... 84
9.1.11 Drug and alcohol use .............................................................. 84
9.1.12 Money .................................................................................... 90
9.1.13 Family .................................................................................. 92

9.2 HMP Onley ................................................................................ 93
9.2.1 The Prison Population at Onley ............................................. 95
9.2.2 Age .......................................................................................... 95
9.2.3 Ethnicity and religion ............................................................... 96
9.2.4 Place of origin ........................................................................ 97
9.2.5 Length of sentence ............................................................... 98
9.2.6 Sexuality ................................................................................ 98
9.2.7 Physical and emotional health .............................................. 98
9.2.8 Fitness ..................................................................................... 102
9.2.9 Smoking ................................................................................. 106
9.2.10 Alcohol ............................................................................... 108
9.2.11 Drugs .................................................................................. 108

10 Physical health of the offenders and ex-offenders population .......... 111
10.1 Service provision .................................................................. 112
10.2 HMP Onley .................................................................................................................. 112
10.3 HMP Rye Hill .............................................................................................................. 113

11 Services Offered to Offenders and Ex-Offenders in Northamptonshire........ 115

11.1 Mental Health of the Offender and Ex-Offender Population ................. 115
11.1.1 Service provision ..................................................................................................... 118
11.1.2 NHFT’s Prison Mental health Model ................................................................. 118
11.1.3 NHFT Criminal Justice Team .............................................................................. 120
11.1.4 Community Forensic Team ............................................................................... 120
11.1.5 HMP Onley ........................................................................................................... 121
11.1.6 HMP Rye Hill ....................................................................................................... 122
11.2 Learning difficulties and disabilities ................................................................. 125
11.3 Drug and Alcohol Abuse ....................................................................................... 131
11.4 Smoking .................................................................................................................... 132

12 Social Care Needs ........................................................................................................ 134
“Offenders often lead chaotic lives: broken homes, drug and alcohol misuse, generational worklessness, abusive relationships, childhoods spent in care, mental illness, and educational failure are all elements so very common in the backgrounds of so many of our offenders. And right now, we are failing to turn their lives around.” 

Chris Grayling, Secretary of State for Justice

In 2010, the UK has 153 prisoners for every 100,000 citizens. This is the second highest in Europe, the fifth highest in the world behind the United States, Russia, South Africa and Spain. Since 1993 the prison population has steadily increased, more recently as a result of the increased number of custodial sentences handed down as a result of the summer riots of 2011 and the increase in recalls to prison of offenders on licence.

The legal requirements placed upon local authorities to care for individuals known to the prison system have been reformed by the Government. These reforms require local authorities such as Northamptonshire County Council (NCC) to work more closely with other providers (such as the National Offender Management Service (NOMS) and NHS England) to ensure that appropriate care provision is made for prisoners, and for the families of prisoners. Further changes are imminent with the creation of Community Rehabilitation Companies (CRC) which will manage low and medium risk offenders while the National Probation Service (NPS) will continue to manage high and very high risk offenders.

There are seven pathways to offending and re-offending behaviour. These are considered to be the drivers of offending behaviour.

The term ‘offender’ refers to an individual who is convicted in a court of law as having committed a crime, violated a law or transgressed a code of conduct. There is a distinction made between community offenders and those accommodated in prison.

1 http://www.parliament.uk/briefing-papers/SN04334.pdf

2 http://www.thelearningjourney.co.uk/reducing-reoffending-action-plan.pdf/file_view
1 ATTITUDES, THINKING AND BEHAVIOUR

The attitudes, thinking and behaviours of offenders are caused by many factors, their upbringing, their social groups and their environment. The offenders thinking can be affected by mental health issues or by learning difficulties. There is a link between antisocial peers and antisocial behaviour and an interaction between criminal attitudes, association with criminals and criminal behaviour.3

There are 40 different independently accredited cognitive skills programmes for offenders. These include general offending behaviour programmes and more specialist interventions including programmes for sexual and violent offenders, and substance abuse treatment programmes.

2 ACCOMMODATION

Having somewhere to live and appropriate support helps offenders live more stable lives and to access support. Unstable accommodation forms part of the ‘chaotic lifestyle’ referred to by the Secretary of State for Justice.

A third of prisoners don’t have stable accommodation when entering custody and it is estimated that stable accommodation can reduce re-offending by more than a fifth.4

3 DRUGS AND ALCOHOL

Substance misuse is strongly associated with offending behaviours and successful rehabilitation programmes are associated with a reduction in re-offending. Addiction and the associated costs of


4 http://www.emcett.com/Offender_Learning/list/the_seven_pathways_to_reducing_re_offending
supporting that addiction are one of the most obvious reasons for offending.

Alcohol alone is linked to a large proportion of violent, sexual and theft crimes.\(^5\)

4 CHILDREN AND FAMILIES

Offenders’ families are affected by the offender’s behaviour and subsequent punishment. But they can also be a source of support and stability. Aiding contact with families and particularly children and offering parenting skills training can help reduce reoffending.

5 HEALTH

People within the criminal justice system often have problems gaining access to health and social care. Mental health disabilities and learning difficulties can be factors in influencing an offender’s behaviour and so diagnosis and treatment can reduce the risk of reoffending.

6 EDUCATION, TRAINING AND EMPLOYMENT

Offenders often struggle to find and hold down a job. They may lack the basic skills to enable them to do this. Basic skills qualifications can give offenders the foundation they need to secure meaningful employment.

Having a job can reduce the risk of re-offending by between a third and a half. There is a strong correlation between offending and poor literacy, numeracy, writing and low achievement. Many offenders will have had a poor experience in education and may have limited, if any employment history.

7 FINANCE, BENEFITS AND DEBT

Ex-offenders can face particular financial problems, including access to benefits. A lack of money coupled with a lack of opportunity to

\(^5\) http://www.emcett.com/Offender_Learning/list/the_seven_pathways_to_reducing_re_offending

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earn money exacerbates financial and debt issues and for some offenders, crime is their solution.

For many offenders, debt issues are exacerbated by imprisonment and assisting them to lawfully obtain money is vital to assisting them to live a productive and independent life without crime.

Past academic research suggests that there are a number of complex interactions between imprisonment, social care and the family. Supporting family contact while a parent is in prison has been shown to reduce reoffending rates\(^6\) while provision of social care and support upon release from prison has been shown to reduce reoffending rates\(^7\). The effects of parental imprisonment on children however have proven difficult to quantify. Research suggests that children with parents in prison show a higher risk of developing antisocial behaviour, mental health difficulties and becoming offenders themselves in the future\(^8\), but often does not quantify the increased risk.

Since the Health and Social Care Act 2012 conferred responsibility for public health onto local authorities, with it has come a responsibility to ensure that health care to prisoners and other offenders is the same as to society at large, relative to need.

This is a needs assessment for use by the Local Criminal Justice Board/Improving Health Supporting Justice Working Group who need to be involved in setting out gaps and how to address them which will form the basis of the recommendations.


\(^8\) [http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/31704](http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/31704)
2 RECOMMENDATIONS

- To build upon the work of the Dedicated Substance Intervention Programme (DSIP) pilot and Liaison and Diversion service to improve early and consistent screening of all individuals in contact with the criminal justice system at the earliest possible stage looking for mental health, learning difficulties and drug and alcohol issues.

- Alcohol: Further action needs to be taken to provide more alcohol brief interventions within the prison estate. This would provide awareness session/s of the damage excessive alcohol intake does to the body.

- Quick and easy referral onto a relevant scheme for the offender’s issue and age. With regard to offenders in the community this could include: increasing the use of Mental Health Treatment Requirements as a sentencing option; exploration of access to psychological therapies for offenders, consideration of flexibility in terms of offender access to primary care and well-being activities; ensuring access to assessment and treatment for offenders on probation providers caseload once Liaison and Diversion Services move to the national specification which only details intervention up to point of sentence. In addition the pathway for support for offender with Learning Disabilities, difficulties and Autism need to be developed.

- Drugs: The number of offenders who seek support for their drug misuse whilst in Prison is relatively low given the number of offenders who have declared having a substance misuse problem. Further ongoing attempts should be made to promote the services available so that more offenders take up the opportunity to address their substance misuse issues.
• There seems to be no definitive method to establish the physical, mental and emotional needs and requirements of the offender population. At present the data we have comes from the Probation Service risk assessment profiles which don’t ask about mental health issues in any detail. The recommendation is to implement a method of capturing and recording this information that is accessible to all agencies.

• Smoking: The number of offenders who smoke is unacceptably high within the prison estate. With 114,000 deaths per annum within the general population attributed to smoking related illness more attention should be given to making offenders aware of the damage they are doing to their general health by smoking. The Public Health/Prison team should devote more resources to this particular area of activity.

• General Health: A concerted drive should be undertaken to get the prison population more motivated and involved to improve their general health by taking regular exercise (attending gym sessions) and using the available time to spend walking in the prison grounds when given the opportunity to do so, making healthy menu choices and undertaking as much physical activity as the circumstances allow.

• Offenders are likely to have their substance misuse needs assessed by DSIP and may have their physical and mental health assessed by Liaison and Diversion Service. However there is no consistent process to ensure that all offenders, as a hard to reach/potentially vulnerable group, have their health needs assessed. Probation providers are not equipped with tools to screen for health related issues. Systems exist such as the Do-IT profiler\(^9\) which provide a much more in depth look at the mental health and attitude of the offender and their use would provide much more valuable insight into the issues relating to individuals offending behaviour.

\(^9\) http://www.doitprofiler.com/
That the HWBB adopt offender health as a priority and accept governance responsibilities in relation to the work of the Improving Health Supporting Justice Working Group

Recording of data is not adequate to pinpoint issues. For example, the employment status of 88% of the probation service caseload is unknown. The adoption of an appropriate method of establishing and recording relevant information is recommended.

Further research to ascertain the level of engagement with Health services in the offender community and what kind of assessments are currently done with the probation population would be worthwhile as this population is widely agreed to be the most difficult to reach.

Research into mental health issues in a section of Lincolnshire’s offender community found that probation staff said it was easier and a better service to their clients if they had a face to face relationship with mental health professionals, in this case the healthy living nurse. These real life relationships should be encouraged.

Recommendations for prisons

- Assess each prisoner claiming to have a disability to ascertain the level of the disability and their need.
- Word the self-assessment questions related to accessing drug and alcohol rehabilitation services in the same way, as prisoners appear deterred from accessing drug treatment as opposed to alcohol treatment

Recommendations for probation services:

- Probation staff should receive appropriate and ongoing training to identify offenders with mental health issues and support them to access services. Both CRC and NPS have access to a localized training manual developed by the county offender health forum The Improving Health Supporting Justice Working Group.
• Probation providers build upon existing agreements to develop further protocols to support effective joint working between professionals from health and criminal justice services i.e with Learning Disabilities Services

Recommendations for commissioners:

• Clinical Commissioning Groups should work with probation trusts to ensure that there is sufficient provision of services, such as psychological therapy (IAPT) services, to support those with mental health conditions on probation caseloads as well as increasing the use of Mental Health Treatment Requirements as a sentencing option: flexibility in terms of offender access to primary care and well-being activities and ensuring access to assessment and treatment for offenders on probation providers caseload once Liaison and Diversion Services move to the national specification which only details intervention up to point of sentence.

• Consider routes into employment as a routine part of sentence planning, making any reasonable adjustments that may be necessary for offenders who have mental health needs.

• Health and Wellbeing Boards in local authorities will have a pivotal role drawing together different services to respond to people’s needs. Police and Probation Services will have important perspectives that boards should heed even though there is no specific requirement for criminal justice membership.

Recommendations for the NHS:

• Health services should work flexibly with offenders and take the time to listen to the full range of their needs. Where possible, health services and probation services should be co-located, and staff should work to assure offenders that they can talk about their mental health in confidence.¹⁰

¹⁰ http://www.centreformentalhealth.org.uk/pdfs/briefing45_probation_services.pdf
2.1 ISSUES AND GAPS

- The recent re-role of HMP Rye Hill means that statistical data up to this point now has questionable relevance. HMP Rye Hill has surveyed their new intake of prisoners to gain insight into their needs but this needs to continue, particularly in terms of their physical needs. HMP Rye Hill now has an older population with more physical needs and is currently assessing those needs and how to meet them.

- The National Probation Service is currently being restructured and as yet, contracts have yet to be awarded to the Community Rehabilitation Company that will manage offenders in Northamptonshire.

- Recording of data is not adequate to pinpoint issues. For example, the employment status of 88% of the probation service caseload is unknown.

- The number of offenders in Northamptonshire recorded as having a mental health condition, a learning disability or difficulty was extremely low compared to national data. This could be due to recording issues.

- Offenders are likely to have their substance misuse needs assessed by DSIP and may have their physical and mental health assessed by Liaison and Diversion Service. However there is no consistent process to ensure that all offenders, as a hard to reach/potentially vulnerable group, have their health needs assessed. Probation providers are not equipped with tools to screen for health related issues. Systems exist such as the Do-IT profiler\(^\text{11}\) which provide a much more in depth look at the mental health and attitude of the offender.

- Offenders on short sentences or considered to be low risk have little assessment of their health and wellbeing, both physical and mental.

\(^{11}\) http://www.doitprofiler.com/
- There is no data to show how the offender community engages with health services, if at all.

- There seems to be no definitive method to establish the physical, mental and emotional needs and requirements of the offender population. At present the data we have comes from the Probation Service risk assessment profiles which don’t ask about mental health issues in any detail.
3 EXECUTIVE SUMMARY

In 2010, the UK had 153 prisoners for every 100,000 citizens\(^\text{12}\). This was the second highest in Europe at the time and the fifth highest in the world behind the United States, Russia, South Africa and Spain. Since 1993 the prison population has steadily increased, more recently as a result of the increased number of custodial sentences handed down as a result of the summer riots of 2011 and the increase in recalls to prison of offenders on license.

The number of prisoners in England and Wales has almost doubled in the last 20 years, up from 45,000 in 1993 to 84,000 in 2013. With this increase in population has come an increase in cost, almost £3bn in 2013. Prisons are overcrowded and have limited resources, meaning that in many cases they may not be the best solution to facilitate rehabilitation. Particularly for offenders with mental health or learning difficulties, a community based sentence that seeks to treat and resolve the underlying causes of offending would be more successful in reducing re-offending.\(^\text{13}\) A BBC news article in 2010 stated that the cost per annum of keeping an offender in prison was circa £50,000, a community based sentence costing on average £2,800.\(^\text{14}\) The prison population has risen disproportionately to the population of the country, almost doubling whilst the population of the UK has increased by 11%.\(^\text{15}\) Re-offending by ex-prisoners based on recorded crime figures is estimated to cost the UK economy £11bn each year.\(^\text{16}\)

The offenders in Northamptonshire can be categorised in two ways – offenders from Northamptonshire and offenders currently serving

\(^{12}\) http://www.parliament.uk/briefing-papers/SN04334.pdf

\(^{13}\) http://centrallobby.politicshome.com/fileadmin/epolitix/stakeholders/A_Presumption_Against_Imprisonment_WEB2.pdf

\(^{14}\) http://www.bbc.co.uk/news/magazine-10725163

\(^{15}\) http://www.populationmatters.org/documents/uk_population_growth.pdf?phpMyAdmin=e11b8b687c20198d9ad050fbb1aa7f2f

\(^{16}\) http://www.doitprofiler.com/media/52851/offending_settings-bringing_the_pieces_together_end-to-end.pdf
a sentence in Northamptonshire in one of the county’s two prisons. Of the offenders on the Probation Service caseload, 68% (1,767) are serving a non-custodial sentence.

The most common profile for an offender resident in Northamptonshire is a young, white male. He will be unlikely to be employed and will have low academic achievement. It’s highly likely he will have at least one mental health issue, quite possibly a learning difficulty and maybe multiple issues. His lifestyle can be best described as chaotic and he would most probably have an unhealthy relationship with alcohol, tobacco and/or drugs. He will live in an urban environment and this is most likely to be Northampton.

Whilst offenders such as the one described can engage and receive treatment whilst in a custodial setting, it is far less likely that the same individual will do so whilst in the community. There are a number of factors influencing this, but the limited engagement with health and wellbeing services will be a driver towards offending and antisocial behaviour.

The Centre for Mental Health found that mental illness is a key driver for offending behaviour¹⁷, yet it is the area that the least information and data exists for. Do we really know the real extent of mental illness and learning difficulties amongst adults in the county who have had contact with the Criminal Justice System? It would appear that we don’t. A challenge to change this from the government¹⁸ should greatly improve the understanding of the depth of the issues affecting offenders and adequate and effective provision of services.

This is a period of change for offender management services in Northamptonshire, as indeed it is for the whole of England and Wales. The National Offender Management Service will soon be responsible for the supervision of high and very high risk offenders and supervision of medium to low risk offenders will pass to one of the 21 Community Rehabilitation Companies (CRCs) currently


tendering for this service. At this time it is not known who the CRC’s will be.

Of the two prisons in Northamptonshire, HMP Rye Hill has recently changed its role and become a specialist facility housing convicted sex offenders. This has meant that the population of the prison has recently changed and now inmates in HMP Rye Hill are predominantly from the West Midlands, London or the East Midlands, will be serving longer sentences and be older than the inmates previously resident there. As yet there is limited knowledge of this new community in Northamptonshire as they have only recently arrived. A survey by means of questionnaire was conducted with the newly arrived prisoners that asked questions in relation to the 7 pathways to offending behaviour and whilst this questionnaire was prepared in haste and will be refined and the survey re-conducted later in 2014, the results are useful and shown later in this document.

Data from HMP Onley’s Needs Assessment and from a questionnaire given to new arrivals at HMP Rye Hill shows the demographic of the two prisons in Northamptonshire is very different. HMP Onley houses a population that is representative of the wider prison population whereas HMP Rye Hill houses older prisoners with longer sentences. The prisoners held at Onley are more likely to fit the traditional offender profile (young, male, chaotic lifestyle, unhealthy relationship with drugs and alcohol, high likelihood of mental health and learning disabilities, unemployment) whereas the offenders housed in HMP Rye Hill are more likely to have had a more stable lifestyle, more engagement with education, less likely to have taken drugs or had an alcohol problem and more likely to have been employed. Around 19% of the prisoners at Rye Hill are registered disabled; this is significantly higher than the previous population of the prison and brings with it a number of challenges. The prison recognises this and is currently working with Northamptonshire Healthcare Foundation Trust, Adult Social Care at Northamptonshire County Council and Occupational Therapy services to identify their requirements on both an establishment level as well as the individual prisoner level.

A project is currently under way to examine the impact of the Care Act 2014 on the Council and the prisons and this is expected to conclude early in 2015.

Physical health problems are easier to recognise than mental health problems and it is these ‘hidden’ issues that research shows drive offending behaviour. Other issues are related to financial and environmental factors such as unemployment, debt and housing. A theory put forward by Samuel Yochelson and Stanton Samenow in
their 1976 book ‘Inside the Criminal Mind’ lists 5 steps to criminal behaviour.

- The roots of criminality lie in the way people think and make decisions.
- Criminals think and act differently, often from a very young age.
- Criminals are, by nature, irresponsible, impulsive, self-centred and driven by fear and anger.
- Deterministic explanations of crime result from believing the criminal who is seeking sympathy.
- Crime occurs because the criminal wills it or chooses it and it is this choice that rehabilitation must deal with.

The reasons for offending are varied and complex, this document aims to highlight the areas where focus would have the most impact in reducing offending and re-offending behaviour and give a snapshot of the offender community in Northamptonshire and the services available to assist those offenders at the present time.

In many cases, particularly for non-violent offences where sentences are less than 12 months, it is considered that imprisonment is not always the best method to prevent re-offending; a community based sentence may be more appropriate and more effective.\(^{19}\) It is for these offenders that work is more challenging. Transforming Rehabilitation ensures that these offenders will be subject of licence conditions and thus supervised by probation providers. There will therefore be more information available on the needs of these offenders and greater impetus ensure that pathways are in place to meet this need.

There are a wide range of services to support offenders in dealing with the issues that face them and the ideal is to identify the needs as soon as possible when the offender comes into contact with the Criminal Justice System. Work is being undertaken by DSIP, Pilots etc to inform this process. It can also be noted that the OASys questionnaire used by the National Probation Service provides further information although is brief in regard to the underlying causes of behaviour and relies on the offender self diagnosing and admitting to having issues, or the training and experience of the officer conducting the interview, both of which are variables.

\(^{19}\) http://www.howardleague.org/fileadmin/howard_league/user/pdf/Consultations/Response_to_Breaking_the_Cycle.pdf
It is important that information is captured and analysed from these services to establish the level of need and effectiveness of any interventions.

In producing this chapter, we asked for information pertaining to programmes currently running to assist offenders with learning difficulties, mental health conditions such as anxiety and depression, take up rate and completion rates for the relevant prison and probation population. In relation to providing effective treatment and interventions to offenders who may have mental health issues there are many issues such as differing inter-agency priorities. In some cases, offenders have reported being seen by as many as 23 different professionals in between their arrest and their return to their community. However for Sex Offenders it appears the Sex Offenders Treatment Programme (SOTP) has improved access to psychological and psychiatric advice for Probation Officers.

Reference has also been made to existing studies including the study into the health of offenders in the community in Nottingham and Derbyshire by Charlie Brooker.


22 http://www.mentalhealth.org.uk/content/assets/PDF/publications/management__sex_offenders.pdf?view=Standard

Between 1993 and 2012, there have been periods of both rapid growth and relative stability.

- **1993–98**
  - Rapid growth of 24,200 driven by rise in volumes of offenders receiving custodial sentences, as custody rates went up from 16% to 26%.
  - Offenders sentenced for VATP* or drug offences represent one-third of the rise in volumes.

- **1998–01**
  - Total population relatively stable (up 700).
  - Sentenced population grew slightly, but would have increased further without introduction of HDC**, due to increasing custody rates from 26% to 27%.
  - Rapid growth of recall population following extension of executive recall to medium-term prisoners.

- **2001–03**
  - Increase of 7,300 caused by increases in demand, recall and sentenced populations.
  - Those serving 4 years or more drove the increase in the sentenced population, reflecting a more frequent deployment of longer sentences, again mostly due to more offenders being sentenced for VATP and drug offences.

- **2003–05**
  - Small increase in prison population of 2,500, due to rises in the sentenced, recall and breach populations.
  - Sentenced receptions were stable, so increase mostly caused by lagged effect of longer sentences handed down in previous years.

- **2006–08**
  - Despite the introduction of ECL***, the population rose a further 5,000 due to lagged effect of previous large increases of offenders on longer sentences.
  - The recall population increased by a further 61%, as length of stay for recalls also increased.
  - Decline in HDC caseload and parole rates.

- **2008–12**
  - Total population relatively stable (up 3,200).
  - Recall population levelled off after introduction of fixed term recalls in 2008.
  - The public disorder of 6–9 August 2011 had an immediate impact of around 900 on the prison population.
  - Remand population began to fall in 2012, in line with falling numbers coming through the courts.
  - The sentenced population rose by 5,100 from June 2008. More than half of this increase was among those sentenced for sexual offences, with numbers sentenced to custody up 15% and sentence lengths, on average, 9 months longer.

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* VATP = Violence against the person  ** HDC = Home Detention Curfew (the scheme electronically tags some offenders, permitting them to be released up to 135 days early)  *** ECL = End of Custody Licence (under which some offenders may be released up to 16 days early)

“In most countries nearly all prisoners are going to be released. So what happens to them when they are in prison is very important.”

(Arne Kvernvik Nilsen, former governor of Bastoy Prison, Norway)

The World Health Organisation (WHO) defines ‘health’ as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.’


30% of the prisoners instances are higher in women and ethnic minority groups

30% of the prisoners committing suicide at the time they entered prison

57% had symptoms present at the time they entered prison

72% of the prisoners had a history of mental illness

Almost two-thirds (64%) of prisoners had been in receipt of benefits at some point in the 12 months prior to coming into custody.

Boys aged 15 to 17

18 times more likely to commit suicide.

The suicide rate in prisons is almost 15 times higher than in the general population.


28 http://www.mentalhealth.org.uk/help-information/mental-health-statistics/prisons/

29 http://www.prisonreformtrust.org.uk/Portals/0/Documents/Prisonthefacts.pdf

30 http://www.mentalhealth.org.uk/help-information/mental-health-statistics/prisons/
Northamptonshire County Council

37% of the prisoners... a criminal offence

30% of the prisoners... time in custody

59% regularly playing truant

63% temporarily excluded from school

42% permanently excluded

One-third (32%) of prisoners reported being in paid employment in the four weeks before custody. However, 13% of prisoners reported never having had a job.

34% - 36% of prisoners are likely to be disabled which is higher than similar estimates of the general population.

47% of the prisoner sample

No academic qualifications

National Rate 15%

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Approximately 5% of prisoners were educated to a level higher than A levels, including 3% who held university degrees. In 2013 around 16% of the UK working age population held a degree.

15% of prisoners reported being homeless before custody, including 9% who were sleeping rough.

Up to 90% of prisoners have a diagnosable mental illness or substance abuse problem, frequently both.

72% of those identified as having a mental illness were also found to have a substance misuse problem.

Male prisoners are 14 times more likely to have two or more disorders than men in general, female prisoners are 35 times more likely.

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33 http://www.mentalhealth.org.uk/help-information/mental-health-statistics/prisons/

34 http://www.mentalhealth.org.uk/help-information/mental-health-statistics/prisons/
It is widely reported that the health of England’s prison population is considerably worse than that of the population at large. Offenders are much more likely than average to be subject to factors affecting mental wellbeing, personality disorders, learning disabilities, substance misuse, homelessness and below average academic achievement. Offenders may also have had issues with accessing the medical care and support they need to address and manage these issues.

Table 1 - Mental Health problems in prisoners in comparison to the general population

![Mental Health Problems in Prisons and the General Population](image)


Offending and re-offending are often caused by many factors relating to health and wellbeing. Offenders commonly lead chaotic lifestyles and engage in activities harmful to health. These include alcohol and drug abuse, unprotected sex, poor diet, smoking, unemployment, debt, insecure accommodation and poor levels of literacy and numeracy. Offenders are also much more likely to have mental health concerns or learning difficulties and yet they are unlikely to have engaged with health services in support of this.

Family breakdown, educational underachievement, substance abuse, mental illness and other problems commonly affect young offenders. They are also more likely to have difficulty controlling their behaviour and understanding its impact on others. The youth justice system works on the basis that addressing such risk factors during the course of a sentence is the best way to reduce a young person’s risk of reoffending.\(^{37}\)

When asked ‘Why do people offend?’ Rob Canton of Leicester de Montfort University said the following as part of his answer\(^ {38}\)

‘an influential research finding has been that many offenders have impaired thinking skills or cognitive deficits. This is said to include limited capacity to think through the consequences of their actions, but may also be associated with a range of other limitations in thinking and social skills and diminished empathy for victims and others.’

The Centre for Mental Health found that Mental Healthcare for offenders is critical in reducing the number of offenders and the likelihood of re-offending\(^ {39}\). The same report suggested that as the link between mental health, social exclusion and offending is so strong, an intervention addressing the key factors for any of these issues will have far reaching benefits. Public Health practitioners are well placed to deliver these interventions and therefore the benefits, both social and personal.

The seeds of a lifetime of offending are sown early, contributory factors from childhood include:


\(^{38}\) http://www.cep-probation.org/page/615/why-do-people-offend

\(^{39}\) http://www.centreformentalhealth.org.uk/pdfs/Public_health_and_criminal_justice.pdf?bcsi_scan_9eae6dc6cc4b0eb5=0&bcsi_scan_filename=Public_health_and_criminal_justice.pdf
• Poor maternal mental health.

• Abusive home relationships.

• A family history of involvement with the criminal justice system.

• Learning difficulties.

• Truancy and school exclusion.

• Poor educational achievement.

• ‘Looked after’ child status.

• Conduct and emotional disorders.

• Poor parenting skills.

• Low maternal bonding.

The impact of these will resonate through generations, not just with the individual concerned.
5 NATIONAL POLICY AND LEGAL CONTEXT

The Health and Social Care Act 2012 has introduced substantial changes to the way the NHS in England is organised and how the commissioning of health services provided for people living in the community and those in a detained setting is arranged. Section 15 of the Health and Social Care Act 2012 gives the Secretary of State the power to require NHS England to commission certain services instead of Clinical Commissioning Groups (CCGs) who are responsible for the commissioning of healthcare services in the community. These include ‘services or facilities for persons who are detained in a prison or other accommodation of a prescribed description’40. NHS England assumed these powers from 1 April 2013.

NHS England is now responsible for ensuring that services are commissioned to consistently high standards of quality across the country. They are also required to promote the NHS Constitution and deliver the requirements of the Secretary of State’s Mandate and the section 7a agreement between NHS England and the Department of Health.

On 9 May 2013, the Offender Rehabilitation Act made changes to the sentencing and release framework to extend supervision after release to offenders serving short sentences. It also creates greater flexibility in the delivery of sentences served in the community. The Act provides a range of provisions that affect the local delivery landscape including the creation of resettlement prisons, a national probation service and Community Rehabilitation Companies. The Police Reform and Social Responsibility Act introduced Police and Crime Commissioners (PCCs), providing accountability for policing locally.

With the implementation of the Care Act from 2015, local authorities will be commissioning care and support services for prisoners, and there may be the opportunity to work with local authorities to broaden the scope of a joint health needs assessment to include social care needs of prisoners. The Act clarifies that Local Authorities are responsible for assessing and meeting the eligible social care needs of people leaving prison or living in bail accommodation or approved premises41.

40 http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

In addition, as set out in a Section 7a agreement with the Secretary of State, the NHS Commissioning Board (NHSCB) will also commission public health services for offenders (for example tobacco control) and Sexual Assault Services (SASs) which cater for the needs of victims of sexual assault. The reason for including SASs within the responsibilities of the NHSCB is the close alignment needed between the NHS and Police to deliver services, which address both the patient’s health needs and forensic enquiry to support any criminal investigation. These services will be funded through a public health resource stream as opposed to the funding arrangements for prisons or in other accommodation of a prescribed description, but the NHSCB’s commissioning model has been designed to ensure relevant integration of the commissioning of these services all of which will be commissioned by the same teams.

Northamptonshire also has an Approved Premises that will also be within the responsibility of NHSCB under the Act.

The probation service is undergoing a period of change. Offenders categorised as High or Very High risk will continue to be monitored and supported by the service, but Low and Medium risk offenders will now be supervised by Community Rehabilitation Company (CRC). The Probation Service will be a national entity and there will be 21 CRC’s serving England and Wales. At the time of writing, the contract has not yet been awarded to a CRC for Northamptonshire. Both the National Probation Service (NPS) and the CRC’s supervise offenders given community sentences and those released from prison on license.

Securing Excellence in Commissioning for Offender Health[^43]: This document sets out the operating model through which NHS England will secure the best possible health outcomes for prisoners, detainees, children and young people in secure settings. These outcomes should be equivalent standards of care to those in the wider community. The operating model has been developed


collaboratively with stakeholders across the health and the criminal justice system, including contributions from the Department of Health, regional and local NHS offender health teams and National Offender Management Service, and the Home Office.

The Bradley Report\(^4^4\): This report on people with mental health problems or learning disabilities in the criminal justice system made 82 recommendations to tackle the over-representation of people with mental health problems in prisons in England. There were recommendations to divert offenders with mental health problems from custodial settings, to reduce the waiting time for people who need to be transferred from prison to hospital for urgent mental health treatment and for the NHS to take on responsibility for providing health services in police stations. The Government accepted nearly all of these recommendations in full or in principle and the Bradley Report is already shaping the development of offender health services.

The Bradley Report – 5 Years On\(^4^5\): A follow up to the Bradley Report, this report found that whilst some progress had been made there were still some recommendations which required attention. The recommendation in this report focus on producing operating models for liaison and diversion and mental health care in prisons.

The Patel Report\(^4^6\): This report focuses on drug treatment and interventions for people in prison, people moving between prisons and the continuity of care for people on release from prison. The report outlines the evidence gathered and work carried out by the Review Group and summarises their conclusions and recommendations. A summary of effective interventions is provided.


\(^4^5\) http://www.centreformentalhealth.org.uk/pdfs/Bradley_report_five_years_on.pdf


October 2014
Public Health Outcomes Framework for England, 2013-2016\(^\text{47}\): This sets out the structure and objectives of the public health system for England effective from April 2013 and how progress against these objectives will be measured. The overarching aims are:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities

The indicators that impact on people in prison and the criminal justice system include:

- People in prison who have a mental illness or significant mental illness
- Re-offending
- Violent crime (including sexual violence)
- Hospital admissions as a result of self-harm
- Diet
- Excess weight in adults

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The NHS Outcomes Framework 2014/15: The purpose and function of the NHS Outcomes Framework is to provide:

- A national level overview of how well the NHS is performing
- The primary accountability mechanism between the Secretary of State for Health and NHS England
- A catalyst for driving quality throughout the NHS by encouraging a change in culture and behaviour focused on health outcomes not process.
The NHS Outcomes Framework has set five domains that the NHS should be aiming to improve:

1. Preventing people from dying prematurely
2. Enhanced quality of life for people with long term conditions
3. Helping people recover from episodes of ill-health or injury
4. Helping people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm.

Public health functions to be exercised by the NHS Commissioning Board – Service specification No. 29: This specification’s aim is to assist the effective commissioning of public health services for people in prison or other places of detention, which reduce health inequalities, provide advice and expertise to facilitate healthy choices and support them to live healthy lives with continuity of care on return to the community. When commissioning each component of such public health services consideration should be given to the age –sex breakdown of detained population, their specific health needs, current health related behaviours and the desired public health outcome of the intervention in the specific age groups for men, women and children and young people.

Prison Health Performance and Quality Indicators (PHPQI): The indicators focus on a number of key area including:

- Mental health promotion and wellbeing
- Smoking cessation/reduction
- Healthy eating and nutrition
- Healthy lifestyles including sexual health and relationships
- Drugs and alcohol

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• Exercise, including access to a cardiac rehabilitation programme where required

• Rebuilding of fragmented family and peer relationships

Stop Smoking support in HM Prisons: the impact of nicotine replacement therapy: This 2006 document by Susan Macaskill and Paul Hayton, provides a best practice checklist.

Managing persistent pain in secure settings: Public Health England have published a guide for professionals working in custody settings to support best practice in diagnosing, assessing and managing the symptoms of persistent pain among prisoners. The guide has been written in association with to the Faculty of Pain Medicine of the Royal College of Anaesthetists, the Royal College of General Practitioners and the British Pain Society, and is supported by the Department of Health.


5.1 THE NATIONAL PICTURE

The prison population is predominantly male. At the end of July 2014 the prison population of England and Wales was 84,897. This represented 97% occupancy of available capacity. However this population represented 113% occupancy of Certified Normal Accommodation, the Prison Service’s measure of decent and safe accommodation. A prison is overcrowded when the number of prisoners held exceeds the establishment’s Certified Normal Accommodation (CNA).

<table>
<thead>
<tr>
<th></th>
<th>NOMS Operated IRCs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>84,597</td>
<td>85,385</td>
</tr>
<tr>
<td>Male population</td>
<td>80,694</td>
<td>81,482</td>
</tr>
<tr>
<td>Female population</td>
<td>3,903</td>
<td>3,903</td>
</tr>
<tr>
<td>Useable Operational Capacity</td>
<td>86,739</td>
<td>87,729</td>
</tr>
</tbody>
</table>

Table 2 – Prison Population week ending September 4th, 2014

52 National Offender Management Service operated Immigration Removal Centre
http://static.guim.co.uk/sys-images/Guardian/Pix getPictures/2013/5/30/1369912352391/Large_flow_diagram.png?guni=Data:in body link

53 http://static.guim.co.uk/sys-images/Guardian/Pix/pictures/2013/5/30/1369912352391/Large_flow_diagram.png?guni=Data:in body link
Northamptonshire Health and Wellbeing Board (NHWB) vision

“Our vision is that by 2016 Northamptonshire will be recognised as a national centre of excellence in the quality of its health and social care and commitment to wellbeing for the benefit of all.

The county’s innovative, evidence-based approach to delivering positive outcomes in health, quality of life and well-being measures will enable scarce resources to be committed with confidence to those who will benefit most.”

NHWB have also chosen 5 steps to improve wellbeing in the county’s population.

- Connect
- Be Active
- Take Notice
- Keep Learning
- Give

The Board faces challenges in promoting health and wellbeing in the general population of Northamptonshire, but given the offender community’s history of disengagement reaching them will be even more challenging.

Large numbers of the general population of Northamptonshire do not live a healthy lifestyle, 1 in 4 people over 16 smoke, 1 in 5 binge drink, 1 in 6 of the county’s children live in poverty. In addition, 1

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in 4 adults over 16 are obese and only 1 in 10 adults undertake the recommended levels of daily physical activity. This behaviour is likely to be more prevalent than less in the offender population.

Priority 3 for the Health and Wellbeing Board is to tackle alcohol and drug issues to protect communities and improve lives. Tackling Drug and Alcohol abuse is one of the seven pathways to reducing offending.\textsuperscript{56}

\textsuperscript{56} http://www.thelearningjourney.co.uk/reducing-reoffending-action-plan.pdf/view
6.1 THE LOCAL PICTURE

The table below details the current occupancy status of prisons in or related to Northamptonshire.

There were 1,253 offenders held in Northamptonshire prisons at the end of July 2014. There are two prisons within Northamptonshire; these are both adult male facilities. Upon sentencing at Northamptonshire courts, offenders are initially sent to a reception prison, in the case of adult males this would be HMP Woodhill in Milton Keynes, for female offenders HMP Peterborough and young offenders to HMP Glen Parva in Leicestershire. They may then be transferred to any prison within England at any time. Offenders residing in HMP Onley and HMP Rye Hill have been transferred to these facilities from elsewhere in England and will not necessarily be a resident of Northamptonshire prior to conviction or upon release. Many offenders housed in prisons within Northamptonshire are from London and surrounding areas. There currently isn’t a resettlement prison in Northamptonshire.


58 Information provided by Northampton County Court
Table 3 - Current occupancy status of prisons in Northamptonshire or those to which residents of Northamptonshire are likely to be sent to initially:

<table>
<thead>
<tr>
<th>Prison Name</th>
<th>Baseline Capacity</th>
<th>In Use Certified Normal Accommodation*</th>
<th>Operational Available</th>
<th>Population **</th>
<th>% Pop - Certified Normal Capacity</th>
<th>% Accommodation – Baseline Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onley</td>
<td>742</td>
<td>682</td>
<td>682</td>
<td>680</td>
<td>100%</td>
<td>92%</td>
</tr>
<tr>
<td>Rye Hill</td>
<td>600</td>
<td>600</td>
<td>625</td>
<td>573</td>
<td>96%</td>
<td>100%</td>
</tr>
<tr>
<td>Peterborough (Male &amp; Female)</td>
<td>840</td>
<td>827</td>
<td>1,008</td>
<td>960</td>
<td>116%</td>
<td>98%</td>
</tr>
<tr>
<td>Woodhill</td>
<td>660</td>
<td>660</td>
<td>819</td>
<td>812</td>
<td>123%</td>
<td>100%</td>
</tr>
<tr>
<td>Glen Parva</td>
<td>637</td>
<td>637</td>
<td>728</td>
<td>710</td>
<td>111%</td>
<td>100%</td>
</tr>
<tr>
<td>Sub total</td>
<td>77,486</td>
<td>75,278</td>
<td>87,815</td>
<td>84,857</td>
<td>113%</td>
<td>97%</td>
</tr>
<tr>
<td>Total***</td>
<td>78,449</td>
<td>76,241</td>
<td>86,778</td>
<td>85,730</td>
<td>112%</td>
<td>97%</td>
</tr>
</tbody>
</table>

*Certified Normal Accommodation (CNA) or uncrowded capacity is the Prison Service’s own measure of accommodation. CNA represents the good, decent standard of accommodation that the service aspires to provide to all prisoners.
**The prison unlock figure may be lower than the 'Population', as the 'Population' includes prisoners on authorised absence

*** Total population including NOMS operated Immigration Removal Centres

The table is compiled from data on the last working Friday in July 2014
The prison offender population of Northamptonshire can be split into two separate groups. Offenders in prison could be from anywhere within England and Wales, indeed they could be from anywhere in the world. They are considered to be Northamptonshire residents for the duration of their stay in HMP Onley or HMP Rye Hill. The other group are offenders who are normally resident in the county. These could be dispersed throughout the prison estate or serving a community based sentence.

The larger group of offenders are those who are not sentenced to prison and will be living in the community. Many of these will not dealt with by way of a court sentence or if they are will receive a penalty that does not bring them into contact with probation providers. Information on this offender may come from the Police, DSIP or Liaison and Diversion. The information we have related to the Northamptonshire probation providers caseload that may either be serving a prison sentence or serving a community sentence.

National Delius (n-Delius) is the National Probation Service’s case management system and OASys is the abbreviated name given to the Offender Assessment System.

The data provided by the Probation service is not absolute. It is not always possible to amalgamate data from multiple sources and some data is unavailable due to there being no requirement to record it. In some cases the data is unavailable i.e. GP registration. The OASys system is used to assess and address risk of harm and it applied to offender assessed as medium, high or very high risk thus low risk offenders are not recorded onto that system. Information recorded in OASys may be the opinion of the assessor. With regard to all protected characteristics the individual may decline to provide some information.

The National Probation Service Caseload comprises of High to Very High Risk offenders, the Community Rehabilitation Company caseload are Medium to Low Risk cases.

The majority of offenders in Northamptonshire are white British males under 35 years of age. The majority of offenders are not working and of the entire offender population, 68% are serving a sentence in the community. Nearly 40% of offenders on the
Probation service’s caseload are from one area of the county, Northampton. This is disproportionately high in comparison to the percentage of the population who live in Northampton; it is the only one of the seven boroughs or districts to have a higher ratio. At the opposite end of the spectrum is South Northamptonshire, whilst accounting for 12% of the county’s population just 3% of Northamptonshire’s offender caseload live there.

Of the offenders considered a high or very high risk, 55% are serving their sentence in custody and the remainder are either released on licence or serving a community sentence.

Table 4 – National Probation Service Caseload by Type

<table>
<thead>
<tr>
<th>National Probation Service Caseload by Type in Northants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source: n-Delius, 12/08/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Count</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In the community</td>
<td>472</td>
</tr>
<tr>
<td>In custody</td>
<td>581</td>
</tr>
</tbody>
</table>
Table 5 – Community Rehabilitation Company Caseload by Type

Community Rehabilitation Company Caseload by Type in Northants
Source: n-Delius, 12/8/14

Table 6 – Age profile of offenders in Northamptonshire

Age profile of caseload in Northants
Source: n-Delius, 12/08/14

<table>
<thead>
<tr>
<th>Age now of offender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 or under</td>
<td>8.1%</td>
</tr>
<tr>
<td>22-25</td>
<td>15.3%</td>
</tr>
<tr>
<td>26-30</td>
<td>19.5%</td>
</tr>
<tr>
<td>31-35</td>
<td>16.7%</td>
</tr>
<tr>
<td>36-40</td>
<td>10.5%</td>
</tr>
<tr>
<td>41-50</td>
<td>16.8%</td>
</tr>
<tr>
<td>51-60</td>
<td>8.5%</td>
</tr>
<tr>
<td>61 or older</td>
<td>3.7%</td>
</tr>
<tr>
<td>not known</td>
<td>1.1%</td>
</tr>
</tbody>
</table>
Table 7 – Type of Sentence by Age Group

Custodial/Community sentences by age group
Source - nDelius 12/8/14

% in custody
% not in custody
44% of offenders currently working with probation services are under 30 years of age. 12% are over 50 years of age.

The majority of offenders live in Northampton, the largest area of population in the county however the proportion of offenders in Northampton is disproportionately high compared to the percentage of Northamptonshire’s general population that live in the County town. South Northamptonshire and Daventry have a much lower proportion of offenders in their populations.
Table 8 – Offenders by District/Borough

Percentage of offenders against population by Borough/District

- Percentage of offenders
- Percentage of county population
8 PROBATION SERVICES CASELOAD

- 60% of offenders supervised by Northamptonshire Probation are 35 or under.
- **Northampton is over-represented in terms of probation population when compared to the proportion of the general population.**
- 9 out of 10 offenders on the probation caseload are male.
- **Violent crime against the person is the most common offence.**
- Black and mixed race groups are over represented in the probation caseload compared to the Northamptonshire population, the incidence of mental health problems is thought to be higher in black and minority ethnic groups than their white counterparts.\(^{59}\). This is due in part to the fact that police and court referral rates of individuals from black African and black Caribbean groups to mental health services are almost double the average of referrals from other groups.\(^{60}\)
- **Northampton is below the regional and national averages for violent crimes, but sexual offences, aquisitive crime and motoring offences are more prevalent here.**

- The areas with the most offenders struggling with literacy and numeracy also see the highest proportion of burglaries.
- **3.7% of offenders are recorded as having mental health issues, if 70% of the prison population have 2 or more conditions\(^{61}\) then this would appear to be extremely low.**

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90% of Northamptonshire’s probation service caseload is male, similar to the percentage across England and in the East Midlands, 88% for both. The majority are White British but this group is under represented in terms of the White British population of the county, 68.7% of offenders being White British in comparison to 91.5% of the county being from this ethnic group. Of the five largest ethnic groups in the probation caseload, the next four are over-represented. These ethnic groups are White Other, Black Caribbean, Mixed White/Black Caribbean and Black African. The employment status for 88% of the caseload is unknown, raising issues around the importance of accurate data collection.

Probation Services are undergoing a period of significant change. Some of the workload, that with offenders seen as a medium or low risk, will pass to a Community Rehabilitation Company and the National Probation Service will continue to work with high and very high risk offenders. At the time of writing, the CRC for Northamptonshire is not yet known as the tendering process is incomplete.

The most common crimes committed by Northamptonshire’s offenders are crimes of Violence Against the Person. Assault and Malicious Wounding are the next category of offences by numbers recorded. Drug offences and burglary are the next most common.

Whilst violent crimes are the most common, the proportion of violent offenders in comparison to both regional and national statistics is lower. However acquisitive crime, motoring offences and sexual assaults are higher in Northamptonshire than in the region and country. Acquisitive crime is higher in Wellingborough than in other parts of the county, South Northamptonshire has the highest percentage of motoring offences and violent offences and sexual crime is above the national and regional proportion in Daventry.

http://www.northamptonshireanalysis.co.uk/dataviews/tabular?viewId=169&geoId=28&subsetId=
Table 9 – Offences on Caseload – nDelius 12/8/14

<table>
<thead>
<tr>
<th>Offence and Subcategory</th>
<th>Frequency</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common assaults etc</td>
<td>252</td>
<td>10.13</td>
</tr>
<tr>
<td>Misuse of Drugs</td>
<td>208</td>
<td>8.36</td>
</tr>
<tr>
<td>Malicious wounding and other like offences</td>
<td>200</td>
<td>8.04</td>
</tr>
<tr>
<td>Burglary in a dwelling</td>
<td>151</td>
<td>6.07</td>
</tr>
<tr>
<td>Robbery and assaults with intent to rob</td>
<td>151</td>
<td>6.07</td>
</tr>
<tr>
<td>Stealing from shops and stalls (shoplifting)</td>
<td>151</td>
<td>6.07</td>
</tr>
<tr>
<td>Rape</td>
<td>122</td>
<td>4.9</td>
</tr>
<tr>
<td>Driving etc after consuming alcohol or taking drugs</td>
<td>103</td>
<td>4.14</td>
</tr>
<tr>
<td>Wounding and other acts endangering life</td>
<td>82</td>
<td>3.3</td>
</tr>
<tr>
<td>Other Frauds</td>
<td>79</td>
<td>3.18</td>
</tr>
<tr>
<td>Sexual assault on a female (was Indecent assault on females)</td>
<td>77</td>
<td>3.09</td>
</tr>
<tr>
<td>Murder</td>
<td>62</td>
<td>2.49</td>
</tr>
<tr>
<td>Offences against public order</td>
<td>61</td>
<td>2.45</td>
</tr>
<tr>
<td>Other offences against the State and Public Order</td>
<td>55</td>
<td>2.21</td>
</tr>
<tr>
<td>Burglary, other than in a dwelling</td>
<td>46</td>
<td>1.85</td>
</tr>
<tr>
<td>Criminal Damage, £5,000 or less, and Malicious Damage</td>
<td>46</td>
<td>1.85</td>
</tr>
<tr>
<td>Obscene Publications, etc and Protected Sexual Material</td>
<td>43</td>
<td>1.73</td>
</tr>
<tr>
<td>Driving licence related offences</td>
<td>41</td>
<td>1.65</td>
</tr>
<tr>
<td>Arson</td>
<td>39</td>
<td>1.57</td>
</tr>
<tr>
<td>Assault</td>
<td>35</td>
<td>1.41</td>
</tr>
<tr>
<td>Sexual Activity (Male &amp; Female)(including with a child under 16)</td>
<td>32</td>
<td>1.29</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handling stolen goods</td>
<td>31</td>
<td>1.25</td>
</tr>
<tr>
<td>Other stealing and unauthorised taking</td>
<td>29</td>
<td>1.17</td>
</tr>
<tr>
<td>Other Offences</td>
<td>27</td>
<td>1.09</td>
</tr>
<tr>
<td>Stealing by an employee</td>
<td>24</td>
<td>0.96</td>
</tr>
<tr>
<td>Manslaughter</td>
<td>22</td>
<td>0.88</td>
</tr>
<tr>
<td>Sexual Activity (Male &amp; Female) (including with a child under 13)</td>
<td>16</td>
<td>0.64</td>
</tr>
<tr>
<td>Aggravated Taking of a Vehicle</td>
<td>16</td>
<td>0.64</td>
</tr>
<tr>
<td>Stealing from the person of another</td>
<td>16</td>
<td>0.64</td>
</tr>
<tr>
<td>Dangerous Driving</td>
<td>16</td>
<td>0.64</td>
</tr>
<tr>
<td>Stealing from vehicles</td>
<td>15</td>
<td>0.6</td>
</tr>
<tr>
<td>Threats, conspiracy or incitement to murder</td>
<td>14</td>
<td>0.56</td>
</tr>
<tr>
<td>Sexual assault on a male (was Indecent assault on a male)</td>
<td>13</td>
<td>0.52</td>
</tr>
<tr>
<td>Kidnapping</td>
<td>13</td>
<td>0.52</td>
</tr>
<tr>
<td>Miscellaneous sexual offences</td>
<td>13</td>
<td>0.52</td>
</tr>
<tr>
<td>Firearms Act 1968 and other Firearms Acts</td>
<td>11</td>
<td>0.44</td>
</tr>
</tbody>
</table>
Table 10 – Offenders by Offence Type

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>0%</td>
</tr>
<tr>
<td>10%</td>
</tr>
<tr>
<td>20%</td>
</tr>
<tr>
<td>30%</td>
</tr>
<tr>
<td>40%</td>
</tr>
<tr>
<td>50%</td>
</tr>
<tr>
<td>60%</td>
</tr>
<tr>
<td>70%</td>
</tr>
<tr>
<td>80%</td>
</tr>
<tr>
<td>90%</td>
</tr>
<tr>
<td>100%</td>
</tr>
</tbody>
</table>

Proportion of offenders by offence type
Source: OASys Standard Risk Need Profile
2012/13, Northamptonshire Probation Trust

<table>
<thead>
<tr>
<th>Offence Type</th>
<th>England</th>
<th>East Midlands</th>
<th>Northamptonshire</th>
<th>Corby</th>
<th>Daventry</th>
<th>East Northamptonshire</th>
<th>Kettering</th>
<th>Northampton</th>
<th>South Northamptonshire</th>
<th>Wellingborough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisitive</td>
<td>25.9%</td>
<td>25.6%</td>
<td>26.1%</td>
<td>26.0%</td>
<td>20.1%</td>
<td>25.0%</td>
<td>26.7%</td>
<td>27.1%</td>
<td>20.8%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Drugs</td>
<td>9.9%</td>
<td>8.5%</td>
<td>6.9%</td>
<td>9.4%</td>
<td>4.5%</td>
<td>8.3%</td>
<td>6.2%</td>
<td>6.7%</td>
<td>6.6%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Motoring</td>
<td>6.0%</td>
<td>6.8%</td>
<td>9.7%</td>
<td>8.4%</td>
<td>8.5%</td>
<td>11.3%</td>
<td>11.5%</td>
<td>10.1%</td>
<td>13.2%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Robbery</td>
<td>5.2%</td>
<td>4.5%</td>
<td>4.7%</td>
<td>2.6%</td>
<td>7.1%</td>
<td>2.5%</td>
<td>2.8%</td>
<td>4.4%</td>
<td>0.0%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Sexual</td>
<td>5.4%</td>
<td>5.9%</td>
<td>6.9%</td>
<td>1.6%</td>
<td>11.6%</td>
<td>7.8%</td>
<td>5.3%</td>
<td>7.5%</td>
<td>7.5%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Violent</td>
<td>43.6%</td>
<td>44.3%</td>
<td>41.5%</td>
<td>44.8%</td>
<td>43.8%</td>
<td>41.2%</td>
<td>44.1%</td>
<td>38.9%</td>
<td>48.1%</td>
<td>41.2%</td>
</tr>
<tr>
<td>Other</td>
<td>4.0%</td>
<td>4.4%</td>
<td>4.2%</td>
<td>7.1%</td>
<td>4.5%</td>
<td>3.9%</td>
<td>3.4%</td>
<td>5.2%</td>
<td>3.8%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>
Offenders are asked 28 questions relating to their circumstances and their behaviour. They are asked if any of the 28 statements listed below are relevant to them and if they believe any of them are linked to their offending.

With this information, we can see what the offender believes has caused them to offend. The figures following each statement is the percentage of offenders who believe that this statement is true, followed by the percentage that believe this has driven their offending behaviour.

- Finding a good place to live – 18.7%, 4.9%
- Understanding other people’s feelings – 8.7%, 5.5%
- Keeping to my plans – 14.7%, 4.7%
- Dealing with people in authority – 8.5%, 3.3%
- Gambling – 1.7%, 0.6%
- Mixing with bad company – 15.6%, 11.7%
- Being bored – 22.1%, 7.9%
- Being lonely – 14.5%, 4.5%
- Going to places which cause me trouble – 10.8%, 6.9%
- Taking drugs – 10.8%, 9.2%
- Drinking too much alcohol – 13%, 12.7%
- Losing my temper – 15.5%, 11.5%
- Doing things on the spur of the moment – 23%, 15.9%
- Repeating the same mistakes – 19.3%, 12.1%
- Getting violent when annoyed – 10.9%, 8.2%
- Reading, writing, spelling, numbers – 9.3%, 0.8%
- Getting qualifications – 10.4%, 1%
- Getting a job – 21.2%, 4.5%
- Keeping a job – 11.5%, 2.6%
- Managing money, dealing with debts – 16.3%, 5.4%
- Getting on with my husband/wife/partner – 6.7%, 4.8%
- Looking after my children – 3.6%, 1%
- Worrying about things – 27.8%, 6.8%
- Making good decisions – 16.9%, 10%
- Feeling depressed – 22.5%, 7.5%
- Feeling stressed – 25%, 8.6%
- Not having a partner – 6%, 1.9%

27% of offenders responded that they ‘worried about things’, however this was only a factor in offending for 6.8% of cases. ‘Doing things on the spur of the moment’ was the biggest driver of offending behaviour with 15.9%. The percentages of offenders who have an issue with drugs and/or alcohol who...
believe it drives their behaviour are similar, indicating that for those with these problems, they are real problems and drive their offending behaviour.

**Table 11 – Factors linked to offending behaviour**

<table>
<thead>
<tr>
<th>Accommodation linked to behaviour</th>
<th>Drug Misuse linked to behaviour</th>
<th>Alcohol Misuse linked to behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proportion of offenders by factors linking to their offending behaviour</strong></td>
<td><strong>Source: OASys Standard Risk Need Profile</strong></td>
<td><strong>2012/13, Northamptonshire Probation Trust</strong></td>
</tr>
</tbody>
</table>

**Legend:**
- Accommodation linked to behaviour
- Drug Misuse linked to behaviour
- Alcohol Misuse linked to behaviour
8.1 ALCOHOL

The most common factor is alcohol abuse, Northamptonshire displaying a higher proportion of offenders’ alcohol issues driving offending behaviour than the average in England and the East Midlands region. Alcohol abuse is the highest driver in Corby, East Northamptonshire and South Northamptonshire, but it is worth noting that motoring offences represent a particularly high proportion of the total recorded offences in South Northamptonshire and alcohol abuse is a significant factor in serious motoring offences.

In Northamptonshire, alcohol is linked to 86.9% of motoring offences compared to 76.5% across England.
8.2 DRUGS

Drug misuse related to offending behaviour is lower in Northamptonshire than in the country and the region, but not much lower indicating that whilst there is no greater issue in the county with drug misuse fuelling offending behaviour, it is still linked to 27% of offending behaviour.

8.3 ACCOMMODATION

Accommodation issues related to offending are much lower than regional and national averages for many areas of the county, Northampton and Daventry have the highest proportion but are still below national and regional averages.

Table 13 – Accommodation issues related to offending

<table>
<thead>
<tr>
<th>Percentage</th>
<th>England</th>
<th>East Midlands</th>
<th>Northamptonshire</th>
<th>Corby</th>
<th>Daventry</th>
<th>East Northamptonshire</th>
<th>Kettering</th>
<th>Northampton</th>
<th>South Northamptonshire</th>
<th>Wellingborough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation linked to behaviour</td>
<td>29.5%</td>
<td>29.7%</td>
<td>22.5%</td>
<td>11.7%</td>
<td>24.6%</td>
<td>19.9%</td>
<td>16.5%</td>
<td>25.5%</td>
<td>19.8%</td>
<td>15.5%</td>
</tr>
</tbody>
</table>

Source: OASys Standard Risk Need Profile 2012/13, Northamptonshire Probation Trust
However the proportion of offenders stating they have no fixed abode in Northamptonshire is high, at 16.2%. This is higher than the proportion of offenders nationally and in the East Midlands and is particularly high in Daventry.

**Table 14 – Offenders with ‘No Fixed Abode’**

<table>
<thead>
<tr>
<th>Proportion of offenders by area who reported no fixed abode</th>
<th>England</th>
<th>East Midlands</th>
<th>Northamptonshire</th>
<th>Corby</th>
<th>Daventry</th>
<th>East Northamptonshire</th>
<th>Kettering</th>
<th>Northampton</th>
<th>South Northamptonshire</th>
<th>Wellingborough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>14.3%</td>
<td>14.8%</td>
<td>16.2%</td>
<td>7.1%</td>
<td>18.3%</td>
<td>11.8%</td>
<td>9.0%</td>
<td>12.6%</td>
<td>8.5%</td>
<td>12.2%</td>
</tr>
</tbody>
</table>

Source: OASys Standard Risk Need Profile 2012/13, Northamptonshire Probation Trust

### 8.4 BASIC SKILLS

Basic reading, writing and numeracy skills are an issue for offenders in the East Midlands, Northamptonshire fares better as a county but in Northampton and particularly Wellingborough these basic skills are missing in more of the offender population.

**Table 15 – Basic skills issues related to offending**

<table>
<thead>
<tr>
<th>Proportion of offenders by area of usual residence with basic skills problems identified</th>
<th>England</th>
<th>East Midlands</th>
<th>Northamptonshire</th>
<th>Corby</th>
<th>Daventry</th>
<th>East Northamptonshire</th>
<th>Kettering</th>
<th>Northampton</th>
<th>South Northamptonshire</th>
<th>Wellingborough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>14.9%</td>
<td>16.9%</td>
<td>14.6%</td>
<td>11.7%</td>
<td>11.6%</td>
<td>13.7%</td>
<td>11.5%</td>
<td>15.4%</td>
<td>7.5%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Problems with Writing</td>
<td>13.1%</td>
<td>14.7%</td>
<td>12.5%</td>
<td>10.4%</td>
<td>10.1%</td>
<td>12.3%</td>
<td>9.9%</td>
<td>12.4%</td>
<td>6.6%</td>
<td>14.9%</td>
</tr>
<tr>
<td>problems with Reading</td>
<td>9.5%</td>
<td>11.1%</td>
<td>9.2%</td>
<td>8.4%</td>
<td>8.3%</td>
<td>10.8%</td>
<td>8.7%</td>
<td>8.9%</td>
<td>2.8%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Problems with Numeracy</td>
<td>4.14%</td>
<td>3.56%</td>
<td>2.6%</td>
<td>0.6%</td>
<td>2.2%</td>
<td>2.0%</td>
<td>0.9%</td>
<td>3.9%</td>
<td>1.9%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Linked to risk of offending</td>
<td>4.14%</td>
<td>3.56%</td>
<td>2.6%</td>
<td>0.6%</td>
<td>2.2%</td>
<td>2.0%</td>
<td>0.9%</td>
<td>3.9%</td>
<td>1.9%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>
Numeracy and literacy issues are more likely to be issues for male offenders than female offenders and most common amongst the younger offenders.

Literacy and numeracy issues are most likely to result in an aquisitive crime, such as burglary. This is further demonstrated by the higher levels of such crime in the areas that numeracy and literacy issues are highest, like Wellingborough and Northampton.
8.5 ATTITUDE AND LIFESTYLE

Although the data from Probation doesn’t have any detail about mental health issues and learning difficulties, we can see how an individual’s thinking and behaviour, attitude and/or lifestyle and associates have influence on offending behaviour. Thinking and behaviour is a major factor in offending and more so in Northamptonshire, higher than the national average for every type of offence. Attitude and Lifestyle and Associates, the individual’s environment, relationships, circumstances and choices, is related to more burglary, robbery, criminal damage, drug and motoring offences in Northamptonshire.
Table 18 – Health issues occurring in the Northamptonshire Offender Caseload

Commonly occurring conditions in caseload in Northants
Source: n-Delius, 12/08/14
Note: There are 65 (2.5%) cases where more than one condition is presented

<table>
<thead>
<tr>
<th>Condition</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Illness</td>
<td>3.7%</td>
</tr>
<tr>
<td>Dyslexia</td>
<td>1.7%</td>
</tr>
<tr>
<td>Learning Difficulties</td>
<td>1.7%</td>
</tr>
<tr>
<td>Reduced Mobility</td>
<td>1.4%</td>
</tr>
<tr>
<td>Reduced Physical Capacity</td>
<td>0.8%</td>
</tr>
<tr>
<td>Hearing Difficulties</td>
<td>0.4%</td>
</tr>
</tbody>
</table>
8.6 DISABILITY

89% of the probation caseload in Northamptonshire either have no disability noted or their status is unknown. Research suggests that this is unlikely to be the case, offenders being much more likely to have a mental health disability or learning difficulty. At the current time disability screening is not commissioned as a routine activity from probation providers. Liaison and Diversion activities are in place, however at the current time there is no robust system in place to ensure that offenders with disabilities can be identified at all points in the Criminal Justice System. Of the recorded disabilities, mental health and learning difficulties are the most prevalent.

8.7 EMOTIONAL WELLBEING

The number of offenders with issues relating to their emotional wellbeing and linked to their offending in Northamptonshire is higher than in the East Midlands and slightly above the average for England.

Table 19 – Links between emotional wellbeing and offending

South Northamptonshire has the highest percentage of offending linked to emotional wellbeing (stress, quality of life, risk of self harm, suicide etc) followed by East Northamptonshire and Daventry. The more urban areas of Northampton, Wellingborough, Kettering and Corby are below the regional and national averages.
8.8 EDUCATION, TRAINING AND EMPLOYMENT

Northamptonshire has a lower percentage of offenders linking employment, training and education as the driver of their behaviour than England and the East Midlands. The areas of the county where this is the biggest issue are Northampton and Wellingborough. Corby is the lowest percentage by some margin.
8.9 FINDINGS

From the data extracted from the probation service’s OASys system, we can see that different areas of the county have different needs and offending is driven by different factors. Some examples are as follows:

- **Reading, writing and numeracy issues are most likely to be a factor in offending in Wellingborough.**
- **Female offenders in Northamptonshire are more likely to have issues with numeracy and literacy than the England average.**
- **Younger adults aged between 18 and 24 are most likely to have declared problems with literacy.**
- **Offenders with problems related to literacy and numeracy are most likely to commit burglary.**
- **The two boroughs of Northamptonshire with the highest prevalence of reading, writing and numeracy issues also have the highest occurrences of acquisitive crime (Northampton and Wellingborough).**
- **Drug misuse linked to offending is just below the national and regional averages, Kettering and Daventry have the highest proportion of offending linked to drugs.**
- **Offending related to accommodation issues is well below national and regional figures for most areas of the county, exceptions to this are Northampton and Daventry, although both areas are below average regionally and nationally.**
- **Thinking and behaviour, attitude and lifestyle are the most common factors for offending behaviour, particularly for robbery, drug and sex offences.**
- **Alcohol has strong links to behaviour causing violent offences.**
- **Emotional wellbeing is linked to less crime in Northamptonshire than nationally.**
- **The proportion of offenders with no fixed abode is higher in Northamptonshire than in the region and the country.**
8.10 LOCALITY ISSUES

We have analysed the data from Probation Services for each of the seven borough and districts in Northamptonshire, looking for the prevalence of particular issues in the probation caseload relating to accommodation, education, training and employment, alcohol use, drug use, and emotional wellbeing. The issues that are particularly affecting the offender community in each area are highlighted below overleaf.
21% of offenders in Corby had concerns about the suitability of their accommodation, 18% with the permanence of their accommodation.

**Table 21 – Accommodation linked to offending in Corby**

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Linked to Offending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent</td>
<td>18%</td>
</tr>
<tr>
<td>Location</td>
<td>21%</td>
</tr>
</tbody>
</table>

Over 32% of violent behaviour on the caseload in Corby is linked to alcohol.

**Table 22 – Alcohol misuse related to offending in Corby**
Nearly 28% of offenders on the probation caseload in Corby had difficulty in coping with day to day life.

*Table 23 – Emotional wellbeing linked to offending in Corby*

Table 23 shows the prevalence of offenders identified with issues on caseload in Corby. The highest percentage of offenders scored 2, indicating a significant difficulty in emotional wellbeing.

**DAVENTRY**

Almost 26% of violent behaviour was linked to alcohol usage.

*Table 24 – Alcohol misuse related to offending in Daventry*

Table 24 demonstrates the prevalence of offenders identified with issues on caseload in Daventry, with a notable increase in those who scored 2, indicating a significant alcohol-related issue.
16% of the caseload had concerns about their levels of drug usage.

*Table 25 – Drug misuse related to offending in Daventry*

<table>
<thead>
<tr>
<th>Prevalence of offenders identified with issues on caseload in Daventry</th>
<th>Source: n-Delius, 12/08/14</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug misuse related to offending</td>
<td>16%</td>
</tr>
</tbody>
</table>

*EAST NORTHAMPTONSHIRE*

Frequency and levels of alcohol use related to offending behaviour was a concern in a third of offenders in East Northamptonshire. Alcohol was related to violent behaviour in 27% of offenders.

*Table 26 – Alcohol misuse related to offending in East Northamptonshire*

<table>
<thead>
<tr>
<th>Prevalence of offenders identified with issues on caseload in East Northamptonshire</th>
<th>Source: n-Delius, 12/08/14</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol misuse related to offending</td>
<td>27%</td>
</tr>
</tbody>
</table>
Almost 20% of the caseload were felt to be at risk of self harm and/or suicide or suicidal thoughts.

Table 27 – Emotional Wellbeing related to offending in East Northamptonshire

Over 23% of probation supervised offenders in Kettering were considered to be at risk of suicidal thoughts or self harming.

Table 28 – Emotional Wellbeing related to offending in Kettering
8% of offenders were thought to have learning difficulties that impacted negatively on their education, training and employment prospects. There were two scores available to probation workers when assessing the offender, the strongest score was chosen for 2.5% of offenders in Kettering.

Probation workers also had concerns about the usage and level of usage of drugs and also the motivation of offenders to seek help.

Alcohol was considered a factor in violent behaviour in over a quarter of cases.

**Table 29 - Drug misuse related to offending in Kettering**

![Graph showing prevalence of drug misuse related to offending in Kettering]

**Table 30 - Alcohol misuse related to offending in Kettering**

![Graph showing prevalence of alcohol misuse related to offending in Kettering]
A link between alcohol and violent behaviour was noted by probation staff for 28% of the Northampton caseload.

Table 31 - Alcohol misuse related to offending in Northampton

Table 32 – Emotional wellbeing related to offending in Northampton

30% of Northampton’s caseload were felt to have difficulties coping with day to day life.
Levels of drug use and motivation to reduce drug use were noted as issues.

**Table 33 – Drug misuse related to offending in Northampton**

<table>
<thead>
<tr>
<th>Prevalence of offenders identified with issues on caseload in Northampton</th>
<th>Source: n-Dennis, 12/08/14</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation to reduce drug use</td>
<td>22.5%</td>
</tr>
<tr>
<td>Drug misuse related to offending</td>
<td>30.0%</td>
</tr>
<tr>
<td>Drug misuse related to violence</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

Alcohol is related to 30% of violent behaviour in South Northamptonshire and previous issues with alcohol abuse in the past are concerns related to 42.5% of the offenders.

**Table 34 – Alcohol misuse related to offending in South Northamptonshire**

<table>
<thead>
<tr>
<th>Prevalence of offenders identified with issues on caseload in South Northamptonshire</th>
<th>Source: n-Dennis, 12/08/14</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol misuse related to offending</td>
<td>30.0%</td>
</tr>
<tr>
<td>Alcohol misuse related to violence</td>
<td>20.0%</td>
</tr>
<tr>
<td>Alcohol misuse related to property damage</td>
<td>15.0%</td>
</tr>
<tr>
<td>Alcohol misuse related to alcoholshare related to alcohol use</td>
<td>10.0%</td>
</tr>
<tr>
<td>Alcohol misuse related to alcohol use</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
The suitability of accommodation is seen as being a concern amongst a higher proportion of offenders in this district than in others.

Table 35 – Accommodation related to offending in South Northamptonshire

Table 36 – Drug misuse related to offending in Wellingborough

WELLINGBOROUGH

Nearly 17% of offenders supervised by probation in Wellingborough have raised concerns about their level of drug use.
Alcohol was related to a quarter of all violent behaviour.

Table 37 – Alcohol misuse related to offending in Wellingborough

<table>
<thead>
<tr>
<th>Prevalence of offenders identified with issues on caseload in Wellingborough</th>
<th>Source: n-Delius, 12/08/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 count is for some issues by the assessor for the measure; 2 count is for assessors highest assessment rating for this measure.</td>
<td></td>
</tr>
<tr>
<td>Percentage</td>
<td>Alcohol deep thinking</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Alcohol dependence</td>
<td>Alcohol misuse</td>
</tr>
<tr>
<td>% of all cases</td>
<td>% of all cases</td>
</tr>
<tr>
<td>% of all cases of 1</td>
<td>6.7</td>
</tr>
<tr>
<td>% of all cases of 2</td>
<td>2.16</td>
</tr>
</tbody>
</table>

Emotional wellbeing is more of a concern in Wellingborough than other areas, 15% highlighted as being at risk of self harm and/or suicide and almost 30% were considered to have trouble coping with day to day life.

Table 38 – Emotional wellbeing related to offending in Wellingborough

<table>
<thead>
<tr>
<th>Prevalence of offenders identified with issues on caseload in Wellingborough</th>
<th>Source: n-Delius, 12/08/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 count is for some issues by the assessor for the measure; 2 count is for assessors highest assessment rating for this measure.</td>
<td></td>
</tr>
<tr>
<td>Percentage</td>
<td>Emotional wellbeing</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Emotional wellbeing</td>
<td>Emotional wellbeing</td>
</tr>
<tr>
<td>% of all cases</td>
<td>% of all cases</td>
</tr>
<tr>
<td>% of all cases of 1</td>
<td>32.31</td>
</tr>
<tr>
<td>% of all cases of 2</td>
<td>3.36</td>
</tr>
</tbody>
</table>

Accommodation concerns in Wellingborough were related more to the suitability of its location in Wellingborough rather than the accommodation itself than in other areas.
9 NORTHAMPTONSHIRE FACILITIES

“The degree of civilisation in a society can be judged by entering its prisons.”

Fyodor Dostoyevsky

There are two prisons within Northamptonshire, HMP Onley and HMP Rye Hill, both are facilities for adult male prisoners. Female prisoners from Northamptonshire are most often housed at HMP Peterborough in Cambridgeshire. There is also a secure training centre, Rainsbrook. Rainsbrook STC and HMP Rye Hill are currently run by the private contractor G4S and HMP Onley by the Prison Service. All three establishments share the same location, west of Daventry, near Northamptonshire’s border with Warwickshire.

It is impractical to ascertain the whereabouts within the prison system of offenders resident in Northamptonshire before their sentencing.

On admission to prison, offenders are asked to complete a medical questionnaire and screened for drug use. As all prisoners arriving at Northamptonshire’s two prisons will have been housed in another facility before arriving, they will have undergone this assessment previously and documentation regarding the offender’s medical background will accompany him.

Offenders can be moved within the prison system for a variety of reasons, including but not limited to:

- their security category has changed
- so that they can serve the final weeks of their sentence in a prison nearer their home
- the prisoner’s sentence plan requires them to complete a course which is not available at the prison they are in
- they are behaving in a disruptive way
- for their own safety if they are being bullied
- If their main visitor has a medical problem making visits impossible.

Prisoners do not have the right to be moved to a prison of their choosing or to be moved anywhere at their request, the Prison Act 1952 states they can be held in any prison and the decision to transfer an offender is usually taken by the prison governor. However, although there is no legal right, the Prison Service does have a location policy stating that contact between a prisoner and his/her family should be encouraged and that harmful effects of being removed from normal life are minimised. The prison also has an obligation to take reasonable steps to keep a prisoner safe, which may include a transfer if they are being bullied.\(^{63}\)

\(^{63}\) http://www.offendersfamilieshelpline.org/index.php/transfer/
The population of HMP Rye Hill is older than the usual average in a prison in England and Wales. Half the prisoners are over 46. Offenders housed here are convicted of sex offences.

Sentences for offenders at HMP Rye Hill are longer than at HMP Onley.

Offenders tend to have a less chaotic background than is usual.

Physical needs are greater as the population is older and likely to age as they stay longer.

The majority of prisoners held here will be released on licence and will be supervised by the Probation Service.

Most prisoners are from the West Midlands (23%), London (12%) or the East Midlands (10%).

Just 2% of prisoners were homeless and living on the streets at the time of their conviction but 15% believe they will be living on the streets on their release.

38% of prisoners consider themselves to be disabled. The registered disabled population of the prison is 19%.
HMP Rye Hill opened in 2001 as a purpose built training prison. Rye Hill is a PFI Prison run by G4S, a Category B training Prison for Adult Males and has recently ‘re-roles’ as a national resource for sentenced male adults who have been convicted of a current or previous sex offence(s). The new inmate population at HMP Rye Hill has only recently arrived at the time of writing. The capacity of the prison is 625.64

The population of HMP Rye Hill in July 2014 was 573, 92% of available capacity. The CNA capacity is 600.65

The sentence requirement for HMP Rye Hill is for prisoners who have been sentenced to over four years and have at least 12 months left to serve. No more than 15% of the population must be in denial of their offence. 66

64 http://www.justice.gov.uk/contacts/prison-finder/rye-hill
66 http://www.hmpryehill.co.uk/aboutrh_main.asp

Sentence: 4 years and over (prisoners sentenced to less than 4 years but more than 3 years will be considered by prior arrangement)

Time to serve: 12 months and over. With prior agreement from the Director will accept ex Cat C Offenders who have been upgraded to Cat B.

All outstanding medical appointments must be completed prior to transfer or subject to agreed return for appointments

The prison does not accept:

- Vulnerable Prisoners not suitable for SOTP (Sex Offenders Treatment Programme)
- Prisoners requiring intensive long term outside hospital treatment

Prior agreement with the Director is necessary in the case of:

- Prisoners on open ACCT (Assessment, Care in Custody and Teamwork)
- Prisoners transferring from CSU (Care and Separation Unit)/Segregation
• Prisoners transferred out of Rye Hill in the last 6 months for security reasons.

Healthcare at HMP Rye Hill is commissioned by the following:

• East Midlands Health & Justice Commissioning (hosted by Derbyshire & Nottinghamshire Area Team)

Primary care Provider and Provider of Physical Health Care:

G4S

Southside, 105 Victoria Street, London SW1E 6QT, Tel: 0207 963 3100

Provider of Mental Health Care

Northamptonshire Healthcare NHS Foundation Trust

Sudborough House, St Mary's Hospital, London Road, Kettering NN15 7PW

The CQC have yet to report on HMP Rye Hill and the HMIP conducted an unannounced inspection at HMP Rye Hill in 2011, finding the institution to be ‘generally safe’ and ‘well managed’. The report highlighted that medical facilities that had previously caused some concern had improved.

9.1.1 THE PRISON POPULATION AT RYE HILL

HMP Rye Hill has recently re-roled as a sex offenders prison and as a result the population of the establishment has almost completely changed. The current population is older than in many other prisons and this brings with it a new set of challenges and issues. As the new prisoners arrived, they were asked to complete a questionnaire by prison staff. The questionnaire looked at the 7 pathways to offending and asked prisoners about accommodation, employment, mental and physical health, drugs and alcohol, children and families and attitudes, thinking and behaviour in addition to general information about the individual and their sentence and prison experience. The questionnaire was created in

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67 http://www.insidetime.org/info-regimes2.asp?nameofprison=HMP_RYE_HILL

68 http://www.cqc.org.uk/location/RP1X9

a short timescale and the prison is working on creating another questionnaire with more pertinent questions. This is anticipated to be completed and the survey carried out by the end of 2014. Despite this, the results from the existing survey give us a detailed view of the population of the prison. The data that follows is extracted from the results of this questionnaire. There were 457 responses to the survey, the population in July 2014 numbered 573.

9.1.2 AGE

In HMP Rye Hill, the majority, 53%, of prisoners are over 46, 18% are over 61 years of age. This is a marked contrast to HMP Onley which has a younger population more in line with national trends. The population is not only older but also serving a longer sentence, almost three quarters have a sentence in excess of 4 years.

9.1.3 ETHNICITY AND RELIGION

69% of prisoners consider themselves to be English and over half are Christian. Black, Asian and mixed race minorities make up 15% of the population. This is similar to the England and Wales prison population, where 73.8% of prisoners are White and 50.2% are Christian.\(^7\)

9.1.4 SEXUALITY

89% of prisoners state being heterosexual.

\(^7\) http://www.parliament.uk/briefing-papers/SN04334.pdf
9.1.5 LENGTH OF SENTENCE AND FIRST TIME ENTRANTS TO THE PRISON SYSTEM

The majority (59%) of prisoners at HMP Rye Hill were in prison for the first time.

*Table 39 – Length of Sentence in HMP Rye Hill*

![Pie chart showing sentence lengths](image)

9.1.6 DISABILITIES

When asked if they considered themselves to have a disability, 38% of prisoners responded that they did. There is a disparity between those prisoners who actually have a confirmed disability and those that consider themselves to have a disability and this can be partially explained by the perception of prisoners that they may be able to avoid work or sharing a cell if they claim to be disabled.

Most respondents who said they had a disability claimed to have reduced mobility or a reduction in physical capacity of some kind. The next most prevalent condition was a mental illness.

*Table 40 – Disabilities amongst prisoners at HMP Rye Hill*

![Bar chart showing details of disabilities](image)
9.1.7 EDUCATION AND EMPLOYMENT

Offenders at HMP Rye Hill don’t follow the traditional pathways into offending, the majority (71%) attended school and exclusions from school were recorded at 23%. More than half were employed before entering prison and more than half have some form of training or qualification related to their working lives.

National data shows that amongst the wider prison population, 59% of prisoners reported regularly playing truant. 63% had been temporarily excluded from school, and 42% permanently excluded.71

Over half (57%) of prisoners at HMP Rye Hill were in employment before their conviction. This compares favourably with the national picture, data shows that 32% of prisoners say they were employed in the 4 weeks before imprisonment, 13% said they had never had a job.

Table 41 – Employment before imprisonment at HMP Rye Hill

<table>
<thead>
<tr>
<th>Were you at work before you came into prison?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>57%</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>43%</td>
</tr>
</tbody>
</table>

Over half of the inmates at HMP Rye Hill have a work related qualification, nationally almost half (47%) of the prison population have no qualifications.72

71 http://www.parliament.uk/briefing-papers/SN04334.pdf

72 http://www.parliament.uk/briefing-papers/SN04334.pdf
23% of prisoners at HMP Rye Hill come from the West Midlands, the next biggest groups are from London (12%) and the East Midlands (10%). On release most prisoners will be expected to return to their home areas. They must liaise with probation services to ensure their accommodation on release is suitable and factors that determine suitability are related to the nature of their offences. It is considered unlikely that many prisoners at HMP Rye Hill will settle in Northamptonshire if they weren’t already resident here prior to their incarceration.
2% of prisoners were living on the streets at the time of their conviction, however this figure rises to 15% who believe that they will be living on the streets upon their release. As expected, the proportion of offenders in rented accommodation, either private or social landlords, decreases along with offenders who own their own home and the numbers that will be living with families, friends or partners increases.

Table 43 – Housing of prisoners before imprisonment at HMP Rye Hill

Due to the nature of offences and length of sentence handed down to prisoners in HMP Rye Hill, they are likely to be released on licence into the supervision of the Probation Service. The Probation Service will work with the offender to secure appropriate accommodation upon release.

9.1.9 SKILLS AND LEARNING

One of Northamptonshire’s Health and Wellbeing Board’s five steps is to Keep Learning. The uptake of learning and skills training at HMP Rye Hill is high, 71% agreeing to take part in some training, and 51% agree that they are making progress with their learning.

Table 44 – Learning Plans at HMP Rye Hill
The most popular types of courses are vocational and IT training.

**Table 45 – Courses and attendance at HMP Rye Hill**

Prison industries and gardening are the most popular choices for work.
9.1.10 FITNESS

Another of the 5 steps to promote health and wellbeing encouraged by Northamptonshire’s Health and Wellbeing Board is to be active. The majority of prisoners (64%) at HMP Rye Hill agree that they have accessed the gym and as a result 59% agree that this has improved their physical fitness.

Table 47 – Gym use at HMP Rye Hill

Of the 14% who disagreed with the statement ‘I have used the gym while I have been in prison’, 26% cite a physical issue and 18% an injury as a reason for not using this facility. 10% of prisoners who have not accessed the gym facilities say it is because they find it intimidating and 11% have had issues with availability of facilities.

Table 48 – Reasons for not using gym at HMP Rye Hill

9.1.11 DRUG AND ALCOHOL USE

A high number of respondents chose not to divulge information about their use of drugs and alcohol. It is considered unwise for prisoners to admit to drug use due to the testing regime for known drug users. So whilst 23% of prisoners admitted to using drugs before coming to prison, 45% declined to comment. 32% stated they had not used drugs prior to their imprisonment. The most common drug is cannabis followed by cocaine. Most

http://ldmg.org.uk/survival_guide_to_prison.pdf
prisoners agree that life in prison would be improved with less drug use amongst prisoners.

Table 49 – Drug use prior to imprisonment at HMP Rye Hill

<table>
<thead>
<tr>
<th>I used drugs before coming into prison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree completely</td>
</tr>
<tr>
<td>21%</td>
</tr>
<tr>
<td>Somewhat agree</td>
</tr>
<tr>
<td>2%</td>
</tr>
<tr>
<td>Somewhat disagree</td>
</tr>
<tr>
<td>2%</td>
</tr>
<tr>
<td>Disagree completely</td>
</tr>
<tr>
<td>30%</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>45%</td>
</tr>
</tbody>
</table>

When asked if they have used drugs whilst in prison, the numbers admitting to this have predictably dropped and the proportion declining to comment has risen to 49%. But the number stating that they haven’t used drugs whilst in prison is 46%.

Table 50 - Drug use within HMP Rye Hill

<table>
<thead>
<tr>
<th>I have used illegal drugs during my time in this prison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree completely</td>
</tr>
<tr>
<td>4%</td>
</tr>
<tr>
<td>Somewhat agree</td>
</tr>
<tr>
<td>1%</td>
</tr>
<tr>
<td>Somewhat disagree</td>
</tr>
<tr>
<td>1%</td>
</tr>
<tr>
<td>Disagree completely</td>
</tr>
<tr>
<td>45%</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>49%</td>
</tr>
</tbody>
</table>

Table 51 - Reducing drug use at HMP Rye Hill

<table>
<thead>
<tr>
<th>I have used less drugs in prison compared to in the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree completely</td>
</tr>
<tr>
<td>11%</td>
</tr>
<tr>
<td>Somewhat agree</td>
</tr>
<tr>
<td>1%</td>
</tr>
<tr>
<td>Somewhat disagree</td>
</tr>
<tr>
<td>1%</td>
</tr>
<tr>
<td>Disagree completely</td>
</tr>
<tr>
<td>21%</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>66%</td>
</tr>
</tbody>
</table>
The most common drug is cannabis followed by cocaine. This is a similar picture to the other prison in Northamptonshire, HMP Onley. Heroin appears to be less of an issue in HMP Rye Hill than in HMP Onley.

Table 52 – Drug use at HMP Rye Hill

Most prisoners agree that life in prison would be improved with less drug use amongst prisoners.

Controls exist to ensure that offenders do not share prescription drugs and this would appear to be successful, just 2% said they have received prescription drugs from a fellow inmate. When prescription drugs are shared it is most likely to be painkillers, this can be reduced with pain management clinics.

Table 53 – Prescription drug misuse at HMP Rye Hill

Of the 38% of prisoners who felt it appropriate to comment when asked if they would like to access the Substance Misuse Service whilst in prison, 80% of them said no, the majority strongly objecting. This question is different to the question regarding alcohol use as it directly asks if the prisoner would like to access the service, rather than asking if it was needed, would you like to
access this service. This is the question asked later relating to alcohol use.

Table 54 – Drug treatment at HMP Rye Hill

Depending on the question asked, between 15% and 25% of prisoners indicate they have a potentially harmful relationship with alcohol. In contrast, between 30 and 40% use alcohol but seem to have control over that relationship.

23% admit to drinking heavily, 17% of these expressing a strong disagreement to the statement ‘I rarely have 6 or more units of alcohol at any one time’, potentially meaning they drink considerably more than 6 units.

23% again say they drink more than 6 units per day, 15% of these drink in excess of 10 units per day.

Table 55 - Alcohol misuse at HMP Rye Hill

15% of prisoners found it hard to stop drinking once they had started. The majority of these, 11%, strongly commenting on the statement, again indicating they they had a real difficulty in this area.
A similar proportion, 15% felt they needed to drink alcohol first thing in the morning, 13% expressing a strong opinion in relation to this statement.

*Table 56 – Alcohol dependency amongst prisoners at HMP Rye Hill*

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A 47%</td>
<td></td>
</tr>
<tr>
<td>Disagree completely 13%</td>
<td></td>
</tr>
<tr>
<td>Somewhat disagree 2%</td>
<td></td>
</tr>
<tr>
<td>Somewhat agree 1%</td>
<td></td>
</tr>
<tr>
<td>Agree completely 37%</td>
<td></td>
</tr>
</tbody>
</table>

More prisoners (20%) responded that there had been occasions that they couldn’t remember events due to excessive drinking.

*Table 57 – Impact of alcohol consumption amongst prisoners at HMP Rye Hill*

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A 45%</td>
<td></td>
</tr>
<tr>
<td>Disagree completely 15%</td>
<td></td>
</tr>
<tr>
<td>Agree completely 31%</td>
<td></td>
</tr>
<tr>
<td>Somewhat agree 4%</td>
<td></td>
</tr>
<tr>
<td>Somewhat disagree 5%</td>
<td></td>
</tr>
</tbody>
</table>

More again (21%) admitted that an injury had been caused to either themselves or a third party as a result of their drinking.

And the final question asked about prisoner’s drinking relates to third party concern about a prisoner’s drinking. 17% responded that someone has expressed concern about their drinking.

The results of the alcohol related questions indicate that at least 10% of the prisoners at HMP Rye Hill have an alcohol related
problem. This could potentially be as high as 17% due to self-reporting reliability.

In contrast with the results relating to the attitudes towards rehabilitation regarding the use of drugs, prisoners are more engaged in dealing with their alcohol issues. 72% of those expressing an opinion said they would be keen to accept help if it was needed. As noted, the question is different as prisoners are not being asked directly if they want to access the service.

Awareness that the prison offers help and support for prisoners with alcohol issues is high. However, almost half (48%) felt that it wasn’t applicable to them.

Data for successful treatments for drug and alcohol issues at HMP Rye Hill is not currently available for the new population. Of the treatments that have ended so far this year, 97% were because the prisoner was transferred to another establishment.
Money concerns and debt is one of the seven pathways to offending behaviour, the majority (80%) of prisoners had a bank account before entering prison and for half of the respondents debt was below £1000.

Table 59 – Finances of prisoners at HMP Rye Hill

Of the remaining half, 27% had debts in excess of £5,000.

Table 60 – Debt levels of prisoners at HMP Rye Hill

Nationally, 64% of offenders have accessed benefits in the 12 months prior to imprisonment\textsuperscript{74}, that proportion is lower in HMP Rye Hill, 53%.

\textsuperscript{74} http://www.parliament.uk/briefing-papers/SN04334.pdf
Around half felt they needed some advice on benefit claims upon their release, like accommodation their supervision by Probation Services will be valuable for them in this case.
72% of prisoners at HMP Rye Hill have children. 23% have 4 or more children. As national data shows that 37% of offenders currently in prison in England and Wales had a family member who had been found guilty of a non-motoring criminal offence and 30% had a relative who had spent time in custody, there is the potential for around a third of these children to enter the criminal justice system themselves in future. Of those prisoners who reported having children, 36% have three or more, above the average in the wider population.

Many prisoners appear to have lost contact with their children as a result of their conviction and imprisonment, over half had no contact with their children and of the 23% with 4 or more children, only 8% remained in contact with them all.

Most prisoners keep in contact with their children using the telephone (36%) and by letter (35%). 26% receive visits from their children.

17% of prisoners said they would be interested in improving their parenting skills whilst at HMP Rye Hill.

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Table 63 – Families of prisoners at HMP Rye Hill

<table>
<thead>
<tr>
<th>How many of your children do you have contact with?</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 or more</td>
<td>8%</td>
</tr>
<tr>
<td>3 children</td>
<td>8%</td>
</tr>
<tr>
<td>2 children</td>
<td>14%</td>
</tr>
<tr>
<td>1 child</td>
<td>17%</td>
</tr>
<tr>
<td>No children</td>
<td>53%</td>
</tr>
</tbody>
</table>

75 http://www.parliament.uk/briefing-papers/SN04334.pdf
Population mainly younger adults, most commonly aged in their 20’s.

Most commonly, the inmates are serving short sentences, between 1 and 5 years.

The two largest ethnic groups are White British and Black British. The proportion of black prisoners is higher at HMP Onley than the average across the entire prison population.

HMP Onley is classified as a London prison, at least 15% of prisoners are from the London area.

Physical health in general seems to be good; many prisoners are active and have little or no physical concerns.

Mental health issues are prevalent in the general prison population but half of prisoners at HMP Onley couldn’t recall being asked about it in their induction.

Smoking levels amongst the population on the prison are considerably higher than in the wider population of the country. 11% of inmates stated they started smoking whilst in the prison.
Originally built as a Young Offenders’ institution, since April 2010 HMP Onley has been categorised as an Adult Male Category C Training Prison. It has an operational capacity of 742 inmates. At the end of July 2014 HMP Onley was at 92% of its operational capacity with 680 inmates. The safe and decent capacity of Onley, the Certified Normal Accommodation (CNA) capacity is 682.

Onley is a Category C establishment accepting all suitable determinate sentence prisoners serving a wide range of sentences.

Healthcare at HMP Onley is commissioned by and provided by the following.

**East Midlands Health & Justice Commissioning (hosted by Derbyshire & Nottinghamshire Area Team)**

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78 [www.justice.gov.uk](http://www.justice.gov.uk)

79 [http://www.insidetime.co.uk/info-regimes2.asp?nameofprison=HMP_ONLEY](http://www.insidetime.co.uk/info-regimes2.asp?nameofprison=HMP_ONLEY)

Primary care Provider:

**Northamptonshire Healthcare NHS Foundation Trust, Sudborough House, St Mary’s Hospital, London Road, Kettering NN15 7PW**

Provider of Physical and Mental Health Care:

**Northamptonshire Healthcare NHS Foundation Trust**

At the time of writing, the Care Quality Commission (CQC) had not completed an inspection of HMP Onley however an inspection by Her Majesty’s Inspectorate of Prisons (HMIP) in 2012 found HMP Onley to be ‘well performing and innovative’.

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80 [http://www.cqc.org.uk/location/RP1X6](http://www.cqc.org.uk/location/RP1X6)


9.2.1 THE PRISON POPULATION AT ONLEY

The following data is extracted from HMP Onley Health and Wellbeing Needs Assessment Report, January 2014. This document was obtained directly from the prison.

9.2.2 AGE

The proportion of younger prisoners is higher in HMP Onley than the prison population in general. 54% of the population are under 30 years of age compared to 41% across all prisons in England and Wales. Just 6.4% of the population are over 51 years of age, 1.7% being over 61. In the prison population of England and Wales, 4% are over 60 years old.83

In HMP Onley, some Healthcare staff thought that the number of older prisoners may be increasing, in line with the national figures. At the same time however, other staff commented that the population was relatively young due to the increasing number of prisoners from the London area.

83 http://www.parliament.uk/briefing-papers/SN04334.pdf
9.2.3 ETHNICITY AND RELIGION

Just under half of the prison population are White British, the next largest ethnic group are Black British/Caribbean, representing just less than 13% of the population (the table below incorporates Black Caribbean and Black African groups). In England and Wales, the prison population is 73.8% White, 13.2% Black, 7.9% Asian, 3.9% Mixed and 1.2% from another ethnic group\(^4\). The proportion of Black prisoners in HMP Onley is higher than the national average.

Religious beliefs show that most prisoners declare to be Christians (Roman Catholic, Church of England or other Christian), 23% declare to not have a religion, followed by 21% reporting to be Muslim.

\(^4\) http://www.parliament.uk/briefing-papers/SN04334.pdf
9.2.4 PLACE OF ORIGIN

The population of HMP Onley originates from all parts of England and Wales. Just 4.5% of the current prisoner population lived in Northamptonshire prior to their incarceration.

Table 66 – Origin of prisoners at HMP Onley

The largest known population originate from the London area and this is understood to be increasing as HMP Onley is seen now as an overflow prison for London. This causes some issues within the prisoner community as gang related tensions increase.
9.2.5 LENGTH OF SENTENCE

Prisoners in HMP Onley generally have shorter sentences, more than half receiving a sentence of less than 5 years.

Table 67 – Length of Sentence at HMP Onley

9.2.6 SEXUALITY

The majority of prisoners describe themselves as heterosexual, just 2% declaring to be homosexual or bisexual.

9.2.7 PHYSICAL AND EMOTIONAL HEALTH

Upon arriving at HMP Onley, inmates were asked to assess their physical and emotional health. This forms part of the template questionnaire used to interview all new arrivals at the prison, but whilst most prisoners remembered being asked about their physical health, most of them couldn’t recall being asked about their emotional or mental health at this time.
When asked about their physical health, most respondents seemed to be in reasonable physical condition. 35% chose the median option when assessing their physical health, but 48% said they felt their physical health was good or very good, 16% considering their physical condition to be poor or very poor.

When asked to assess their emotional health, 46% chose the median option and the proportion of prisoners rating their emotional health as good or very good was 37%. 25% felt their emotional health was poor or very poor at the time they were asked, a larger proportion than those reporting poor physical health.
As research has shown that prisoners suffer from worse health than the population in general and that mental health conditions are considerably more prevalent in offenders, it would seem logical that new arrivals at a prison don’t feel that their emotional and mental health is good and over half of prisoners who completed the health needs assessment questionnaire couldn’t remember being asked about their emotional wellbeing.

172 prisoners at HMP Onley are recorded as having a long standing physical health condition, most commonly Asthma or Hypertension. When the Health Needs Assessment was written there were 36 prisoners with reduced mobility, 13 with reduced physical capacity and a further 36 with other physical disabilities. This represents 12.5% of the total population of the prison. Long term health conditions exist in 25% of the population.

The types of injuries prisoners present are mostly minor trauma injuries from fights or injuries sustained at the gym such as back or mechanical problems. Anecdotally, prison healthcare staff feel that...
there is an increase in injuries caused by fighting due to the increase in prisoners from London and a growing gang culture, but the data chart below shows injury rates have remained fairly constant across 2013.

Table 72 – Physical injuries at HMP Onley

We know that offenders have little engagement with health professionals in the outside world, prison presents an opportunity for this to change and at HMP Onley offenders have taken the opportunity to see a doctor, dentist and optician. Some have also seen a podiatrist or physiotherapist. 7% had a hearing test although the prison doesn’t carry out these tests.

Table 73 – Doctor visits at HMP Onley

Table 74 – Nurse visits at HMP Onley
The chart below shows the total number of visits to the various clinics in HMP Onley during 2013.

Table 75 – Clinic activity at HMP Onley

<table>
<thead>
<tr>
<th>Clinic Activity</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Clinic</td>
<td>1800</td>
</tr>
<tr>
<td>Physio</td>
<td>1600</td>
</tr>
<tr>
<td>Podiatry</td>
<td>1400</td>
</tr>
<tr>
<td>Minor</td>
<td>1200</td>
</tr>
<tr>
<td>Stopover</td>
<td>1000</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>800</td>
</tr>
<tr>
<td>Health Champion</td>
<td>600</td>
</tr>
</tbody>
</table>

9.2.8 FITNESS

Keeping active is a way to ensure wellbeing. Obesity is a major public health problem and can lead to diabetes, heart and liver disease. In prison, exercise and activity is also important as an outlet for excess energy, to relieve stress and build self-esteem. At HMP Onley 80% of prisoners who responded to the Health Needs Survey take part in sport of some description. However, 91% of them participated in sport before they came to prison. In a category B training prison it is normal for between 60-70% of prisoners to be able to attend the gym 3 times a week.

Table 76 – Sports participation at HMP Onley

<table>
<thead>
<tr>
<th>Activity</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>In HMP Onley</td>
<td>92%</td>
</tr>
<tr>
<td>At Home</td>
<td>74%</td>
</tr>
</tbody>
</table>

Facilities available to inmates include a gym containing cardiovascular equipment and weights, a sports hall and all weather and grass pitches. Prisoners can participate in football, badminton, rugby, basketball, cricket, circuits and spinning. Older or less physically fit prisoners have access to exercise referral and

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October 2014
walking to fitness programmes. Twice a week the gym holds induction events.

Prisoners were asked about their diet and weight. 37% had concerns about their weight but 62% had no such concerns and 70% of those responding to the survey were conscious of what they ate. The prison runs a 12 week weight management programme focussing on eating well and food education and provides a ‘Weight Challenge’ for prisoners. A clinic is also available for underweight prisoners.

Prisoners are rarely complimentary about the food wherever they reside, HMIP noted that the quality of food was variable and that many prisoners had negative views. When asked what would help to improve their health, 16% of prisoners answered ‘better food’.

HMP Onley carried out 114 sexual health screenings in 2013. 9% of the prison population in general test positive for hepatitis C, the figures at HMP Onley are much lower. Less than 5% of the 55 prisoners screened for chlamydia tested positive. The prison will supply condoms to prisoners as appropriate.

Table 77 – Weight problems amongst prisoners at HMP Onley

Do you have problems with your weight?

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37%</td>
</tr>
<tr>
<td>No</td>
<td>62%</td>
</tr>
<tr>
<td>N/A</td>
<td>1%</td>
</tr>
</tbody>
</table>

Prisoners are rarely complimentary about the food wherever they reside, HMIP noted that the quality of food was variable and that many prisoners had negative views. When asked what would help to improve their health, 16% of prisoners answered ‘better food’.

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Table 77 – Weight problems amongst prisoners at HMP Onley

Do you have problems with your weight?

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37%</td>
</tr>
<tr>
<td>No</td>
<td>62%</td>
</tr>
<tr>
<td>N/A</td>
<td>1%</td>
</tr>
</tbody>
</table>

---

Table 78 – Postive Hepatitis C Tests compared to the population at HMP Onley

<table>
<thead>
<tr>
<th>Month</th>
<th>Prison Population</th>
<th>Hep C Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>665</td>
<td>0.13</td>
</tr>
<tr>
<td>February</td>
<td>666</td>
<td>0.14</td>
</tr>
<tr>
<td>March</td>
<td>669</td>
<td>0.15</td>
</tr>
<tr>
<td>April</td>
<td>670</td>
<td>0.16</td>
</tr>
<tr>
<td>May</td>
<td>666</td>
<td>0.17</td>
</tr>
<tr>
<td>June</td>
<td>678</td>
<td>0.18</td>
</tr>
<tr>
<td>July</td>
<td>647</td>
<td>0.19</td>
</tr>
<tr>
<td>August</td>
<td>653</td>
<td>0.20</td>
</tr>
<tr>
<td>September</td>
<td>650</td>
<td>0.21</td>
</tr>
<tr>
<td>October</td>
<td>680</td>
<td>0.22</td>
</tr>
<tr>
<td>November</td>
<td>678</td>
<td>0.23</td>
</tr>
<tr>
<td>December</td>
<td>676</td>
<td>0.24</td>
</tr>
</tbody>
</table>

Waiting times to see the dentist at HMP Onley were considered excessive by health staff, prisoners and HMIP alike. At the time the Health Needs Assessment was published, waiting times were between 16 and 22 weeks. The dentist at the prison has capacity to see between 10 and 12 patients a week. Urgent dental appointments are scheduled for the next clinic, dental clinics are held on Tuesdays and Thursdays. The Health Needs Assessment recognises the need for improvement in this area. It recommends investigating whether additional resources could be brought in on a temporary basis to reduce waiting times and assessing the long term capacity and demand for dentistry services to ensure waiting times stay down.

15% of prisoners did not show for their dentist appointments in 2013. This is not necessarily a decision on the part of the prisoner but mostly due to an inconsistent method of informing a prisoner of their appointment. They are informed either by a slip which is passed to an officer to give to the prisoner or a notice is pinned to a board which can be removed. The HNA recommends a review of the processes used to inform prisoners of their dental appointments.

Table 79 – Dentist visits at HMP Onley

<table>
<thead>
<tr>
<th></th>
<th>No. Booked</th>
<th>No. on Waiting List</th>
<th>No. of DNAs</th>
<th>No. Seen</th>
<th>No. Treated as Urgent</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMP Onley – Dentist: 2013</td>
<td>1200</td>
<td>1000</td>
<td>200</td>
<td>100</td>
<td>50</td>
</tr>
</tbody>
</table>
A psychiatrist from NHFT visits HMP Onley for one afternoon per week. The number of referrals to the psychiatrist are shown below. Prisoners can self-refer or may be referred by a professional. Waiting times for initial appointments and urgent cases are low, waiting times for routine cases can be between 2 weeks and a month.

Table 80 – Mental health referrals at HMP Onley

<table>
<thead>
<tr>
<th>HMP Onley - Mental Health Referrals: 2011 to 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

HMP Onley has no psychologist input but does have access to a psychologist from Leicester and Rutland Prison but it is reported that this is rarely utilised. 16% of prisoners who completed the questionnaire said they had seen a doctor about emotional or mental health concerns. 11% had seen a nurse about these issues.

Since April 2011 when record keeping commenced, a total of 86 prisoners have been seen by the psychiatrists across 52 sessions. The table below shows the outcome of the caseload.

Table 81 - Outcomes of secondary mental health issue assessments at HMP Onley

HMP Onley - Outcome of Assessments for Secondary Mental Health Provision: 2011 - 2013

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Ongoing Support</th>
<th>Referred Out of</th>
<th>Referred to Groups</th>
<th>Referred to Assessment</th>
<th>Referred to Counselling</th>
<th>Referred to CRBATS</th>
<th>IPT Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HMP Onley’s HNA recommends **NHS Commissioners and Healthcare Managers should review the capacity issues faced by the Mental Health Team and consider options in order to meet the increasing needs of prisoners with mental health issues.**

### Table 82 – Secondary care caseload at HMP Onley

<table>
<thead>
<tr>
<th>Month</th>
<th>Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-11</td>
<td>1</td>
</tr>
<tr>
<td>May-11</td>
<td>2</td>
</tr>
<tr>
<td>Jun-11</td>
<td>3</td>
</tr>
<tr>
<td>Jul-11</td>
<td>4</td>
</tr>
<tr>
<td>Aug-11</td>
<td>5</td>
</tr>
<tr>
<td>Sep-11</td>
<td>6</td>
</tr>
<tr>
<td>Oct-11</td>
<td>7</td>
</tr>
<tr>
<td>Nov-11</td>
<td>8</td>
</tr>
<tr>
<td>Dec-11</td>
<td>9</td>
</tr>
<tr>
<td>Jan-12</td>
<td>10</td>
</tr>
<tr>
<td>Feb-12</td>
<td>11</td>
</tr>
<tr>
<td>Mar-12</td>
<td>12</td>
</tr>
<tr>
<td>Apr-12</td>
<td>13</td>
</tr>
<tr>
<td>May-12</td>
<td>14</td>
</tr>
<tr>
<td>Jun-12</td>
<td>15</td>
</tr>
<tr>
<td>Jul-12</td>
<td>16</td>
</tr>
<tr>
<td>Aug-12</td>
<td>17</td>
</tr>
<tr>
<td>Sep-12</td>
<td>18</td>
</tr>
<tr>
<td>Oct-12</td>
<td>19</td>
</tr>
<tr>
<td>Nov-12</td>
<td>20</td>
</tr>
<tr>
<td>Dec-12</td>
<td>21</td>
</tr>
<tr>
<td>Jan-13</td>
<td>22</td>
</tr>
<tr>
<td>Feb-13</td>
<td>23</td>
</tr>
<tr>
<td>Mar-13</td>
<td>24</td>
</tr>
<tr>
<td>Apr-13</td>
<td>25</td>
</tr>
<tr>
<td>May-13</td>
<td>26</td>
</tr>
<tr>
<td>Jun-13</td>
<td>27</td>
</tr>
<tr>
<td>Jul-13</td>
<td>28</td>
</tr>
<tr>
<td>Aug-13</td>
<td>29</td>
</tr>
<tr>
<td>Sep-13</td>
<td>30</td>
</tr>
<tr>
<td>Oct-13</td>
<td>31</td>
</tr>
<tr>
<td>Nov-13</td>
<td>32</td>
</tr>
<tr>
<td>Dec-13</td>
<td>33</td>
</tr>
</tbody>
</table>

### 9.2.9 SMOKING

We know that a considerably higher proportion of prisoners are smokers than in the general population. Prisoners at HMP Onley are no exception. 11% of smokers in the prison had started smoking since entering prison. 61% of prisoners admit to being smokers before entering prison.

**Table 83 – Smoking at HMP Onley**

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>61%</td>
</tr>
<tr>
<td>No</td>
<td>39%</td>
</tr>
</tbody>
</table>

But once in prison, the proportion of smokers increases to around 85%. 
More than half of smokers consume more than 10 cigarettes a day.

Table 84 – Level of smoking at HMP Onley

<table>
<thead>
<tr>
<th>How many cigarettes did you smoke in a day?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Less than 10</td>
</tr>
<tr>
<td>0%</td>
</tr>
</tbody>
</table>

Smoking is responsible for one in five deaths in the population over 35 years of age\(^86\) and stopping smoking is the single biggest thing a smoker can do to improve their health in many ways. However the prison environment appears to encourage smoking amongst those who do not smoke, rather than encouraging existing smokers to stop.

Of the respondents who answered this question, just 21% have asked for help to stop smoking. 44% didn’t have an opinion on smoking cessation, so potentially they could be a group of people open to intervention.

More than 20% of respondents reported that smoking has caused them coughing or shortness of breath.

Table 85 – Smoking cessation at HMP Onley

\(^86\) [http://www.nhs.uk/conditions/smoking-(quitting)/Pages/Treatment.aspx](http://www.nhs.uk/conditions/smoking-(quitting)/Pages/Treatment.aspx)

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October 2014
9.2.10 ALCOHOL

There is not so much detail for alcohol use in HMP Onley as in HMP Rye Hill (HMP Rye Hill had the opportunity to obtain this information as part of their re-role and the change in the majority of the prison’s population). Most respondents reported relatively modest levels of alcohol use, however 19% stated they used alcohol on more than 4 separate occasions each week. 19% also admitted to having asked for help from the prison to stop drinking.

*Table 86 – Alcohol consumption prior to imprisonment at HMP Onley*

9.2.11 DRUGS

It is considered unwise for prisoners to admit to drug use due to the testing regime for known drug users. Despite this, 57% of prisoners completing the survey admitted to using illegal drugs, 13% also using them whilst in prison. Only a small percentage declined to comment on these two questions.

*Table 87 – Drug use prior to imprisonment at HMP Onley*

87 http://ldmg.org.uk/survival_guide_to_prison.pdf
Table 88 – Drug use at HMP Onley

Since being at HMP Onley have you used drugs?

<table>
<thead>
<tr>
<th></th>
<th>N/A 12%</th>
<th>Yes 13%</th>
<th>No 75%</th>
</tr>
</thead>
</table>

Cannabis is the most common drug used by prisoners, followed by the Class A drugs heroin, cocaine and crack cocaine. Prisoners themselves don’t seem to consider their drug use to be an issue, just 10% of respondents expressing concerns about this.

Table 89 – Drugs used at HMP Onley

HMP Onley - Main Drugs Used by Prisoners: January 2014

<table>
<thead>
<tr>
<th>Drug</th>
<th>Number of Prisoners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>120</td>
</tr>
<tr>
<td>Heroin</td>
<td>90</td>
</tr>
<tr>
<td>Cocaine</td>
<td>70</td>
</tr>
<tr>
<td>Crack Cocaine</td>
<td>60</td>
</tr>
</tbody>
</table>

The table below shows the number of detoxification programmes in 2013, both those commenced and those completed. A total of 538 prisoners were referred for treatment programmes in 2013.
In the year to date, 2014/15, 104 new treatment programmes were started taking the total number of prisoners in treatment at the time of writing to 426. 35% were opiate users, 30% users of non opiates, 14% alcohol users and 21% users of both alcohol and non opiate drugs. 127 intervention programmes have ended, 91% were planned exits and 9% ended as the prisoners were transferred. 96 prisoners received a discharge from treatment, 5% were drug free, 40% transferred to another prison and 45% were released. 29% of the released prisoners began a treatment programme within 3 weeks of their release. This compares favourably with other prisons performing a similar role to HMP Onley (25%) and with the Midlands and East of England region (23%). Less than 5 of the offenders released who took up a treatment programme are doing so in Northamptonshire.
10 PHYSICAL HEALTH OF THE OFFENDERS AND EX-OFFENDERS POPULATION

“Prisoners are entitled to the same level of health care as that provided in society at large. Those who are sick, addicted, mentally ill or disabled should be treated... to the same standards demanded within the National Health Service.”

(HM Inspectorate of Prisons, 1996)

Physical health issues affecting the prison population are varied and often related to lifestyle choices. 40% of prisoners declare no contact with primary care prior to detention. This exacerbates the inequality gap between the offender population and the population of England. Many physical ailments of the offender population are a result of lifestyle choices: excessive drinking, smoking, poor diet, lack of exercise, substance abuse and contacting viruses such as hepatitis. Levels of most chronic, long term physical health disorders such as epilepsy, asthma, diabetes, cancer, heart disease, are similar to the equivalent rates in the general population but due to lack of engagement these are often poorly treated if treated at all.

Prisoners with physical disabilities have been surveyed in HMP Onley and have said they are having a more negative experience in custody than offenders without physical limitations. Inspectors at HMP Rye Hill found similar experiences amongst the older population there. In HMP Onley older prisoners were reportedly content with their treatment and the regime. The recent re-role of HMP Rye Hill has made the findings of HMIP during their inspection of HMP Rye Hill somewhat irrelevant as the population has changed. However, there are now more prisoners with physical needs and work is currently being undertaken to establish how best to meet these needs as an establishment and for the individuals. This is recognised and ongoing work by the prison management team.

A common theme across both custodial sites in Northamptonshire was dissatisfaction with dental services offered to prisoners. The dissatisfaction centred mostly on waiting times. HM Chief Inspector of Prisons found that waiting times for dentist appointments were around 4-5 weeks at both HMP Onley and HMP Rye Hill. In some cases the waits were much longer and in the case of HMP Onley, at the time of inspection 84 prisoners had been waiting 22 weeks for an appointment.90

A recent report found a link between dental health and depression, concluding that the more dental issues present in an individual, the greater the likelihood and extent of depression.91

10.1 SERVICE PROVISION

The HM Chief Inspector of Prisons inspected HMP Rye Hill and HMP Onley in 2011 and 2012 respectively and found the physical health care at both establishments to be satisfactory. Comments from the reports are as follows:

10.2 HMP ONLEY

Health care provision was very good overall. There were good partnership working and governance arrangements. There was a good range of clinics, and the role of the health improvement nurse and use of health champions were impressive. Dental services were adequate but there was a long waiting list. Pharmacy services were good, as were mental health services.

In our survey, about a fifth of prisoners said that they had a disability and they tended to report less positively than others about prison life. For example, substantially more prisoners with disabilities than those without said that they had felt unsafe at the prison at some time (56% versus 29%), and that they had been victimised by another prisoner (40% versus 15%). A section of the equalities policy focused on disability and there was a dedicated

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disability liaison officer in post, although she also had responsibility
for managing a residential unit.\textsuperscript{92}

\textbf{10.3 HMP RYE HILL}

There was general prisoner dissatisfaction with the quality of health
care, although the survey indicated that Rye Hill was viewed
similarly to other category B training prisons. The general picture
was of substantial recent progress that needed to be sustained.
There were good working relationships at partnership board level
and a shared vision for future developments. Clinical governance
arrangements were robust. All new prisoners were screened for a
potential learning disability. There was a reasonable range of
clinics for primary care and lifelong conditions. Waiting lists and
failure to attend rates were reducing. Pharmacy and medicines
management procedures required review. Prisoners expressed
dissatisfaction with dental services, although they were improving.
Inpatient services were adequate. The range of therapeutic options
for prisoners with emotional and mental health problems was
underdeveloped.\textsuperscript{93}

The number of prisoners who smoke is very high, 20\% of the
general UK population smoke\textsuperscript{94} but in prisons this rises to around
80\% and in one of Northamptonshire’s prisons, HMP Onley, it is
higher than this at around 85\%. The benefits of quitting smoking
are clear, not just for the health of the individual but also in terms
of financial impact.

Since the smoking ban was introduced in the UK in 2007 prisoners
have been restricted to smoking in their own cell, plans for a pilot
scheme banning smoking completely in prison were shelved in
2013.

A Health Trainer study was completed in Bury, Rochdale and
Oldham in 2004 by the University of Central Lancashire and Greater
Manchester Probation Trust. The study focused on 633 clients,


\textsuperscript{94} http://ash.org.uk/files/documents/ASH_106.pdf
21.7% of the offender population and noted the main issues detrimental to health in this sample were Smoking (31%), Exercise (19%), Emotional Wellbeing (15%), Diet (14%) and Alcohol (8%). The Offender Health Trainer programme saw increases in consumption of fruit and vegetables, an increase in exercise, reductions in alcohol intake and the number of cigarettes smoked. Mean self efficacy, general health and WHO-5 Wellbeing scores showed significant increases, in fact some scores were doubled.95

95

http://www.uclan.ac.uk/research/explore/projects/probation_health_trainer_implementation_project.php
11 SERVICES OFFERED TO OFFENDERS AND EX-OFFENDERS IN NORTHAMPTONSHIRE

11.1 MENTAL HEALTH OF THE OFFENDER AND EX-OFFENDER POPULATION

‘Many of the bridewells are crowded and offensive, because the rooms which were designed for prisoners are occupied by lunatics; No care is taken of them, although it is probable that by medicines, and proper regimen, some of them might be restored to their senses, and usefulness in life’

(John Howard, Prison Reformer 1784)

**Definition of offenders with mental health problems**

“Those who come into contact with the criminal justice system because they have committed, or are suspected of committing, a criminal offence, and who may be acutely or chronically mentally ill, it also includes those in whom a degree of mental disturbance is recognized, even though it may not be severe enough to bring it within the criteria laid down by the Mental Health Act 1983 (now 2007).”

The prison population can be generally characterised as having experienced high levels of adverse childhood and social factors and low levels of educational attainment. Prisoners have a much higher rate of mental illness than the general population. Data sourced from the Probation Service in Northamptonshire shows a concerning picture in terms of prevalence rates.

96 [http://www.nht.nhs.uk/main.cfm?type=PRISONMENTALHEALTH](http://www.nht.nhs.uk/main.cfm?type=PRISONMENTALHEALTH)
Table 91 – Prevalence of Mental Health conditions in prisoners and in the general population

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prisoners</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia &amp; delusional disorder</td>
<td>8%</td>
<td>0.50%</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>66%</td>
<td>5.30%</td>
</tr>
<tr>
<td>Neurotic disorder</td>
<td>45%</td>
<td>13.80%</td>
</tr>
<tr>
<td>Drug dependency</td>
<td>45%</td>
<td>13.80%</td>
</tr>
<tr>
<td>Alcohol dependency</td>
<td>30%</td>
<td>11.50%</td>
</tr>
</tbody>
</table>

More than 70% of the prison population have two or more mental health disorders. 72% of those identified as having a mental illness were also found to have a substance misuse problem.97

Male prisoners are 14 times more likely to have two or more disorders than men in general, and female prisoners are 35 times more likely than women in general98.

Data regarding disabilities in Northamptonshire shows that just 6.5% of the offender population have a learning disability, mental health issue or dyslexia. This is considerably lower than the national figures for such conditions and points to an issue with the recording and/or recognition of such issues in individuals. The OASys questionnaire contains only one question relating to learning disabilities and the cohort’s reluctance to engage with medical health professionals means that in many cases, individuals will not have a diagnosis or possibly even be aware of an issue.

The National Institute for Health research commissioned a report entitled ‘An Investigation into the Prevalence of Mental Health Disorder and Patterns of Health Service Access in a Probation Population’. This report looked at 173 clients in Lincolnshire which were felt to be representative off the wider caseload. Mental

97 http://www.mentalhealth.org.uk/help-information/mental-health-statistics/prisons/

98 http://www.mentalhealth.org.uk/help-information/mental-health-statistics/prisons/
Health issues were present in around 27% of this sample. Almost 40% had had issues with their mental health in the past. 55% also showed signs of harmful alcohol consumption and 12% were felt to have substantial issues with drugs. This report references other research that claim a similar proportion of their sample with a mental health issue. The sample was interviewed using a variety of tools to determine the extent of alcohol and drug abuse as well as the existence and extent of any mental illness or learning difficulties. The report discovered that the offender group was heavily disadvantaged in terms of these factors. 99

HMP Rye Hill have also raised concern that there are still a large number of prisoners with mental health issues and prisoners needing psychiatric hospital admission who have experienced very long waiting periods. 100

In one UK study, 5.2% of prisoners had displayed symptoms of psychosis in the past year compared with 0.45% of the general population. Psychosis was attributed to toxic or withdrawal effects of drugs and alcohol in a quarter of the prison cases. 101

Mental disorders are significantly over represented in the prison population. As many as 12% to 15% of all prisoners have four concurrent mental disorders. 30% of all prisoners have a history of self-harm and the incidence of mental health disorder is higher for women, older people and those from ethnic minority groups. 102

Mental health problems are disproportionately represented in BMEs, especially young Black men. By the time they get to secondary care services and prison it is almost too late, so we must look more closely at earlier intervention to break the cycle. 103 The Bradley Report commented that reception at a prison was not the point a mental health condition or learning difficulty should be identified, the identification should already have been made and the prison induction an opportunity to refine and improve understanding of the individual’s need. 104


103 Melba Wilson, National Director Delivering Race Equality, National Institute for Mental Health in England, London and South East Stakeholder Event 24/9/06

The suicide rate in prisons is almost 15 times higher than in the general population: in 2002 the rate was 143 per 100,000 compared to 9 per 100,000 in the general population\(^{105}\). Boys aged 15-17 are 18 times more likely to kill themselves in prison than in the community\(^{106}\).

National research found that 72% of people who died by suicide in prison had a history of mental disorder. 57% had symptoms suggestive of mental disorder at the time they entered prison\(^{107}\).

11.1.1 SERVICE PROVISION

Northamptonshire Healthcare NHS Foundation Trust (NHFT) are implementing and developing Prison Mental Health Services in HMP Onley (and HMP Stocken in Rutland). The trust also manages a Mental Health In Reach Team in HMP Rye Hill (and also in HMYOI Glen Parva and HMP Gartee in Leicestershire) to support prisoners with complex and ongoing mental health problems and those suffering with Serious Mental Illness (SMI).

NHFT also support prisoners in addressing behaviours associated with mental illness and dual diagnosis. These prisoners are worked with to develop individualised packages to support their individual needs.

11.1.2 NHFT’S PRISON MENTAL HEALTH MODEL

- To provide an integrated service model to meet the needs of the prison as a whole.
- To provide a mental health presence in reception at the two establishments, to ensure that all prisoners on entry to the establishments are screened for potential mental health needs.
- To provide an identified member of staff as a mental health link for the segregation unit, to ensure that mental health is specifically addressed for all those located within the unit.
- To provide an identified member of staff as a mental health link for the Safer Custody Department, to enable meaningful

\(^{105}\) http://www.mentalhealth.org.uk/help-information/mental-health-statistics/prisons/

\(^{106}\) http://www.prisonreformtrust.org.uk/Portals/0/Documents/Prisonthefacts.pdf

input into the Assessment and Care in Custody Teamwork (ACCT) process within the prisons.

- To implement a structured group work programme, to offer non-medicalised interventions (e.g. Stop & Think Training, Stress Management, Anxiety Management, Sleep clinic, Mood clinic Alcoholics Anonymous programme, Alcohol awareness training, mental health promotion).

- To deliver structured mental health awareness training to non-clinical staff.

- The mental health teams will provide specialist assessment and treatment for prisoners with mental health needs.

- Ensure effective risk assessment and risk management. (using "Steve Morgan Working With Risk" tool, and offer specialist risk assessment supported by the use of the HCR-20).

- Promote interagency working and develop therapeutic partnerships with professionals.

- Full implement the IAPT process within a prison setting.

- Provide a service that is sensitive to a person's cultural, religious or gender needs.

- Provide sustained support to prisoners, their families and/or support network.

- It should be recognised that these teams deliver a specific service to prisoners seen as having a complex or ongoing mental health needs, or a diagnosis of SMI. In addition to the priorities set out above:

  - Full implementation of CPA for all those on the mental health in-reach caseload.

  - In-reach attendance at external CPA meeting for those within a hospital setting on the in-reach caseload.

  - Ensure full CPA liaison with community based mental health teams, to support continuity of care post release from a prison setting.

NHFT also has two in-patient units to assist adults who have had contact with the criminal justice system.
11.1.3 NHFT CRIMINAL JUSTICE TEAM

The core function of the service is to provide assessment for offenders who are thought to have mental health needs or a learning disability; to facilitate health care and provide information to enable diversion to health care settings as appropriate.

The service receives referrals at all stages of the criminal justice system:

- Pre sentence – in the police cells
- Pre charge – in liaison with probation service and the police
- At court – in liaison with court service and solicitors
- In prison – to ensure that Northamptonshire residents are linked into their local service prior to release.

The aim of the service is to ensure that:

- Offenders requiring health care for mental health needs or a learning disability are able to access treatment.
- Risk assessment and management for the Criminal Justice Service and health care providers
- To enable the criminal justice system to make decisions regarding diversion to health care settings when appropriate.

11.1.4 COMMUNITY FORENSIC TEAM

The main function of the Community Forensic Team (CFT) is to manage cases for service users who present an active/high risk to others as a result of a learning disability or mental health problem. These individuals may have had contact with the Criminal Justice System, but not necessarily so.

The team comprises of Social workers, Community Psychiatric Nurses, Community Learning Disability Nurse, Specialty Doctor, Consultant Forensic Psychiatrist, Forensic Clinical Psychiatrist and an ‘Occupational Therapist.
They offer nursing, medical and psychological assessments of mental health needs as well as social care needs and other risk factors. Assessments incorporate specific recommendations regarding potential risk of harm to the individual or to others and appropriate measures or treatment recommendations to manage any such risks.

Referrals are accepted for patients suffering from learning disabilities or mental health disorders that drive serious offending behaviour (such as murder, wounding, sexual assaults and arson) placing others at serious risk. Appropriate treatment must be suitable to be delivered in a community setting.

HM Chief Inspector of Prisons made the following observations in their most recent announced inspections of Northamptonshire’s two prisons:

- A well-established team provided good primary and secondary mental health services. There were good links with the IDTS team and the wider prison, particularly to support the development of crisis management. Primary mental health services included talking and group activities and guided self-help for prisoners with mild to moderate mental health problems. Support was available for prisoners with stress, anxiety or sleep difficulties. There was very good use of group work to support prisoners not coping in prison. Eleven patients were being managed through the care programme approach (CPA).

- There were no patients awaiting transfers to a mental health unit, and two patients had been transferred promptly in the last year. Delays were usually associated with transfers to secure hospitals in London.

- Approximately 38% of officers had been trained in mental health awareness provided by the prison. The mental health team also offered training to staff on the care and support
unit (CSU). Joint training to develop staff understanding of personality disorders was due.\textsuperscript{108}

### 11.1.6 HMP RYE HILL

- Primary mental health services were underdeveloped. Self-help materials were not available to prisoners and there were no support groups for those with emotional or mental health problems. Counselling services were available. In our survey, 41\% of prisoners said that their emotional needs were being addressed by a counsellor, against the 17\% comparator. There was an average caseload of 25 clients for the counsellors at any one time.

- Improving Access to Psychological Therapies (IAPT) practitioners were not available. A protocol for IAPT had recently been produced and a business case for its introduction was to be developed.

- Primary mental health services should be developed for prisoners with mental health problems and emotional needs and should include self-help materials, and individual and group therapeutic opportunities.\textsuperscript{109}

The Centre for Mental Health produced a briefing document in 2012 called ‘Probation Services and Mental Health’. It identified that whilst offenders report a higher instance of mental health issues than the general population as previously seen, over half of these are not recorded on case files by Probation. The report concluded that Probation staff need to have the fundamental skills to recognise mental health problems. Currently their training does not include this and staff relies on their experience. It also found that local health needs assessments should outline ways for probationers to access mainstream services and for CCG’s to ensure that a full range of services are provided and accessible.


In January 2014 the Department of Health published ‘Closing the Gap: Priorities for Essential Change in Mental Health’\textsuperscript{110} in which the department identified 25 areas in which the government, along with Health and Social Care Leaders, academics and representative organisations expect to see tangible changes within two years. Of the 25 areas to improve, the most pertinent refer to the availability and access to appropriate services to those in need of them, to tackle inequalities, bring physical and mental healthcare closer together and to increase funding to the most effective services. Patients with mental health issues will be able to choose the care they receive in a similar way to those with physical health needs. One of the 25 sections of the report related specifically to the mental health needs of offenders.

In section 21, the government has stated its desire to ensure that as soon as someone comes into contact with the criminal justice system, their needs are assessed. For many people, this will be the first time their mental health needs have been identified. Once identified, appropriate support should be offered throughout the individual’s journey through the criminal justice system, no matter how brief or lengthy this may be.

The government is to introduce ‘Liaison and Diversion’ services at police custody suites and at courts. These services will have links to the prisons and probation services. As soon as someone is suspected of committing an offence, their needs are assessed quickly by professionals and relevant support is provided – whether in custody or in a place of safety. Accurate, timely information on the person will be shared with police and the courts so that decisions about charging, sentencing or disposal are based on an authoritative assessment of their mental health, any learning disability and whether they have a substance misuse issue.

This model is being trialled in 20 areas over the next two years, and will be evaluated in depth to see what impact it has. The aim is to roll it out quickly across England after that – reaching 50% coverage by 2015/16 and full national coverage thereafter, subject to the full business case.

Some details of one of the pilots can be found here - http://digitalistechnology.co.uk/liaison-and-diversion-bulletin-july-2014/.

This report also looks at support for offenders post-sentencing. In some cases a community sentence with a mental health treatment requirement might have been the court’s preferred sentence but a lack of service availability has meant this has not been possible and an alternative sentence has been handed down. A greater closeness of justice and commissioning services is recommended and echoes the recommendation to commissioners above.


In Northamptonshire, the Criminal Justice Mental Health Team are carrying out developmental work to assess needs in relation to learning disabilities and difficulties at the point of arrest. This work can then lead to the development of effective pathways with all relevant commissioners.
11.2 LEARNING DIFFICULTIES AND DISABILITIES

Definition of Learning Disability

“A significantly reduced ability to understand complex information or learn new skills (impaired intelligence), a reduced ability to cope independently (impaired social functioning), a condition which started before adulthood (18 years of age) and has a lasting effect.”

(Department of Health, 2001)

Definition of Learning Difficulty

“Specific problems processing certain types of information. It does not affect the overall intelligence (IQ) of a person. It is common for a person to have more than one specific learning difficulty and/or other conditions.”

(Department of Health, 2011)

As with Mental Health data, the reported cases of Learning Disabilities in Northamptonshire bear little resemblance to national data. It is estimated that over a million people in England alone have a learning disability. That represents 2% of the population. The same source found that just 22% of these people had a GP who was aware of their condition; more than half were not know to any services at all.

The cost of assisting people with learning difficulties who end up needing support is high, many need residential care, more need some form of home care or community care paid for by local authorities and the cost of this is rising, as people live longer and require support for a significant amount of time. To give an idea of the level of increase, the amount of Disability Living Allowance benefit paid in 2012 was estimated to be 12% higher than that paid in 2011. 111

Individuals are deemed to have a learning disability if their IQ score is 70 or below. The Prison Reform Trust’s paper ‘No-One Knows – The Prevalence and Associated Needs of Offenders with Learning Difficulties and Learning Disabilities’ widened their scope to include not only offenders with this traditional definition of a learning disability, but also offenders with learning difficulties such as dyslexia and autistic spectrum disorders. It is agreed in this paper by the Prison Reform Trust that the true extent of learning difficulties and disabilities is not truly known, estimates can range from 0% to 85% prevalence depending on the measure used. This is a considerable range and highlights the lack of insight and knowledge into learning disabilities amongst the offender population.

The table below shows the recorded prevalence of learning disabilities amongst the Probation Service caseload in August 2014. Just 3.5% of this offender sample is recorded as having a learning disability or dyslexia.

Table 92 – Prevalence of Learning Disabilities in the probation caseload of Northamptonshire

<table>
<thead>
<tr>
<th>Disabilities</th>
<th>frequency</th>
<th>Grouping</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Difficulties</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Difficulties, Mental Illness</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Difficulties, No Disability</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Difficulties, Other</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Difficulties, Reduced Mobility, Reduced Physical Capacity</td>
<td>1</td>
<td>38</td>
<td>1.5</td>
</tr>
<tr>
<td>Dyslexia</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia, Hearing Difficulties</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia, Hearing Difficulties, Mental Illness</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia, Learning Difficulties</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia, Learning Difficulties, Mental Illness</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia, Learning Difficulties, Reduced Physical Capacity</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia, Learning Difficulties, Progressive Condition, Reduced Physical Capacity</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia, Mental Illness</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia, Mental Illness, Other, Reduced Mobility, Reduced Physical Capacity</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia, No Disability</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia, Other</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia, Other, Reduced Mobility</td>
<td>1</td>
<td>45</td>
<td>2</td>
</tr>
</tbody>
</table>

The ‘No-One Knows’ paper references a report by Mottram and Lancaster in 2006 which assessed the learning capabilities of inmates in 3 prisons, a local prison for male offenders, a female prison and a Young Offenders Institute, and found that 6.7% met the criteria for a learning disability in the ‘Valuing People White Paper’\textsuperscript{113}. A further 24% were considered to be borderline. This equated across the prison population to 24,500 prisoners with lower than average learning capabilities.

The report concludes the following:

- The review demonstrates for the first time the vast hidden problem of high numbers of men, women and children with learning difficulties and learning disabilities trapped within the criminal justice system.

- 20-30\% of offenders have learning difficulties or learning disabilities that interfere with their ability to cope within the criminal justice system.

This group of offenders:

- are at risk of re-offending because of unidentified needs and consequent lack of support and services
- are unlikely to benefit from conventional programmes designed to address offending behaviour
- are targeted by other prisoners when in custody
- present numerous difficulties for the staff who work with them, especially when these staff often lack specialist training or are unfamiliar with the challenges of working with this group of people.\textsuperscript{114}

Estimates of prevalence of dyslexia in the prison population, according to the ‘No-One Knows’ paper, can vary from 4\% to 56\%. Research for the Dyslexia Institute in 2005 found that in the prison population of 8 establishments in Yorkshire and Humberside, between 40\% and 50\% of prisoners were at or below the expected standard of literacy and numeracy for an 11 year old. 40\% of these needed support to overcome dyslexia. This research concluded that dyslexia was four times more likely in an offender than a


\textsuperscript{114} http://www.prisonreformtrust.org.uk/uploads/documents/noknl.pdf
A figure of 30% is generally accepted as the prevalence of dyslexia, but a figure of 60% is more accurate to account for all offenders with serious issues with literacy and numeracy.

‘One of the most prevalent vulnerable groups amongst offenders comprises those who do not have an intellectual disability as formally defined but who do have much lower cognitive and adaptive abilities than do either the general population or the offending population.’

Dr John Rack, 2005

Information relating to the prevalence of learning difficulties and learning disabilities for ethnic minorities and female offenders is practically non-existent.

Most prison staff feel that help for inmates with learning difficulties or learning disabilities was inadequate, 77% believing that services that should be present were not. The same prison staff rated the quality of support that was offered to such prisoners as low and did not have confidence that their prison was effective in supporting this group of prisoners. ‘No-One Knows’ recommended training and support for Prison Officers, Probation Officers, Police, court and social work staff, and also identification of learning disabilities at the earliest possible stage of contact with the criminal justice system to enable the correct and appropriate support to be in place as quickly as possible.

HM Chief Inspector of Prisons found the following in their unannounced inspection at HMP Onley:

Many tutors skilfully provided learning activities that combined literacy or numeracy with independent life skills. Lesson plans accurately gathered prisoners’ individual information about their literacy and numeracy needs, health issues and behaviour affecting their learning progress. However, not all tutors highlighted the appropriate actions to support individual learners.

117 http://www.publications.parliament.uk/pa/jt200708/jtselect/jtrights/40/40i.pdf
Current pressures of overcrowding exacerbate the problems associated with ‘churn’, whereby sentenced prisoners are moved regularly around the prison estate, often with only short periods at any one establishment. Informal approaches to through-care and after-care for people serving shorter sentences and for those regularly on the move within the prison estate mean they are less likely to receive follow-up support in the community. Even where services exist, these may not be located near prisons, nor will prisoners necessarily be released to local communities. Variation in provision, both in terms of existence and quality, repeatedly stands out in the literature as a problem. Although custody may be the only opportunity some people have of benefiting from some services, this cannot justify any needless use of imprisonment.\textsuperscript{119}

The technology exists to record and investigate the extent and needs of offenders with learning difficulties, systems such as the Do-IT profiler. A paper relating to this profiler mentions the lack of consistency in terminology and application of methodology which undermines what little data exists.\textsuperscript{120} The Do-IT profiler allows people with learning difficulties to be profiled.

Research in Scotland in 2012 produced the following recommendations\textsuperscript{121}

- Improved inter-agency working / information sharing.
- Increased application of person-centred planning and approaches.
- Improved diagnosis and referral procedures.
- Increased ability for practitioners to work collectively to influence


\textsuperscript{120} http://www.doitprofiler.com/media/52851/offending_settings-bringing_the_pieces_together_end-to-end.pdf

\textsuperscript{121} http://arcuk.org.uk/scotland/files/2012/10/LDO-report1.pdf
The research involved asking professionals to identify the key challenges in supporting offenders with learning difficulties. The challenges raised include but are not limited to the following:

- Poor inter-agency working
- Lack of availability of services
- Lack of awareness
- Problems with diagnosis and eligibility for services
- Public perception that this is a ‘niche’ area of work with a small group of offenders

The professionals in this survey were asked if they thought a forum for people who work with offenders with learning disabilities would be valuable. The response was overwhelmingly that it would. The purpose of this group was suggested to be to improve early identification of learning disabilities to prevent offending behaviour and to improve support and opportunity for ex-offenders to prevent re-offending. Liaison and Diversion Services are completing some small scale research at this time to identify needs at the point of arrest.
11.3 DRUG AND ALCOHOL ABUSE

74.5% of users of drug services and 85.5% of users of alcohol services experienced mental health problems; and 44% of mental health service users reported drug use and/or were assessed to have used alcohol at hazardous or harmful levels in the past year.\(^{122}\)

A major part of rehabilitating offenders is treating the cause of their offending. A major cause of offending is alcohol and drug abuse.

NHFT provides support for Drug and Alcohol Misuse as part of its forensic services team. They provide the Integrated Clinical and Psychosocial Substance Misuse Service (ICPSM) in partnership with Phoenix Futures at HMP Onley and Clinical Substance Misuse Services at HMP Rye Hill. The ICPSM Team at Onley comprises of nurses, intervention workers, drug workers, healthcare assistants and pharmacy technicians. This integrated approach provides assessments and reviews, stabilisation, maintenance and reduction plans administration of clinical treatment along with involvement of both the service user and their family in a recovery focused model. The service also use recovery champions from within the prison population, providing inspiration to the service user as well as opportunities upon release for the champions.

Inmates in both prisons can self-refer, a dedicated phone line exists alongside a self-referral form, and they can also be referred by prison staff.

The announced inspection of Onley (June 2012) found positive drug test results of 11%. An announced inspection of HMP Rye Hill in June 2011 found there to be 2.5% positive drug tests in the 6 months prior to the inspection, but as the prison population has changed following the re-role of the prison, this data would be irrelevant now following the dispersal of this population into other prisons.

\(^{122}\) http://journals.psychiatryonline.org/article.aspx?articleid=99175
11.4 SMOKING

Smoking is the leading cause of preventable illness and premature death in Great Britain; therefore reducing its prevalence has been a key objective of Government policy on improving health.

In England, 20% of the adult population are smokers\(^\text{123}\). Amongst the prison population, this rises to an estimated 80% in the prison population\(^\text{124}\). Smoking amongst the poorer sections of society was found to be higher than more affluent sections, a 2003 report found that whilst 15% of men in higher managerial occupations smoked, that figure rose to 39% amongst more routine and manual occupations\(^\text{125}\). Amongst the prison population, that figure rises to an estimated 80%\(^\text{126}\). The prevalence is even higher amongst those who are dependent on drugs and/or alcohol and/or those who have mental illness. However, quitter rates for prisoners are consistent with those of the community, with some individual prisons out-performing local community settings.

A national survey of psychiatric morbidity among over 8,000 people in the general population found that people with neurotic disorders such as depressive episodes, phobias or obsessive compulsive disorders were twice as likely as those with no neurotic disorder to smoke. Having more than one neurotic disorder was associated with heavy smoking\(^\text{127}\).

HMP Onley’s Health Needs Assessment noted that 11% of respondents to their survey reported that they started to smoke when they came to HMP Onley. 21% of HMP Onley’s population have asked for help to quit smoking. Reasons for the high level of smoking in prisons are related to boredom and the view that smoking is one of the few pleasures allowed in a prison environment.

Encouraging smokers to quit in prison would have far reaching physical health improvements and assist prisoners on their release.


\(^{125}\) http://www.ons.gov.uk/ons/rel/ghs/general-household-survey/index.html


not just in terms of their health, but financially as well. It is estimated that families with the lowest incomes may spend a seventh of their income on maintaining a smoking habit. It would also have considerable financial savings for the wider community, as smoking causes around 114,000 deaths a year in the UK alone.\textsuperscript{128}

A pilot scheme to enforce a smoking ban in prisons was due to commence in 2013 but was postponed. Phil Wheatley, when he was director-general of the Prison Service, warned MPs in 2005 that a ban could backfire. “You don’t have a lot going for you in prison,” he said. “You are deprived of most things you might ordinarily enjoy … To take yet another thing away will not be wildly popular with a group who are not always charming and pleasant in their behaviour.”\textsuperscript{129}

Greater Manchester Probation Trust’s Heath Trainer project demonstrated a positive impact on reducing smoking and the amount of cigarettes smoked, overall showing a reduction in the number of cigarettes smoked on average from 14.7 per day down to 8.1.\textsuperscript{130} 25% of participants either had their smoking Personal Health Plan completely or at least partially signed off.

\begin{itemize}
\item \textsuperscript{128} http://www.ash.org.uk/files/documents/ASH_98.pdf
\item \textsuperscript{129} http://www.poauk.org.uk/index.php?latest-news\&newsdetail=20130122-87_the-times-plan-to-ban-smoking-postponed
\item \textsuperscript{130} http://www.uclan.ac.uk/research/explore/projects/probation_health_trainer_implementation_project.php
\end{itemize}
12 SOCIAL CARE NEEDS

With the introduction of the Care Act, the provision of support for offenders with social care needs is subject to change. At the time of writing, a project is currently under way to establish the level of need within the offender population of the county and how these needs will be met. This is currently changing as the role of HMP Rye Hill has changed to that of a specialist Sex Offender Unit. The population of this prison is in the process of changing and the age of prisoners, as well as the length of sentence, is going to increase as a result.

The population of prisons can come from anywhere in the country, indeed the population of HMP Onley is now largely made up with prisoners from the London boroughs. It is most likely that prisoners will return to their home areas upon release however in the case of more serious crimes, in particular sex offences, court orders could prevent the offender from returning to these areas. Where these offenders will reside upon their release is still unknown, but it is possible that the population of older offenders released from prison and living in Northamptonshire will increase with the re-role of HMP Rye Hill.

Note that work also needs to be taken with regard to the Approved Premises.

This section of the chapter will be updated once the Social Care project is completed.