1. Purpose of Presenting the Report and Decisions Required

1.1 To present the Partnership with a snapshot profile of the current CRC caseload.

1.2 It is recommended that the Community Safety Partnership Board:
   - note the information presented.

2. Introduction

2.1 The Partnership will be aware that, as part of the Government's Transforming Rehabilitation Programme, London Probation Trust ceased to exist on June 1st. Since this date, Probation services in London have been delivered by two organisations: the National Probation Service (NPS), and the London Community Rehabilitation Company (CRC).

2.2 The CRC is responsible for managing offenders who pose a low or medium risk of harm and whom are not MAPPA registered. The NPS manages cases that pose a high risk of harm, or who are MAPPA registered. Whilst also having to manage a degree of risk of harm, the CRC is therefore focussed on reducing risk of re-offending.

2.3 Across London, the CRC is currently managing 24,650 cases. Locally, the CRC is managing 778 Barking and Dagenham cases, 11.3% of whom are women (88 current cases).

2.4 The CRC caseload, both locally and regionally, includes a wide range of cases in terms of service user pattern of offending, levels of need, and range of response required to address risk of re-offending. Key information from the current Barking
Dagenham caseload profile is presented below. Data is collected from our Case Management system (nDelius) and our assessment tool (OASys), with a comparison against the whole London CRC caseload profile.

3. Barking and Dagenham Caseload Overview

3.1 It is evident that the majority of our Barking and Dagenham cases are being supervised in the Community. This is a slightly higher proportion than that seen in the London caseload.

3.2 Acquisitive offending is the offence type that appears most often in the current caseload, but this can include a range of individual offence types: theft, handling, fraud etc. The second most prevalent offence type is violence, with rates similar to the London caseload.

3.3 13.6% of the caseload have committed drug related offences, significantly lower than the rate evident in the London caseload. However, this simply relates to the index offence, not to whether someone misuses drugs.

3.4 The figure for DV perpetrators relates to a flag in the case management system that highlights current risk of domestic abuse, usually because the index offence is related to domestic abuse. This does not therefore highlight all of the cases where risk of domestic abuse is present in the offender’s history, and needs to be monitored.

3.5 Again, Mental Health issues data relates to flags which highlight an area of risk, primarily related to formally diagnosed and recognised disorders.
3.6 The IOM cohort is also under-reported, as we move away from the use of a ‘PPO’ flag to the use of ‘IOM’, in our case management system. There are currently 44 offenders registered as IOM in Barking and Dagenham.

4. Needs profile

4.1 In common with other boroughs and the London caseload, Thinking and Behaviour is the main area of criminogenic need. This area includes a number of indicators of cognitive thinking skills deficits and problematic behavioural traits, for example: lack of problem solving ability, lack of consequential thinking skills, impulsivity, interpersonal skills, concrete thinking.

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

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

4.4 Alcohol appears to be a slightly more prevalent need than drugs – a pattern that is reversed in the London caseload and other boroughs.

4.5 Relationships is an area that assesses experience of, and problems with, close relationships, whether with partners or families. Problems in this area often result from difficult childhood relationships or broken attachments. Resolving problems in this area tends to increase social capital and support.

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

5. **Age profile**

![Age Demographic Chart]

5.1 We have only slightly more 18-24 year olds in the caseload than the London caseload, but we know from current demographic analysis that this age group might expand in the future.

5.2 The largest group is the 25-34 y/o age range, which is noticeably larger than that in the London caseload. 66% of our current caseload are aged between 18 and 34, which in unsurprising, as desistance research is consistent in reporting that offending is partly age related, with people tending to ‘grow out of’ offending behaviour as they grow older and form more stable adult lifestyles.
6. Caseload Re-Offending Rates

5.3 Proven re-offending data is produced by the Ministry of Justice, and reported quarterly. Our re-offending rate for local Barking and Dagenham offenders supervised by the CRC is lower than that for the whole London caseload: 28.6% against 32.7%. This is part of an ongoing pattern, whereby our local rates tend to be consistently lower than the pan-London figures. We don’t have clear information explaining this difference, but borough crime and social demographics will partly contribute, as will effectiveness of multi-agency work to manage our borough’s offenders.

5.4 We are also maintaining our lower re-offending rate across different cohorts, including those who have requirements to attend community payback, offending behaviour programmes, and undertake drug and alcohol interventions. Our acquisitive crime and drug related offending cohorts are also demonstrating a lower re-offending rate. Our re-offending rate for the violence cohort is not showing the same lower level, and is marginally higher than the London average. It is difficult to comment on the reasons for this, without further analysis.

5.5 Of particular note, is the significantly lower rate of re-offending amongst the women’s caseload. Again, comment is difficult without further investigation, but this may be due to the particular demographics of this group. Of course, it is also the case that we have made efforts in the Borough to improve reducing re-offending pathways for women subject to IOM.
6. **Women’s Caseload**

7.1 The women in the Barking and Dagenham CRC caseload have a different profile than the caseload as a whole. This is unsurprising, given that a wealth of research shows that women offenders often present with different social and offending related needs, often linked to past experience of trauma. Information on the women’s caseload that highlight key differences is presented below.

<table>
<thead>
<tr>
<th>Category</th>
<th>LBBD CRC</th>
<th>London CRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order</td>
<td>33.4%</td>
<td>51.4%</td>
</tr>
<tr>
<td>Custody</td>
<td>8.6%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Acquisitive offences</td>
<td>37.7%</td>
<td>37.1%</td>
</tr>
<tr>
<td>Drugs offences</td>
<td>11.3%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Violent offences</td>
<td>22.2%</td>
<td>21.2%</td>
</tr>
<tr>
<td>DV</td>
<td>0.6%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Peepotators</td>
<td>0.0%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Guns &amp; Gaangs</td>
<td>0.2%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Mental Health Issues</td>
<td>1.7%</td>
<td>8.7%</td>
</tr>
<tr>
<td>IOM flag</td>
<td>1.4%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

6.1 The 88 women comprising the Barking and Dagenham caseload are in line with the London women’s caseload, but there are key differences from the whole local caseload profile. The vast majority of women are being supervised in the community (93% vs 85% for the whole caseload). This is a positive, given that effective means of reducing women’s re-offending diversion from custody.

6.2 A significant proportion of our women are committing acquisitive offences (38% vs 25% of the total caseload).

6.3 A higher proportion of women have mental health flags registered on the caseload management system (5% vs 1.2%). As mentioned above, this does not represent the full range of mental health need in the caseload.
6.4 Women in Barking and Dagenham appear to have slightly higher levels of need than the London women’s caseload, in particular areas. Finance is an area where need level is slightly elevated, as is relationships, lifestyle and, marginally, alcohol. It should be remembered, however, that the women’s caseload is relatively small, so differences may have been inflated.

6.5 In terms of relationships, women have a higher need than the local total caseload (30% vs 26%). This is not surprising, given that women often present with histories of abuse. Women often struggle to disclose experiences of childhood and adult relationships, so this area is likely to be under-reported.

6.6 Another area more prominent in the women’s caseload is emotional wellbeing (22% vs 15%). Again, this is predicted by established research: many women present with lasting trauma as a result of experience of abuse. This can lead to isolation, anxiety, depression and other more serious mental health issues. At the same time, women are often unable to disclose trauma or deal with it’s effects without professional help. For this reason, this area is again likely to be under-reported.
6.7 There are a higher proportion of women offenders aged between 35 – 44 y/o than in the borough caseload as a whole (29% vs19%). This may partially be explained by an understanding that whilst some male offending may involve discrete psychological components (impulsivity, lack of emotional maturity and coping skills, for example), women’s offending often seems to be characterised by multiple needs that are social, economic and situational, rather than simply psychological. These complex needs may not therefore simply recede with increased age and maturity.

6.8 Conversely, the women’s caseload has a smaller proportion of 18 – 24 year olds. The reasons for this are not currently apparent, but may reflect different rates of offending onset in young men and women, or may be about gendered system responses to anti-social or offending behaviour in children and young adults.

7. Conclusion

7.1 The presented data shows an expected range of offending behaviour in the CRC caseload. It also demonstrates that we have a high number of cases in the community. Given that the overriding aim of the CRC is to reduce re-offending, it’s therefore clear that we need to work in partnership with a range of community agencies in order to effectively address service user needs.

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

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