

# Victim and Offender Needs Assessment

July 2012

Assessment project led by the Research and Performance Team, Cambridgeshire County Council on behalf of Cambridgeshire Police Authority

**Draft Consultation Version**

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# 1. Executive Summary

## Key Findings - Victims

- Since 1995 the level of crime in England and Wales has fallen<sup>1</sup>. An individual's likelihood of being a victim has fallen with the fall in crime, however being a victim is still a reality for many people.
- Cambridgeshire Constabulary recorded 32,260 victims of crime (excluding businesses) during the calendar year 2011.
- Of these victims 85 per cent were aged between 16 and 65. A total of 80 per cent were white British, or from other white backgrounds e.g. European. A third of victims came from the 20 per cent most deprived areas of Cambridgeshire and Peterborough.
- The British Crime Survey suggests that many people do not report crimes and that at least one in five people in the country are actually victims of crime each year. Applied to the population of Cambridgeshire and Peterborough this infers more than 100,000 people (aged 10-65) could have been a victim of some sort of crime in the last 12 months.
- The likelihood of someone reporting a crime can depend on the nature of the crime they have experienced. For example the British Crime Survey suggests almost 100 per cent of people who have had their car stolen will contact the police, while only 11 per cent of victims report serious sexual assaults.
- There is also variation in repeat victimisation. Those experiencing domestic abuse are more likely to suffer from repeat victimisation than any other type of victim. Cambridgeshire Constabulary records nearly 13,000 domestic abuse incidents each year; while the actual number of incidents experienced could be significantly higher.
- The impact of becoming a victim of crime varies from person to person. A relatively minor offence can have a serious outcome for a vulnerable victim. All agencies need to appreciate this and take a victim-centred approach; responding to the needs of the individual, rather than the crime type suffered. The demand for victim support services outweighs the resources available which means the highest risk victims are prioritised.
- The Victim Services' Advocacy Project recommended a common assessment tool should be introduced for victims across Cambridgeshire and Peterborough. It also raised a need for a seamless service for victims.
- The consultation workshops identified that the following victim groups needed to be featured within the needs assessment:
  - Victims of anti-social behaviour
  - Victims of domestic abuse
  - Victims of sexual violence
  - Victims of hate crime
  - People bereaved by murder, manslaughter or as a result of road traffic incidents
  - Young victims of crime
  - Victims of honour-based violence
  - Vulnerable, elderly victims of crime

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<sup>1</sup> British Crime Survey (BCS) 2010/11: This is a systematic study of victimisation in England and Wales carried out through interviewing a large sample of the population. The BCS provides a different reflection of crime compared to police crime statistics since it includes unreported offences and those considered too trivial to be worth reporting by the victims.

- Victims with mental health problems
- Victims living in deprived / vulnerable localities.

A brief overview of why each of these groups has been included is within the main body of the needs assessment.

- The impact of crime on each of the key victim groups is potentially more significant. Some of these groups have high volumes of victims and place a great demand on services; for example, it is estimated there are more than 40,000 reported incidents of anti-social behaviour each year. Other victim groups are relatively small in number; with Cambridgeshire Constabulary recording 155 cases of honour-based violence between August 2008 and May 2012.
- The likelihood of becoming a victim varies depending on personal circumstances and lifestyle. For example the risk of being a victim of crime is highest amongst single, 16–24 year old males who live in relatively deprived areas. The lowest risk lies with someone in an older age range living in an affluent rural area.

#### **Key Findings - Witnesses**

- Witnesses play a crucial role in supporting victims and ensuring offenders are brought to justice. If they are witness to a traumatic event then they could be considered a secondary victim group.
- There is only a limited amount of local information available about witnesses and their experiences. Research with a small sample of witnesses as part of the joint inspection of Witness Care Units (WCU) in 2009 found that 14.3 per cent would not be prepared to give evidence should they witness a crime again. This point was also raised by those people who attended the stakeholder workshops in Cambridge and Peterborough. In particular those working within the third sector reported that many witnesses they had come across had expressed the view that “if they had know what it was going to be like, and entail, they would not have come forward as a witness”. More research is needed to identify if this is a common experience in Cambridgeshire and Peterborough or not.
- It has been recognised that a more detailed look needs to be taken at witnesses so all agencies can better understand and support their collective needs. This work has now been commissioned by Cambridgeshire Police Authority and will be added to the Joint Victim and Offender Needs Assessment in October.

#### **Key Findings - Offenders**

- Cambridgeshire Constabulary identified at least 11,300 individual offenders during 2011 – this includes those linked to a crime as the offender and those who have been convicted, cautioned or recently arrested.
- The total extent of offending is difficult to gauge. Estimates of offending based on the national 2003 Crime & Justice Survey applied locally suggest that more than 50,000 people living in Cambridgeshire and Peterborough aged between 10 and 65 years could have committed some sort of offence in the last 12 months. However many offences, as suggested in the British Crime Survey, go unreported, indeed many would have been considered too trivial to have been reported.
- More than 80 per cent of the offenders identified by Cambridgeshire Constabulary are male. Nearly one third are aged between 18 and 24, and 17 per cent are under the age of 17. Over a third reside in the 20 per cent most deprived areas in Cambridgeshire and Peterborough.

- Many local agencies are involved in managing offenders. Within Cambridgeshire and Peterborough there are three prisons with a total of 2,727 prisoners. Each year more than 2,000 offenders are supervised for periods by the Cambridgeshire and Peterborough Probation Trust – with approximately 10 per cent re-offending each quarter.
- The re-offending rate amongst short-sentence prisoners (those serving less than 12 months, who are not subject to probation supervision) has been highlighted as being the highest of all offender groups<sup>2</sup> even higher with 57 per cent reoffending within a 12 month period.
- More than 950 young offenders (those aged under 18) are managed by youth offending services in Cambridgeshire and Peterborough each year.
- The risk factors in childhood which lead to offending can be the same as those which accompany substance misuse, other risk taking behaviours, and mental ill-health. Early interventions with young people can be the most effective, but need to address a broad range of behaviours, not just offending.
- Analysis into the current most prolific adult offenders in the area has revealed most started out as young offenders in Cambridgeshire and Peterborough. In fact it revealed 85 per cent of them started their offending in the county at an average age of 13.
- The Integrated Offender Management Scheme currently manages 169 prolific offenders, many of whom also have drug and/or alcohol dependency problems. This represents less than two per cent of offenders identified in Cambridgeshire Constabulary's nominal database.
- The MAPPA (Multi Agency Public Protection Arrangements) scheme has identified 726 offenders (512 sex offenders and 154 violent offenders) who are specifically assessed to manage the risk they pose within the community in Cambridgeshire and Peterborough.
- No single issue causes someone to re-offend rather it is an interaction between many different factors e.g. drug misuse, homelessness, lack of social skills or lack of employment opportunities. Therefore offenders need to be managed holistically with co-ordinated inputs from a number of relevant agencies.
- The consultation workshops highlighted that many offenders can also become victims of crime. In particular sex workers, substance misusers and chronically excluded adults were identified as being at risk

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<sup>2</sup> 2011 Compendium of Reoffending Statistics and Analysis, Ministry of Justice

### **3. Introduction**

#### **What is a needs assessment?**

Joint Strategic Needs Assessments have been used in the health service since 2007 to inform and guide the commissioning of health, well-being and social care services within a local authority area. A JSNA analyses the health needs of populations, not the demand for services, now and in the future. It acts as an overarching primary evidence base, or bigger picture, for health and well-being boards to decide on local key health priorities.

#### **How does that translate into policing?**

The Police Reform and Social Responsibility Act 2011 places a responsibility on the newly elected Police and Crime Commissioners (PCCs) to reduce crime and disorder across the area in partnership with responsible authorities. The commissioners must set out their objectives for achieving this in a five-year police and crime plan. The plan should detail how policing resources will be allocated and what crime and disorder reduction grants the commissioners intend to make from their unringfenced budget.

A multi-agency assessment of the health and wider social needs of victims of crime and offenders who live in Cambridgeshire and Peterborough will provide a strong evidence base to inform this plan. It will complement, but not duplicate, the existing police and community safety partnership strategic assessments and identify inequalities of the local population now and in the future.

#### **Cambridgeshire and Peterborough Partnership approach**

This is the first time this kind of needs assessment has been carried out for Cambridgeshire and Peterborough. It was commissioned by Cambridgeshire Police Authority from Cambridgeshire County Council's Research Unit and overseen by a steering group comprised of representatives from Cambridgeshire Police Authority, Cambridgeshire Constabulary, Cambridgeshire County Council, Peterborough City Council/Safer Peterborough Partnership, Cambridgeshire and Peterborough Probation Trust, NHS Cambridgeshire and Peterborough, Cambridgeshire Criminal Justice Board, NOMS and Victim Support.

It is expected to be an ongoing piece of work, with this first year dedicated to scoping and amalgamating sources of information and their relevance. The research considers witnesses, but acknowledges the lack of information available on this group of people.

#### **What will the assessment look at?**

The assessment paints a picture of the numbers of victims and offenders in Cambridgeshire and Peterborough and the prevalence, put more simply the likelihood of someone becoming a victim or offender, according to existing data.

It looks at the actual needs of these people, met and unmet, rather than actual demand for services. It also maps (to a Lower Super Output Area<sup>3</sup>) the distribution of victimisation and offending and considers the impact of wider socio-economic circumstances on the health and social needs of victims and offenders.

The assessment has been based on quantitative data collected from a range of agencies and analysed alongside qualitative data from a series of bespoke consultation events with partners.

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<sup>3</sup> **Lower Super Output Area** – this is a geographical area of neighbourhood size usually of about 1,500 people. Each ward may be comprised of several LSOAs.

## **The approach**

The assessment takes the form of a number of steps. Firstly, workshops were carried out to shape the content of the document. A summary of these discussions follows in section four. These discussions were supplemented by a detailed case study of anti-social behaviour cases in Fenland; this is summarised in section five.

There then follows a large section on victims. The content of this section was shaped by the results of the workshops and extended case study. This section also draws heavily on the results of the Victim Services Advocacy (VSA) project for Cambridgeshire. It is broken down into different parts:

- An overview of the national evidence on victimisation;
- The key findings of the VSA project;
- An analysis of police victim data for Cambridgeshire and Peterborough;
- Two page summaries for each of the victim groups identified during the workshops.

There is a brief section on witnesses. It is acknowledged that local information is limited and further work must take place to understand the needs of this group.

The offender section is similar in structure to the victim section albeit there are more local data sources available:

- An overview of the national evidence on offending;
- An analysis of police offender data for Cambridgeshire and Peterborough;
- Probation Trust offender data for Cambridgeshire and Peterborough;
- Youth Offending Service data for Cambridgeshire and Peterborough;
- Two page summaries for each of the offender groups identified during the workshops.

Finally, at the end of the document, the more detailed findings from the workshops and case study are shown.

## 4 Victim and Offenders Workshop Sessions

Two workshops were held with stakeholders who have direct experience with working with victims and/or offenders within Cambridgeshire and Peterborough. The workshops aimed to improve engagement with those from a voluntary sector while also seeking their views, and those of others attending, of how victim and offender groups could be segregated. Those attending were also asked to look at what the main needs, both met and unmet, for these victim and offenders groups were.

The workshops, held in Cambridge and Peterborough, were facilitated by Michael Soper from Cambridgeshire County Council and Nicky Phillipson from Cambridgeshire Police Authority.

The discussions and exercises undertaken at the workshops helped considerably in shaping the final content of the needs assessment. The following is a summary of those discussions.

### **Exercise One: Who should we be considering within the needs assessment?**

The participants were given a diagram with overlapping circles and asked to list, from their point of view, who the main victim and offender groups were and where they overlapped and became essentially the same group of people.

There were many groups that the workshop participants felt could be considered both victims and offenders. This was either because of some common characteristic that increased risk, for example young men (aged between 16-24) from deprived backgrounds were considered to be at risk of being victims or offenders. Or because offending behaviour could in turn lead to victimisation such as in the case with sex workers.

When defining victims the groups tended to look at the victim's personal circumstances rather than what they were victims of, whereas offenders were frequently referenced by what they had done. Victim groups at a basic level were defined by their sex, age, health / capabilities, ethnicity and life position. Offenders were identified initially by their crime type, offending pattern and level of organisation (for example if they were from a gang or organised criminal group).

A detailed report of their discussions is available at Appendix 1.

### **Exercise Two: Who are the main victim groups?**

The participants were asked to decide who they felt were the victim groups were, what their main needs (met and unmet) were, who should definitely feature within the needs assessment and why. The key victim groups that both workshops identified were:

- The vulnerable elderly;
- Young people;
- Those with mental health problems;
- Those living in deprived communities or who were deprived;
- Those suffering from domestic violence, sexual abuse or honour-based violence including victims who had no recourse to public funds;
- Those suffering from hate crime.

This has some similarities with the list of key victim groups that the recent Victim Support report 'Listening and Learning: Improving Support for victims in Cambridgeshire'<sup>4</sup> focused on. The victims of domestic violence, sexual violence, hate crime and young people were included in both.

The victims of domestic violence, sexual violence, hate crime and young people were included in both. However the report also included victims of anti-social behaviour and people bereaved by murder / manslaughter, while the workshops highlighted the vulnerable elderly and picked up on two specific themes of those living in deprivation or with mental health problems.

### **Exercise Three: Who are the main offender groups?**

The participants were asked to decide who the offender groups were and who should definitely feature within the needs assessment. They were also asked why each group should feature and what their main needs (both met and unmet) were.

The key offender groups that both workshops identified were:

- Drug related offenders (misuse) / Drug dealers;
- Domestic violence offenders;
- Career criminals / Prolific Offenders;
- Young people (including those forming into 'gangs');
- Emerging / diverse communities;
- Sex offenders and other clients of the Multi Agency Public Protection Arrangements (MAPPA<sup>5</sup>);
- Sex workers;
- Troubled families;
- Those with mental health problems;
- Perpetrators of anti-social behaviour;

There were some significant overlaps with the victims identified; so the perpetrators of domestic violence, and sex offenders were identified. There were also very similar groups identified such as young people and those with mental health problems. Also, although sex workers were identified as offenders many of the comments related to them being victims.

Both substance misusers and prolific offenders were identified by the workshops and there was recognition that there was a considerable overlap between the two groups. There was also overlap between the identification of troubled families, the perpetrators of anti-social behaviour and young people; in many ways these were different labels for the same problems.

Emerging and diverse communities were also identified as an offending group. The participants were clear that not all new migrants offend but this group were forming part of the caseloads of the various agencies represented.

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<sup>4</sup> 'Listening and Learning: Improving Support for victims in Cambridgeshire', Victim Services Advocacy Project, 2012

<sup>5</sup> MAPPA is the name given to the arrangements by which local agencies manage high risk offenders within the community.

#### **Exercise Four: Future aspirations**

To conclude the workshops the participants were asked to think about what they really wished for when it came to services for victims and offenders and also what was most important in the provision of services. The answers were grouped according to theme which included the way the new police and crime commissioner works, their role in co-ordinating partnership working, the prioritisation of services for victims and offenders, securing more resources and working differently.

The detailed comments are available to view in Appendix 1.

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## 5. Anti-Social Behaviour – An extended case study

In order to better understand the underlying themes of anti-social behaviour prevention case work an extended look was taken at the caseload of one Community Safety Partnership (CSP). The Fenland partnership was chosen because of their pre-existing research material, use of a multi-agency information sharing tool and their common approach to needs assessments which meant data was easily available. Find out more about the detailed approach taken in Fenland in Appendix one.

### Understanding the caseload

Table one shows a general summary of the current cases being addressed by the Fenland anti-social behaviour problem solving group. The cases are being addressed through a range of different interventions ranging from mediation between neighbours by an independent organisation (paid for by partners) to the use of banning orders and existing Anti-Social Behaviour Orders (ASBOs).

**Table 1: Overview of current ASB caseload for Fenland based upon case histories**

<b>VICTIMS (Identified Needs)</b>	<b>CASES</b>	<b>OFFENDERS (Identified Needs)</b>
<b>Those who are currently identified as being victims of ASB within the current caseload</b>	<p>The cases range from neighbourhood disputes, harassment, problematic behaviour such as street drinking and repeated nuisance.</p> <ul style="list-style-type: none"> <li>• 7 on-going cases;</li> <li>• 7 anti-social behaviour orders;</li> <li>• 2 drinking banning orders;</li> <li>• 11 acceptable behaviour contracts;</li> <li>• 7 good neighbour agreements;</li> <li>• 3 family intervention project families;</li> <li>• 9 identified young people involved in ASB;</li> <li>• 14 identified victims requiring additional support.</li> </ul>	<b>Those who are currently identified as the perpetrators of ASB within the current caseload</b>
• Mental health issues x 6		• Alcohol misuse x9
• Bullied young person x4		• Children’s social care x 5
• Poor health x2		• Adult offender x 5
• Learning disabilities x2		• Mental health issues x 5
• Children’s social care x 1		• Young person offending x 5
• Adult social care referral x1		• Drug misuse x 4
• Alcohol misuse x 1		• Animal welfare concerns x3
		• Domestic violence x 2
	• Homelessness x2	
	• Learning difficulties x1	

In keeping with the approach of the needs assessment the content of the cases themselves haven’t been focused on, but rather the needs of the individuals involved. Common themes emerged regarding victims which are:

- There are cases that record the level of personal concern and stress that being exposed to anti-social behaviour causes, particularly when encountered around the victim's home or immediate neighbourhood.
- For at least six of the cases the victims were recorded as having pre-existing mental health conditions, which were being exacerbated by the anti-social behaviour.
- There were also victims with other pre-existing health conditions which contributed to their vulnerability and some existing contact with social care services.
- Victimization was extended to all family members with young people, particularly in their teens, being singled out. Harassment against them was in the form of bullying by other teenagers who were involved in on-going anti-social behaviour problems together with older members of their household.
- Alcohol misuse was the most common feature of the offenders involved with the anti-social behaviour cases. They also had considerable amount of existing contact with a number of agencies all of which needed to be co-ordinated.
- In the background of the offenders were other issues that needed to be addressed, particularly mental health problems and repeat offending.

#### **Observations from the problem solving group**

The idea that anti-social behaviour revolves around minor misdemeanours committed by young people is completely wrong. The cases being dealt with by the problem solving group are serious and have a range of linkages with other types of case-work. An example of the complexity of the cases involved was what on the face of it a neighbour dispute but several agencies were already involved with the individuals concerned and there were considerable risks associated with the case.

Alcohol misuse was a major theme to the cases, particularly those that had an impact on the wider community and public perception. Most of those involved were adults aged over thirty and some (but not all) were of an Eastern European origin.

Within the more complex cases there are difficulties in discerning the difference between victim and offender. Many of the teenage perpetrators of anti-social behaviour could themselves be described as very vulnerable. Some had had previous contact with children's social care and there was also a history of offending or problematic behaviour within their families. Similarly characteristics that contributed to victims being assessed as vulnerable also existed within the sample of perpetrators e.g. learning difficulties or mental health problems.

Of most concern were several cases where the anti-social behaviour has prompted a house move for the victims. This was true both for owner occupiers and as well as housing association tenants. This was part due to the fear created from offenders and also due to moving being seen as a practical solution to avoid the behaviour. Similarly some of the offenders appeared to be highly mobile, frequently changing addresses or being moved on.

More details on the approach to anti-social behaviour in Fenland are included in appendix 2.

## 6. Victims

The groups of victims the needs assessment considers in more detail have been shaped by the outcome of both the partnership workshops and the extended case-study of Fenland anti-social behaviour cases. In addition:

- The needs assessment has involved working in partnership with the Victim Services Advocates (VSA) project that has looked in detail at the views of victims in Cambridgeshire and Peterborough as well as mapping services available and talking to key stakeholders.
- The background issues relating to victims and victimisation have been analysed including a person's likelihood of becoming a victim and their willingness to report that victimisation after the event.
- Police recorded data about victims who have reported offences to them has also been analysed.

Through the workshop sessions several victim groups were identified. The first basis for identification was that victims were at high risk of serious harm. Victims of domestic abuse were the largest victim group that fell into this category and the victims of sexual violence, hate crime, honour-based violence and people bereaved by murder, manslaughter or as a result of road traffic incidents were also included. The needs assessment identified that broadly speaking; these groups of victims require specialist protective services and long term support.

The next category of victim groups were those that were not all at risk of serious harm but there were a number of high risk cases. The biggest group were the victims of anti-social behaviour however young victims, vulnerable elderly victims and those with mental health problems were also included. The needs assessment identified that broadly speaking; these groups of victims require proper assessment to gauge vulnerability and the coordination of statutory and other services in order to meet their needs.

The needs assessment also identified that victims living in deprived areas were a group of concern. This was due to relatively high crime rates and a concentration of both victims and offenders in these areas. Looking broader there are other geographic definitions that can be used to define crime types and victims. For example Cambridgeshire is a rural county and although crime rates are much lower in rural areas the physical isolation can make victims feel more vulnerable. In both cases it is the case that service standards from all agencies are made clear so that communities know what support they can expect.

### Background

The purpose of this section of the needs assessment is to provide a context within which to consider local agency data about victims and witnesses. The key aspects covered are:

- The extent of expected victimisation within the community;
- Factors that influence someone's likelihood of becoming a victim;
- Reported victimisation versus actual experience.

In putting this section together the report draws extensively from the British Crime Survey and associated studies. Where necessary it refers to other relevant research.

### Victimisation within the general population

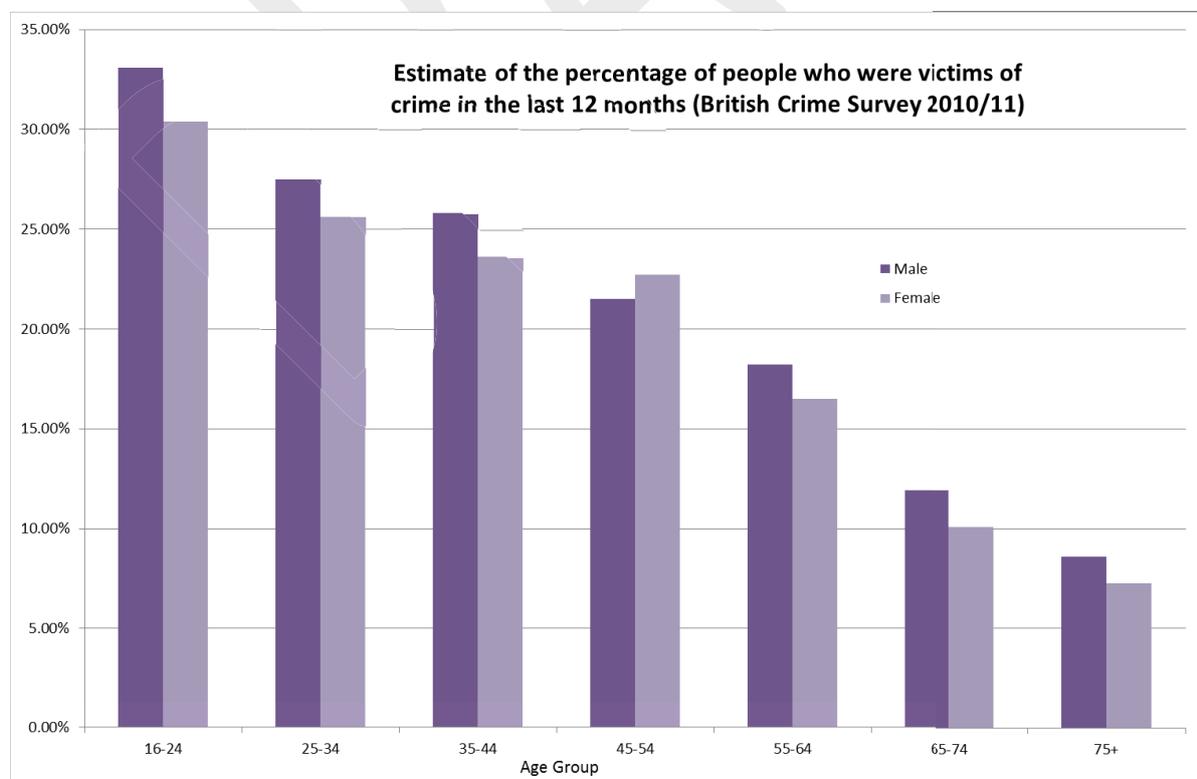
Since 1995 the level of crime in England and Wales has fallen<sup>6</sup>. An individual's likelihood of being a victim has decreased with the fall in crime, however being a victim is still a reality for a large number of people. The British Crime Survey suggests that many people do not report crimes and that at least one in five people in the country are actually victims of crime each year. Applied to the population of Cambridgeshire and Peterborough this infers more than 100,000 people (aged 10-65) could have been a victim of some sort of crime in the last 12 months.

The relationship between police recorded crime and victimisation is not straight forward. There are some categories of recorded crime where there is no direct victim, for instance public order offences or illegal-drug possession. There are also a substantial number of crimes committed against businesses which may be recorded by the police, but not measured within surveys of victim-based offences such as the British Crime Survey. Finally not all offences are reported to the police, only an estimated 38 per cent of crimes reported within the British Crime Survey reached the police.

### The likelihood of victimisation

Victimisation rates vary with risk factors associated with personal, household and local area characteristics. For example the risk of being a victim of crime is highest amongst single, 16–24 year old males.

**Figure 1: Victimisation by age and sex**



<sup>6</sup> British Crime Survey 2010/11

- The extent of victimisation also varies by employment status with 30 per cent of victims being unemployed, compared to 24 per cent of victims were in employment. However students were at most risk with 31 per cent being victims of crime in the last 12 months.
- There was variation depending on the type of area that someone lived. Of those living in rural areas 15 per cent were victims of crime compared to 23 per cent living in urban areas.
- Similarly the extent of deprivation has an influence with 25 per cent of those living in the most deprived areas of England and Wales being victims compared to 18 per cent of those living in the least deprived areas.
- There is also a compounding of risk factors. Someone in an older age range living in an affluent rural area is much less likely to become a victim of crime compared to a young person living in a deprived urban area.

### **Repeat victimisation**

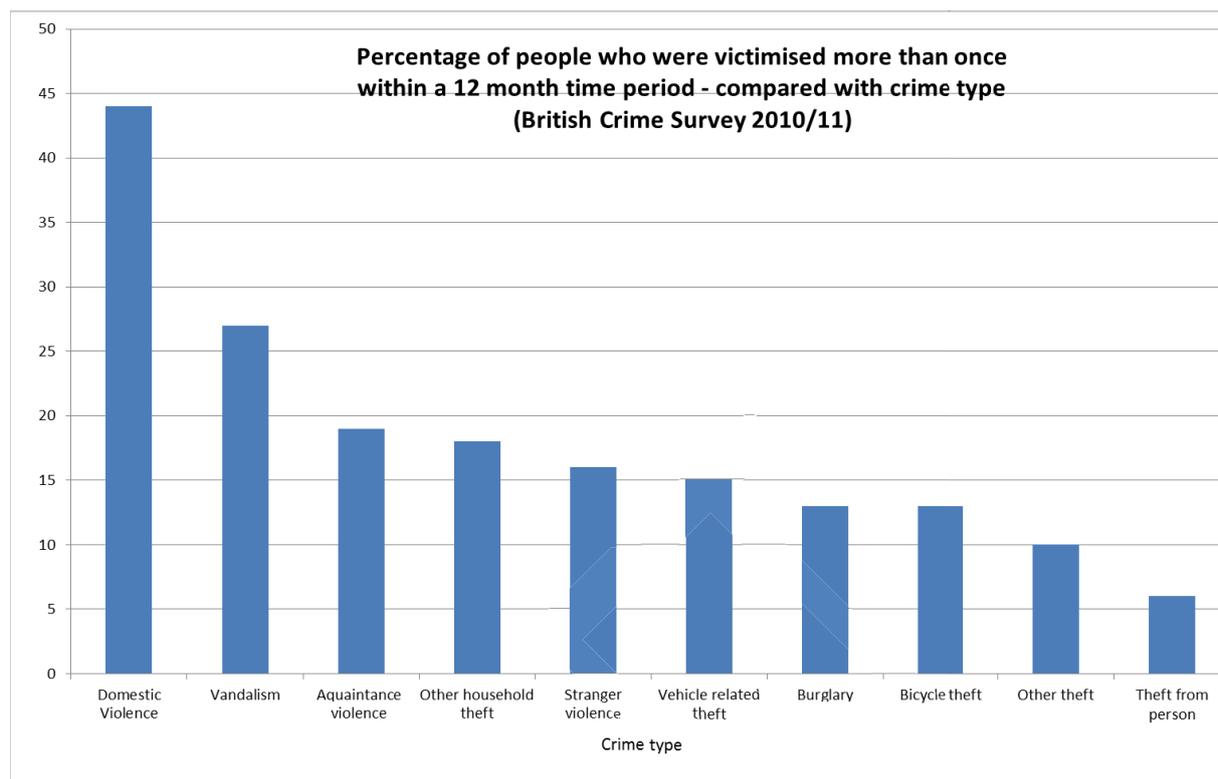
The British Crime Survey provides direct statistics on the extent of repeat victimisation. There have also been highly significant studies based on subsets of the British Crime Survey including that by Walby and Allen (2004) regarding the repeat victimisation of the victims of domestic abuse.

There is consistent variation in repeat victimisation by crime type. Those experiencing domestic abuse are more likely to suffer from repeat victimisation compared to any other type of victim. Repeat victimisation accounted for over 70 per cent of all crimes of domestic abuse reported to the British Crime Survey<sup>7</sup>. On average a woman is assaulted 35 times before she calls the police (Jaffe, 1982). Repeat rates for vandalism or criminal damage were also high with 27 per cent of victims experiencing a repeat incident within a 12 month period.

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<sup>7</sup> British Crime Survey 2010/11

**Figure 2: Repeat victimisation by offence**



A recent study on burglary in Cambridge City by County Council's Research Team<sup>8</sup> looked in detail at repeat victimisation. Drawing on the report's conclusions; it can be easy to miss the extent of repeat victimisation for the following reasons:

- Many victims do not report crimes to the police which mean repeat victimisation is undercounted.
- Police data often contains inaccurate address information leading to higher estimates of one-time only victimisation than is actually the case.
- Repeat victimisation can be underestimated because of the 'time window' effect, for example, only counting crimes in a specific time window may omit crimes outside this window.

The report used a significant time span, five years, to negate the 'time window' effect mentioned above and identified 356 residential addresses which had repeated burglaries (excluding Cambridge Colleges). Whilst there were some houses of multiple occupancy within the 'repeats' there were also a significant number of normal residential addresses. Many of these were within long-term 'hot spots' for residential burglary in the city.

Businesses and large organisations experience the highest volumes of repeat offences<sup>9</sup>. These include shops reporting repeat shoplifting offences, businesses such as garages reporting 'bilking'<sup>10</sup>,

<sup>8</sup> A restricted document produced as part of the 2010 vigilance program

<sup>9</sup> Cambridgeshire Strategic Assessments 2010/11

<sup>10</sup> Driving away with-out paying for fuel

or those with significant infrastructure e.g. schools which may be the repeat targets for criminal damage. Research for South Cambridgeshire Crime and Disorder Reduction Partnership<sup>11</sup> identified that farmers were a particularly targeted for repeat thefts of fuel, metal, machinery and other items.

The initial impact on businesses is a financial one, but beyond that there are people who are seriously affected, particularly those with smaller businesses and eventually those employed by larger businesses where crime affects their ability to deliver services effectively. The Retail Crime Commission (2009) reported that “Local retailers [those who run small, local neighbourhood shops] are often disproportionately affected as they are often situated in remote locations away from policing and security on the high street or in shopping centres and are less able to absorb the financial losses they experience. Verbal and physical assault, vandalism and graffiti are rarely reported, but the effects on community well-being are widely felt”.

### **Reporting of victimisation**

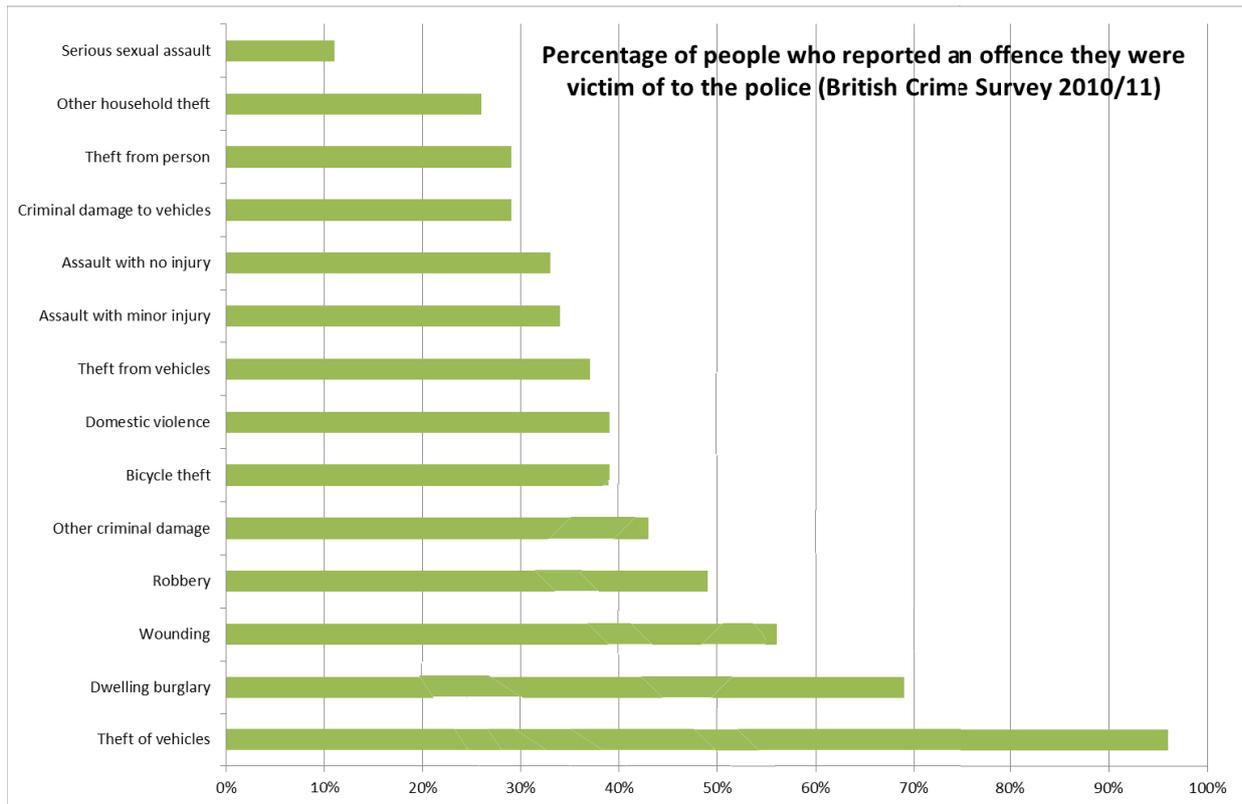
The number of offences estimated to have been committed within the British Crime Survey is substantially higher than the number of police recorded crimes. This is because a substantial number of offences are never reported. According to the 2010/11 British Crime Survey police only came to know about 38 per cent of incidents declared within the survey.

Likelihood to report varies with offence type. Victims are highly likely to report offences that result in a substantial financial loss that can be recovered through insurance e.g. the theft of a vehicle. They are much less likely to report a minor theft. A substantial number of violent offences also go unreported; in particular offences such as serious sexual assault and domestic abuse.

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<sup>11</sup> South Cambridgeshire Strategic Assessments 2010

**Figure 3: Likelihood of reporting**



## **7. Analysis of Victims in Cambridgeshire and Peterborough**

### **Victims identified by the police**

#### **Scope of data**

This section of the needs assessment uses information as recorded in the 'Nominals' database held by Cambridgeshire Constabulary for the calendar year 2011. This database consists of people who have been convicted, cautioned or recently arrested, a crime reference number and some information on the recorded victim or victims of that crime. In many instances, the victim is recorded as a business (for example shops, garages and supermarkets) and although location is recorded, no further information is available on the person(s) affected by the crime. Business victims are described separately at the end of this section. There is identification of 'repeat' victims within the database (a repeat victim flag, or count) but the accuracy of this has not been assessed. Since the intention of this section of the needs assessment was to report on 'people' affected by crime, rather than crimes, the analysis has used the unique person identifier to identify one event and use the demographic information associated with that event to report on victims as identified by the police. The figures that follow should be viewed as a picture of a 'victim profile' rather than an accurate and detailed analysis of people identified as victims of crime by Cambridgeshire Police.

#### **Recorded**

There were 32,260 reported victims on the Nominals database, excluding business crime, for the calendar year 2011 associated with 34,500 offences. Of the 32,260 it was possible to associate 29,750 (92 per cent) with Cambridgeshire and Peterborough. A further 1,290 people (four per cent) were from outside the county. There was insufficient geographical information to code in 1,220 (four per cent) of records.

#### **General demography**

- The demographic profile is shown in Table 2.
- The male/female split was approximately equal for victims of reported crime in Cambridgeshire and Peterborough with 52 per cent male and 48 per cent female.
- In Cambridgeshire 85 per cent of victims were in the age group 16-64 years (adults of working age) and this was slightly higher in Peterborough (88 per cent). In Cambridge City 41 per cent of victims were in the age group 16-29 years reflecting the younger age structure of this population. The proportion of older victims (65+) varies by district from six per cent in Cambridge City to 14.5 per cent in East Cambridgeshire.
- In Cambridgeshire, 80 per cent of victims were white or white (other) and in Peterborough the figure is 82 per cent. Those figures include the white other group but this group varied substantially by district with 14.7 per cent victims in Cambridge City recorded as white (other), 12.4 per cent in Peterborough and 8.7 per cent in Fenland.
- Over one-third of recorded victims were from the most deprived quintile of Cambridgeshire and Peterborough.

**Table 2: Profile of people linked to a crime as the victim by the Police**

		Cambridgeshire in Peterborough	Cambridge City	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire	Peterborough	No Geographic Data	Out of County
<b>Number of Victims by District</b>		<b>29,740</b>	5,920	2,150	3,710	4,940	3,560	9,470	1,220	1,290
<b>Gender</b>	Male		50%	56%	53%	54%	53%	52%	61%	59%
	Female		50%	44%	47%	46%	47%	48%	39%	41%
<b>Age Group</b>	Under 15 years	<b>0.1%</b>	3.9%	3.3%	4.5%	5.2%	4.3%	5.3%	4.3%	4.5%
	16-29 years	<b>4.6%</b>	40.9%	22.1%	26.3%	24.1%	25.8%	31.6%	44.0%	30.9%
	30-44 years	<b>30.2%</b>	29.1%	28.9%	28.4%	30.5%	28.8%	33.9%	27.3%	30.5%
	45-64 years	<b>30.7%</b>	19.5%	31.1%	28.2%	28.8%	29.7%	22.1%	19.4%	24.9%
	Over 65 years	<b>25.0%</b>	6.4%	14.5%	12.4%	11.2%	11.4%	7.0%	4.5%	9.0%
	Age not known	<b>9.3%</b>	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%	0.4%	0.1%
<b>Ethnicity</b>	White: British/Irish	<b>78.1%</b>	69.5%	90.7%	85.1%	87.6%	86.5%	69.8%	71.5%	85.6%
	White: Other White	<b>9.5%</b>	14.2%	4.1%	8.7%	4.7%	4.6%	12.4%	9.8%	3.3%
	Mixed	<b>1.2%</b>	2.2%	0.2%	0.4%	0.7%	1.0%	1.4%	1.3%	1.0%
	Asian or Asian British	<b>4.4%</b>	4.9%	0.7%	0.8%	1.8%	1.6%	8.9%	3.3%	2.6%
	Black or Black British	<b>1.3%</b>	1.6%	0.7%	0.3%	1.0%	0.7%	2.1%	1.4%	1.3%
	Chinese or Other Ethnic Group	<b>0.8%</b>	2.2%	0.1%	0.1%	0.2%	1.0%	0.4%	1.8%	0.5%
	Declined/Third Party report/Did not un	<b>1.4%</b>	1.5%	1.0%	1.3%	0.9%	1.7%	1.6%	1.9%	1.3%
	Missing	<b>3.3%</b>	3.9%	2.3%	3.3%	3.1%	3.0%	3.5%	9.0%	4.5%
<b>Deprivation</b>	Quintile 1 - most deprived	<b>33.4%</b>	26.9%	0.0%	42.3%	12.0%	0.0%	65.3%		
	Quintile 2	<b>22.5%</b>	25.1%	26.7%	44.8%	25.2%	4.4%	16.5%		
	Quintile 3	<b>18.4%</b>	28.6%	32.7%	10.1%	18.0%	21.6%	11.0%		
	Quintile 4	<b>14.2%</b>	11.3%	21.2%	2.9%	23.6%	35.8%	5.8%		
	Quintile 5 - least deprived	<b>11.5%</b>	8.1%	19.5%	0.0%	21.3%	38.2%	1.3%		
	Missing								n/a	n/a

Source: Nominals database, Cambridgeshire Constabulary. Deprivation (IMD 2010) by quintile of deprivation relative to Cambridgeshire and Peterborough

### Rates of reported victimisation by district

Table 3 shows the approximate number of reported victims by district with the rate per 1,000 population and 95 per cent Confidence Interval (CI). In four per cent of the data there was insufficient geographical information to code to a district. An additional four per cent gave a resident address outside of the county.

Compared to Cambridgeshire and Peterborough as a whole, the rate of recorded victimisation per 1,000 population is significantly higher in Peterborough at 53.7 per 1,000 population, Cambridge City (49.4) and in Fenland (39.3).

**Table 3: Number of reported Victims by District and rate per 1000 population**

District	Reported Victims (2011)	Rate per 1,000 population	95% Confidence Interval
Cambridge City	5,920	49.4	(48.2 - 50.7)
East Cambridgeshire	2,150	26.6	(25.5 - 27.7)
Fenland	3,710	39.3	(38.1 - 40.6)
Huntingdonshire	4,940	29.9	(29.1 - 30.7)
South Cambridgeshire	3,560	24.5	(23.7 - 25.3)
Peterborough	9,470	53.7	(52.7 - 54.8)
Other	1,290	-	-
No geographic data	1,220	-	-
Cambridgeshire including Peterborough	29,740	33.5	(37.6 - 38.5)

Source: Nominals database, Cambridgeshire Constabulary.

Numbers rounded. Research Group mid 2010 population estimate

Figure 4: Map of the rate per 1000 police recorded victims by lower super output area (LSOA)

**Rate of Victims per 1000 population**

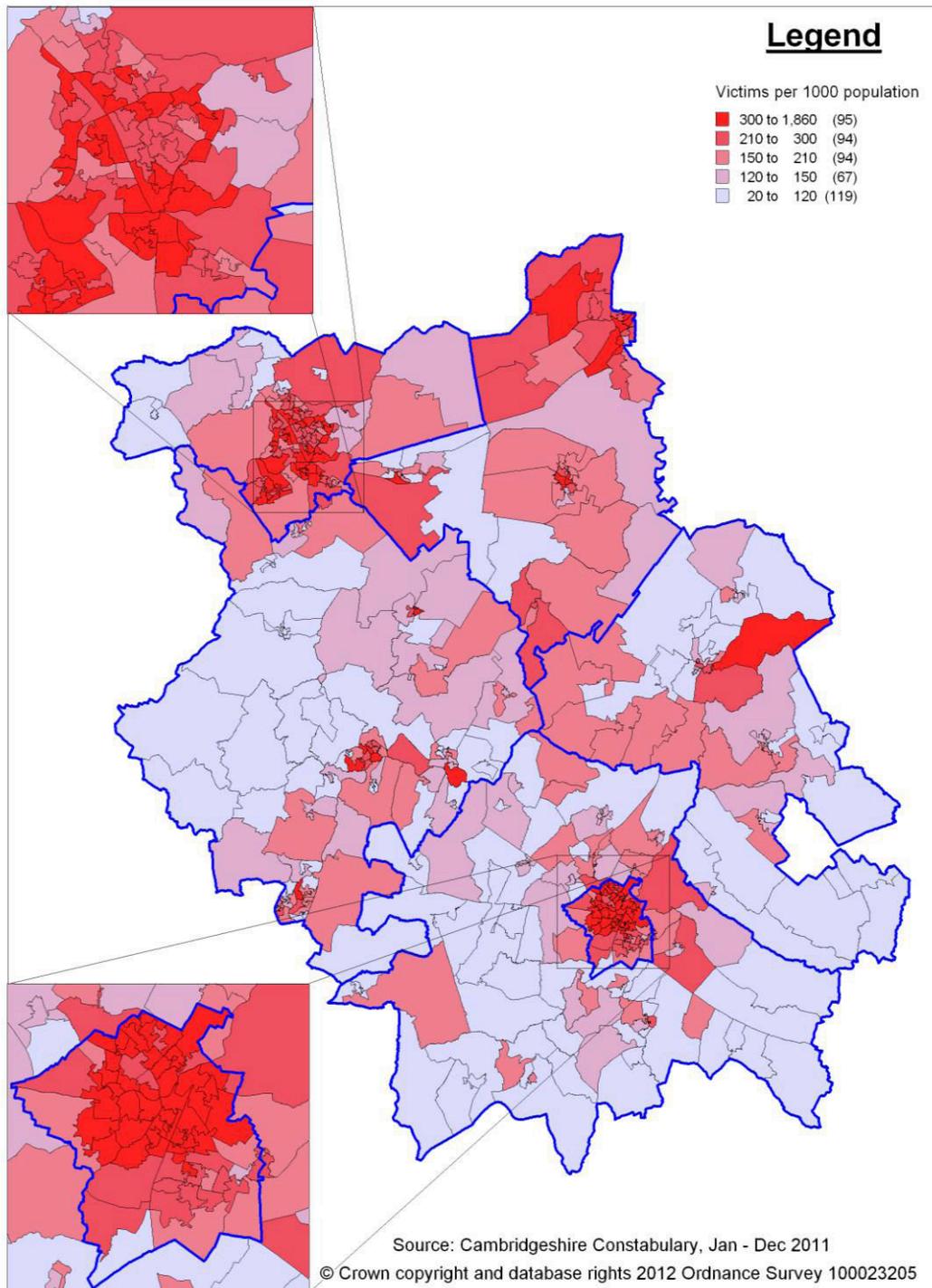
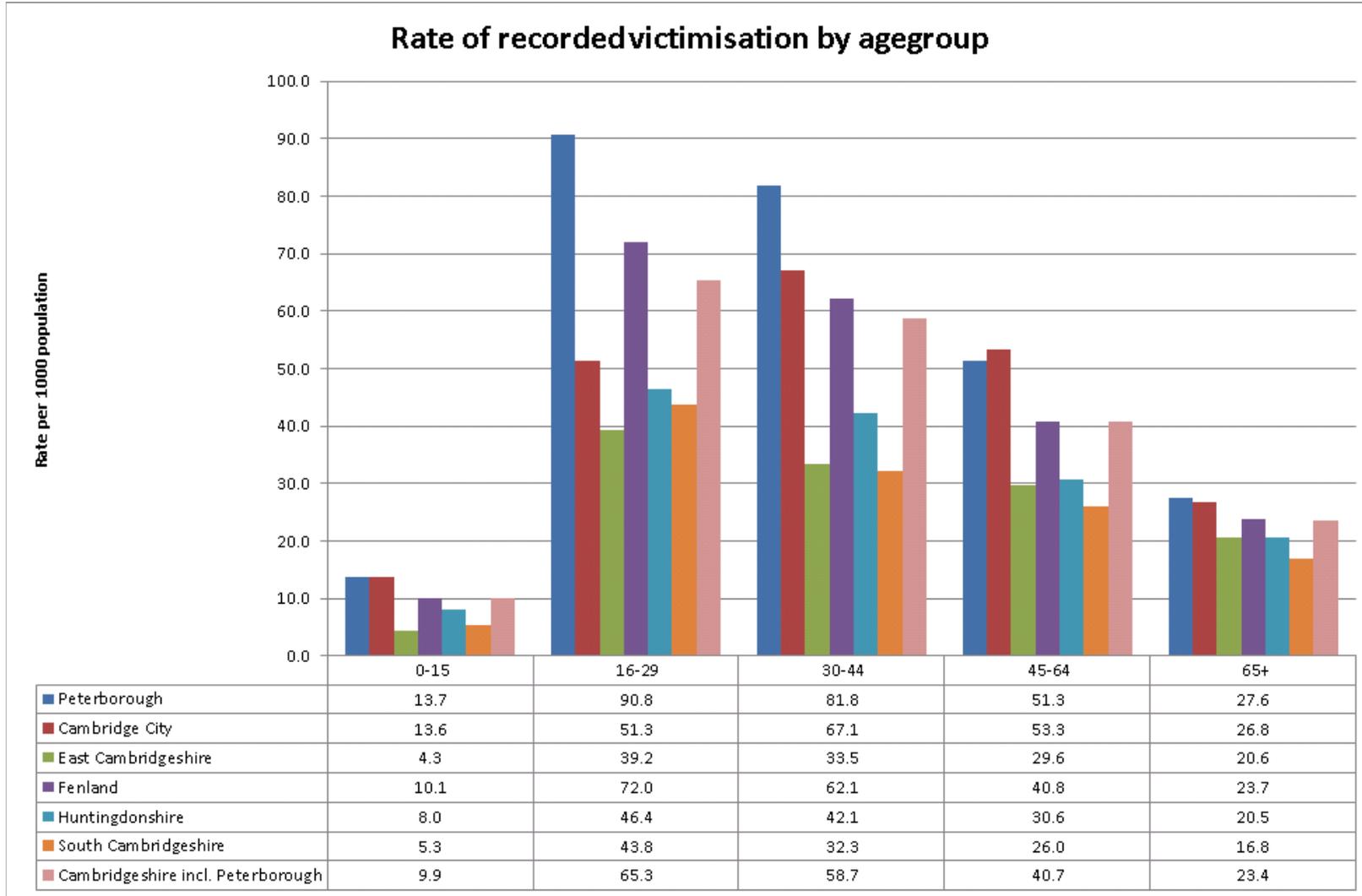


Figure 5: Recorded victims by age group and district (rate per 1,000 population)



Source: Cambridgeshire Constabulary Nominals database. Research Group mid 2010 population estimates.

## **8. Improving Support for Victims in Cambridgeshire and Peterborough**

### **An overview of research findings**

This section of the needs assessment is adapted from a longer report produced in association with Victim Support to inform the priority setting of the new Police and Crime Commissioner. It was researched and written by the Victims' Services Advocates (VSA) project. The VSA project was commissioned by the former national Victims' Commissioner.

The report aimed to:

- summarise current support for victims in Cambridgeshire and Peterborough;
- identify what victims needed from local services; and
- propose a course of action by the commissioner to meet these needs.

The report accomplished this by looking particularly at the needs of the following groups:

- victims of anti-social behaviour
- victims of domestic abuse
- victims of sexual violence
- victims of hate crime
- people bereaved by murder and manslaughter
- young victims of crime.

Several sources of information contributed to the findings of this report including interviews and focus groups with approximately thirty-five victims.

In addition to the VSA project two workshops were held with stakeholders as part of the needs assessment. These identified four a further victim groups which the needs assessment needed to focus upon. These were:

- victims of honour-based violence;
- vulnerable, elderly victims of crime;
- victims with mental health problems;
- victims living in deprived / vulnerable localities.

A brief overview of each of these groups has also been included within this section of the needs assessment.

### **Summary of the main findings of the Cambridgeshire and Peterborough VSA project**

Support for victims is provided by agencies in both the statutory and voluntary sectors, with partnership arrangements in place to progress joined up working arrangements. The provision of support is much more developed around those assessed as high risk, with fewer services available for those assessed as lower risk.

The victims said that getting communication right was crucial, as well as providing services that are responsive to individual need, flexible in their approach and developed collaboratively to effectively support the victim.

In Cambridgeshire and Peterborough, progress was being made in taking a victim-centred approach, and the benefits are recognised by all agencies. The development of this approach is on-going, but commitment to this needs to be reflected in partnership working and individual agency service delivery.

The main concern expressed by stakeholders was the increasing pressure on local services to deal with the needs of all victims and the limited resources available to do it. Resources have to be focused on those seen as highest risk, despite stakeholders' awareness of the benefits of supporting those assessed as lower risk and early intervention to prevent escalation.

Looking in more depth at the needs of victims and witnesses in the key crime categories the VSA project further identified that:

- Victims feel that the impact of anti-social behaviour needs to be taken more seriously by agencies, and any assessment of victims' needs should focus in particular on the impact that the anti-social behaviour is having on their lives. This led to a suggestion to develop a countywide consistent approach for assessing victims' needs.
- Victims of domestic abuse benefit from flexible and adaptable services which fully support their needs. It was suggested that there is a need to look at the capacity of all services, in particular those providing support to victims assessed as low and medium risk who do not reach the service threshold of statutory agencies.
- The victims spoken to praised the services providing support for victims of sexual violence. However they highlighted issues relating to the capacity of services to deal with the volume of victims of sexual violence as more people come forward to seek help and support.
- There are a small number of services providing support to those people bereaved by murder and manslaughter. Further research into the demand and capacity of services working in this area is needed.
- Services for victims of hate crime are limited and those which do exist are subject to time limited or year-on-year funding negotiations. Victims of hate crime said they felt that providing services which offer support in dealing with hate crime sends a clear message that it will not be tolerated within society.

## Consultation with victims of crime in Cambridgeshire and Peterborough

There were several common themes that emerged out of the focus groups and interviews conducted with victims, regardless of the crime or incident type they had experienced.

- **Communication:** Improving communication between the police and victims was the most common theme mentioned across all the crime/incident types. The lack of a single point of contact, proactive follow ups with victims (often the victim reported having to request an update from agencies) and the general manner of police officers were all a concern for victims. Some felt that they were not given any information following their initial report, others felt that being able to speak to someone who knew about their case was important: One victim said: “Nine times out of ten you have to repeat yourself and you get fed up of doing it.”
- **Contact with the police:** The attitude of police officers also plays an important role in reassuring victims. “Everything seems so frightening and when I spoke to them, they were like well it doesn't have to be.” The victims felt that officers needed to show understanding, to demonstrate care and sensitivity. Victims thought it was also important to be reassured that the perpetrator’s behaviour was unacceptable and they should not have to put up with it. Victims also said that when officers were supportive, they felt reassured they were doing the right thing in reporting the crime, “I never felt like I was wasting their time”.
- **Support needs:** Common themes were raised in relation to the general support victims felt was needed. Raising awareness of the support available, and agencies working together to proactively put victims in touch with support services were important, in order to avoid victims feeling, “left in the dark”. A need for more independent support, better advocacy/action based services and flexibility in relation to the type, timing and locations of the support offered was also expressed. It was also recognised as important for support services to, “recognise that it affects people in different ways” and that “everyone is individual, they might need different support”.
- The victims who had positive experiences about the support they received spoke about having someone available to listen to them and who contacted them: “just to see how I was”. There were some slight differences in the emphasis of support needs across the different crime types. Victims of anti-social behaviour and hate crime emphasised the need for action to be taken earlier, and felt frustrated that things had to escalate before anything seemed to be done. For victims of domestic abuse, the need for support as quickly as possible was clear, as well as a commitment from agencies to support them and their children. Victims of sexual violence emphasised the importance of all available choices being clearly communicated to them. “They need to listen first and foremost, they need to actually sit down and realise that nobody has an agenda, they [victims] just want somebody to talk to and to listen to them,” said a female victim of domestic abuse.

## 9. Overview for Specific Groups of Victims

### Victim groups: victims of anti-social behaviour

*“Behaviour that causes, or is likely to cause, harassment, alarm or distress to one or more persons not of the same household as the perpetrator”<sup>12</sup>*

*“Anti-social behaviour is a blight on the lives of millions who are directly affected; on the perceptions of millions more for whom it signals neglect in their neighbourhoods and the decline of whole towns and city areas; and the reputation of the police who are often thought to be unconcerned or ineffectual”<sup>13</sup>*

In 2010/11 there were 42,435 police recorded incidents of anti-social behaviour. This represents an 11 per cent decrease in the level of incidents from 2009/10. A total of 36 per cent of the county’s police recorded anti-social behaviour took place in Peterborough. The 2010/11 British Crime Survey indicates that nine per cent of people in Cambridgeshire perceived there to be high levels of anti-social behaviour in 2010/11. It also revealed 63 per cent of the population in Cambridgeshire are confident that authorities in the area are effective at reducing anti-social behaviour.

The Neighbourhood Perception Survey for the 2011 Cambridgeshire Strategic Assessment which was completed by a sample of approximately 500 people (excluding Peterborough) showed that a small proportion of respondents were affected by anti-social behaviour, four per cent felt affected on a daily basis, 12 per cent felt affected more than once a week. Extrapolated to the total population figures this is the equivalent of 22,400 people (aged 10 – 65) being affected by anti-social behaviour every day and 67,300 being affected every week.

### Feedback from the victims

Feedback from those victims who took part in the Victims’ Services Advocate project suggested that their experience of accessing support services for anti-social behaviour had been both positive and negative. Experiences with the police varied as the police were often unable to take action against the person(s) responsible. One victim mentioned that the presence of a Police Community Support Officer (PCSO) at the local library on a regular basis had proved valuable as she could “go there if she had any problems”.

Some victims were pleased with the service received from particular individual officers generally due to their availability and ease of communication: “We could phone her at anytime or leave her a message and she would get back to us as soon as she could.” However one of the concerns raised was around the lack of out of hours support: “There’s nobody in the middle of the night, when they’re doing all this there’s nobody there.” There was also a sense of frustration around the processes involved in resolving some issues, and the impact on the victims’ day to day life: “I became obsessed with the recording.”

A number of people spoken to felt that the impact of anti-social behaviour needed to be taken more seriously: “When I first started out on all this I thought is it me? Should I be putting up with all this?”

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<sup>12</sup> Crime & Disorder Act 1998

<sup>13</sup> HMIC, Stop the Rot, 2010

People generally felt there was a lack of support for victims of anti-social behaviour and that they wanted to have someone to listen to them, who was available when they needed support, and who understood what they were going through.

**Case study: victim of anti-social behaviour**

Mary from Peterborough described the “neighbour from hell” living next door to her. Loud music was played all day and night, abuse was being shouted at her and other residents in the street and three fires were reported in three weeks.

She said that the impact of the anti-social behaviour led to weight loss, a decline in her health (she was diabetic) and her husband was forced to quit his job for safety reasons due to lack of sleep. In the end Mary and her husband had to move house: “I thought why should I be the one to leave? I didn’t want to go and leave all our friends behind but it became too dangerous for us and, to be fair, the support was brilliant,” she said.

Mary said the support provided made her feel that someone really cared: “She would often ring me on a Monday morning to see how my weekend had been, before I could ring her”.

Mary also said there was a need for more support for people who experience anti-social behaviour (“you feel like you’re the only one”), in order to help people speak up about the problems they are experiencing and “not let agencies fob you off”.

**Additional analysis**

The experiences of the victims of anti-social behaviour who took part in the Victims Services’ Advocate project and also of ‘Mary’ described above tally with what was identified when a detailed look was taken at the current Fenland anti-social behaviour workload (see page x). There is a background of health problems within the victim group that are exacerbated by experiencing anti-social behaviour. These problems include long term conditions such as mental ill-health, diabetes and cancer. Further, Mary’s experience of having to move house due the anti-social behaviour is by no means unusual; some of the Fenland anti-social behaviour cases were resolved due to a house move by the victim.

The recent high-profile Leicestershire case of Fiona Pilkington who killed herself and her daughter as a result of being a victim of on-going anti-social behaviour has highlighted the need for robust assessment of the vulnerabilities of victims. The Independent Police Complaints Commission (IPPC) highlighted that police failed to identify the difference in the level of seriousness between general anti-social behaviour and specific harassment of the Pilkington family.

Within Fenland, brief needs assessments are now carried out for each victim reporting anti-social behaviour which are shared between partners. There is however further work needed to ensure that this successfully piloted approach is adapted and used as the standard across the rest of the County.

### **Victim groups: victims of domestic abuse**

The term 'domestic abuse' describes the context in which types of crime can occur. Domestic abuse is 'Any incident of threatening behaviour, violence or abuse [psychological, physical, sexual, financial or emotional] between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'<sup>14</sup>

The British Crime Survey 2010/11 includes a self-completion module on intimate violence. This covers emotional, financial and physical abuse by partners or family members, as well as sexual assaults and stalking experienced by 16-59 year olds. Women are more likely than men to have experienced all types of intimate violence. Overall, 30 per cent of women and 17 per cent of men had experienced domestic violence since the age of 16.

Based on regional data from the British Crime Survey, for an area the size of Cambridgeshire and Peterborough it is estimated that over 15,000 women and girls aged 16-59 have been a victim of domestic abuse in the past year<sup>15</sup>. Cambridgeshire Constabulary recorded 12,791 domestic abuse incidents for 2010/11 and 3,001 crimes; and 40 per cent of the county's domestic abuse incidents and crimes took place in Peterborough.

It is estimated that the effects of domestic abuse costs in the region of £40 million per year (out of a budget of over £2 billion) with a £9.7 million cost to the police; £18.7 million to local authorities; and £12 million to NHS Primary Care Trust expenditure<sup>16</sup>.

The Joint Strategic Needs Assessment for Domestic Abuse in Cambridgeshire (excluding Peterborough) also emphasises the impact of domestic abuse on children. Eight per cent of respondents in the Year 8 and 10 Cambridgeshire Secondary Survey in 2010 indicated they experienced domestic abuse within the home. In addition at least 75 per cent of looked after children, and 50 per cent of children subject to a Child Protection Plan in Cambridgeshire come from domestic abuse backgrounds.

### **Feedback from the victims**

The opportunity to talk and help with accessing other services were mentioned as important elements of the support process. One victim talked about the need for agencies to contact victims to offer support, stating that: "Even though you might have been given a phone number, often what's going on in your head at that time, you don't particularly want to phone someone and say this is what is happening to me, you want someone to contact you and say I'm here."

The victims also mentioned the need for support to be flexible with some people preferring face-to-face meetings, others to talk by phone. The need for services to be made available outside of normal working hours was felt to be an important factor by all.

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<sup>14</sup> Home Office definition

<sup>15</sup> Home Office (2010) Violence Against Women and Girls Ready Reckoner

<sup>16</sup> Ibid

Some victims reported that their experiences with the police had been very positive. Victims talked about the speed of response: "I didn't know they would come that quickly," said one person and many others were surprised at how understanding officers were when following-up incidents.

For those who reported less positive experiences, they talked about feeling judged by officers: "If a woman is supposed to phone every time there is an incident and then she's patronised for doing so, why on earth is she going to do it again." Lack of follow-up services was also mentioned, stating that they also had negative perceptions about the involvement of social services in general: "They shouldn't scare mothers into thinking that they are going to take their children."

#### **Case study: victim of domestic abuse**

Lisa met her partner when she was 20. They moved abroad shortly after getting together to be close to his family. They were together for less than a year when he started hitting her.

Following an incident at home when her partner was attacked and seriously assaulted by a group of men, Lisa rang the police and they helped her go to a refuge. She contacted a friend in the UK and moved in with her, and shortly after she was given a house by the local authority. She maintained contact with her partner who was in prison and on his release he moved in with her in the UK.

Less than two months after moving in with her, the abuse started again and gradually escalating and becoming more violent. Lisa never rang the police, but her neighbours did. Lisa's partner was arrested however Lisa moved back in with him. Lisa was working with a service to help her deal with her obsessive compulsive disorder, and having witnessed the levels of abuse she was experiencing, suggested that she should consider going into refuge again.

Lisa hated the first refuge she was in and she felt completely isolated and alone. A specialist domestic violence police officer contacted her and said that they could arrange for extra security on her home if she would prefer to return home, so she did. However, on returning to her home, her partner would not leave her alone and she had to return to a refuge after a short time.

This time, she went to a different refuge and felt much more comfortable. She was put in touch with the IDVA service in Cambridge and her case went to the Multi-Agency Risk Assessment Conference. Lisa moved to a new house, had a Sanctuary room put in and stopped all communication with her ex-partner.

#### **Additional analysis**

Cambridgeshire is developing clear pathways for victims of domestic abuse using the DASH risk assessment tool in conjunction with professional judgement. This assessment score (and/or professional judgement) is being used to identify referral pathways to the appropriate services.

Services are being drawn together as part of the Domestic Abuse Investigation and Safe-Guarding Unit (DAISU), which in turn forms part of the broader approach to draw together partnership services to protect vulnerable individuals (which also includes children, vulnerable adults and missing persons). This central point of contact for all domestic abuse in the county addresses the

most serious cases of domestic abuse but specific concerns were raised within the needs assessment workshops regarding cases assessed as medium or low risk receiving a minimal service due to the high volume of the high risk cases.

### **Victim groups: honour-based violence**

In recent years, honour crimes have achieved a higher profile. This has in part been fuelled by media coverage of the murder of several young Kurdish and Pakistani women by their families<sup>17</sup>. However, the focus on killings may distract from the extensive level of violence and abuse that is perpetrated mainly<sup>18</sup> against women and girls in some communities in the name of 'honour'. Broader issues include forced marriage, domestic violence and female genital mutilation (FGM).

The concept of honour can be broad; in the context of this report it refers to the form of honour that arises from ideas that the reputation or social standing of an individual, family or a community is based on the behaviour and perceived morality of its female members. Common ways that 'honour' can be seen as being damaged are through defying parental authority, become western (clothes, behaviour and attitude), having relationships prior to marriage, use of alcohol or drugs and through gossip or rumours. To avoid the consequences that can result from losing one's honour, individuals, families and communities may take drastic steps to preserve, protect or avenge their honour. This can lead to substantial abuse

Whilst elements of this concept could be found in European culture until relatively recently, in the UK today it primarily exists (although not exclusively) amongst immigrants and their descendants from the Middle East and South Asia. The precise prevalence varies from community to community, depending on each group's cultural, social and religious traditions. The 2001 census identified that over 8,000 people born in South Asia and over 2,000 people born in the Middle East were resident in Cambridgeshire and Peterborough. The results of the 2011 survey should provide a clearer picture.

- **Forced marriage.**

There are few statistics on the prevalence of forced marriage in the UK. Immigration Statistics<sup>19</sup> show that in 2006 14,295 husbands and 26,665 wives from the Indian sub-continent, Middle East and Africa were given visas to enter the UK. The government's Forced Marriage Unit (FMU) handles approximately 5,000 enquiries a year and takes up 300 cases per year of young British nationals<sup>20</sup>. Forms of abuse related to forcing a marriage include physical violence, emotional abuse, isolation (including withdrawal from school) kidnapping and rape.

- **Domestic violence.**

As well as partner violence, honour based domestic violence can be perpetrated by the extended family of the victim. Statistics are limited although ACPO estimate that at least 17,000 incidents a year occur within Britain. The Centre for Social Cohesion<sup>21</sup> interviewed a number of community scheme workers and estimates were as high as 60 per cent for some communities. Actual killings in the UK are estimated at 10-12 a year which represent a very

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<sup>17</sup> Crimes of the Community: Honour Based Violence in the UK, Centre for Social Cohesion, 2010

<sup>18</sup> There have been some instances of men being victimised because they were gay

<sup>19</sup> HMSO 2007

<sup>20</sup> Domestic Violence, Forced Marriage and Honour Based Violence, House of Commons Home Affairs Select Committee, 2007-08

<sup>21</sup> Crimes of the Community: Honour Based Violence in the UK, Centre for Social Cohesion, 2010

small proportion of the 840<sup>22</sup> total murders committed each year.

- **Female Genital Mutilation (FGM)**

FGM is sometimes referred to as female circumcision and is illegal in the UK. It involves the partial or complete removal or modification of the female genitalia for cultural or religious reasons. The prevalence of FGM has been estimated by Forward<sup>23</sup> using data regarding country of origin and World Health Organisation (WHO) estimates of the practice of FGM in those countries. For 2001 it was estimated that 65,790 women were in the England and Wales who had been subjected to FGM<sup>24</sup>. Further it is estimated that at least 16,000 girls under the age of 8 are at high risk or may have already undergone FGM. The report shows that the prevalence is variable between areas of the UK depending on the ethnicity of the population.

Cambridgeshire Constabulary recorded 155 cases of honour based violence on a dedicated database between Aug 2008 and May 2012. This is thought to be an undercount of the actual number of cases dealt with due to some being recorded and dealt with within day to day business of the force. In addition, considerable under-reporting also needs to be taken account of.

**Case study: victim of honour-based violence**

(adapted from Crimes of the Community: Honour Based Violence in the UK, Centre for Social Cohesion, 2010)

‘Saamiya’ is 16-year-old girl of Pakistani origin. Brought up in Birmingham, when she was 16 she was taken to Pakistan and forced to marry after her parents discovered that she had a boyfriend. She was rescued from Pakistan by the FCO’s Forced Marriage Unit.

“I was taken to Pakistan for a forced marriage when I was 16. My parents found out that I had a boyfriend so I was taken to Pakistan. I was told of the arranged marriage two hours before the ceremony. I told my dad that I didn’t want it but I couldn’t do anything – there was no argument.

After the marriage had gone through, the Foreign Office actually came out to the village and asked me if I wanted to go back. My dad was there so I said no and that I was happy here. But they asked my dad to leave the room and then they asked me again and I said yes, that I wanted to go home.

When I arrived at the airport in England, I had two armed coppers on each side of me and the social services were there as well. Someone had contacted CrimeStoppers Anonymous so I could get back home. They had phoned up and told the police of all my details about where I lived and that I was going to be taken to Pakistan to get married. I haven’t been back [home] since then. My brothers say that they want to take me back to Pakistan so that they can kill me basically.”

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<sup>22</sup> Ibid based on 2003/04

<sup>23</sup> The Foundation for Women's Health, Research and Development

A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales, 2007

<sup>24</sup> Mainly whilst in their country of origin

### **Victim groups: victims of sexual violence**

In this report, 'sexual violence' refers to the full range of sexual offences recorded by the Home Office. Sexual violence can affect people of all ages, genders, sexual preferences and cultures.

The British Crime Survey 2010/11 includes a self-completion module on intimate violence with 19 per cent of women and two per cent of men reported having experienced sexual assault (including attempts) since the age of 16. In addition, around three per cent of women and one per cent of men had experienced some form of sexual assault (including attempts) in the last year. For a variety of reasons, sexual violence often goes unreported.

In 2010/11, there were 771 recorded sexual offences recorded in Cambridgeshire and Peterborough. This represents an increase of two per cent from the previous year, compared with a national increase of one per cent. Based on regional data from the British Crime Survey, the estimate for an area this size over 2,300 women and girls aged 16-59 have been a victim of sexual assault in the past year. A small number of men also become victims of sexual violence each year.

### **Feedback from the victims**

The victims reported very positive experiences of the services they had been involved with. The SARC (Sexual Assault Referral Centre) and in particular the ISVA (Independent Sexual Violence Advisor) service, were highly praised for the way in which they helped victims.

One victim said the person providing support was a "real credit to her service, still continues to support me, she has been fantastic".

Positive elements related to victims being presented with options and having no time pressures put on them to make decisions, with service providers being honest and realistic about what would happen if the offence was reported and generally being available to talk to. One victim said it was "because of them I went to the police". Another victim talked about how the ISVA made the initial report on her behalf.

Having support available locally was also mentioned, in particular local drop-ins for Rape Crisis and also the ISVA coming out to see the victim rather than having to go back to the SARC. In relation to involvement with the police the victims mentioned the importance of never feeling like they were wasting the officer's time, stating it "felt like they were fighting my corner". This was particularly important in relation to keeping in touch with the victim, with one noting they "came out to explain why the case wasn't going forward, their priority was - was I ok". Providing the victim with options in relation to communication was suggested as a possible improvement as one victim had largely been updated by text message and would have liked to have had a conversation with someone over the phone.

### **Case study: victim sexual violence**

Yvonne was raped by her partner and wasn't sure what to do. She didn't want to go to the police as she wasn't sure she would be believed. She visited her GP who told her about the Sexual Assault Referral Centre (SARC) where she could go for specialist support. Yvonne rang the SARC that day and made an appointment to visit the centre.

At the centre all of Yvonne's options were explained to her, including that she could have a medical examination so that if she decided to report it at a later date, the evidence would be available. Yvonne was relieved that someone believed her as that had been her main concern all along. She decided to report to the police and found the subsequent support from the ISVA invaluable. The ISVA stayed with her throughout the examination and kept checking she was ok. The ISVA then contacted the police on Yvonne's behalf to report the rape.

The police officers who Yvonne spoke to dealt with her sensitively and asked questions in simple terms, which did not overwhelm her. They explained what would happen next and who the contact would be for any queries or questions she might have. Yvonne also maintained regular contact with the ISVA over the phone and occasionally, face-to-face when she felt she needed the extra support.

### **Further analysis**

The Oasis Centre is the Sexual Assault Referral Centre (SARC) for Cambridgeshire and Peterborough. The centre offers a comprehensive service for men, women and children who have been raped or sexually assaulted either recently or in the past.

Victims can directly access, or be put in touch, with all the services they may need, including immediate support from a crisis worker, forensic medical examination if the assault has occurred within the past seven days regardless of whether a report has been made to the police. It can also provide emergency contraception, advice and screening for sexually transmitted infections, pregnancy testing, counselling and on-going and long term support via the ISVA service. The centre is currently running to capacity in relation to the ISVA support and there is a need for clear referral pathways to be established based on victim needs and to allow clients to move on.

In 2009 Rape Crisis carried out a study on the service provision for the victims of sexual violence in Cambridgeshire<sup>25</sup>. This study was conducted prior to the opening of the SARC however a number of gaps were identified that stakeholders working in the area believe still need to be addressed.

The research found that specialist support was concentrated in certain areas resulting in a lack of countywide one-to-one support which their respondents indicated as their preference. They also found that services suffered from a lack of capacity and insufficient funding.

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<sup>25</sup> Rape Crisis Cambridgeshire (2009), Scoping of Sexual Violence Provision in Cambridgeshire. Cambridgeshire: Rape Crisis

## **Victim groups: people bereaved by murder, manslaughter or road traffic accidents**

Discussion within the needs assessment steering group identified that this group which initially included those bereaved by murder or manslaughter should be broadened to include those bereaved by road traffic accidents. The reason for this is that the impacts are similar and the families of road traffic accidents can have significant contact with the Criminal Justice System after the incident.

- Over the last three years Cambridgeshire Constabulary have recorded 48 homicides;
- During 2011 33 people were killed on Cambridgeshire and Peterborough's roads.<sup>26</sup>

The local data available on services for those bereaved by murder and manslaughter, including services for those bereaved as a result of culpable road traffic incidents, has been limited because most services deliver on a national rather than on a local basis. For example, the charity Brake is a national provider of emotional support, information, help and advocacy to people bereaved and seriously injured in road crashes. This is delivered through a UK-wide helpline and via partnerships with police family liaison officers, who distribute Brake's support packs for people bereaved in road crashes

The Victims' Services Advocacy Project did not hold focus groups or interviews with people bereaved by murder and manslaughter. Instead, the project referred to the 2011 report by the former Commissioner for Victims and Witnesses, Louise Casey, on services for secondary victims of murder and manslaughter<sup>27</sup>.

This called for, among other things:

- A dedicated casework service to help [bereaved families] with practical problems and support families in the early weeks and months following a bereavement;
- Where aspects of a case include complex and specialist areas of law, there should be arrangements in place for families to access additional assistance;
- Trauma and bereavement counselling as necessary;
- An offer of peer support through a national network of peer support/self-help;
- Age-appropriate services for children;

Some of these recommendations have since been incorporated into proposed changes to the criminal justice system and the funding of victim support services.

The Victim Support Research Study 'In the Aftermath' (2006)<sup>28</sup> concluded that the experience of bereavement by homicide is emotionally and psychologically devastating and unlike the grief that accompanies a death by natural causes. This experience is further complicated by the involvement of the Criminal Justice System.

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<sup>26</sup> 2011 Joint Road Traffic Accident Report, Cambridgeshire County Council.

<sup>27</sup> Review into the Needs of Families Bereaved by Homicide, Louise Casey CB, July 2011

<sup>28</sup> In the aftermath: The support needs of people bereaved by homicide, a research report, Victim Support, 2006.

In line with national requirements for cases of homicide, Cambridgeshire Constabulary provide a Family Liaison Officer (FLO) throughout the investigation of a death. The Victim Support Homicide Service will be notified of the case within 24 hours and a homicide case worker will be assigned to the family within 72 hours. The case worker's primary role is to support the family.

'In the Aftermath' identified:

- Traumatic grief is complicated by involvement in the Criminal Justice System whose processes can inhibit and hamper grief reactions, and exacerbate feelings of rage and powerlessness;
- Different groups will experience bereavement by homicide in different ways, depending on relationship to the victim, age, gender and other factors, representing a wide range of specific responses and needs;
- Mental health, physical health and relationships are often adversely affected. In particular immediate family members are at risk of developing post-traumatic stress disorder (PTSD);
- People have been helped by practical support and self-help groups in terms of getting information, support through criminal proceedings, dealing with the media and everyday functioning.

There are a small number of local services operating in Cambridgeshire and Peterborough supporting those bereaved by homicide. Cruse Bereavement Care offer counselling for adults, children and young people. Stakeholders did mention that access to mental health services and trauma based therapies is an issue. The Improving Access to Psychological Therapies project is working to improve access particularly for those experiencing mild to moderate mental health problems, however sometimes the effects of bereavement can require more intense intervention.

**Case study: Victims of a road traffic accident (adapted from BRAKE case studies, 2012)**

Three-year-old toddler Harry was killed on a pedestrian crossing. Harry, his mother Carol and older brother Jake were waiting for the lights to change at a crossing on a road where the speed limit is 30mph. When the green man lit up, Harry thought it was safe and went to cross the road. He was almost immediately struck by an oncoming car that had ignored the red light. Harry died two days later.

Harry's death sparked a local campaign, supported by his family, to reduce the speed limit to 20mph and install a speed camera. Three years later, after a huge amount of effort by the campaigners, a speed camera was installed on the road, although the speed limit remains 30mph.

Harry's mother Carol said: "The tragic death of our beautiful son Harry has devastated our family forever: life will never be the same. And it was totally needless: a young, innocent life snatched away, in an event that could have been prevented through safer driving and safer roads."

### **Victim groups: victims of hate crime**

'Any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a personal characteristic.'<sup>29</sup>

In 2007, the police, Crown Prosecution Service (CPS), Prison Service (now the National Offender Management Service) and other agencies that make up the criminal justice system agreed a common definition of monitored hate crime to cover five 'strands,' in particular:

- disability;
- gender-identity;
- race;
- religion/faith; and
- sexual orientation.

Hate crime can have a huge impact on victims – not only because of how the incident itself has affected the person, but also because bringing the offenders to justice can involve the victim having to reveal personal aspects of their life. Hate crime does not only affect the targeted individual. It affects victims' families and the wider community, and can lead to further violence, aggressive behaviour and at its worst community unrest.

Cambridgeshire Constabulary recorded 461 hate crimes and 172 hate incidents in 2010/11. Peterborough accounts for 45 per cent of recorded hate crimes and 58 per cent of hate incidents. There are no reliable statistics of how many serious anti-social behaviour cases involve hate crime; the need assessment review of the Fenland anti-social behaviour caseload identified at least two cases where some element of targeting due to race or disability could have been occurring.

A conference about hate crime took place in Peterborough at the end of March 2012. The aim of the conference was to bring people together to share experiences of hate crime issues and form the basis of a city action plan for Peterborough.

### **Feedback from the victims**

A particular issue that emerged from the Victims' Service Advocacy focus groups was that the boundaries between anti-social behaviour and hate crime can be blurred. Some 'hate' cases were being addressed as anti-social behaviour. It is important that victims are treated according to their individual needs, rather than according to a category which they appear to fit into.

Some of these issues will be addressed by the local implementation of the Home Office hate crime action plan, 'Challenge it, Report it, Stop it' published in March 2012. The new national strategy aims to tackle hate crime through focussing on prevention, early intervention and improving the response to victims:

- working with police forces, councils and housing providers to improve handling of public calls about anti-social behaviour, to identify possible hate crime and victims at risk;

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<sup>29</sup> Challenge it, Report it, Stop it: The Government's Plan to Tackle Hate Crime. HM Government, March 2012

- publishing risk assessment tools that allow police and other call handlers to identify victims of hate crime earlier in the reporting process;
- engaging with communities at risk of hate crime to raise awareness of the law on hate crime, and increase reporting;
- putting Safeguarding Adults Boards on a statutory footing, to increase the awareness, detection and prevention of abuse and exploitation of adults in vulnerable circumstances.

The victims of hate crime who took part in the VSA research indicated that it was important to them to have someone to talk to following the crime or incident so that they weren't "left high and dry" without knowing what was going on.

The opportunity to have somebody else to "fight your corner" was also important. One victim said the most important thing about providing support for him was to show that hate crime was unacceptable, and that by not taking action at an earlier point, services were saying that the behaviour was acceptable.

Linked to this, victims mentioned that being taken seriously was also an important element of the positive support they received from agencies. Being dealt with in an understanding manner that takes into account the impact the incident/crime has had on them and offering support relevant to this was important for reinforcing that services were taking the issue seriously. The victims spoken to felt that improvements could be made with regards to the police following-up with victims after the initial report: "even if they can't do anything [they should] tell you". It was also important that services took responsibility for helping the victim rather than putting the responsibility on the victim to contact other services. It was suggested someone co-ordinate all the different services that could be involved such as the police, housing associations and the local authority.

#### **Case studies: victims of hate crime**

Abdul was being racially harassed by his neighbour. Initially this started as general noise nuisance. Following an assessment of the noise level, Abdul was told that they were normal and therefore nothing could be done. However the problems with his neighbour continued and the noise nuisance developed into verbal abuse and threats towards him, and damage to his car.

Abdul said: "My information was not kept confidential; the perpetrator knew it was me who complained." Abdul was also in contact with his housing provider and they asked him to complete diary sheets of incidents that occurred. He was disappointed that no one came out to see him.

He continued to fill in diary sheets but he received very little feedback. Abdul called the police when his neighbour was damaging his car. Abdul said "The person who took my call was very rude, he told me to shut up and answer the questions". Abdul then went to the local police station so he could speak to someone in person about the problems he was experiencing. He also got in touch with the local race equality council and they met with him to discuss his issues. He said "they made agencies take me seriously". Abdul decided the best solution for him was to move house. He said: "I was disappointed that nothing was done for so long, no one took the issue seriously. Agencies need to listen more to victims like me."

### **Victim groups: young victims of crime**

The British Crime Survey estimated that there were 878,000 crimes affecting 10-15 year-olds in England and Wales in 2010/11. Of these, two thirds (576,000) were violent crimes (77 per cent of which resulted in injury to the victim, mainly minor bruising or black eyes). Most of the other third (275,000) were thefts of personal property.

A much smaller number of children (27,000) experienced vandalism of personal property. Over a third of all reported rapes (36 per cent) are against children under 16 years old, and one in six teenage girls reported intimate partner violence.

Indirect victimisation is also common among children and young people. In a recent study, almost one in five young people (22 per cent of girls and 13.5 per cent of boys) said they had experienced cyber bullying (this was also raised within the needs assessment workshops by youth workers). Given the widespread use of social networking, this type of crime can be especially difficult to prevent.

Victim Support's 2007 report, 'Hoodie or Goodie', highlighted the fact that young victims and young offenders are often one and the same. This link is particularly prominent where violence is involved.

Figures from Cambridgeshire Constabulary show that for the period 2010/11 there were 3,330 victims of crime who were aged 17 and under. The most common type of offences recorded included assaults with less serious injury or other violent crime. The Cambridgeshire Health Related Survey (Balding Survey) 2008 showed that 28 per cent of children and young people are often afraid of going to school because of bullying, 24 per cent say they have been bullied at or near school in the last 12 months and 15 per cent had been subject to repeated incidents of bullying<sup>30</sup>.

### **Feedback from the victims**

The young people spoken to as part of the Victim Services' Advocacy project felt that there were several elements of support that young people would need if they were to become a victim of crime. They felt that treating someone as an individual was key. In some instances a young person may want to be taken home, to be reassured about their safety and to have police officers explain the situation to their parents. In other circumstances a young person might wish to be able to make their report confidentially, and be given information regarding their options.

Providing follow-up in all circumstances was seen as an important part of offering reassurance after the crime. For some of the young people we spoke to they felt that the police didn't really understand them, or their needs. They suggested that more work was needed in order to break down the barriers between young people and the police, stating that "if you know the type of people looking after you, you'll feel more reassured" and "the more comfortable you feel with someone the more you'll tell them". The young people we spoke to also thought that support was probably available for them although none of them knew about any specific agencies. Most of them felt they would probably look to their friends or family for help in the first instance.

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<sup>30</sup> Cambridgeshire County Council/NHS Cambridgeshire (2010) Cambridgeshire Joint Strategic Needs Assessment

**Case studies: a young victim of crime**

For the VSA research project young people were not asked to recount their own personal experiences to the group, instead the example of 'Alex' was used to stimulate discussions.

In the scenario Alex who was 15, was attacked by a group of boys who stole his mobile phone and left him with a cut lip. The young people agreed the police needed to come as quickly as possible to reassure Alex and make him feel safe, and give sympathy and reassurance.

They also talked about the need for Alex to feel listened to, in order to find out the next steps he wanted to take. Some of the young people thought it would be good if the police officers took Alex home and explained to his parents what had happened. Others felt that this should be a choice that Alex could make for himself, and he should be asked.

All of the young people spoken to thought that he should be given information about what to do next, and what would happen next, and that the police should follow-up with Alex and keep him updated. They also felt that Alex might need some support after the incident, to talk to someone about what had happened, as well as time to get over the shock.

### **Victim Groups: those with mental health problems**

People with mental health problems were identified within the needs assessment workshops as a victim group of concern. The anti-social behaviour case studies in Fenland also identified that both victims and offenders often had mental health problems; the severity of these problems ranged from mild anxiety through to severe depression.

### **Understanding mental health conditions**

Some local literature considered as part of the needs assessment contained ambiguity around mental health conditions and how to define them? Consequently the needs of the population were not fully apparent. Case notes referred to someone having a 'mental health problem' without being specific.

Mental health conditions have been traditionally been divided as follows:

- 'Neurotic' conditions (common mental health problems)  
Symptoms described as more severe forms of 'normal' emotions such as depression, anxiety and panic.
- 'Psychotic' conditions (less common mental health problems)  
Symptoms that interfere with a person's perception of reality such as bi-polar disorder or schizophrenia.

In addition, there is an area of diagnosis described as 'personality disorders' which is of relevance as some studies have associated some of these with criminal behaviour<sup>31</sup> for example 'anti-social personality disorder' (ASPD).

### **Prevalence of victimisation**

There are few studies of victimisation amongst mental health patients. An early study identified that one third of patients discharged from psychiatric hospitals and living in hostels had been victims of crime in the previous year<sup>32</sup>. Walsh et al (2003)<sup>33</sup> examined both the socio-demographic and clinical determinates of violent victimisation separately amongst patients with 'psychotic' conditions. It revealed:

- Sixteen per cent of the sample reported victimisation compared to 6.7 per cent of all respondents for that year's British Crime Survey. Homelessness increased the risk as did a previous history of violence as either an offender or victim.
- Use of two or more illegal drugs was the biggest risk factor to becoming a victim. Those using one illegal drug were almost two and half times more likely to be victimised, and those using two or more drugs were over four times more likely to be victims of violence than those denying any use.

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<sup>31</sup> Violence in Society, BMJ 2002 quoting Department of Health 2002

<sup>32</sup> Lehman & Linn, 1984

<sup>33</sup> Walsh et al, Prevalence of violent victimisation in severe mental illness, British Journal of Psychiatry, BJP 2003, 183:233-238

### **Victim groups: the vulnerable elderly**

Within their recent study 'Summing Up'<sup>34</sup> Victim Support uses secondary analysis of the British Crime Survey to show the gap between the proportions of older people reporting being a victim of crime compared to younger people. Eleven per cent of people aged 65-74 years old reported being a victim of an offence in the last year, compared to 32 per cent of all 16-24 year olds. This figure shrinks to eight per cent for those aged 75 years or older.

This gap is compounded by differences in lifestyle and property ownership. A young man who visits nightclubs, owns a car, lives in social accommodation in a deprived and disordered urban area and has previously been stopped by the police has a 60 per cent risk of being a victim of crime; whereas an old woman who does not go out, or own a car, lives in her own home in a rural area that is not deprived or disordered, and has not been stopped by the police has a 3 per cent risk.

The report goes on to identify the degree to which people feel they are likely to become victims is much higher than the actual risk. In fact, this perceived likelihood of victimisation is on average five times higher than the actual risk. This amplified perception rises with age and is highest for the elderly: whose perceived risk of being a victim of crime is nearly 40 times higher than their actual risk for those over 75.

According to research carried out by the European Crime Prevention Network<sup>35</sup> there are three main models for why people have a heightened fear of crime:

- **Victimisation:** People in certain groups experience or witness higher levels of crime so consequently fear victimisation.
- **Vulnerability:** Personal characteristics contribute to a person's fear of crime. Some people perceive themselves to be physically vulnerable and therefore unable to resist or cope when a crime occurs. Others perceive themselves as being socially vulnerable and fear being exposed to victimisation.
- **Social Control:** A lack of social control is the source of fear. Perceived inactivity by those in authority or perceived 'abandonment' of an area and increased social disorder. Incivility and neighbourhood decline lead to a perception of increased threat and enhanced fear of crime.

Vulnerability seems to be particularly helpful in explaining the heightened fear of crime amongst the elderly. Those who perceive that their neighbourhood has a level of social disorder will have their fears heightened further.

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<sup>34</sup> Summing Up: a strategic audit of the criminal justice system, Victim Support, 2011

<sup>35</sup> A review of scientifically evaluated good practices for reducing feelings of insecurity or fear of crime in the EU member states, 2004

### **Impact of crime on older victims**

There is limited research regarding the specific impact of crime on older victims. Donaldson (2003)<sup>36</sup> carried out a small scale study amongst just over 100 older people. The study found that those in the sample who had been burgled were 2.4 times more likely to have died or moved into residential care compared to those who had not been victimised, who were of a similar age, and lived in the same area. The effect of being burgled was “health deteriorating faster than anticipated as a result of the burglary” and changes in emotional state and behaviour were also observed.

Older people are particularly vulnerable to distraction burglary and rogue trading. Home Office Research Study 269 looked specifically at the former of these types of offences. For victims where the caller gained entry uninvited the main risk factors identified were:

- problems with mobility and activities of daily living;
- receiving more visits from professional carers than from friends;
- holding doorstep etiquette beliefs likely to place them at risk, such as always believing a caller’s ID to be genuine.

These victims were likely to habitually leave doors unlocked or open for carers to gain entry to their home, placing them at greater risk of uninvited callers gaining entry.

For victims where the caller was let into the home the risk factors identified were:

- receiving fewer regular visitors;
- believing the caller’s story rang true;
- fewer doorstep checking behaviours pre-incident.

The impact on the victim was measured in terms of mental health, physical health and fear of crime. Whilst there are some qualifications to the study the findings were:

- Victims reported higher post-traumatic stress disorder scores.
- Victims who let in the offender experienced the greatest level of initial trauma, although this had reduced by the second interview (four months after the incident).
- Where the caller gained entry uninvited, victims took longer to recover from the initial trauma than those who let in the offender.
- There was substantial variation across the groups on all mental health indicators. However, 40 per cent of victims reported that the incident had had a significant impact on their quality of life.
- Few general mental health problems in terms of anxiety or depression were reported in any participant group amongst the over-60s, suggesting that a distraction burglary did not have an impact on mental health, apart from the initial trauma mentioned above.
- Few participants reported any changes in physical health post-incident, and uptake of health services did not generally increase.

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<sup>36</sup> Experiences of Older Burglary Victims 2003, Donaldson / Home Office RDS

### Victims groups: those living in deprived areas

Concern was raised within the needs assessment workshops regarding the vulnerability of someone living in a relatively deprived area becoming a victim of crime.

The British Crime Survey <sup>37</sup> has consistently observed that the personal risk of being a victim of crime increases if someone lives in a relatively deprived area. In the most deprived areas, the risk of households being victims of:

- Vandalism is eight per cent as compared with six per cent in the least deprived areas.
- Vehicle-related theft is seven per cent as compared with five per cent in the least deprived areas.
- Burglary is three per cent as compared with one per cent in the least deprived areas

The British Crime Survey also notes that both deprived and less deprived areas have benefited from a fall in crime rates over the previous ten years.

For Cambridgeshire and Peterborough we analysed the rate of victims per Lower Super Output Area (LSOA)<sup>38</sup>. To do this we created a 'unique' set of victim records from police data (removing repeat victimisation) and also removed all business victims (for example shops, garages and supermarkets).

**Figure 6: Deprivation and Victimization**

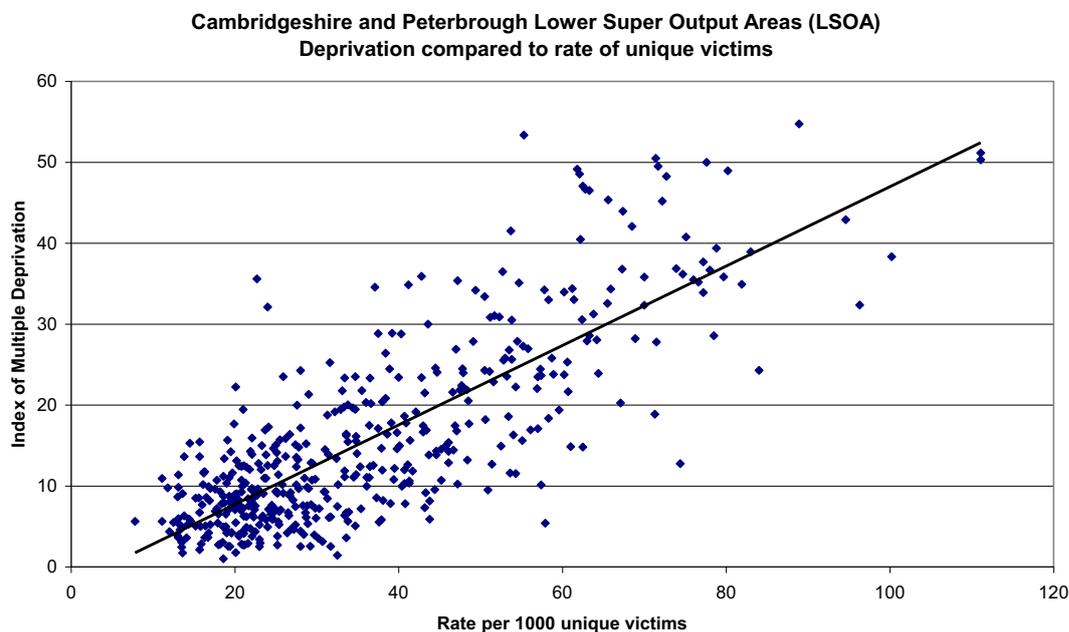


Figure 6 above shows that for Cambridgeshire and Peterborough there is a very strong correlation between the rate of victimisation and relative deprivation. This fits with the findings of the British

<sup>37</sup> Crime in England and Wales 2009/10, Home Office

<sup>38</sup> Lower Super Output Areas are small geographic areas for which official statistics are collected and presented.

Crime Survey. For the five most deprived areas<sup>39</sup> the rate of victimisation for the last 12 months is 85 per 1,000 people whereas for the five least deprived areas<sup>40</sup> the rate is 19 per 1000. In other words you are four times more likely to be a victim of crime if you live in a deprived area compared to an affluent one.

The type of offence that you will fall victim to also varies considerably. For the most deprived areas the rate of violence crime is eight times higher than for the affluent areas (27 per 1000 compared to 3.5 per 1000).

Property crime makes up 80 per cent of the reported victimisation in affluent areas. Given what has been noted elsewhere in the assessment about the difference in reporting rates it seems many types of property crime (particularly where people are insured) are more likely to be reported than violent crime. Therefore the gap in victimisation between the least and most deprived areas in Cambridgeshire and Peterborough is almost certainly greater than the figures show.

### **Policy responses**

Within her 2010 report, *Building Safe, Active Communities*, Baroness Newlove identified a series of priorities and challenges for action in order to make communities safer. Her national priorities were:

- Tackling problem drinking;
- Encouraging community activism;
- Encouraging volunteering.

In addition there were a number of challenges for action that included tackling substance misuse and giving communities more power and accountability to fix their own problems.

Locally partner agencies have focused resources in specific areas. Dedicated neighbourhood policing teams have been set up for the most deprived areas, such as that which covers Clarkson and Waterlees wards in Wisbech, Fenland. There have also been on-going community development projects such as in the Oxmoor area of Huntingdon.

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<sup>39</sup> Four in Peterborough and one in Wisbech, Fenland

<sup>40</sup> All in South Cambridgeshire

## **10. Improving Support for Witnesses in Cambridgeshire and Peterborough**

Low crime rates, high levels of confidence in policing and engaged communities where people are willing to come forward as witnesses are all indications of what has been termed 'healthy communities'. Witnesses play a crucial role in supporting victims and ensuring offenders are brought to justice; in fact witnesses could be considered a secondary victim group.

However, there is only a limited amount of local information available about witnesses and their experiences within the criminal justice system. Data sources – both quantitative and qualitative - have been identified and it is clear this is an area which deserves further attention. In particular it would be valuable to look at the needs of special groups of witnesses such as children and those who witness domestic violence, along with the extent to which different communities in Cambridgeshire and Peterborough feel able to come forward and both report crime and act as a witness.

### **Willingness to act as witness**

Supplementary analysis from the British Crime Survey looked at the willingness of people to act as a witness. Approximately one third of respondents had witnessed an offence (within a narrow set of categories) in the previous five years. Reporting levels varied considerably with 41 per cent reporting a vehicle related crime whereas only 15 per cent had reported that they had witnessed a serious fight or assault. Overall 13 per cent of witnesses who called the police stated that they had been subsequently intimidated. Analysis identified that intimidation was much more likely to occur if the crime was seen as part of a series of events.

### **The witness experience**

Around 13 per cent of all crime comes to court and these cases are dealt with in either the magistrates' courts or crown courts (depending on the seriousness of the offence). According to the Ministry of Justice approximately 630,000 witnesses were expected to give evidence during 2009. Most witnesses are civilian adults, but nearly 40 per cent are police officers. Over 10 per cent of all witnesses are defence witnesses and child witnesses make up about five per cent (30,000).

Not all of these people would have actually been called to open court; in the end nearly half (46 per cent) do not give evidence. This is because only a minority of trials go ahead as planned (two out of five). The rest are either cracked or ineffective. Performance data for Cambridgeshire and Peterborough Courts is shown below.

**Table 4: Performance of Cambridgeshire and Peterborough Courts April 2011 to Feb 2012**

Courts	Effective Trials	Cracked Trials	Ineffective Trial
Cambridge Magistrates	43.9%	41.6%	14.5%
Huntingdon Magistrates	46.2%	47.8%	13.2%
Peterborough Magistrates	45.3%	42.9%	12.7%
Cambridge Crown	50.4%	31.8%	17.8%
Peterborough Crown	51.9%	30.8%	17.3%

Of particular concern are the percentage of 'ineffective trials' at the Cambridge and Peterborough Crown Courts. These are cases that did not go ahead on the trial date. Ministry of Justice research shows that the main reasons for ineffective trials are 'court admin' problems (23 per cent) followed by absent defendants (22 per cent) and absent prosecution witnesses (20 per cent). Local analysis has shown that part of the problem is the number of cases referred to Cambridgeshire Courts from outside of the area e.g. Cambridge Crown court takes many cases from Hertfordshire.

When looking at only cases that originate in Cambridgeshire then the performance for witnesses is much better. For the period April 2012 to June 2012 there were 87 court cases of which 22% were ineffective; however only 2% (2) of these were Cambridgeshire Cases and neither had been ineffective due to the non attendance of witnesses.

The experiences of witnesses during and after this process were previously tracked by the WAVES survey (Witness and Victim Experience Survey) which was discontinued in 2010. Generally the survey has shown a gradual improvement in the proportion of victims and witnesses who express themselves as "completely", "very" or "fairly" satisfied with the contact they had had with the criminal justice system from 75 per cent in 2005-06 to 81 per cent in the first quarter of 2008-09. However research with a small sample of witnesses a part of the joint inspection of Witness Care Units (WCU) in 2009 found that 14.3 per cent would not be prepared to give evidence should they witness a crime again. This point was also raised by those people who attended the stakeholder workshops in Cambridge and Peterborough. In particular colleagues working within the third sector reported that many witnesses they had come across had expressed the view that "if they had know what it was going to be like, and entail, they would not have come forward as a witness".

#### **Witnesses and policy development**

In January 2012 the Ministry of Justice published 'Getting it right for victims and witnesses' a consultation paper on criminal justice systems reforms. This considered the changes in funding for victim support and criminal injuries compensation and underlined the on-going importance of the witness charter. The charter sets the standards of care that witnesses can expect and includes 34 points in the criminal justice system where care standards have been set. These points include for example assessments of witness vulnerability and an initial needs assessment. A more detailed look

needs to be taken at these assessments so all agencies can better understand the collective needs for witnesses locally.

## 11. Offending in Cambridgeshire and Peterborough

### Overview

The approach of the needs assessment towards offenders has been significantly shaped by the outcome of partnership workshops held in Cambridge and Peterborough and also by an extended case-study of Fenland anti-social behaviour cases. These have influenced which groups of offenders looked at in more detail.

Data from the following sources was gathered and analysed including:

- Police data on offenders;
- Probation service data;
- Youth Offending service data;
- Data on specific subsets of offenders such as those on the Integrated Offender Management Scheme.

The report also looks at background issues related to offenders and their offending behaviour. A person's likelihood of becoming an offender and the subsequent development of offending throughout their life course is also explored.

Significant local research such as the Strategic Assessments for Community Safety; the Prisoner's Health Needs Assessments and Substance Misuse Needs Assessments is referenced throughout.

### Offending: An overview

This section aims to provide a broad context within which to consider local agency data about offenders and offending and includes:

- The possible extent of offending within the community;
- How the general level of offending will be reflected within the criminal justice system;
- When offending starts, the length of criminal careers and when it ends.

It also introduces some key concepts such as 'prolific' offending and 'persistent' offending and how they fit in the local context. The report draws extensively on the Crime and Justice Survey (2003) and the on-going Cambridge Study in Delinquent Development and where necessary to other relevant research.

### Offending within the general population

It is important to acknowledge that offending behaviour within the community is common. Home Office Research Study 275, 'Crime and Justice in England & Wales 2003' estimates that "just over four in ten (41 per cent) of ten to sixty-five year olds living in private households in England & Wales had committed at least one of twenty core offences in their life-time". This is based on self-reported

offending in response to a detailed survey (it should be noted that other studies<sup>41</sup> have shown that self-reporting of offending has validity, particularly for younger males) but it is acknowledged that some respondents will 'inevitably' report incidents that were relatively trivial.

**Figure 7: The seven offence categories and twenty core offences included within the Crime and Justice in England & Wales 2003 Survey.**

**PROPERTY OFFENCES**

1. Burglary: domestic burglary\*; commercial burglary\*
2. Vehicle related theft: theft of vehicle\*; attempted theft of a vehicle; theft from outside vehicle; theft from inside vehicle; attempted theft from a vehicle
3. Other thefts: from work; from school; shoplifting; theft from person\*; other theft
4. Criminal damage: to a vehicle; to other property

**VIOLENT OFFENCES DRUGS**

5. Robbery: of an individual\*; of a business\*
6. Assaults: with injury\*; without injury
7. Selling drugs: Class A drugs\*; other drugs

\* denotes a serious offence

The survey, which had a sample of 12,000 respondents, also focused on the extent of offending within the last 12 months. There were self-reported offences committed by ten per cent of the sample.

Naturally there are some differences between the types of offences reported within the sample. Reports of theft and assault were common whilst reports of robbery and burglary were rare. Virtually all the reported drug dealing was to friends. Out of the entire sample only four per cent had committed a serious offence in the last year (see above).

There was also a broad spectrum of offending within the 'Cambridge Study' group. However, the level of seriousness was somewhat higher than the general population. The most probable explanation for this was that the area from which the sample of boys / men was drawn was somewhat more deprived.

There was variation in the frequency of offending within the Crime and Justice sample. Prolific offenders (defined as being those who had committed six or more offences within the last year) formed two per cent of the sample. Importantly this two per cent of the survey sample was responsible for 75 per cent of all the offences reported.

A similar pattern of prolific offending within a small part of the population was also identified within the 'Cambridge Study'. A small percentage of the males (seven per cent), described by the authors

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<sup>41</sup> Home Office Research Study 299. Criminal careers up to age 50 and life success up to age 48: new findings from the Cambridge Study in Delinquent Development.

as the 'chronic' offenders, accounted for over half (52 per cent) of all the officially recorded offences for the group as a whole. Each of these 'chronic' offenders had at least ten convictions. On average their criminal careers began at age 14 and lasted on average for 21 years.

Self-report studies such as the Crime and Justice Survey are often criticised for including relatively minor offences. However, these are also viewed by others as invaluable as research has shown that self-reporting of minor offences is a reliable predictor of more serious offending<sup>42</sup>. To gauge the seriousness of offending the study also defined and focused on six 'serious' offences.

- Theft from a vehicle
- Burglary
- Robbery
- Theft from the person
- Assault resulting in injury
- Selling class A drugs

The most frequent offence resulting in someone being classified as a serious offender was an assault resulting in injury; slightly fewer than 80 per cent of serious offenders were so defined because they had committed only this type of offence. Those who are both serious and prolific (two per cent of males and one per cent of females) are of key interest.

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<sup>42</sup> Home Office Research Study 275. First results from the 2003 Crime & Justice Survey.

### **General contact with the Criminal Justice System**

The Cambridge Study in Delinquent Development (a longitudinal study of 411 South London Males) showed, through checking criminal records during the study, that 41 per cent were convicted of an offence between the ages of eight and fifty. Further analysis restricted to the convicted men within the study showed that there was an average of 22 self-reported offences for every conviction. This provides valuable context when it comes to considering the true level of offending for prolific offenders in Cambridgeshire and Peterborough.

Although self-reported offending suggests that this behaviour is all too frequent it does not mean that the offender will automatically come into contact with the criminal justice system. Offences would need to be identified, reported to the police, investigated and the offender identified and caught. The particular gap between offences occurring and being reported is discussed in more detail within the opening part of the 'victims' section of this report. In fact only six per cent of offences self-declared as being committed result in the offender having some contact with the criminal justice system<sup>43</sup>.

Within the Crime and Justice Survey the authors compared reported offending with the Home Office's Offenders Index (OI) which holds the conviction histories of seven million individuals. As would be expected the prevalence of offending is far higher than the prevalence of conviction. For example whilst nine per cent of 18-20 year old males have a conviction 63 per cent reported having committed an offence. The OI data shows that 24 per cent of males and seven per cent of females born in 1953 had a criminal conviction for a standard list of offences by the age of forty-six.

Reported contact within the Criminal Justice Survey showed that 15 per cent of all respondents said that they had been arrested at some point in their lives. Similarly there is a significant gap between those reporting that they have been convicted of an offence within their lifetime (ten per cent) and those convicted in the last year (<one per cent).

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<sup>43</sup> Home Office Research Study 275. First results from the 2003 Crime & Justice Survey, Table A5.3

### Criminal careers: onset to desistance

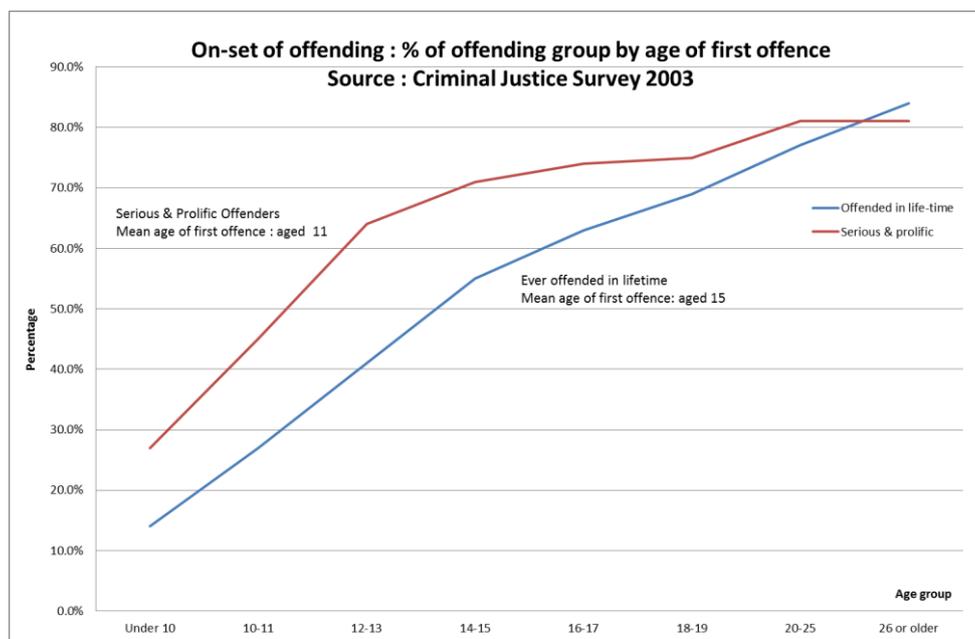
There are a number of aspects to a criminal career; a person committing two or more offences within their lifetime. These are as follows:

- Onset: The time at which someone first offends;
- Prolific / Non prolific: The rate at which someone offends;
- Persistence: The length of time (often in years) over which someone will continue to offend;
- Desistance: The point at which the offending behaviour conclusively ends.

According to the Crime & Justice Survey the age of on-set varies greatly depending on the first offence that is committed. Shop-theft and other minor theft offences have an earlier mean onset age (13) whilst the mean age of onset for more serious offences such as drug selling is much later (20).

Figure 8 shows the reported age at which offending behaviour first commenced. A much higher percentage of serious and prolific offenders commit their first offence at an early age (the mean age at first offence for this group being 11) compared to the population of all offenders (mean age at first offence being 15).

**Figure 8: On-set of offending**



The 'Cambridge Study' also showed that men who committed their first offences early then went on to commit the most offences (they were prolific) and had longer criminal careers (they were persistent).

*"The men who started at age 10-13 committed nine offences on average, compared with six offences committed by those who started at age 14-16. These two groups of men with a juvenile onset committed three-quarters of all crimes"*

Table three below shows the data on from the 'Cambridge' study. Early offenders were the ones that went on to be the most persistent and prolific. The risk factors associated with early offending are discussed later in the report.

**Table 5: Age of onset versus criminal history**

Age at first offence (onset)	Total number of offences	Average number of offences	Average duration of offending (years)
10-13	316	9.0	12.8
14-16	304	6.0	13.0
17-20	113	2.6	6.4
21-30	38	2.0	3.8
31-50	37	1.9	2.8

Adapted from Table 3.5, Home Office Research Study 299

As well as those who offend early it should also be noted that the 'Cambridge' study also identified a further smaller group of 'late onset' offenders. They shared some but not all the characteristics of early onset offenders. In particular they socialised less within their peer group. At age 32 late onset offenders were more likely to have mental health or substance misuse problems than non-offenders and less successful employment histories.

The term desistance is used for offenders who have ceased offending for a given period of time. The Crime and Justice Survey uses the term 'non-active' offenders for those who have not committed an offence for the last 12 months. Of these a substantial proportion (60 per cent) had not offended for at least five years. The average age of last offence for those that had stopped offending was twenty-three. Within the analysis the authors also made an effort to examine the length of criminal career. Males had longer criminal careers than females as did those committing more serious offences.

To quote the Crime and Justice Survey: *"A key issue in criminal career research is the extent to which it is possible to differentiate between different career paths and offender types."* Research in developmental criminology identifies a clear difference between what could be described as 'life-course-persistent' behaviour and 'adolescent limited' offending, significantly influenced by connections and contacts within the adolescent peer group (Moffitt 2003<sup>44</sup>). Furthermore, criminal career researchers have argued that the factors that influence the onset of offending behaviour are not necessarily the same as those that contribute to persistence (Blumstein *et al.*, 1988)<sup>45</sup>. Within the 'Cambridge' study those who had desisted from offending prior to age 21 were shown to lead as 'successful' lives as those who had never offended.

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<sup>44</sup> Life-course persistent and adolescence-limited antisocial behaviour: A 10-year research review and a research agenda. Moffitt TE 2003 *The Causes of Conduct Disorder and Serious Juvenile Delinquency*. B Lahey, TE Moffitt, and A.Caspi, eds. New York: Guilford.

<sup>45</sup> Blumstein, Alfred, Jacqueline Cohen, and David P. Farrington. 1988a. Criminal career research: Its value for criminology. *Criminology* 26:1–36.

## 12. Analysis of Offenders in Cambridgeshire and Peterborough

### Analysis of persons linked to crimes by the police (offenders)

#### Scope of data

This section of the needs assessment, like the victims section, also uses information as recorded in the 'Nominals' database held by Cambridgeshire Constabulary extracted for the calendar year 2011. This database consists of people that have been linked to a crime as the offender by the police and are people who have been convicted, cautioned or recently arrested. As with many routine datasets, there are data quality problems in terms of completeness, accuracy and reliability that can affect the interpretation of analyses. Data is recorded on offences (crimes) but using the unique person identifier it has been possible, with some loss of accuracy, to describe this at a person level. Loss of accuracy is particularly marked at the geographical level since people may genuinely have had more than one address during the year, or not have given a correct address or postcode at the time of the offence. In addition, incompleteness and data entry error confounds interpretation further. For the analyses that follow, the first postcode has been used or, if that is not available, the first available etc. The recording of the person's age can also vary, because this is self reported. The analysis that follows is therefore pragmatic and should be viewed in that light – as developing a 'picture' of an offender profile rather than an accurate and detailed analysis of offenders in Cambridgeshire and Peterborough.

#### Offenders in Cambridgeshire (including Peterborough)

In 2011 (calendar year), around 11,300 people were recorded on the Nominals database in association with 16,180 offences. Of these 11,300 people, there was sufficient geographical information on 9,440 people to connect them directly with Cambridgeshire and Peterborough. An additional 660 people gave an address which was 'out of county' (six per cent) and for 1,200 people (11 per cent) there was insufficient geographical information recorded.

#### General demography

The demographic profile is shown in Table 6.

- Over 80 per cent of people were male; this varied by district from 78 per cent in Cambridge City to 81 per cent in East Cambridgeshire and Peterborough;
- Nearly one-third of people were aged between 18 and 24 years and 17 per cent under the age of 17 years.
- In Cambridgeshire and Peterborough, 64% were White but this varied from 57% in Peterborough to 76per cent in East Cambridgeshire. This is markedly lower than in the general population where 86 per cent (Cambridgeshire) and 81 per cent (Peterborough) are white<sup>46</sup>.
- 36 per cent of people were resident in the most deprived quintile of Cambridgeshire and Peterborough at the time of recording.

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<sup>46</sup> Source: ONS Experimental Estimates of Ethnicity (2009)

- 43 per cent of people were associated with the most deprived quintile of Cambridgeshire and Peterborough at the time of an offence.

**Table 6: Profile of people linked to a crime as the offender by the Police**

		Cambridgeshire incl. Peterborough	Cambridge City	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire	Peterborough	No Geographic Data	Out of County
<b>Number of Offenders by District</b>		<b>9,430</b>	1,570	680	1,430	1,470	880	3,420	1,210	660
<b>Gender</b>	Male	<b>80.0%</b>	78.5%	81.1%	79.9%	79.0%	79.9%	81.0%	87.3%	84.1%
	Female	<b>20.0%</b>	21.5%	18.9%	20.1%	21.0%	20.1%	19.0%	12.7%	15.9%
<b>Age Group</b>	Under 17 years	<b>16.9%</b>	15.5%	17.6%	16.3%	20.1%	20.8%	15.3%	9.2%	10.9%
	18 to 24 years	<b>32.2%</b>	32.3%	33.4%	30.2%	34.6%	35.3%	30.8%	36.9%	39.4%
	25 to 29 years	<b>13.8%</b>	14.6%	12.1%	14.2%	10.7%	10.4%	15.7%	13.6%	16.2%
	30-44 years	<b>25.8%</b>	27.4%	25.8%	28.5%	22.9%	20.2%	26.8%	27.7%	22.9%
	45-64 years	<b>9.5%</b>	8.9%	9.5%	9.3%	9.5%	11.6%	9.3%	9.9%	10.2%
	Over 65 years	<b>0.7%</b>	0.6%	0.9%	0.7%	0.8%	1.5%	0.5%	0.8%	0.3%
	Age not known	<b>0.8%</b>	0.3%	0.3%	0.7%	0.8%	0.0%	1.2%	1.9%	0.2%
<b>Ethnicity</b>	White: British/Irish	<b>66.1%</b>	67.8%	76.5%	67.6%	73.6%	76.3%	56.7%	42.9%	72.3%
	White: Other White	<b>12.7%</b>	9.6%	4.0%	16.9%	5.6%	4.8%	19.1%	13.5%	15.5%
	Mixed	<b>1.5%</b>	2.3%	-	1.1%	-	-	1.8%	1.3%	2.1%
	Asian or Asian British	<b>3.8%</b>	3.6%	-	-	1.6%	1.4%	7.4%	1.3%	2.3%
	Black or Black British	<b>2.2%</b>	3.1%	-	-	1.2%	2.2%	3.1%	3.2%	5.6%
	Chinese or Other Ethnic Group	<b>0.5%</b>	1.2%	-	-	-	-	1.0%	0.3%	0.9%
	Declined/Third Party report/Did not understand	<b>1.7%</b>	2.2%	2.1%	1.5%	1.5%	2.3%	1.6%	1.6%	1.4%
Missing	<b>11.5%</b>	10.2%	14.9%	11.9%	14.8%	11.5%	9.9%	35.8%	0.0%	
<b>Deprivation</b>	Quintile 1 - most deprived	<b>43.1%</b>	39.5%	-	48.5%	16.3%	-	73.7%		
	Quintile 2	<b>23.6%</b>	32.7%	29.4%	40.4%	27.1%	6.5%	14.1%		
	Quintile 3	<b>14.9%</b>	17.8%	33.8%	7.2%	21.0%	27.9%	7.0%		
	Quintile 4	<b>9.6%</b>	5.7%	20.1%	2.6%	18.3%	30.7%	3.0%		
	Quintile 5 - least deprived	<b>7.4%</b>	3.6%	16.0%	0.1%	15.4%	33.3%	0.4%		
	Missing	<b>1.4%</b>	0.8%	-	1.2%	1.8%	-	1.8%	n/a	n/a

Source: Nominals database, Cambridgeshire & Peterborough Constabulary. Deprivation (IMD 2010) by quintile of deprivation relative to Cambridgeshire & Peterborough - denotes that the number is <5 and % has been suppressed due to disclosure

### Rates of offending by district

Table 7 shows the estimated number of Offenders in Cambridgeshire with the rate per 1,000 population and 95 per cent Confidence Interval (CI). It should be noted that in 11 per cent of the data there was insufficient geographical information to code to a district. An additional six per cent gave a resident address outside of the county.

Compared to Cambridgeshire and Peterborough as a whole, the rate per 1,000 population is significantly higher in Peterborough at 19.4 per 1,000 population and in Fenland (15.1) and in Cambridge City (13.1). However, the extent of the uncoded geographical data limits this analysis.

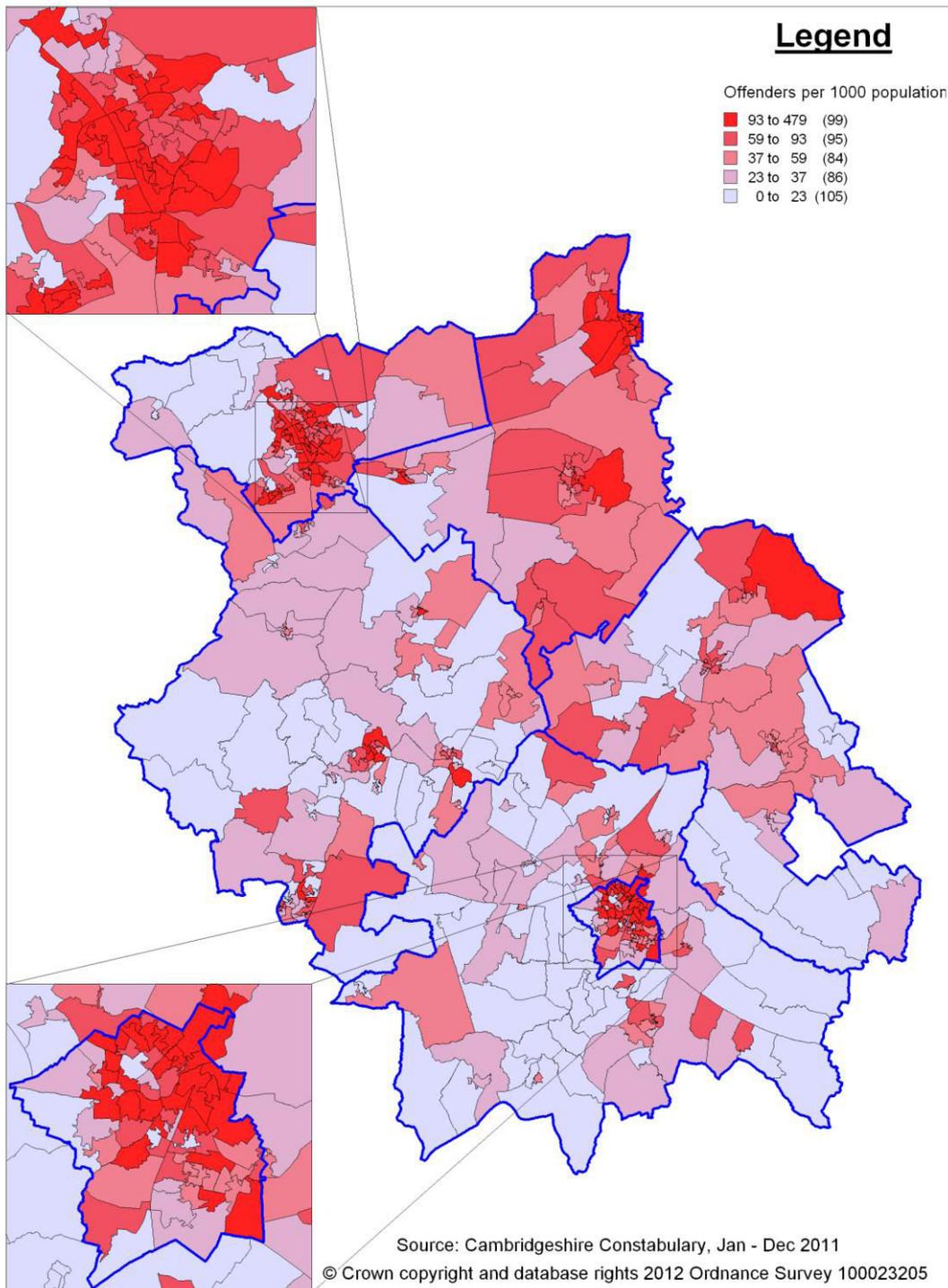
**Table 7: Number of offenders by district and rate per 1,000 population**

District	Offenders (2011)	Rate per 1,000 population	95% Confidence Interval
Cambridge City	1,570	13.1	(12.5 - 13.8)
East Cambridgeshire	680	8.4	(7.8 - 9.0)
Fenland	1,430	15.1	(14.4 - 15.9)
Huntingdonshire	1,470	8.9	(8.5 - 9.4)
South Cambridgeshire	880	6.0	(5.7 - 6.5)
Peterborough	3,420	19.4	(18.7 - 20.0)
Other	660	-	-
No geographic data	1,210	-	-
<b>Cambridgeshire incl. Peterborough (known)</b>	<b>9,440</b>	<b>12.1</b>	<b>(11.8 - 12.3)</b>

Source: Nominals database, Cambridgeshire Constabulary. Numbers rounded. Cambridgeshire County Council, mid 2010 population estimate.

Figure 9: Map of the rate of police identified offenders, 2011, by lower super output area (LSOA)

**Rate of Offenders per 1000 population**



## 13. Analysis of Probation Service Clients in Cambridgeshire and Peterborough

### Analysis of adult offenders managed by probation

Whilst there are no 'typical offenders' it is possible to identify some key groups within the offending population. This section of the needs assessment considers adult offenders managed by the Cambridgeshire and Peterborough Probation Trust. Offenders are managed for a number of reasons:

- They have been convicted of a crime and the court has given them a community sentence. A community sentence is a punishment that is carried out within the community and can include the offender having to do unpaid work, take a training course to address an aspect of their behaviour or perhaps have some restrictions on them such as a curfew.
- An offender has been released from prison 'on licence'. Being on licence means that they are serving part of their sentence in the community and are subject to certain terms and conditions which if breached would mean that they would have to return to prison.

The information in the following section is based on a report from the Offender Assessment System (OASys) database and is based upon the details of those who commenced a period of supervision with probation between January and December 2011; a total of 2,263 people.

Offenders involved with the Cambridgeshire & Peterborough Probation Trust (CPPT) are subject to an assessment of the risk they pose to others and the contributing factors to their offending. The Offender Assessment System (OASys) provides for assessment against eight criminogenic need factors and an additional two contributing factors to offending. These are featured in the analysis.

The CPPT caseload criminogenic needs profile is derived from those offenders categorised as Tier 2 or above, a criminogenic need is identified where the Offender Manager states that the need is directly linked to offending behaviour. The CPPT caseload profile is taken from the offenders most recent fully completed assessment.

As Tier 1 offenders are not subject to a full OASys assessment and only fully completed assessments included the use of OASys data is subject to the proviso that the findings should not be read as representative of the entire offending population and care should be taken in generalising the results. For example, if OASys is targeted at higher-risk offenders or offenders with certain offence types or sentence lengths, then the resulting risk/needs profiles will reflect only the risks and needs of these offenders. Analysis of 2007 data revealed that the risk/need levels of all those offenders commencing supervision were slightly lower than the risk/ need levels of those for whom an assessment was completed (Moore, 2009).

## General demography

The full profile is shown over the page.

- Over 90 per cent of the offenders are male;
- Approximately a quarter are aged between 18-24 years old;
- 80 per cent from a white/British background;

Significant variations amongst Peterborough and the Cambridgeshire Districts were:

- East Cambridgeshire had less female offenders whereas South Cambridgeshire had more;
- There were more 18-24 year olds in Huntingdonshire and South Cambridgeshire;
- There were a higher proportion of white/British offenders from Fenland and Huntingdonshire.
- Peterborough had a much more diverse offending population compared to elsewhere with higher proportions of Asian and Black offenders;
- For both Fenland and Peterborough over nine per cent of offenders were from a white/other background (most commonly from eastern European countries).
- There is a significant gap in the data with the non-recording of people of Gypsy/Traveller origin.

**Table 8: Profile of adult offenders commencing with the probation service Jan – Dec 2011**

		Cambridgeshire	Cambridge City	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire	Peterborough	No Geographic Data	
<b>Number of Offenders per District</b>		<b>2263</b>	266	85	269	254	120	812	457	
<b>Gender</b>	Male	<b>90.6%</b>	89.8%	94.1%	89.6%	90.6%	87.5%	89.5%	93.9%	
	Female	<b>9.4%</b>	10.2%	5.9%	10.4%	9.4%	12.5%	10.5%	6.1%	
<b>Age Group</b>	18-24 years	<b>24.0%</b>	26.3%	22.4%	24.2%	28.3%	29.2%	24.3%	18.6%	
	25-59 years	<b>72.1%</b>	71.8%	70.6%	72.1%	68.1%	64.2%	72.2%	76.6%	
	60+ years	<b>3.9%</b>	1.9%	7.1%	3.7%	3.5%	6.7%	3.6%	4.8%	
<b>Ethnicity</b>	White	<b>79.6%</b>	80.1%	85.9%	88.9%	88.2%	84.2%	74.9%	75.3%	
	White: Other	<b>8.6%</b>	6.0%	8.2%	9.3%	4.7%	7.5%	9.0%	11.4%	
	Black	<b>3.6%</b>	3.8%	1.2%	1.1%	2.8%	3.3%	4.2%	5.0%	
	Mixed	<b>3.0%</b>	6.0%	0.0%	0.4%	1.6%	1.7%	3.9%	2.6%	
	Asian	<b>3.7%</b>	2.3%	1.2%	0.4%	2.8%	1.7%	6.3%	3.5%	
	Other	<b>0.8%</b>	0.8%	1.2%	0.0%	0.0%	0.0%	1.1%	1.1%	
	Refusal	<b>0.8%</b>	1.1%	2.4%	0.0%	0.0%	1.7%	0.6%	1.1%	
<b>Supervision</b>	Community Order	<b>52.5%</b>	60.5%	72.9%	63.6%	59.1%	60.8%	57.0%	23.4%	
	In Custody	<b>31.1%</b>	20.3%	12.9%	20.8%	28.3%	15.0%	22.8%	67.4%	
	On Licence	<b>16.4%</b>	19.2%	14.1%	15.6%	12.6%	24.2%	20.2%	9.2%	
<b>Tier</b>	1 = Low Risk	Absence of data for low risk offenders								
	2	<b>30.3%</b>	37.2%	31.8%	26.0%	32.3%	32.5%	36.0%	15.7%	
	3	<b>48.1%</b>	50.4%	60.0%	61.0%	44.9%	55.8%	44.5%	40.8%	
	4 = High Risk	<b>21.7%</b>	12.4%	8.2%	13.0%	22.8%	11.7%	19.6%	43.5%	
<b>OGSR3</b>	Low	<b>38.0%</b>	31.2%	38.8%	39.0%	42.1%	45.8%	38.8%	35.4%	
	Medium	<b>26.6%</b>	30.5%	36.5%	27.5%	26.0%	22.5%	26.2%	24.1%	
	High	<b>17.5%</b>	24.1%	14.1%	16.7%	17.7%	9.2%	18.7%	14.7%	
	Very High	<b>3.0%</b>	4.1%	2.4%	1.9%	2.0%	5.8%	2.8%	3.3%	
	No Data	<b>14.9%</b>	10.2%	8.2%	14.9%	12.2%	16.7%	13.4%	22.5%	
<b>Pathways</b>	Accommodation	<b>28.3%</b>	29.7%	24.7%	17.5%	22.8%	26.7%	29.2%	36.3%	
	Economy/Transport/Environment	<b>24.6%</b>	29.7%	21.2%	21.9%	18.9%	14.2%	26.1%	27.1%	
	Relationships	<b>53.8%</b>	50.4%	51.8%	52.8%	50.4%	52.5%	55.9%	55.1%	
	Lifestyles	<b>61.8%</b>	68.8%	60.0%	53.5%	63.8%	59.2%	59.7%	66.1%	
	Drugs	<b>32.5%</b>	42.1%	31.8%	29.4%	22.8%	31.7%	33.6%	32.6%	
	Alcohol	<b>42.9%</b>	45.9%	38.8%	37.2%	40.2%	44.2%	44.0%	44.4%	
	Thinking and Behaviour	<b>82.4%</b>	85.7%	87.1%	82.2%	84.6%	79.2%	82.4%	79.2%	
	Attitudes to offending	<b>53.3%</b>	52.3%	54.1%	47.2%	58.7%	45.8%	49.9%	62.6%	
	Finance	<b>37.7%</b>	47.7%	28.2%	34.9%	33.5%	26.7%	38.9%	38.3%	
	Emotional	<b>37.4%</b>	38.0%	40.0%	36.1%	31.5%	45.0%	37.1%	39.2%	

## Tier of offenders

The 'tier' of the offenders is an indication of the level of seriousness of their offending behaviour.

**Table 9: Explanation of the tiered approach to offender management**

Tier	Offender Profile
1	<ul style="list-style-type: none"> <li>• Medium or low risk of harm cases</li> <li>• Low likelihood of re-offending cases</li> <li>• Low intervention cases requiring monitoring of risk factors only</li> <li>• Compliant offenders who are reasonably well motivated to complete the sentence</li> <li>• Cases in which punishment is or has become the main objective</li> </ul>
2	<ul style="list-style-type: none"> <li>• Rehabilitation cases in which the focus of work is on the offender's situation</li> <li>• Rehabilitation cases with less complex intervention plans</li> <li>• Rehabilitation cases where the main change work has been completed</li> <li>• Reasonably motivated, reasonably compliant offenders</li> <li>• Medium or low risk of harm</li> <li>• Resettlement/re-integration cases where practical help is the intervention approach</li> </ul>
3	<ul style="list-style-type: none"> <li>• Medium/high likelihood of re-offending cases with multi-factor intervention plans</li> <li>• Medium risk of harm cases</li> <li>• Cases with personal change as the primary objective</li> <li>• Cases requiring high levels of integrative work</li> <li>• Cases in which mishandling would have serious organisational consequences</li> <li>• Vulnerable offenders</li> </ul>
4	<ul style="list-style-type: none"> <li>• High and very high risk of serious harm cases – public protection priorities</li> <li>• Cases requiring the highest level of skill, qualification and organisational authority</li> <li>• Cases requiring unusual or exceptional resource allocation</li> <li>• Cases requiring very high levels of inter-agency work</li> <li>• High local and national priority cases (prolific and/or persistent offenders)</li> </ul>

Adapted from the NOMS offender management model

Tier One offenders were excluded from the analysis as only a limited amount of information is collected about them. Of those analysed 70 per cent were the more complex tier 3 and 4 cases.

## Offender Group Reconviction Scale (OGRS3)

The Offender Group Reconviction Scale (OGRS 3<sup>rd</sup> version) is a predictor of re-offending based on static risks<sup>47</sup> such as age, gender and criminal history. The scale has been used for some time by probation services to assess how likely offenders are to re-offend. Within our sample 20 per cent (464) of the offenders had a high or very high rating on the scale.

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<sup>47</sup> MOJ Research Summary 7/09

## Offending pathways

The data in this section is from OASys that identifies and classifies offending related needs, such as accommodation and poor literacy. Tackling these specific needs can reduce the probability of re-offending. There are ten 'pathways' assessed within OASys which help to identify these specific offending related factors;

The pathways are listed below from most common to least common:

- **Thinking and Behaviour (82 per cent):** this section assesses the offender's application of reasoning, especially to social problems. Research indicates that offenders tend not to think things through, plan or consider consequences of their behaviour and do not see things from other people's perspectives. Those with a number of such 'cognitive deficits' will be more likely to re-offend.
- **Lifestyle and Associates (62 per cent):** - this section examines aspects of the offender's current lifestyle. A clear link exists between how offenders spend their time, with whom they mix and likelihood of reconviction.
- **Relationships (54 per cent):** - this section assesses whether the offender's satisfaction with their relationships and their stability relate to their offending behaviour.
- **Attitudes (53 per cent):** this section considers the offender's attitude towards their offending and towards supervision. A growing body of research demonstrates that pro-criminal attitudes are predictive of reconviction. Addressing attitudes can reduce the likelihood of reconviction.
- **Alcohol Misuse (43 per cent):** this section considers whether alcohol misuse is a significant factor in previous or current offending. This is often linked with risk of harm.
- **Financial Management and Income (38 per cent):** this section deals with income, which directly relates to reoffending. It looks at how income is managed and the general ability to cope.
- **Emotional Wellbeing (37 per cent):** this section examines the extent to which emotional problems interfere with the offender's functioning or create risk of harm to themselves or others. Mental health problems such as anxiety and depression relate to offending for certain groups.
- **Drug Misuse (33 per cent):** this section identifies the extent and type of drug misuse and its effects on an offender's life. Research consistently links misuse of drugs with re-offending.
- **Accommodation (28 per cent):** this section looks at whether accommodation is available, the quality of accommodation and whether the location encourages reoffending or creates a risk of harm.
- **Education, Training and Employability (25 per cent):** research demonstrates that offenders are generally less well educated and trained than other groups in society. They are more

likely to be unemployed, have a poor history of employment and express a dislike to the work ethic.

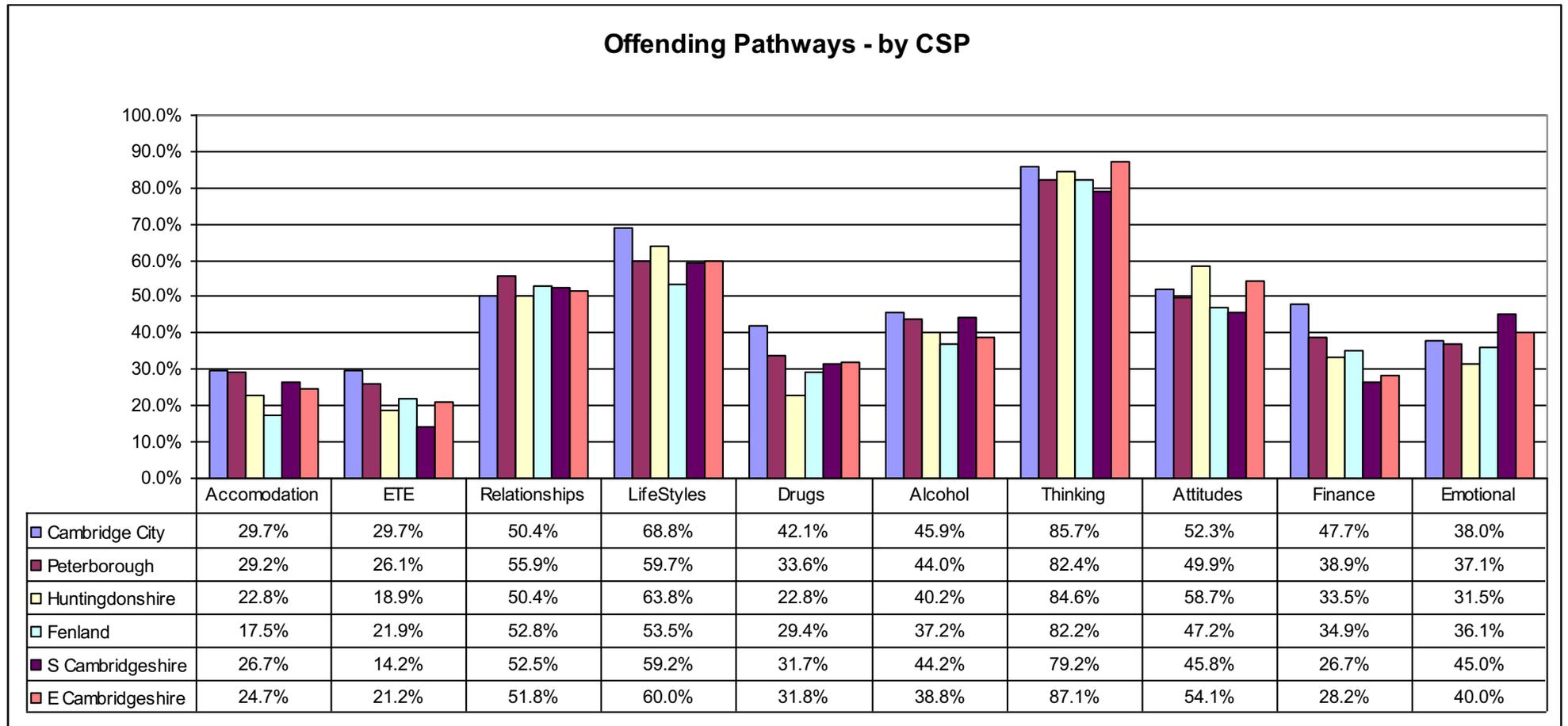
There are some considerable variations in profile between the different council areas in Cambridgeshire and Peterborough. Cambridge has a different profile from the rest of the community safety partnerships with a higher proportion of offenders with drug and alcohol problems and lifestyles. This difference is most probably linked to the presence of a substantial 'street-life' community within the city (an issue that this report considers in more detail within the offender groups section).

The variation between each of the community safety partnerships is shown graphically overleaf in Figure 10. We also carried out some analysis of the variation of the pathways depending on the age / sex and ethnicity of the probation clients.

The main findings were:

- Younger offenders (18-24) had a higher level of need (as defined by the pathways) compared to other age groups except for 'attitudes' where those age 60+ had the highest level of need.
- The 212 women within the sample generally had a higher level of need than men. The difference was particularly marked for 'alcohol' and 'relationships' (approximately 30 per cent higher) and 'emotional wellbeing' (approximately 50 per cent higher).
- Analysis of the differences in pathways between different ethnic groups was inconclusive.

Figure 10: Offending Pathways by Community Safety Partnership (CSP)

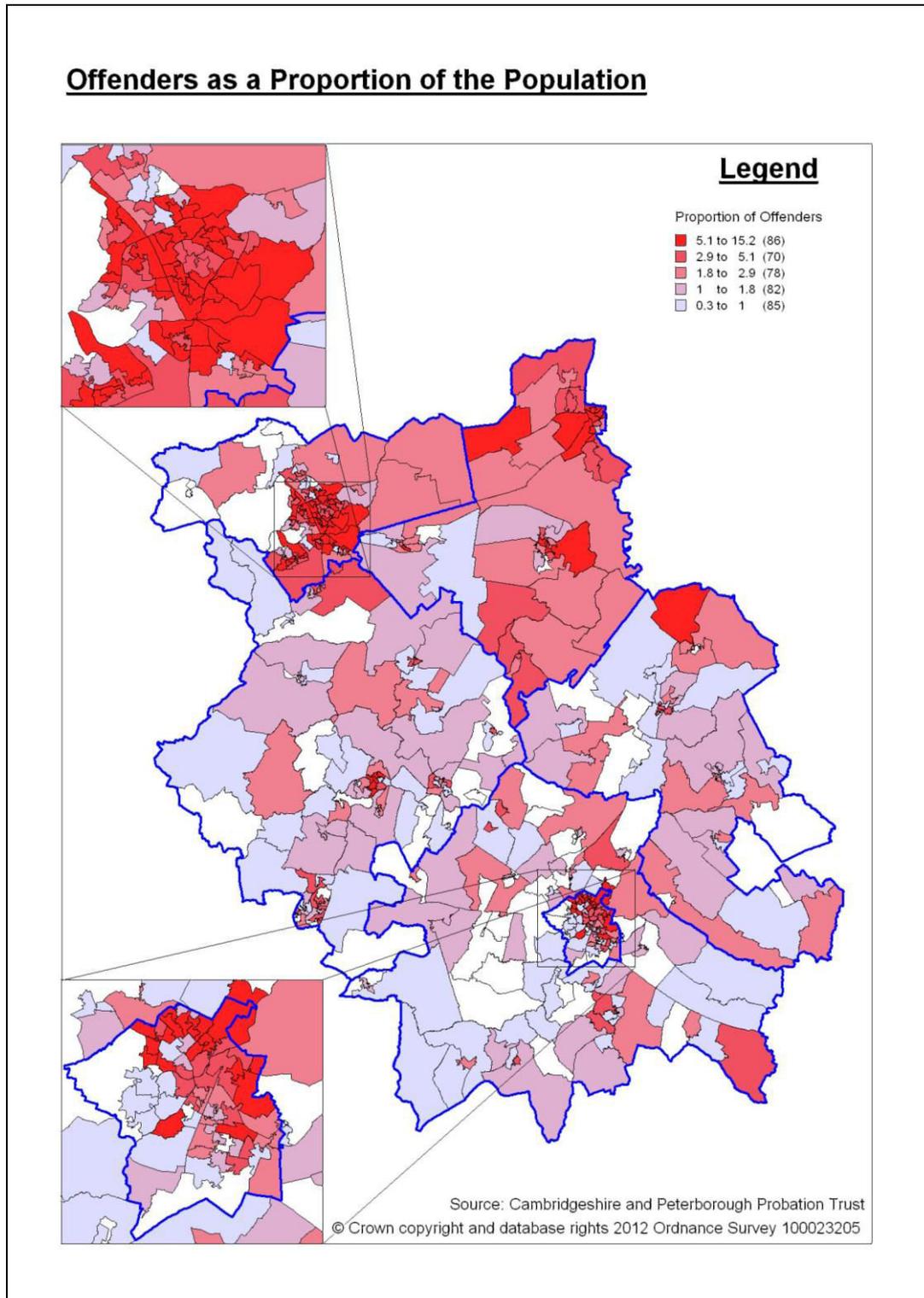


Source: Cambridgeshire & Peterborough Probation Trust, 2011

### The location of adult offenders

Using the home postcodes of the adult offenders (where available) they were matched to Lower Super Output Area (LSOA) and mapped as a rate per 1000 population (see below).

**Figure 11: Map of adult offenders subject to probation service supervision as a rate per 1000 resident population**



## Those who re-offend

For analysis purposes a snap-shot was taken of those within the probation caseload who had re-offended; with the definition of re-offending matching that used by the Ministry of Justice for proven re-offending<sup>48</sup>. The local proven re-offending data measures the reoffending of all offenders on the probation caseload. This includes offenders on licence and serving court orders. Offenders on the caseload are identified through four 'snapshots', taken once each quarter, and analysed to see if they have reoffended within the following three months.

### The key points from the analysis of adult re-offending are:

- 12.2 per cent of re-offenders were from a 'white other' ethnic origin compared to 8.6 per cent of this group within the general probation caseload.
- This difference was particularly marked in Fenland and Peterborough where 23 per cent and 16 per cent respectively of those who reoffended were from a 'white other' background.
- Although the differences between the reoffending and general probation caseload for all other ethnic groups were less marked they appeared to be less likely to reoffend compared to the white population.
- Those from Fenland and Cambridge who reoffended were slightly more prolific in their reoffending compared to the rest of the sample with approximately 23 per cent committing three or more offences compared to 21.5 per cent,
- After breach of bail / licence conditions the most common re-offences were violence and theft and handling. Fenland had the highest proportion of dwelling burglary being committed as a re-offence (6.2 per cent) whilst Cambridge had the highest proportion of theft and handling offences (25.6 per cent).
- When comparing the differences with pathways re-offenders were significantly more likely to have a drug problem, problems with finance and employment/training compared to all offenders. See chart two.

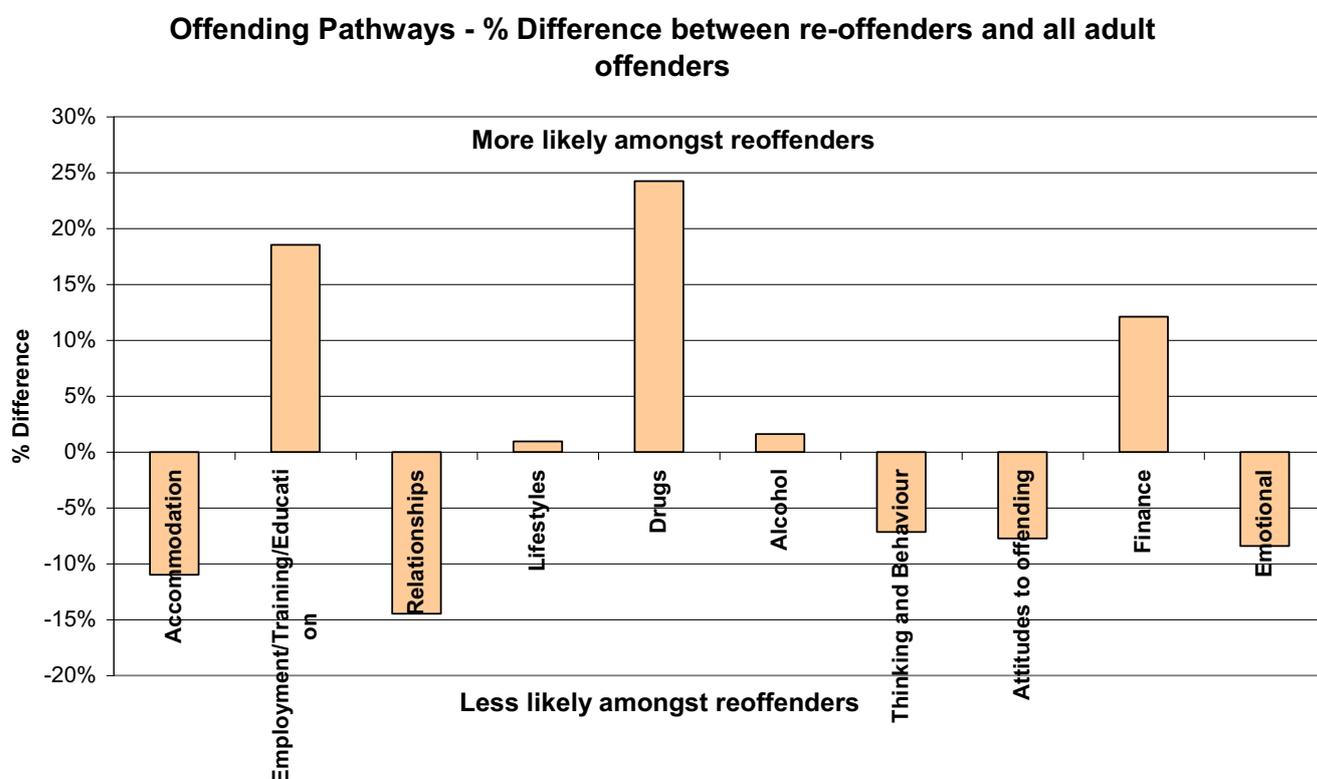
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<sup>48</sup> <http://www.justice.gov.uk/downloads/statistics/reoffending/proven-reoffending-09-definition-measurement.pdf>

**Table 10: Profile of adult offenders proven to have reoffended**

	Cambridgeshire	Cambridge City	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire	Peterborough	No Geographic Data
<b>Number of Offenders per District</b>	<b>711</b>	<b>121</b>	<b>29</b>	<b>65</b>	<b>81</b>	<b>41</b>	<b>241</b>	<b>133</b>
<b>Gender</b>								
Male	90.0%	87.6%	89.7%	92.3%	92.6%	85.4%	91.7%	88.0%
Female	10.0%	12.4%	10.3%	7.7%	7.4%	14.6%	8.3%	12.0%
<b>Age Group</b>								
18-20 years	15.8%	20.7%	17.2%	13.9%	22.2%	17.1%	10.0%	18.1%
21-24 years	21.2%	20.7%	27.6%	21.5%	21.0%	19.5%	22.4%	18.8%
25-29 years	17.7%	14.1%	17.2%	20.0%	18.5%	12.2%	20.8%	15.8%
30-34 years	15.3%	15.7%	10.3%	13.9%	12.4%	14.6%	16.2%	17.3%
35-39 years	13.5%	12.4%	20.7%	13.9%	11.1%	12.2%	12.9%	15.8%
40-49 years	11.7%	10.7%	6.9%	12.3%	7.4%	14.6%	13.7%	11.3%
50 and over years	4.8%	5.8%	0.0%	4.6%	7.4%	9.8%	4.2%	3.0%
<b>Ethnicity</b>								
White: British	76.9%	80.2%	89.7%	76.9%	81.5%	85.4%	71.0%	76.7%
White: Irish	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%	2.3%
White: Other	12.2%	5.8%	3.4%	23.1%	9.9%	2.4%	15.8%	12.8%
Mixed: White & Black Caribbean	1.5%	3.3%	0.0%	0.0%	1.2%	4.9%	1.2%	0.8%
Mixed: White & Black African	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.8%
Mixed: White & Asian	0.6%	0.8%	0.0%	0.0%	1.2%	0.0%	0.8%	0.0%
Mixed: Other	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%
Asian or Asian British: Indian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Asian or Asian British: Pakistani	1.1%	0.0%	0.0%	0.0%	1.2%	0.0%	2.5%	0.8%
Asian or Asian British: Bangladeshi	0.3%	0.8%	0.0%	0.0%	0.0%	2.4%	0.0%	0.0%
Asian or Asian British: Other	1.4%	0.8%	0.0%	0.0%	0.0%	0.0%	3.3%	0.8%
Black or Black British: Caribbean	1.5%	0.8%	0.0%	0.0%	1.2%	2.4%	2.1%	2.3%
Black or Black British: African	1.1%	2.5%	3.4%	0.0%	1.2%	0.0%	0.4%	1.5%
Black or Black British: Other	0.3%	0.8%	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%
Other Ethnic Group	0.7%	1.7%	0.0%	0.0%	1.2%	0.0%	0.0%	1.5%
Unknown	0.7%	2.5%	3.4%	0.0%	0.0%	2.4%	0.0%	0.0%
<b>Offence Type</b>								
Breach/Abandoning or bail offences	24.1%	23.1%	37.9%	16.9%	17.3%	26.8%	23.2%	30.1%
Criminal Damage	3.7%	4.1%	0.0%	10.8%	2.5%	4.9%	2.9%	2.3%
Domestic Burglary	4.2%	2.5%	0.0%	6.2%	3.7%	2.4%	3.7%	7.5%
Drug Offences	6.0%	4.1%	17.2%	6.2%	3.7%	7.3%	6.2%	6.0%
Fraud and forgery	1.0%	1.7%	0.0%	1.5%	0.0%	2.4%	0.8%	0.8%
Other	7.3%	5.0%	6.9%	10.8%	9.9%	2.4%	8.7%	5.3%
Sexual Offences	0.7%	0.8%	3.4%	0.0%	0.0%	0.0%	0.8%	0.8%
Theft and handling	22.2%	25.6%	13.8%	23.1%	22.2%	17.1%	24.1%	18.8%
Violence	28.6%	32.2%	17.2%	20.0%	40.7%	36.6%	26.6%	25.6%
Other Burglary	2.3%	0.8%	3.4%	4.6%	0.0%	0.0%	2.9%	3.0%
<b>Re-offences</b>								
1	55.6%	52.9%	44.8%	58.5%	59.3%	61.0%	57.7%	51.1%
2	22.9%	24.0%	31.0%	18.5%	23.5%	19.5%	21.2%	26.3%
3	11.3%	12.4%	10.3%	13.8%	11.1%	9.8%	12.4%	7.5%
4	5.9%	5.0%	3.4%	9.2%	3.7%	4.9%	4.6%	9.8%
5 or more	4.4%	5.8%	10.3%	0.0%	2.5%	4.9%	4.1%	5.3%
<b>Tier</b>								
1 = Low Risk	18.3%	14.9%	20.7%	20.0%	18.5%	22.0%	19.5%	16.5%
2	25.6%	24.0%	20.7%	24.6%	21.0%	34.1%	28.2%	24.1%
3	44.0%	53.7%	55.2%	44.6%	44.4%	39.0%	36.9%	46.6%
4 = High Risk	11.8%	6.6%	3.4%	10.8%	16.0%	4.9%	14.9%	12.8%
Unknown	0.3%	0.8%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%
<b>OGSR3</b>								
Low	15.5%	9.1%	27.6%	15.4%	19.8%	43.9%	12.4%	12.8%
Medium	25.9%	31.4%	20.7%	33.8%	27.2%	14.6%	24.9%	22.6%
High	30.9%	30.6%	34.5%	27.7%	25.9%	17.1%	32.8%	36.1%
Very High	8.7%	9.1%	6.9%	6.2%	7.4%	4.9%	10.8%	8.3%
Unknown	19.0%	19.8%	10.3%	16.9%	19.8%	19.5%	19.1%	20.3%
<b>Pathways</b>								
Accommodation	25.5%	24.0%	20.7%	18.5%	17.3%	29.3%	25.3%	35.3%
Economy/Transport/Environment	30.2%	26.4%	37.9%	24.6%	16.0%	19.5%	35.7%	36.8%
Relationships	47.0%	41.3%	44.8%	40.0%	54.3%	65.9%	46.9%	45.9%
Lifestyles	62.4%	67.8%	69.0%	52.3%	60.5%	56.1%	62.2%	64.7%
Drugs	42.9%	42.1%	58.6%	35.4%	39.5%	29.3%	45.2%	45.9%
Alcohol	43.6%	45.5%	31.0%	41.5%	42.0%	58.5%	41.9%	45.1%
Thinking and Behaviour	76.9%	76.0%	69.0%	80.0%	79.0%	82.9%	76.3%	75.9%
Attitudes to offending	49.2%	41.3%	55.2%	50.8%	40.7%	43.9%	52.3%	55.6%
Finance	42.9%	46.3%	44.8%	33.8%	32.1%	22.0%	45.2%	52.6%
Emotional	34.5%	34.7%	34.5%	32.3%	33.3%	39.0%	32.8%	37.6%

**Figure 12: Difference in pathways for re-offenders**



**The location of adult re-offenders**

An analysis of the areas where offenders and re-offenders live shows that areas that are defined as ‘7a Asian Communities’ within the Output Area Classification make up four per cent of the geographic area of Cambridgeshire and Peterborough but have around 12 per cent of all adult offenders living there (this is mostly the central area of Peterborough).

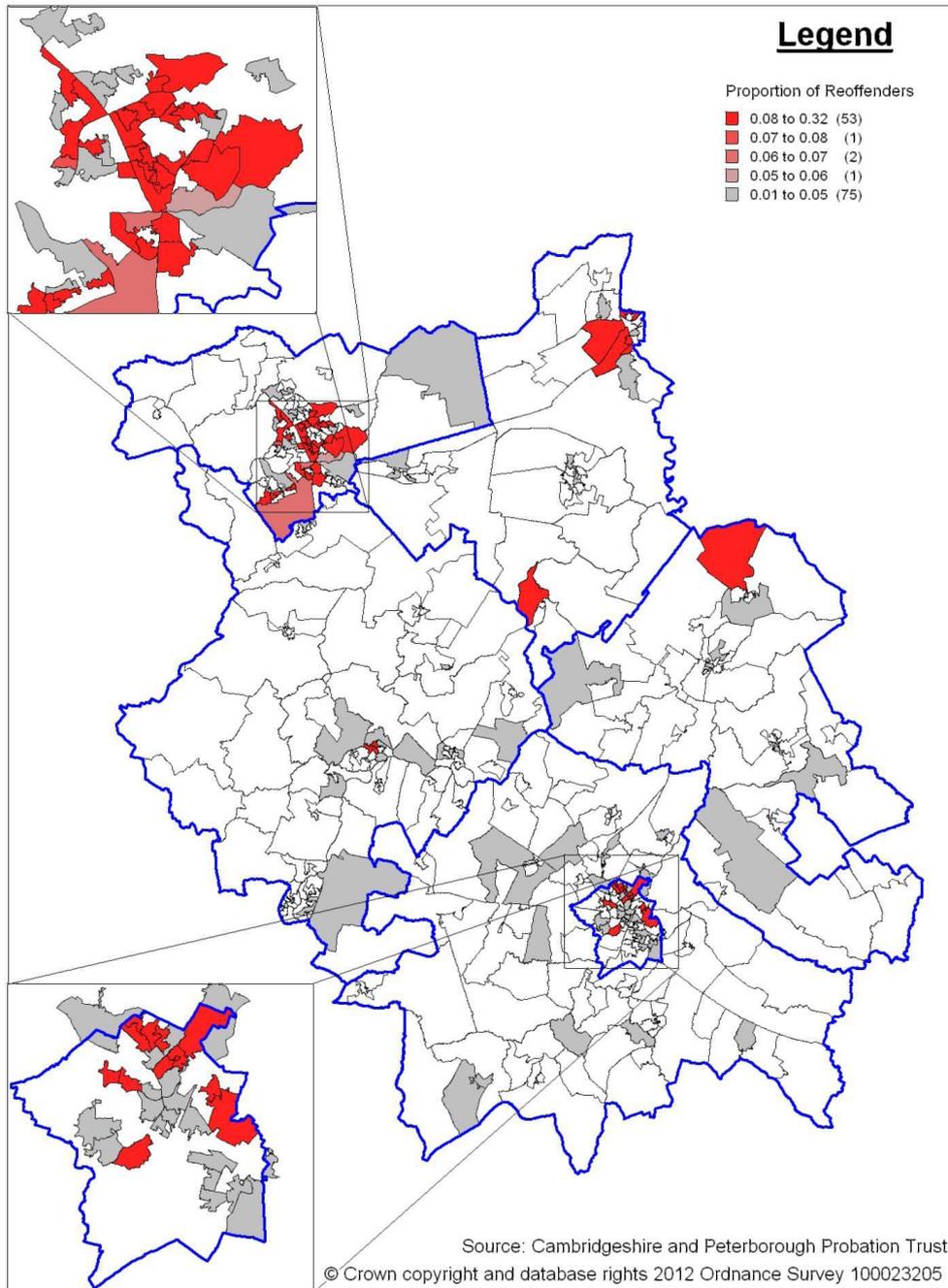
These communities also have a disproportionate number of re-offenders living within them with (140 or 16 per cent). This is partly explained by the housing options available to offenders; the location of transitory accommodation such as hostels or relatively cheap rental accommodation.

Other areas with a higher than expected proportion of offenders living there are ‘younger blue collar communities’ these make up 3.5 per cent of the area but have over seven per cent of the offenders. Inversely some affluent communities have fewer offenders than, particularly ‘village life’, ‘Accessible Countryside’ and ‘thriving suburbs’.

The map over the page shows where the concentration of re-offenders is. They tend to be particularly found in areas of relatively high deprivation.

Figure 13: Map of the proportion of all offenders supervised by the probation service who have reoffended

### Proportion of Offenders that Reoffend



## 14. Analysis of Young Offenders in Cambridgeshire and Peterborough

### Understanding why young people offend

The Youth Justice Board (YJB) produced a comprehensive summary research on this topic in 2005<sup>49</sup> and much of the following is adapted from that document.

Firstly the risk factors for youth offending have a considerable overlap with the risk factors for other outcomes in adolescence including substance misuse, mental ill-health, low educational attainment and young parenthood. So generally, those interventions that are most effective with young people happen early on in their lives and address a broad range of behaviours not just offending. These schemes also produce a range of other benefits for the young person; not just to prevent re-offending.

The YJB report summarises the risk factors for offending into four categories:

#### Family factors

(These risk factors can first be identified at the prenatal and perinatal stages, and persist in influence throughout childhood and adolescence).

- Poor parental supervision and discipline
- Conflict within the household (including domestic violence)
- History of parental criminal activity
- Parental attitudes that condone anti-social and criminal behaviour
- Low income
- Poor housing

#### Schooling

- Low achievement beginning in primary school
- Aggressive behaviour (including bullying)
- Lack of commitment (including truancy)
- School disorganisation

#### Community

- Living in a disadvantaged neighbourhood
- Disorganisation and neglect
- Availability of drugs
- High population turnover, and lack of neighbourhood attachment

#### Personal

- Hyperactivity and impulsivity
- Low intelligence and cognitive impairment
- Alienation and lack of social commitment
- Early involvement in crime and drug misuse
- Friendships with peers involved in crime and drug misuse

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<sup>49</sup> Risk and Protective Factors, Youth Justice Board, 2005

The risk factors cluster together in the lives of the most disadvantaged children; and the chances that those children will become anti-social and become criminally active increases in line with the number of risk factors.

The YJB report concludes that “young people who have been exposed to the greatest risk are between five and 20 times more likely to become violent and serious offenders than those who have not”. It also notes that the danger or perhaps fear of stigmatising children below the age of criminal responsibility as ‘potential offenders’ has generally guided policy makers away from targeting individual children towards preventive approaches that target communities or schools.

### **Additional Issues**

Specific concerns were raised in the needs assessment workshops regarding a perceived trend of an increase in offending amongst girls and also the propensity or otherwise for young people to form ‘gangs’.

In regards to female offending, it was reported in 2009<sup>50</sup> that the number of girls entering the criminal justice system had increased; “The number of young female offenders has risen by approximately 18 per cent over the past five financial years. This is approximately equal to a further two in every 1000 girls (0.17 per cent of 10–20-year-old females) entering the criminal justice system.”

However the authors are cautious about concluding that there has been any genuine increase in offending amongst girls, as self-reported behaviour surveys do not show an increase. There is a possibility that changes in attitudes towards girls mean that the police are capturing more first-time low-level offenders, or formally reprimanding such offenders, whereas previously no further action would be taken.

In regard to the nature of ‘group’ or ‘gang’ offending in Britain a Youth Justice Board research project<sup>51</sup> looked at five case-study areas. Group offending was recognised as occurring in most areas although this generally fell short of the level of more serious ‘organised gangs’. The report concluded “*while there are gangs that use serious violence and threats to assert control locally (often in competition with similar groups), these are more likely to involve young adults than 10 to 17-year-olds. Though juvenile versions of these gangs may exist, these are relatively rare, but offending by young people in groups of three or more is a wider phenomenon.*” This distinction in definition is very important as ‘group’ offending is relatively common whilst the formation of gangs is not.

The common characteristics of young people who do participate in gangs were that they had grown up together and had a common experience of school exclusion and marginalisation. Where more serious gangs existed these were formed by young adults and the involvement of the under 18-year-olds was limited to a marginal role through connections such as sibling relationships.

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<sup>50</sup> Girls and offending –patterns, perceptions and interventions, Youth Justice Board, 2009

<sup>51</sup> Groups, Gangs and Weapons, Youth Justice Board 2007

Locally in Cambridge, a set of young people were identified who were involved in group offending and showing some limited 'gang' characteristics such as a shared identity based on their postcode area. The young men involved were targeted for intensive youth outreach work. An initial assessment of their life position showed lack of engagement with education, school exclusion and a general lack of engagement in any further education or training.

The project addressed the holistic needs of the young people rather than just focusing on their offending behaviour. Through the course of the next nine months the project<sup>52</sup> was able to move the young people on in terms of such things as life course, health behaviours and relationships and there was a considerable drop in their involvement in anti-social behaviour and offending as a result.

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<sup>52</sup> City North Boys Project. See evaluation report presented to the Cambridge City Community Safety partnership in Spring 2011

## The profile of young offenders in Cambridgeshire and Peterborough

Using data provided by the Youth Offending Services (YOS) of Cambridgeshire County Council and Peterborough City Council we have put together the following profile of their caseloads.

**Table 11: A profile of young offenders on the youth offending service caseload**

		Peterborough		Cambridgeshire		Total	
<b>Gender</b>	Female	20.8%	64	22.7%	147	22.1%	211
	Male	79.2%	244	77.2%	498	77.9%	742
<b>Age</b>	10 years	1.0%	-	0.5%	-	0.6%	-
	11 years	3.2%	-	2.3%	15	2.6%	-
	12 years	4.9%	15	4.0%	26	4.3%	41
	13 years	7.1%	22	7.8%	50	7.6%	72
	14 years	18.5%	57	14.7%	95	15.9%	152
	15 years	20.1%	62	20.2%	130	20.1%	192
	16 years	23.4%	72	24.8%	160	24.3%	232
	17 years	21.8%	67	25.7%	166	24.4%	233
<b>Ethnicity</b>	White	82.8%	240	94.7%	611	89.3%	851
	BME	17.2%	50	5.3%	34	8.8%	84
<b>Offence type</b>	Acquisitive crime	32.8%	175	43.7%	282	48.0%	457
	Violence	26.4%	141	43.6%	281	44.3%	422
	Other offences	13.3%	71	19.5%	126	20.7%	197
	Criminal damage	10.7%	57	21.7%	140	20.7%	197
	Breach of Order	5.8%	31	7.0%	45	8.0%	76
	Drug offences	5.8%	31	18.8%	121	15.9%	152
	Sexual offence	2.4%	13	2.5%	16	3.0%	29
	Motoring offence	2.2%	12	8.5%	55	7.0%	67
	Fraud and Forgery	0.6%	-	1.6%	-	1.4%	-
<b>Asset</b>	Thinking and Behaviour	96.4%	189	93.25%	304	97.0%	493
	Lifestyle	77.0%	151	72.70%	237	76.4%	388
	Family and Personal	69.9%	137	64.72%	211	68.5%	348
	Perception of Self and	59.2%	116	48.16%	157	53.7%	273
	Emotional and Mental	58.7%	115	52.76%	172	56.5%	287
	Attitudes to Offending	57.1%	112	51.84%	169	55.3%	281
	Substance Use	41.8%	82	50.92%	166	48.8%	248
	Motivation to Change	40.3%	79	39.88%	130	41.1%	209
	Statutory Education	38.8%	76	48.16%	157	45.9%	233
	Living Arrangements	38.3%	75	40.49%	132	40.7%	207
	Neighbourhood	30.6%	60	34.05%	111	33.7%	171
	Training and Employment	19.4%	38	11.66%	38	15.0%	76
	Physical Health	9.2%	18	24.54%	80	19.3%	98

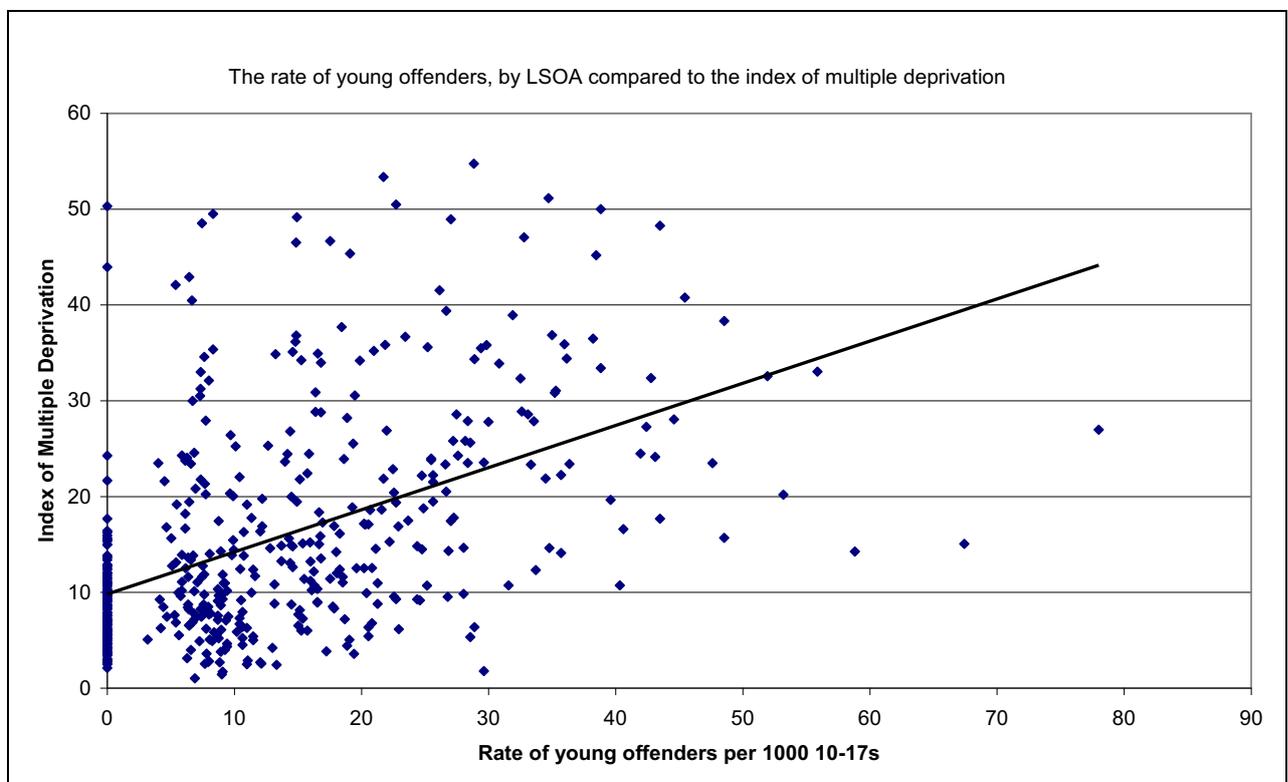
The key points from the profile are as follows:

- 78 per cent (742) of young offenders were male and 22 per cent (211) female;
- 72 (7.5 per cent) of young offenders were aged between ten and 12 years old;
- 83 per cent (851) of the young offenders were white and 17 per cent (84) from another ethnic group. This is a similar profile to the probation service caseload of adult offenders;
- The most common crime types committed by the young people were acquisitive crime (including theft) and violence;
- 49 per cent (248) of the young offenders in Peterborough had a substance misuse problem but the most common problems were with thinking and behaviour, lifestyle, family and personal relationships and perception and mental health problems.

An analysis of the relationship between the rate of young offenders and the level of deprivation shows that there is a relationship between the two (see Figure 14 below); however there are some deprived areas that do not have a particularly high rate of young offending.

This fits with the wider research findings referenced in the beginning of this sections which identified that community factors were only a part of the factors that influenced offending behaviour amongst young people.

**Figure 14: Rate of young offenders and deprivation**



## 15. Analysis of Prisoners

The prison population is diverse with very different needs to the general population. They have a disproportionately high incidence of mental ill-health, drug misuse, blood borne viruses and sexually transmitted diseases. This section of the needs assessment summarises the needs of this group in Cambridgeshire and Peterborough prisons; not Cambridgeshire and Peterborough residents in prison<sup>53</sup>. It draws particularly on the current health needs assessments for each of the three prisons in the area and also upon the Bromley Briefings (the regular prisons fact-file published by the The Prisons Reform Trust).

### Cambridgeshire and Peterborough prisons overview

There are three prisons in the area: Peterborough, Littlehey and Whitemoor, each with a distinct purpose and population.

- Peterborough Prison is a category B prison for male prisoners and a multi-functional prison for female prisoners. The majority of males are from the local area with 53 per cent of total prisoner discharges being to Cambridgeshire and Peterborough (76 per cent being to the Eastern Region as a whole). As of April 2012 there were 571 males and 337 females housed at the prison<sup>54</sup>.
- Littlehey Prison is a category C prison for adult men and a Young Offenders Institute (YOI) for adult males aged 18-21 years. The YOI is one of the largest in the country and draws the majority of its population from London and the South-East. The category C element of the prison focuses on the treatment and rehabilitation of sex offenders and 70 per cent of the population are from this group. As of April 2012 there were 1,191 males housed at the prison<sup>55</sup>.
- Whitemoor Prison is a maximum security prison housing category A and B prisoners. It includes a Dangerous and Severe Personality Disorder (DPSD) Unit and 80 per cent of the prisoners are serving indeterminate sentences. As of April 2012 there were 453 men housed at the prison<sup>56</sup>.

NHS Cambridgeshire is currently responsible for the commissioning of healthcare services for prisoners although responsibilities will change with the latest restructuring of the NHS. The general principle of delivery is that prisoners should have access to the same healthcare services as those in the general population. Funding for the treatment of substance misuse problems is also given to the NHS locally and channelled to the prisons via the Drug and Alcohol Action Team.

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<sup>53</sup> It should be noted that whilst Peterborough Prison houses a significant number of prisoners from Cambridgeshire and Peterborough offenders can be housed anywhere in the country according to their needs.

<sup>54</sup> Monthly Prison Bulletin, Ministry of Justice, 2012

<sup>55</sup> Ibid

<sup>56</sup> Ibid

## Prison Demography

Although the most recent total figures for occupation of each prison is quoted above the more detailed demography of the prison population in Cambridgeshire and Peterborough are taken from the most recent Health Needs Assessment for each which were published between 2009 and 2011.

**Table 12: Prison Population**

	Peterborough*		Littlehey**		Whitemoor***	Total
	Male	Female	YOI	Cat C	-	
under 20	19	38	459	-	10	526
21-40	269	456	-	404	297	1426
41-59	137	73	-	316	130	656
60 and over	12	3	-	94	9	118
Total	624	384	459	814	446	2,727

\*Source: Health Needs Assessment (HNA) 2009; \*\* HNA 2011; \*\*\*HNA 2011

- Nineteen per cent of the total prison population in Cambridgeshire and Peterborough is under the age of twenty.
- The vast majority of these prisoners are housed in Littlehey Prison.
- Fifty-two per cent of the prison population is aged 21 – 40 (the peak age for offending).
- Just over the four per cent of the population are age over 60; again these people are mainly housed in Littlehey Prison.

**Table 13: Prison Ethnicity**

	Peterborough*		Littlehey**	Whitemoor***	Total
	Male	Female	-	-	-
White British	409	240	815	234	1698 (64%)
Asian	40	16	?	51	107 (4%)
Black	46	36	115	127	353 (13%)
Mixed Black	18	11			
Chinese	19	7	?	?	26 (1%)
White other	62	17	?	?	79 (3%)
Other	0	1	343	34	378 (14%)

\*Source: Health Needs Assessment (HNA) 2009; \*\* HNA 2011; \*\*\*HNA 2011

Note: The ethnicity data from each of the prison needs assessments was presented differently therefore difficult to draw together in one table. A question mark indicates where the data was unavailable with the reports.

The health needs assessment for Peterborough Prison does have information on the nationality of prisoners that have passed through the prison during a six month basis. After UK nationals the largest single group were Jamaicans (137) followed by Vietnamese (90), Polish (57), Latvian (52) and Portuguese (45). Together foreign nationals make up 21 per cent of the Peterborough Prison population. This is consistent with national data (as quoted in the Bromley Briefings) for 2010; there were 11,367 foreign national prisoners (defined as non-UK passport holders), 13 per cent of the overall prison population. These prisoners come from 165 countries, but just under half are from 10 countries (Jamaica, Nigeria, Republic of Ireland, Poland, Vietnam, Somalia, China, Pakistan, Romania, and Lithuania).

## Sentences

There are significant variations in the sentence lengths being served by prisoners in each of the prisons. In Whitemoor Prison a very high proportion of the prisoners are on lengthy or indeterminate sentences. Within Littlehey Prison the category C part of the prison again has many prisoners on lengthy sentences including 70 on life-sentences; whilst those within the YOI are somewhat shorter. The sentence lengths for Peterborough Prison are shown below; a total of 58 per cent are on relatively short-term sentences (under two years, so unlikely to spend more than a year in the prison) or are on remand.

**Table 14: Sentence length at Peterborough Prison**

Prison Sentence Length	Male		Female		Total	
	%	Number	%	Number	%	Number
Remand or unsentenced	27%	168	20%	77	24%	245
Up to 6 months	12%	75	16%	61	14%	136
6-12 months	5%	31	6%	23	5%	54
12 months to 2 years	13%	81	17%	65	15%	146
2-4 years	21%	131	19%	73	20%	204
4 years plus	16%	100	9%	35	13%	134
Life and IPPS	5%	31	5%	19	5%	50
Detainees	1%	6	8%	31	4%	37

## Prisoner Needs

Each of the needs assessments and national research points to the prison population as having some specific needs groups and specific health needs.

- Older Prisoners

According to the Bromley Prison Briefings<sup>57</sup> people aged over 60 are the fastest growing population group within prisons. This reflects what is happening with the national population. The number of sentenced prisoners over the age of 60 in England and Wales increased by 128 per cent between 2000 and 2010. In Cambridgeshire and Peterborough there are 118 prisoners in this age group (4.3 per cent of the total prison population). The majority of these are in Littlehey Prison and the health needs assessment for this establishment has identified a number of specific health needs for this group.

The prisoners have increasing social care needs; help with mobility, assistance with feeding and help with shaving. However the Littlehey health needs assessment identifies substantial problems in meeting these needs. *“A lack of explicit policy and guidance that supports effective commissioning resulting in confusion across the system as to who is responsibly for what”* and a *“poor level of engagement between prisons and local agencies”*.

A small minority also have terminal illness or limiting conditions. The challenge of meeting these complex health and care needs within the prison environment is one that will

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<sup>57</sup> Bromley Briefings Prison Factfile, Prison Reform Trust, December 2011

increase as the general population grows older. This is particularly so as prisoners' 'health' age is somewhat older than their real age due to previous health behaviours or from spending substantial time within an institutional environment.

- **Ethnic Minority Prisoners**

Minority ethnic groups are heavily over represented within the general population. According to the Bromley Briefings<sup>58</sup>. In June 2010 just under 26 per cent of the prison population were from a minority ethnic group compared to 10 per cent within the general population. Across the total Cambridgeshire prison population 33 per cent of the population are from a non-white background.

Within the Cambridgeshire Prison Health Needs Assessments it is recognised that the health screening and services provided need to reflect this diversity compared to the general population. For example South Asian people who live in the UK are six times more likely to develop type 2 diabetes than white Europeans<sup>59</sup>.

- **Young Prisoners**

Whilst young people (those aged 18-24) account for one in 10 of the general population they account for over 1/3 of those sentenced to prison each year<sup>60</sup>. This profile fits with other research that identifies this age range as being the peak for offending. More young people are sentenced to prison for the offence of violence against the person than any other type of crime. Similarly Cambridgeshire and Peterborough prisons have a high proportion of young prisoners although this profile is influenced by the presence of a Young Offenders Institute (YOI) at Littlehey Prison.

Young offenders as a group are more likely to have risk taking sexual behaviour; having unprotected sex with multiple partners<sup>61</sup>. The Health Needs Assessments place an emphasis on health screening on admission to prison and the importance of getting this process to be as robust as possible. Similarly this group is highly likely to engage in substance misuse. Data from Littlehey prison shows that the substance of choice for this age group is cannabis with a higher incidence of the use of cocaine and crack cocaine amongst those aged 22 to 30<sup>62</sup>.

- **Female Prisoners**

Women represent five per cent of the total prison population in England and Wales<sup>63</sup>. A higher proportion of women serve short prison sentences (under 12 months) compared to men; in 2010 61 per cent were sentenced to custody for six months or less. Women make up 14 per cent of the Cambridgeshire and Peterborough prison population with

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<sup>58</sup> IBID

<sup>59</sup> Diabetes UK, Research Priorities for British South Asians, 2009

<sup>60</sup> Bromley Briefings Prison Factfile, Prison Reform Trust, December 2011

<sup>61</sup> Cambridge Study in Delinquent Development 2009

<sup>62</sup> Littlehey HNA, 2011

<sup>63</sup> Bromley Briefings Prison Factfile, Prison Reform Trust, December 2011

Peterborough Prison having a women's section that serves much of the Eastern region.

A University of Oxford report on the health of 500 female prisoners showed that women in custody are five times more likely to have a mental health concern than women in the general population. Researchers also found that women entering prison had very poor physical, psychological and social health, worse than that of women in social class V, the group within the general population who have the poorest health<sup>64</sup>. Much of the emphasis within the Peterborough health needs assessment is upon providing a gender sensitive healthcare system in the prison and recognising the needs of the female population. Although progress has been made since then the 2009 needs assessment found that there was no evidence of suitable health screening on entry to the prison and no access to a female doctor for those women who wished it.

### **Specific health needs**

Johnathan Shepherd and colleagues at Cardiff University re-visited some of the findings from the Cambridge Study in Delinquent Behaviour. What they identified was broadly that "Bad boys grow up to be sick adults". Of those in the longitudinal study who had either died or become disabled a significant number had been young offenders. In particular, they identified a deal of commonality between childhood risk factors for ill-health in adult life and those factors that predicted offending<sup>65</sup>. This tendency towards ill-health is reflected within the prison system with the Prison Reform Trust identifying as high as 24 per cent of the prison population having some form of disability or long-standing physical disorder.

- **Physical Health:** There are some very specific physical health needs for prisoners and these needs are reflected in the services that are available to prisoners. The separate Health Needs Assessments for each prison goes into this in more detail. As well as catering for health needs that would be common within the general population there are more specific services such as blood borne virus (BBV) clinics.
- **Mental Health:** Much of the context around mental ill-health and the prison system is contained within the Bradley Report (2009).<sup>66</sup> The report notes that the prison population has a higher incidence of mental health problems than the general population (see table 5.4 below).

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<sup>64</sup> Plugge, E. et al. (2006) *The Health of Women in Prison*, Oxford: Department of Public Health, University of Oxford.

<sup>65</sup> *The Relationship between Offending, Injury and Illness*, Journal of the Royal Society of Medicine, November 2002.

<sup>66</sup> *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*, 2009

**Table 15: Comparison of the prevalence of mental health conditions**

Health Problem	Prisoners	General Population
Schizophrenia and delusional disorder (Psychotic disorders)	8%	0.5%
Personality disorders	66%	5.3%
Neurotic disorders	45%	13.8%
Drug dependency	45%	5.2%
Alcohol dependency	30%	11.5%

Reproduced from Bradley Report (2009)

These go across the whole range of mental health conditions and an appropriate range of services should be made available to prisoners as a result. Bradley placed particular emphasis on the rigor of initial health screening for mental health problems on admission to prison. The original Health Needs Assessment for Peterborough Prison (2009) made the recommendation that a robust screening tool be put into place. In December 2011, however, when the action plan was reviewed the tool was still ‘under development’ rather than fully implemented<sup>67</sup>. The Littlehey Prison Health Needs Assessment identified that there was a high rate of self-harm within the category C area of the prison compared to a low rate of diagnosed conditions such as depression or anxiety. The report suggested that this may be due to problems not being picked up at initial screening on entry. Significantly more progress has been made however with providing a joined up service for prisoners who have a ‘dual diagnosis’ of mental health problems and substance misuse. This was an area that Bradley identified as being in need of urgent improvement at a national level in 2009.

- Substance misuse

There are significant levels of substance misuse amongst the prison population. For Littlehey Prison, for a period of six months of 2010, 24 per cent of new inmates were assessed as needing to be referred for substance misuse (including alcohol). Similarly the Whitemoor Prison Health Needs Assessment identified approximately 25 per cent of the offending population with substance misuse issues.

Specific needs assessments have been carried out for each of the prisons in Cambridgeshire and Peterborough and they go into this issue in substantially more detail.

- Learning difficulties / disabilities

The Bradley report identified a general lack of good quality data within the criminal justice system to identify vulnerable people who either had a learning disability or difficulty. Research for the Prison Reform Trust<sup>68</sup> estimated that between 20 and 30 per cent of offenders had either a learning disability or difficulty that interfered with their ability to cope

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<sup>67</sup> HMP & YO1 Peterborough: Review and refresh of the health needs assessments for male and female prisoners, December 2011

<sup>68</sup> Bromley Briefings Prison Factfile, Prison Reform Trust, December 2011 quoting Loucks N (2007)

with the criminal justice system. The Peterborough Prison's health needs assessment picked up on the Bradley recommendation to have screening in place for learning disabilities / difficulties but this has yet to be fully implemented,<sup>69</sup> although liaison between learning disabilities services and the prison have improved.

### **Summary**

All the health needs assessments mentioned that the accuracy of record keeping and dual clinical record keeping were a major barrier to an accurate needs assessment for the prison population. All mentioned that the retention of health staff working within the prison system also created great difficulties, with both continuity of care and the implementation of systems and new ways of working. The social characteristics of the prison population mean that they are a challenging group and both initial screening and engagement on entry to prison and secondary screening for health conditions are very important.

Within the prison population there are very specific needs groups. Evidence shows that if these needs are addressed well whilst they are imprisoned and there is proper hand-over with community services once someone is released then they stand a much better chance of not re-offending in the future.

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<sup>69</sup> HMP & YOI Peterborough: Review and refresh of the health needs assessments for male and female prisoners, December 2011

## 16. Analysis of Specific Groups of Offenders

The choice of the offender groups that feature within this section of the assessment has been influenced by the partnership workshops held as part of the needs assessment. The following are featured:

- Offenders that are subject to MAPPAs (Multi-Agency Public Protection Arrangements)
- Offenders that are on the IOM (Integrated Offender Management Scheme)
- Offenders released from short prison sentences
- Sex workers
- Street life communities / chronically excluded adults

The first three were chosen as each group contributes a significant amount of harm to the community and /or they are particularly difficult to help toward desisting from their offending behaviour. The later two have been chosen as the workshops both identified them as an example where offenders can also become victims.

One area of further research could be the extent to which each of the different client groups overlap. For example the chronically excluded adults' project has some sex workers as part of its case load and a substantial proportion of this client group have also been to prison.

### Offenders that are subject to MAPPAs

**Overview** (adapted from the 2010/11 Cambridgeshire & Peterborough MAPPAs Annual Report)

MAPPAs are a set of arrangements to manage the risk posed by the most serious sexual and violent offenders (MAPPAs-eligible offenders) under the provisions of sections 325 to 327B of the Criminal Justice Act 2003. MAPPAs-eligible offenders are identified and information about them is shared by the agencies in order to inform the risk assessments and risk management plans of those managing or supervising them.

There are three management levels intended to ensure that resources are focussed upon the cases where they are most needed; generally those involving the higher risks of serious harm. Level 1 involves ordinary agency management (i.e. no MAPPAs meetings or resources); Level 2 is where the active involvement of more than one agency is required to manage the offender but the risk management plans do not require the attendance and commitment of resources at a senior level. Where senior oversight is required the case would be managed at Level 3.

**Table 16: MAPPAs-eligible offenders on March 31, 2011**

	Registered sex	Violent offenders	Other dangerous
Level 1	512	154	0
Level 2	31	22	5
Level 3	2	0	0
Total	545	176	5

A total of 726 individuals within Cambridgeshire and Peterborough were MAPPA-eligible offenders in March 2011. Registered sex offenders formed the largest group. Of these only two offenders were subject to senior oversight of the management of their cases.

The number of registered sex offenders on the MAPPA caseload increases year on year. This happens because offenders are now registered frequently for the rest of their life, and more are registered each year than die or move out of the area. This does not mean there are anymore sex offenders within the community; it just means a higher proportion of them are becoming subject to monitoring arrangements.

## **Offenders that are on the Integrated Offender Management (IOM) Scheme**

IOM is a framework within which local agencies can come together to ensure that offenders that 'do the most harm' are managed in a co-ordinated way. Each scheme can define which offenders are targeted; for Cambridgeshire and Peterborough these are mainly prolific offenders, or those whose offending is mainly driven by their substance misuse. The main aims of IOM are:

- All partners tackle offenders together.  
Local partners (both criminal justice and non-criminal justice agencies) take a multi-agency problem-solving approach by focussing on offenders, not offences.
- Delivering a local response to local problems.  
All relevant local partners are involved in strategic planning, decision-making and funding choices.
- Offenders facing their responsibility or facing the consequences.  
Offenders are provided with a clear understanding of what is expected of them.
- Making better use of existing programmes and governance.  
This involves gaining further benefits from programmes (such as the drug interventions programme (DIP)). This will also enable partners to provide greater clarity around roles and responsibilities.

There are two schemes one in Cambridgeshire and the other covering Peterborough.

### **The current IOM caseload**

The table over the page shows a basic profile of the current IOM caseload for Cambridgeshire and Peterborough. At the beginning of 2012/13 there were 169 offenders who had been adopted on to the scheme. The vast majority of them are male and approximately half were being treated for substance misuse problems that contributed to their offending behaviour.

Further analysis of the Cambridgeshire caseload has shown that of those who had been part of the previous prolific offender scheme:

- The average time spent on the scheme was two years six months;
- For the calendar year 2010 the 53 offenders had committed 225<sup>70</sup> offences. An average of 4.25 crimes per person. A similar analysis for those who were originally part of the drug treatment element of IOM identified a higher rate of offender of 4.9 crimes per person.

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<sup>70</sup> Excluding offences 'taken into consideration' tics. There were 263 of these of which a significant number were confessed to by one offender.

**Table 17: An overview of the IOM caseload**

	Peterborough	Cambridge	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire	Total
Total on Scheme	85	28	7	25	21	3	169
Rate per 1000 offender	105	105	82	92	82	25	74
Age Range							
17	2%	4%	0%	0%	0%	0%	2%
18-24	28%	43%	29%	24%	24%	67%	30%
25-29	26%	21%	14%	8%	29%	33%	22%
30-34	27%	14%	14%	32%	48%	0%	27%
35-39	8%	14%	29%	28%	0%	0%	12%
40-44	5%	4%	0%	8%	0%	0%	4%
45-49	2%	0%	14%	0%	0%	0%	2%
50+	1%	0%	0%	0%	0%	0%	1%

\*Offenders defined as those on the probation service caseload

**Case study: A prolific offender**

**(Adapted from Gloucestershire Community Safety Partnership)**

When he was just 11 years old, Justin (not his real name) spat at a police officer and was arrested for the first time. His life spiralled into 15 years of offending, and he has 104 convictions to his name. Over the years the ex drug-addict has been convicted for offences including burglaries, robbery, witness intimidation and drugs offences.

“I was already addicted then, but when I was 14 that’s when Class As came into it. At first it was heroin then heroin and crack, then one or the other. “I didn’t care whose house I was burgling. I wasn’t interested in what they thought about me taking their belongings. I wanted my next fix.”

He first realised enough was enough when he was in prison beginning a three-and-a-half year sentence. He received a letter from the Attorney General telling him they were appealing his sentence for being too lenient. “I thought it was too,” he said. He wanted to get clean, but the addiction and lifestyle he had, meant he was unable to succeed first time around – it took years. What helped him was getting on the Prolific Offender scheme. He was told that for two years police would carry out drugs spot checks on him, and if they found any proof of drugs he would be sent straight back to prison. The only way to stay out was to stay clean. There were also other interventions that helped him kick the habit.

“When I was growing up my dad was in prison a lot. I didn’t want my children growing up thinking it was normal. “It was something to focus on. I had this little vulnerable baby that needed me.”

## Offenders released from short prison sentences

### Background

The analysis of sentence lengths for Peterborough Prison (the area's 'local' prison) are shown in the prisons section of this report; a total of 336, approximately a third of prisoners are on relatively short-term sentences, under two years, so are unlikely to spend more than a year in the prison.

This group have been identified by Ministry of Justice research as having high re-offending rates compared to people serving other sentences. This research looked at the re-offending rates of "matched" samples of offenders given a range of sentences between 2005 and 2008. The matched samples were identical in terms of age, gender, ethnicity, type of offence and number of previous convictions so that the effectiveness of each kind of sentence could be compared.

The results show that those who had been on community sentences, including unpaid work and probation, had a reoffending rate of 51 per cent, compared with 59 per cent for those on prison sentences of less than 12 months<sup>71</sup>. It should be noted that those who have been to prison for less than twelve months are not subject to probation service supervision when they are released.

### The One Service

The One Service was established through a social finance model to address reoffending amongst short-term prisoners. Any prisoner who has served a short-sentence at Peterborough prison is eligible. The service draws together a range of interventions from several voluntary sector providers including St Giles Trust, Ormiston and YMCA.

For the first year of the project (September 2010 to 2011) 537 prisoners were released who could be part of the scheme. Their average age was 33 and 88 per cent underwent a successful assessment prior to release. Of those assessed:

- 52 per cent (246) were discharged to somewhere in Peterborough
- 13 per cent (61) to Cambridge
- 11 per cent (52) to Fenland
- 8 per cent (38) to Huntingdonshire
- 16 per cent (76) to elsewhere.

**Accommodation:** The vast majority of those assessed (94 per cent) had an accommodation need, they were uncertain where they were going to stay on release. Twenty-three per cent were classed as being rough sleepers prior to entry into prison. Almost all of those who requested help with accommodation were found somewhere to stay on their first night of release.

**Employment:** 82 per cent of those assessed had an employment, education or employment need. Clients fell into three categories regarding employment: a) those that wanted to work and had the right skills (relatively few in number), b) those that wanted to work and didn't have the skills or

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<sup>71</sup> The Guardian, May 2011 quoting the Ministry of Justice

those who aren't yet ready for work due to addiction or ill health and c) those who don't want to work.

**Substance misuse:** 68 per cent of those assessed had a substance misuse problem. Of these over two thirds were addicted to drugs and over one third to alcohol (there was some overlap).

**Health:** 50 per cent of those assessed had a health need. Of those just under half had a physical health problem and over half had a mental health problem. The One Service found that a number of clients were accessing A&E for medical support instead of registering with a GP or dentist. There were cases that needed the service to advocate on the ex-prisoners behalf to access mental health needs assessments and we have identified specialist support.

#### **Case study: Short Sentence Prisoner**

(Adapted from the One Service annual report 2011)

Bryan has been homeless for over 10 years. He is 56 and is an alcoholic. He may never deal with the issues that led to his first drink at 13 and in the meantime he will continue to consume alcohol.

He has a court order which prevents him drinking in public. If he opens a can of beer this means he can be arrested. This happens often, because he is a homeless alcoholic. He's not a quiet drunk. On a good day he sings loudly and will become over familiar with passers-by, on a bad day he will be insulting. He has many convictions and regards time in prison as a brief respite from his chaotic life of begging, drinking and being assaulted.

He is not on benefits and is not registered with a doctor so frequents the city hospital when he has self-harmed too severely or his heart problems surface.

A target to get Bryan a house will achieve the required tick on some projects, as will arresting him to keeping the streets free from begging. Neither though will maintain the peace in the longer term. Working together under the One\* Service umbrella, the prison, police, local council, substance misuse services, housing agencies, doctors' surgery, pharmacist, job centre, counsellors, charities and volunteers can achieve a sustainable, long term outcome which enables Bryan to make choices about how he lives in the future.

During his time working with the One\* Service agencies he has spent record amounts of time out of prison, in accommodation, engaging with a hobby and volunteering as an office cleaner. He now receives benefits and does not need to beg or drink on the streets. We are working with him to consider the social aspects of his previous lifestyle so relationships can be managed in ways that do not cause a nuisance to others. He is hoping to find more settled housing where he can manage his drinking and live more healthily. He suffers from depression and self-harms and will continue to receive support with his mental health.

## Sex workers

### Overview

This group of offenders was identified within the workshop sessions as being one which exemplified the grey area between offending and victimisation. A recent report for the London Assembly<sup>72</sup> identified that female sex workers are at far greater risk of violence than any other group of women<sup>73</sup>. The report states: *“The reasons for female sex workers’ vulnerability are complex and manifold; but a belief by the perpetrators that their attacks and even murders will be under reported to police by prostitutes or their colleagues and families plays an important role.”*

Concern over the victimisation of women in this group has also been raised in relation to the coercion of people into sex work<sup>74</sup> and the possibility that women may have been “trafficked” in some way. The concept of trafficking is one that is difficult to define; there is some ambiguity between organised trafficking, whereby criminal groups control the work of the women and non-organised trafficking where one or two individuals have coerced someone into sex work. The definition in UK law, which uses the term to describe the movement of all sex workers including willing individuals, is somewhat different from international protocols that refer to the use of force, coercion or fraud.

National estimates of trafficking vary from 80 per cent of sex workers in some areas<sup>75</sup> to six per cent<sup>76</sup> and the Association of Chief Police Officers (ACPO)<sup>77</sup> concluded that at least 8.7 per cent had been trafficked from abroad, 2,600 of the estimated 30,000 women who worked in off-street prostitution. Results analysis of the national Operation Pentameter 2 identified that of 822 raids on brothels 167 possible victims of trafficking were identified (although these figures have since been challenged by the Guardian newspaper). More recent operations by the Metropolitan Police Service<sup>78</sup> identified 73 possible victims out of 177 brothels visited.

### Sex Workers in Cambridgeshire and Peterborough

The true extent of sex work in Cambridgeshire and Peterborough is unknown although in both the cities of Cambridge and Peterborough, on-street prostitution has been a neighbourhood policing priority.

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<sup>72</sup> Silence the Violence, Improving the Safety of Women. The Policing of Off Street sex work and trafficking in London, 2012

<sup>73</sup> Ibid quoting a range of sources including Home Office (2004) and Flowers (1998)

<sup>74</sup> Suffolk Prostitution and Sexual Exploitation Strategy, 2011

<sup>75</sup> Silence the Violence quoting the ‘Poppy Project 2004. A survey of London prostitutes working ‘off the street’ identified that 81% were foreign nationals and the assertion that “a large proportion are likely to have been trafficked into the country”

<sup>76</sup> Silence the Violence quoting a ESRC funded qualitative research by Dr Nick Mai

<sup>77</sup> Setting the Record, ACPO 2010.

<sup>78</sup> Ibid

- In Cambridge, the North Area Neighbourhood has previously had an objective to “reduce complaints of ASB relating to sex-working in Histon Road<sup>79</sup>”. The issue was first raised in May 2008 and has been on-going since then. Evidence within the neighbourhood profiles have suggested that the activity is due to a few women (less than 10) although it has caused considerable disquiet within the neighbourhood.
- In Peterborough, street prostitution was adopted during 2010 as a neighbourhood priority for the central area of Peterborough.

### **Policy Response**

The most significant policy response towards this issue in the region has been undertaken in Suffolk. The Suffolk Prostitution and Sexual Exploitation Strategy was first developed in 2007 as a response to a series of murders. The initial aim of having no street prostitution in Ipswich was reported to have been achieved in 2008 and the strategy has since been extended to cover all sex workers. This has been done through the establishment of the multi-agency ‘Make a Change’ team. Workers from the ‘Make a Change’ team have been visiting off-street premises since 2009, and uncovering the extent of the numbers of premises where sexual services are being sold, including brothels where the majority of trafficked women are from China and Poland. There is no direct intelligence that Class A drug use is a major motivating factor. Poverty and debt are often more likely to be a motivator for working off-street.

Work with Suffolk County Council Children and Young People services about children who are being sexually exploited has resulted in a much better understanding of the extent of this activity, and the mechanisms of grooming and coercion involved, including internet grooming and internal trafficking. Two new posts were developed in 2009 to support 16-17 year olds who were at risk of being sexually exploited, and who were often living in bed and breakfasts or hostels.

#### **Case study: Sex workers**

(Adapted from the Suffolk Sexual Exploitation Strategy)

Following the gathering of intelligence a brothel was visited by police and a support worker. Two young women (19 and 23) were living on the premises, and were offered help.

One was subject to serious domestic violence as part of the coercion and a place of safety was found for her. She had become estranged from her family, and contact was made with her parents to inform them what was happening, and they have re-established contact. She continues to be subject to threats, but is slowly establishing herself in the new area.

The other young woman has also asked for help to find accommodation and to access benefits. Both of them had been known previously to Children’s services but had been difficult to engage with because of the grooming and coercion they were subject to.

A further five women were affected by the closure of the brothel, and of these four have asked for help from the ‘Make a Change’ team, and their needs have been, which include re-housing, benefits, drug treatment, sexual health and health issues. Most of them are subject to serious threats of violence.

## Street life communities / chronically excluded adults

### Overview

The street life community was identified within one of the needs assessment workshops as being a group which included both offenders and victims. They were also evident as a group that caused a significant amount of anti-social behaviour within the extended case study of Fenland anti-social behaviour case work. Behaviours noted in Fenland include street drinking, urinating in public, shouting, intimidation of passers by and conflict with local shop owners.

There are few local data sources available specifically regarding this group of individuals however in Cambridge one scheme has been established to work with similar individuals.

### The Chronically Excluded Adult (CEA) project

In order to better understand the needs of this group the lead workers for the Cambridge Chronically Excluded Adult project has contributed some information about this client group. This was a pilot project which ran for 12 months in Cambridgeshire from February 2011 to January 2012. The work of this project was originally started as part of the Cambridge City Council homelessness strategy.

The City Council sought buy in from various services locally and partnered with Cambridgeshire Primary Care Trust, Cambridgeshire Constabulary and Cambridgeshire County Council to look at delivering the project. This partnership was able to bid successfully for the Making Every Adult Matter (MEAM) pilot. MEAM is a coalition of four national charities including Homeless Link, Mind, Clinks and Drugscope. MEAM identified that chaotic individuals experience a combination of issues that impact adversely on their lives, they are routinely excluded from effective contact with the services they need and tend to lead chaotic lives that are costly to society.

An initial caseload was selected by a multi agency meeting from a referral list of 53. Of those initially referred:

- 43 were male and 10 female;
- 52 had recent experience of homelessness;
- 42 scored high enough on the NDTA<sup>80</sup> to be considered as living in a 'chaotic situation';
- Only three were under the age of 25;

Of the clients selected for the pilot:

- 87% had mental health issues;
- 53% had professional mental health intervention;
- 73% misused drugs;

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<sup>80</sup> NDTA: New Directions Team Assessment (Chaos Index), an assessment tool developed by South West London & St Georges Mental Health NHS Trust. The index lists a number of behavioural criteria against which to score an individual including engagement with services, personal risk taking, self harm, behaviour (e.g. anti-social behaviour and substance misuse).

- 100% misused alcohol;
- 93% were known to have slept rough;
- 73% had criminal justice intervention;
- 53% had previously been to prison;
- 33% had been victims of domestic abuse;
- 33% had been involved in sex work.

The key approach of the pilot to provide co-ordination of existing services to better communicate and support individuals and to work to the common goal of the client not necessarily the service. To provide a consistency for the individual so that the client has a known contact irrespective of any change in services being used.

The measurable outcomes for the pilot are to show cost savings to services but improving the management of this client group but to also improve the happiness, safety and wellbeing of these chaotic individuals.

## **Appendix 1: Detailed findings from the agency workshops**

Representatives from the following organisations attended the stakeholder workshops:

- Cambridge Rape Crises Centre
- Cambridgeshire Police
- Cambridgeshire & Peterborough NHS Foundation Trust (Mental Health Trust)
- New Directions
- Cambridgeshire DAAT
- Cambridge Women's Aid
- Headway, Cambridgeshire
- Chronically Excluded Adults Project
- Victim Support
- Cambridge University (Criminology Department)
- Cambridge Women's Resources Centre
- Youth Offending Services
- Huntingdonshire District Council
- South Cambridgeshire District Council
- Lifecraft
- Romsey Mill Social Inclusion Program
- CASUS (Cambridgeshire Child and Adolescent Substance Misuse Service)
- A community representative from Whittlesey
- Peterborough City Council
- St Giles' Trust

## Exercise One: Who should we be considering within the needs assessment? – Group One

### Victim Groups

- Vulnerable people
- Learning disabilities
- Learning difficulties
- Mental Health problems
- Older people
- LGBT (hate crime)
- Minority groups (hate crime)
- Young people
- Students
- High earners (property offences)
- Domestic violence victims
- People with no recourse to public funds / illegal immigrants
- Women (seeking help with victimisation)
- Businesses / shop owners
- Those who are socially isolated
- Those subject to human trafficking
- Teenage mothers
- Women / girls
- Those targeted through the internet
- Teenage boys
- Children who are victims of abuse

### Those who are both victims and offenders

- Travellers (victimisation under reported)
- Substance misusers
- NEET Young People
- Sex Offenders (past history as victims)
- People with mental health problems
- Homeless / vulnerably housed
- Sex workers
- Those with learning disabilities
- Young people in care
- People with no recourse to public funds
- Missing persons
- People living in poverty
- Young people experiencing poor parenting
- Those with low levels of educational attainment
- Those with a head injury / brain injury (often through assault)
- Males (15 – 25)
- Human trafficking / traffickers
- New Communities
- Women Offenders (large % with DV / abused / MH background)

### Offender Groups

- People from socially deprived backgrounds
- Domestic violence offenders / perps
- Those who are part of public protection (MAPPA) arrangements
- Young males 14-21 (risk takers)
- Increasingly young females 14-21 as above
- Those from a family / culture that encourages or condones criminality
- Abusers (physically / sexually)
- Criminal networks / groups
- Perpetrators of honour based violence
- Repeat offenders (career criminals)

**Exercise One: Who should we be considering within the needs assessment? – Group Two****Victim Groups**

- Children (victims of abuse)
- Young people
- Older people (of distraction burglary & Rogue traders)
- Vulnerable Adults (those with disabilities or health problems)
- Victims of domestic violence
- Ethnic Minorities (victims of hate crime)
- Businesses
- Victims of sexual exploitation / Sex workers
- Those with mental health problems

**Those who are both victims and offenders**

- Domestic violence victims / perpetrators
- Those with mental health problems
- Those with a dual diagnosis of mental health problems and substance misuse
- Those with low educational attainment
- Those in areas of high deprivation
- Sex workers
- Homeless people
- New migrants / illegal immigrants
- Males aged 16-24
- Street drinkers

**Offender Groups**

- Drug dealers
- Drug users
- Career criminals
- Organised criminals / groups
- Gangs
- Those committing hate crime
- Violent offenders
- White collar criminals (fraud)
- Internet misusers
- Political extremists
- Sex offenders
- Prolific or spree offenders
- Road traffic offenders / drunk drivers
- Those with mental health problems
- Car thieves

**Exercise Two: Which victim groups should definitely feature within the needs assessment?**

Victim Group	Why Chosen?	Needs this group have that are largely Met	Needs this group have that are largely unmet	Unknown / Issues requiring further research
The vulnerable elderly	<ul style="list-style-type: none"> <li>• They make up a large proportion of the population</li> <li>• The proportion of older people within the population is forecast to increase</li> <li>• This group has a fear of crime.</li> <li>• Many older people are socially isolated</li> <li>• Old age itself increases vulnerability</li> <li>• There is a need to protect those who cannot protect themselves</li> </ul>	<ul style="list-style-type: none"> <li>• Local housing strategies are providing suitable accommodation / sheltered housing schemes.</li> <li>• Older people may be better connected and more 'social' than other parts of the population</li> <li>• Local support groups exist and other older peoples charities</li> <li>• Good neighbours do support older people</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of resources to provide protection</li> <li>• Protection for repeat victimisation</li> <li>• Capacity of the individual to access services.</li> </ul>	<ul style="list-style-type: none"> <li>• Those in need who are not in contact or registered with any services</li> <li>• What is the level of repeat victimisation amongst this group?</li> <li>• What are the risks of becoming a victim of crime?</li> </ul>
Young People	<ul style="list-style-type: none"> <li>• They are the largest victim group</li> <li>• Risk of significant and lasting harm</li> <li>• Susceptible to mental/physical bullying and also abuse</li> <li>• Immaturity makes them vulnerable.</li> <li>• Victims of opportunist crime.</li> <li>• Victim could become offender in later life.</li> </ul>	<ul style="list-style-type: none"> <li>• Education in schools.</li> <li>• Efforts to raise educational attainment..</li> <li>• Access to support (bullying, isolation)</li> <li>• Parenting support.</li> </ul>	<ul style="list-style-type: none"> <li>• Support keeping themselves safe.</li> <li>• Transitions for social care</li> <li>• Youth engagement.</li> <li>• Positive role models.</li> <li>• Lack of specialist services.</li> <li>• Difficult for victims to negotiate &amp; become informed.</li> <li>• Early intervention.</li> </ul>	<ul style="list-style-type: none"> <li>• Unknown or hidden social care issues e.g. the level of abuse</li> </ul>

Victim Group	Why Chosen?	Needs this group have that are largely Met	Needs this group have that are largely unmet	Unknown / Issues requiring further research
Those with mental Health problems	<ul style="list-style-type: none"> <li>• Situation makes them vulnerable / easy target.</li> <li>• Some are easy to pressurise and target</li> <li>• Group suffers from stigma and social isolation.</li> <li>• Need to protect those who cannot protect themselves.</li> <li>• Not necessarily in touch with support or able to report victimisation</li> <li>• At risk of homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis teams available</li> <li>• Mental health services (for those with correct criteria).</li> <li>• More generic awareness of issues to support those who may be isolated or vulnerable.</li> </ul>	<ul style="list-style-type: none"> <li>• Low level support.</li> <li>• Early intervention</li> <li>• Lack of 24/7 response other.</li> <li>• Services for those with a dual diagnosis</li> <li>• Those that have been victims of crime themselves (rape, DV, abuse) suffer PTSD</li> <li>• Access to treatment</li> </ul>	<ul style="list-style-type: none"> <li>• An assessment of how many, who, where and level of victimisation.</li> </ul>
Those living in areas of high deprivation or those who are deprived.	<ul style="list-style-type: none"> <li>• More likely to become victims</li> <li>• Vulnerable groups live in this area e.g. recent migrants</li> <li>• Lifestyles may increase risk of victimisation.</li> </ul>	<ul style="list-style-type: none"> <li>• Community development</li> <li>• Smaller projects (e.g. community lettering)</li> <li>• Targeted policing / neighbourhood policing</li> </ul>	<ul style="list-style-type: none"> <li>• Working with houses of multiple occupation (HMOs)</li> <li>• Bringing together fragmented communities</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• The size of the groups at risk</li> <li>• Location of HMOs</li> </ul>
Those suffering from domestic violence (DV), sexual abuse or honour based violence (HBV) including victims who had no recourse to public funds (illegal migrants);	<ul style="list-style-type: none"> <li>• Long term damaging effects on the victim and wider family</li> <li>• Significant risk of serious or levels of harm.</li> <li>• On-going / repeat victimisation</li> <li>• Significant underreporting &amp; levels of isolation amongst the victims</li> <li>• Causes long term health problems</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing services offered by the police and others which are improving confidence</li> <li>• SARC (Sexual Assault Referral Centre) in existence</li> <li>• A range of supporting voluntary sector agencies such as victim support, Women's Aid, Rape Crises</li> <li>• Women Aid.</li> <li>• Specialist DV courts/ support workers.</li> <li>• Locally we have a response (community co-ordinated) to report DV.</li> <li>• Significant steps have been made in coordinating the response across the third sector, voluntary &amp; statutory sector agencies.</li> <li>• Support line for those suffering HBV</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Mitigating the Long term impact</li> <li>• Little support for male victims</li> <li>• Language and cultural issues / reaching new communities</li> <li>• Support for those victims aged under 18?</li> <li>• Not all DV sit within a criminal justice arena, but victims will still be in need of a range of community services.</li> <li>• Fear of criminalising abusive partner.</li> </ul>	<ul style="list-style-type: none"> <li>• High proportion of under reporting still</li> <li>• Language and cultural issues / reaching new communities</li> </ul>

Victim Group	Why Chosen?	Needs this group have that are largely Met	Needs this group have that are largely unmet	Unknown / Issues requiring further research
Those suffering from hate crime	<ul style="list-style-type: none"> <li>• Dramatic effect on lives of individuals with the potential to cause serious unrest / disruption to the community</li> <li>• On-going community fears / concerns</li> <li>• Increasing evidence of abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Reporting opportunities available</li> <li>• Reporting line</li> <li>• Multi-lingual service</li> <li>• Dedicated teams</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness of being able to report/how to report.</li> </ul>	<ul style="list-style-type: none"> <li>• Under reporting</li> <li>• Lack of trust/confidence</li> </ul>

### Exercise Three: Which Offender groups should definitely feature within the needs assessment?

Offender Group	Why Chosen?	Needs this group have that are largely Met	Needs this group have that are largely unmet	Unknown / Issues requiring further research
Drug related offenders (misuse) / Drug Dealers	<ul style="list-style-type: none"> <li>• A major cause of offending</li> <li>• Responsible for significant harm</li> <li>• Lack of control (choice)</li> <li>• A specific culture / subculture that can thrive if unchallenged</li> <li>• Massive impact on communities</li> </ul>	<ul style="list-style-type: none"> <li>• Access to treatment / rehab for those willing to access help</li> <li>• Good statutory initiatives and a number of local support agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of appropriate housing options</li> <li>• Lack of specialist services</li> <li>• Joined up working between agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness of the higher level dealers / importers</li> </ul>
Domestic Violence Offenders	<ul style="list-style-type: none"> <li>• Potential for the most harm</li> <li>• Difficulties in dealing with cost to agencies</li> <li>• Seriously under reported</li> <li>• Many cases fall below service thresholds</li> <li>• Many repeat offenders with impact on whole family</li> </ul>	<ul style="list-style-type: none"> <li>• IDAP programme – criminal justice programme</li> <li>• Community based perpetrator programme</li> <li>• Intervention to help them understand impact of their behaviour.</li> <li>• Id appropriate support for other triggers such as alcohol misuse</li> <li>• Motivate to change</li> <li>• To raise level of reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness of DV &amp; help available</li> <li>• Early prevention and intervention</li> <li>• Resources and investment (victims and perpetrator )</li> </ul>	<ul style="list-style-type: none"> <li>• High proportion of under reporting still</li> <li>• Language and cultural issues / reaching new communities</li> </ul>

Offender Group	Why Chosen?	Needs this group have that are largely Met	Needs this group have that are largely unmet	Unknown / Issues requiring further research
Career criminals / Prolific Offenders	<ul style="list-style-type: none"> <li>• Cause most damage</li> <li>• Repeat offending</li> <li>• Track record of committing a significant proportion of crime</li> </ul>	<ul style="list-style-type: none"> <li>• IOM – integrated offending team</li> <li>• Prison services</li> <li>• The One Service to support those on short term prison sentences</li> </ul>	<ul style="list-style-type: none"> <li>• Housing benefits</li> <li>• Suitable housing</li> <li>• Earlier intervention when the offender is younger</li> <li>• Mental health (non-diagnosed conditions e.g. ADHD)</li> <li>• Early intervention schemes</li> </ul>	<ul style="list-style-type: none"> <li>• Victim awareness / community payback service</li> <li>• Meeting the holistic needs of offenders</li> </ul>
Young people (including those forming into 'gangs')	<ul style="list-style-type: none"> <li>• On-going impacts on <ul style="list-style-type: none"> <li>- crime</li> <li>- social inclusion</li> <li>- substance misuse</li> </ul> </li> <li>• Highest rate of offenders from this group</li> <li>• Recession is increasing levels of unemployment leading to lack of structure</li> <li>• Early intervention need</li> </ul>	<ul style="list-style-type: none"> <li>• Education, direction, guidance,</li> <li>• Support (individual and family) formal and informal</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of youth/ community projects</li> <li>• Role models</li> <li>• National service model (on-going engagement post school leaving)</li> </ul>	
Emerging / diverse communities	<ul style="list-style-type: none"> <li>• EU migrants form a high profile offender group</li> <li>• Some migrants have no recourse to public funds so are difficult to manage</li> <li>• Language barrier</li> <li>• Trafficking</li> </ul>		<ul style="list-style-type: none"> <li>• Funding</li> <li>• Accommodation</li> <li>• Linkages with the Immigration authority (UKBA)</li> <li>• Language profile</li> </ul>	<ul style="list-style-type: none"> <li>• Trafficking of sex workers</li> <li>• Too many unknowns</li> <li>• Little info on community culture or offending profile</li> </ul>
Sex offenders and other clients of the MAPPA scheme	<ul style="list-style-type: none"> <li>• These individuals pose a significant risk to the community</li> </ul>	<ul style="list-style-type: none"> <li>• Community monitoring</li> <li>• Specialist accommodation</li> <li>• High resources already</li> </ul>	<ul style="list-style-type: none"> <li>• Managing the social isolation of these individuals (higher risk)</li> </ul>	

Offender Group	Why Chosen?	Needs this group have that are largely Met	Needs this group have that are largely unmet	Unknown / Issues requiring further research
Sex workers	<ul style="list-style-type: none"> <li>• Community nuisance</li> <li>• Repeat offenders</li> <li>• A group of offenders at risk themselves from violence/ health issues</li> <li>• Group at risk of trafficking</li> </ul>	<ul style="list-style-type: none"> <li>• SARC (Sexual Assault Referral Centre) in existence</li> <li>• Some multi-agency working</li> </ul>	<ul style="list-style-type: none"> <li>• No out-reach service</li> <li>• Specialist support</li> <li>• Social housing</li> <li>• Large gaps in approach compared to Suffolk</li> </ul>	<ul style="list-style-type: none"> <li>• How many off street</li> <li>• Migrants – trafficking?</li> </ul>
Troubled Families (those containing repeat offenders)	<ul style="list-style-type: none"> <li>• Repeat “criminal” behaviours – children / young people more likely to be offenders.</li> <li>• Breaking cycle of offending</li> <li>• Actual Evidence based practice</li> <li>• Links to ASB and wider issues</li> </ul>	<ul style="list-style-type: none"> <li>• Basic / practical needs?</li> <li>• Support (individual and family) formal and informal</li> </ul>		<ul style="list-style-type: none"> <li>• The number of troubled families (repeat offenders)</li> </ul>
Those with mental health problems	<ul style="list-style-type: none"> <li>• Awareness that there are a vast number of offenders with mental health issues that remain undiagnosed</li> <li>• High proportion of the prison population has mental health issues.</li> <li>• Impact on community</li> </ul>	<ul style="list-style-type: none"> <li>• Some statutory services is thresholds are met</li> <li>• Some voluntary sector support from organisations such as Mind</li> </ul>	<ul style="list-style-type: none"> <li>• What services available for lower end of spectrum</li> <li>• Social housing</li> </ul>	
Perpetrators of ASB	<ul style="list-style-type: none"> <li>• Pre curser to criminal activity</li> <li>• High level of nuisance and impact on community perceptions</li> </ul>	<ul style="list-style-type: none"> <li>• Issues is high profile</li> <li>• Interventions strategies exist</li> <li>• Neighbourhood policing</li> </ul>		

## **Workshop Exercise 4 – Future aspirations**

### **Area One: The way the new Police & Crime Commissioner works**

- A commissioner who is skilled, knowledgeable and has the needs of the victims at the heart of what they do and not as a political motivation.
- Police commissioner who will meet with the voluntary sector agencies to learn.
- Protecting excellent specialist small services – particularly from the risk that “commissioning” poses.
- Voice for voluntary sector and recognition that the VCS can be central to solutions.
- Involvement of general public in the needs of services. Should include ways of ensuring majority of voices are heard.
- The police commissioner needs to meet the public – he/ she needs to prioritise this. In the past the police authority has been pretty poor at public engagement.
- An understanding of issues “bottom up”
- More focus on prevention.
- Engaging the right people.
- A chance to “sell” our work to the new commissioner so that we ensure we get a fair bite of the budget.
- Looking at evidence base for priorities so it does not become political.
- A mechanism to ensure gaps are identified and addressed.

### **Area Two: A Role for the new Police & Crime Commissioner in coordinating partnership working**

- More defined guide uses regarding partnership working.
- Partnership working (more collaboration).
- A process which encourages collaboration between services.
- A dialogue/ joint working with police, prison and other agencies. We can support clients. We can support you. We can offer training free. Please talk to us. Headway Cambridge.
- More education and accessibility of services for people at all levels.
- Better information sharing between agencies, for professionals, victims and offenders.
- Consistency in services across the county/ country. No post code lotteries.

### **Area Three: Prioritising particular services / approaches**

- Massive public campaign - ground causes of DV and services available for male, female and children.
- A range of services for victims of DV and SV delivered for by a range of agencies.
- Mental health, substance misuse, DV and public protection issues remain priorities.
- An improved service for all victims of DV.
- Priority to count diversion – mental health and young people.
- More mental health provision with lower threshold for intervention.
- Early intervention. All agencies working together. Access to more resources – housing. Co location of IOM team.
- Increased floating support re accommodation.

- A service to be made available for male victims of sexual crimes.
- Involving young people in our “future”.
- Better case management system for ASB e.g. Ecins in Fenland.
- More consideration to young people offending.
- Sooner early intervention for young people.
- For reasons to be made available for a street outreach service for sex workers.
- Support for families in need. Support for low level mental health.
- More investment in responding to DV (not just as a criminal justice issue).
- Sustainable funding to deliver high quality services to victims of sexual violence.

#### **Area Four: Securing more resources**

- Bigger budgets for substance misuse and young people’s service.
- More resources
- The resources get to the third sector agencies and voluntary sector.
- Recognition that authorities/ departments organisations are under funded and under resourced.
- Police – sufficient vehicles to do my job- due to cuts I have one vehicle between 6 officers all outside based. Dedicated impact teams countywide for IOM offences only. Less bureaucracy.
- Adequate resources in particular for early (identified) intervention.

#### **Area Five: Seeking alternative ways of working**

- More responsive support services.
- Greater priority to restorative justice.
- Using non-court disposals when applicable.
- Courts to stop sentencing to less than two months – waste of money, resources and time. Review sentencing. Power – more community orders.

#### **Area Six: Other Comments**

- An opportunity to make a difference.
- No victims.
- Less fragmented communities. Investment in community cohesion initiatives.
- A safer and risk free city.

## Appendix Two: Anti-social behaviour caseloads in Fenland

### The approach in Fenland

The Fenland partnership has recently participated in a Home Office Pilot study [insert reference] to look at ways of improving how partner agencies can work together better to tackle anti-social behaviour. At the core of the pilot was the use of a new information sharing system 'E-CINS' and regular partnership meetings to review actions and information that are then recorded on the system.

Empowering- Communities Inclusion & Neighbourhood Management System (E-CINS) is a web-based secure, encrypted IT system which provides the opportunity for improved information sharing between partner agencies. Being a web-based system means that it can be used within any partner agency without undue IT problems. The work of the partners using the system is covered by overarching information sharing agreements. Each user has a secure log in to the site and a set of tailored permissions as to what they can see and do once they log in. Users can create a case that needs to be managed and share the case details with partners.

Each case has a risk assessment applied and they are clearly highlighted on the system as red, amber or green. Red cases indicate that there is either a vulnerable victim to the anti-social behaviour and / or a set of behaviours are being carried out by the perpetrator that have a serious impact on the community. An important aspect of the system is a case-log where partners can assign actions to each other and a log of contacts with the victim and perpetrator which can be maintained and shared. In particular, it enables a focus on the provision of more joined up support and monitoring of victims and locations. It also reduces the need for partnership meetings and facilitates partnership ASB case management. For further details see the evaluation document<sup>81</sup>

### Example Cases

The two cases outlined have been adapted from the recent evaluation study. Details have been changed in order to protect the identity of those involved.

**Case Study One** commenced in March 2011 when a report of noisy-neighbour related anti-social behaviour was received by a registered housing provider. At this time, there was no risk assessment process in operation and E-CINS had not yet been made available as an information-sharing tool as the processes were in the final stages of being mapped out. Key issues included:

- initial action was taken in isolation rather than a joint agency approach;
- after two reports of suicide attempts by the victim, other agencies were advised of the case five days after initial report. A joined up, co-ordinated approach was commenced;
- eight days after receiving the initial report, a formal risk assessment matrix was completed for the first time by the registered housing provider staff.

Once the co-ordinated approach was adopted then timely actions occurred and the victim was rehoused on May 2, 2011, just over one month after the initial report was received. Overall, this case

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<sup>81</sup> [www.cambs.police.uk/about/planspoliciesreports/reports/Evaluation%20of%20the%20Fenland%20ASB%20Pilot.pdf](http://www.cambs.police.uk/about/planspoliciesreports/reports/Evaluation%20of%20the%20Fenland%20ASB%20Pilot.pdf)

study shows the need of early risk assessment and the benefits of a real time information sharing system.

**Case Study Two** commenced in June 2011 when an elderly lady reported a range of anti-social behaviour issues to a registered housing provider. A risk assessment process had now been implemented by each agency involved in the field trial and E-CINS had been launched. The victim was assessed as high risk at the call taker stage and details were entered on to E-CINS to alert other relevant agencies signed up to use the system.

The case was discussed by partners at a meeting on July 1, 2011 and information then started to be shared between agencies on E-CINS. Vulnerability had already been identified consequently; the victim was referred to Adult Social Care and Mental Health for appropriate support.

Joint action commenced and best use was made of information sharing processes implemented as part of the field trial. The case highlighted the need for a broad range of agencies to engage with any IT system introduced as an information sharing or joint case management tool. Mental health concerns identified in this case could probably have been more accurately assessed and addressed at an earlier stage, had Health and Social Care already had access to ECINS.