

Health needs assessment of offenders in the community

Cheshire East, Cheshire West & Chester, Warrington and Wirral

APPENDICES

June 2013

Michael Lloyd, Independent Researcher
Commissioned by NHS Cheshire, Warrington and Wirral



Cheshire, Warrington and Wirral




Health needs assessment of offenders in the community APPENDICES

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June 2013

Michael Lloyd

Version & Revision Record

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05	06/06/13	ML 	KL	FINAL – amended after draft circulation & comments

Disclaimer

This document has been prepared for the titled project and should not be relied upon or used for any other project without an independent check being carried out as to its suitability. Michael Lloyd accepts no responsibility or liability for the consequence of this document being used for a purpose other than the purposes for which it was commissioned. The hyperlinks / website references in this report were correct at the time of writing.

APPENDICES

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USER GUIDE – Read me first!

Here are a few explanatory notes regarding how this document will hopefully add value to the HNA and who it has been generated for:

[1] the first 3 Appendix sections (A1-A3) are potentially of most use to those wanting to dig into more detail on who was involved in this study, how the work was conducted and the associated research materials. This should ultimately be of value to those who might want to replicate the work or supplement the fieldwork in months to come, and need to know the type of questions and stakeholders involved in this study.

[2] Appendix A4 outlines why this HNA work was commissioned in the first place. It's the author's assessment of the four JSNAs evidence base in terms of the quantity and quality of intelligence available on the health needs of offenders in the existing JSNAs. It's primarily of use to JSNA leads and analysts, as it summarises what has been published in the Cheshire/Warrington/Wirral project area, the gaps, and best practice upon which they can build.

[3] And this leads me on to Appendix A5, which is the raw Probation data that JSNA leads can analyse and include in future refreshes of their JSNA documents, to supplement some of the more qualitative findings from the HNA full report.

Finally, the colour coding of the tables in A4 and A5 is consistent throughout, to help each local representative navigate to information relevant to them. The key to the colours is below:

- Cheshire East in yellow
- Cheshire West in orange
- Warrington in blue
- Wirral in purple

APPENDIX A1

Participants in the fieldwork

STAKEHOLDER INTERVIEWS			
<i>32 interviewees in 21 engagement activities</i>			
Participant	Other attendees?	Role of lead participant (at time of interview)	Interview Location
Sandra Link		Assistant Chief Executive - Cheshire East LDU (Cheshire Probation Trust)	Crewe Probation office
Mark Owen		Offender Manager - Cheshire East LDU (Cheshire Probation Trust)	Crewe Probation office
Brendan O'Hea		Approved Premises Manager - Bunbury House	Bunbury House, Ellesmere Port
Manjit Maude		Approved Premises Manager - Linden Bank	Linden Bank, Sandbach
Cathy Fitzgerald		Service Manager - Warrington DAAT	N/A - telephone
Allen Baird		Partnership & Interagency Manager - Wirral Probation	Wirral Probation Centre
Angela Murphy	Y - 1	Project Manager - Tomorrows Women Wirral (TWW)	TWW centre, Birkenhead
Chris Judge		Service Manager - Addiction Dependency Solutions (ADS)	ADS office, Northwich
Peter Crowcroft		Deputy Head - Criminal Justice & Custody [Cheshire Constabulary]	Police HQ, Wilmslow
Carl Roberts	Y - 2	Service Manager - Crime Reduction Initiatives (CRI), Warrington	CRI offices, Warrington
Kelly Roberts		Senior Probation Officer, Wirral Probation	Wirral Probation Centre
Debbie Cox		Harm Reduction Nurse - Wirral NHS	St Caths Hospital, Birkenhead
Karen Armstrong		Head of Offender Healthcare, HMP Risley/ThornCross	Birkenhead & HMP/YOI Thorn Cross
Marie Orrell		Assistant Chief Executive - Cheshire West LDU [Cheshire Probation Trust]	Chester Probation office
Rachel Edwards	Y - 1	ADS Chester DIP Team worker	ADS Chester DIP Team office
Dr Vis Reddy		Clinical Lead - Cheshire [Tascor Medical Services]	Middlewich Custody Suite
Alan Lilly		Senior Probation Officer, Veteran Offenders	Warrington probation office
Dr Joseph Kavv		Substance Misuse Doctor, CRI & prisons	CRI offices, Warrington
Dr Andrew Davies		Chair of Warrington Clinical Commissioning Group	NHS Birchwood
Pauline Hamilton	Y - 1	Custody Suite Nurse Team Leader [Tascor Medical Services]	Runcorn Custody Suite
Jayne Thomas	Y - 6	Operational Services Manager, HMP Styal	HMP Styal


Note: Several roles will have changed since the interviews were conducted in early 2013

OFFENDER INTERVIEWS											
33 interviews											
Location of interview	Interviews	Offender residency									
Linden Bank AP	10	1	2	3	4	5	6	7	8	9	10
Bunbury House AP	5	11	12	13	14	15					
Tomorrows Women Wirral	6	16	17	18	19	20	21				
Crime Reduction Initiatives	10	22	23	24	25	26	27	28	29	30	31
Other - Peer mentors	2	32	33								
	33										
KEY:											
Cheshire East in yellow											
Cheshire West in orange											
Warrington in blue											
Wirral in purple											
Halton in grey											

OFFENDER INTERVIEWS - KEY CHARACTERISTICS							
33 interviews							
[A] CHARACTERISTICS & SERVICE DEMANDS						[B] ACCESS & SEEKING HELP	
Age	Gender	Ethnic Group	Probation area	How is your health?	Main problems	Registered with GP?	Registered with dentist?
Q1.1	Q1.2	Q1.3	Q1.4	Q2.1	Q2.2	Q1.5	Q1.6
40-49	M	White British	ChE	Poor	D; Mood swings; epilepsy; MH (Panic attack)	Y	Y
18-29	M	White British	ChE	Very Good		N	N
50-59	M	White British	ChW	Poor	MH (Memory); Stress	Y	N
50-59	M	White British	ChW	Good	LD; Phys (asthma; finger)	Y	Y
40-49	M	White British	Ha	Very Poor	Phys (mobility; angina; diabetes); MH	N	Y
50-59	M	White British	ChE	Poor	Hypersomnia; Memory;	Y	Y
40-49	M	White British	Wa	Very Poor	MH (Schizophrenic); Blood pressure; Sleep; A	Y	Y
40-49	M	White British	Ha	Very Poor	D; Liver disease; Pneumonia; Gall bladder	N	N
40-49	M	White British	Wa	Good	Ulcers	N	N
50-59	M	White British	ChW	Very Good	Back pain	N	Y
18-29	M	White British	Wa	Very Poor	Cystic fibrosis;	Y	N
30-39	M	White British	ChW	Average/OK	D	Y	Y
30-39	M	White British	Ha	Good	D (Subatex); psycirriasis	N	N
18-29	M	White British	Ha	Average/OK	D; MH[Depression]; Paranoia	N	N
18-29	M	White British	ChE	Average/OK	D; Smoke; Asthma	Y	N
30-39	F	White British	Wi	Poor	A; MH [Depression] IBS	Y	Y
40-49	F	White British	Wi	Good		Y	Y
40-49	F	White British	Wi	Average/OK	MH; A	Y	Y
50-59	F	White British	Wi	Good	Smoke; Knee	Y	N
30-39	F	White British	Wi	Good	MH [Anxiety]; A; Weight issues	Y	N
40-49	F	White British	Wi	Average/OK	MH [Depression/Anxiety]; Heart;	Y	N
40-49	M	White British	Wa	Average/OK	D; Nerve damage	Y	Y
40-49	M	White British	Wa	Average/OK	D; MH [PD]; IBS	Y	N
30-39	M	White British	Wa	Very Poor	D; HepC; Back; MH [Depression/Anxiety]	Y	Y
18-29	M	White British	Wa	Good	D; Wrist injury	Y	N
18-29	M	White British	Wa	Good	D; Hernia	N	N
30-39	M	White British	Wa	Average/OK	D; Knee injury	Y	N
18-29	M	White British	Wa	Poor	D; Stabbed neck; Back	Y	Y
30-39	M	White British	Wa	Average/OK	D; MH[Paranoia]	Y	N
18-29	M	** Suppressed **	Wa	Good	D	Y	N
18-29	M	White British	Wa	Good	D	N	N
30-39	M	White British	Wa	Average/OK	D	Y	N
30-39	F	White British	Wa	Average/OK	D	Y	Y
					KEY TO CODES:		
					D = Drugs; A= Alcohol; MH = mental health; PD = Personality Disorder; LD = Learning Difficulties; Phys = Physical complaint;		

APPENDIX A2 *Interview Proformas*

A2-1: Proforma of questions for interviews with staff in the community [2 sides of questions]

<p><i>Cheshire offender health needs assessment</i></p> <p style="text-align: right;"> Cheshire, Warrington and Wirral</p> <p>Proforma for interviews with <u>STAFF WORKING WITH OFFENDERS IN THE COMMUNITY</u></p> <p>Interview to be conducted by Michael Lloyd, independent researcher [see end of sheet for contact details]</p> <p>PLEASE READ.... You don't have to do anything with this proforma of questions – it 's been circulated just to reveal the type of question being asked on the day, as some people like to prepare prior to these sessions. Please note:</p> <ul style="list-style-type: none"> • Not all questions will be relevant, so we'll tailor the session to your experiences and role. • Before the interview begins I'll run through an information sheet, that provides a bit more on the format of the session and how the information will be used. 	
<p>Introduction</p> <ul style="list-style-type: none"> • About me and the project [summary sheet handed out on day] • About you: How long have you been in this role?; What experience have you working with offenders, and in particular their health needs? 	<p><i>Feel free to add reminder notes here</i></p>
<p>1. Health care for offenders in the local community</p> <p>Overview of health care service provision</p> <p>1.1 Could you briefly summarise the various health care services used by offenders you deal with in the local community? [is there documentation I can take away that summarise your routes to health care advice/help?]</p> <p>1.2 Do you think there is a link between reoffending and health?</p> <p>Seeking help</p> <p>1.3 Do you feel that offenders in the community always seek help for their health problems? Yes or No – if yes, why, and if no, why not?</p> <p>1.4 Are there certain health issues they are less likely to seek help for? What are they? Why do you think this is the case?</p> <p>Use of health care for offenders in the local community</p> <p>1.5 Focussing first on use of health promotion services (such as diet, smoking,</p>	<p><i>Feel free to add reminder notes here</i></p>
<p><small>Proforma2_StaffInCommunity_FOR INTERVIEWEE_ML031212v2</small></p> <p style="text-align: right;"><small>Page 1 of 2</small></p>	

exercise, sexual health, alcohol etc), which service areas do people commonly seek most advice/help and which is least advice/help sought?
 1.6 Do you feel that current provision in the community is meeting the health care needs of offenders? If not, how could provision be improved?
 1.7 How well do you think health care for offenders in the local community compares to provision in other parts of the country? (What evidence would you use for comparison?)

Quality of health care services

1.8 What are your feelings about the overall quality of health services used by offenders?
 1.9 Do you feel there's a consistency of service quality across this area and 'Cheshire' as a whole? Why is that?

2. Health care prior to re-entering the community

2.1 Do you feel that offenders seek adequate help/advice for health problems in custody/prison? Yes or No - if not, why not?
 2.2 Do you feel that offenders seek help for all their health needs on leaving custody/prisons/other institutions? Yes or No - if not, why not?
 2.3 Where and how do you think most effective improvements can be made in the overall offender 'journey', in terms of impacting on offender health care?

Feel free to add reminder notes here

3. Other health services improvement ideas?

3.1 Any other health issues you'd like to mention and ideas for improvement?

Feel free to add reminder notes here

Source: Proforma adapted from questionnaire used in 'Health needs assessment of adult offenders across the criminal justice system on Merseyside', written by Cath Lewis and Alex Scott-Samuel (Liverpool Public Health Observatory, June 2012)

Interviewer contact details:

Michael Lloyd

Email: mlloydwork@hotmail.com




Cheshire, Warrington and Wirral

Proforma2_StaffInCommunity_FOR INTERVIEWEE_ML031212v2

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A2-2: Proforma of questions for interviews with staff in custody suites or prisons

[2 sides of questions]

<p><i>Cheshire offender health needs assessment</i></p> <p style="text-align: right;"> Cheshire, Warrington and Wirral</p> <p>Proforma for interviews with <u>STAFF/SERVICE PROVIDERS IN CUSTODY SUITES OR PRISON</u></p> <p>Interview to be conducted by Michael Lloyd, independent researcher [see end of sheet for contact details]</p> <p>PLEASE READ... You don't have to do anything with this proforma of questions – it 's been circulated just to reveal the type of question being asked on the day, as some people like to prepare prior to these sessions. Please note:</p> <ul style="list-style-type: none"> • Not all questions will be relevant, so we'll tailor the session to your experiences and role. • Before the interview begins I'll run through an information sheet, that provides a bit more on the format of the session and how the information will be used. 	
<p>Introduction</p> <ul style="list-style-type: none"> • About me and the project [summary sheet handed out on day] • About you: How long have you been in this role?; What experience have you working with offenders, and in particular their health needs? 	<p><i>Feel free to add reminder notes here</i></p>
<p>1. Health care of your service users, whilst in here</p> <p>Overview of health care service provision</p> <p>1.1 Could you briefly summarise the various health care services used by offenders whilst here? [is there documentation I can take away that introduce health care services?]</p> <p>Seeking help</p> <p>1.2 Do you feel that offenders always seek help for their health problems whilst in custody/prison? Yes or No – if yes, why, and if no, why not?</p> <p>1.3 Are there certain health issues they are less likely to seek help for? What are they? Why do you think this is the case?</p> <p>Health Promotion Services</p> <p>1.4 Focussing on use of health promotion services (such as diet, smoking, exercise, sexual health, alcohol etc), which service areas do people commonly seek most advice/help and which is least advice/help sought?</p> <p>1.5 What is the quality of preventative health services?</p>	<p><i>Feel free to add reminder notes here</i></p>
<p><small>Proforma1_CustodySuiteOrPrisonStaff_FOR INTERVIEWEE_ML031212v2</small></p>	

1.6 How could quality and/or frequency of health promotion services be improved? (have you come across notable practice elsewhere?)

Overall quality of healthcare service
 1.7 What are your feelings about the overall quality of health services used by offenders here?
 1.8 Do you feel there's a consistency of service quality across similar institutions in Cheshire? Why is that?
 1.9 Which areas of health care should be improved? And why?

2. Health care 'outside' or during transfer

Before and after you've seen offenders
 2.1 Do you feel that offenders seek help for health problems prior to being in custody/prison? Yes or No - if not, why not?
 2.2 Do you feel that offenders seek help for all their health needs on leaving? Yes or No - if not, why not?. How could this process be improved when they return to their local communities?

Transfers
 2.3 Are there any health care issues/problems during transfers between custody/prison that you're aware of? If so, how could this be improved?

Feel free to add reminder notes here

3. Other health services improvement ideas?

3.1 Any other health issues you'd like to mention and ideas for improvement?

Feel free to add reminder notes here


Source: Proforma adapted from questionnaire used in 'Health needs assessment of adult offenders across the criminal justice system on Merseyside', written by Cath Lewis and Alex Scott-Samuel (Liverpool Public Health Observatory, June 2012)

Interviewer contact details:
Michael Lloyd
 Email: mloydwork@hotmail.com



A2-3: Proforma of questions for interviews with offenders in the community

[3 sides of questions]


Cheshire, Warrington and Wirral

Cheshire offender health needs assessment

Proforma for interviews with **OFFENDERS IN THE COMMUNITY**

Interview to be conducted by **Michael Lloyd**, independent researcher

PLEASE READ.... This is a copy of the questions I ask when I visit to interview service users. You don't have to do anything with this – it's just so you know the subject areas being covered. Please note:

- Not all questions will be relevant, so we'll tailor the session to the service user's experiences and needs.
- Before the interview begins I'll run through an information and consent form, that provides a bit more on the format of the session and how the information will be used.

Introduction

After running through the information sheet and consent form, start the interview and recording if agreed.... Possible introduction:

- *First of all, thanks for agreeing to take part*
- *How the session works will be based on what you feel comfortable talking about*
- *Not all questions on this sheet will be relevant, so we'll skip over some.*

There are three main sections to the questionnaire I complete.

Before the main questions about health care, do you want to start by telling me a bit more about where you're from and your background?

1. A bit about you

1.1 Your age? (circle one) 18-29 30-39 40-49 50-59 60 +

1.2 Your gender? (circle one) Male Female

1.3 How would you describe your Ethnic group? (circle or tick one)

- White British, Irish or other White background
- Mixed / multiple ethnic groups
- Asian – Indian, Pakistani, Bangladeshi, Other Asian
- Black or Black British
- Chinese or other ethnic group

Proforma_OffendersInCommunity_ML191212v1 Page 1 of 3

1.4 Probation area: (circle one) Wirral Cheshire East Cheshire West and Chester Halton and Warrington Other

1.5 Do you have a GP? Yes / No (circle one) If yes, is the GP local? Yes / No (circle one)

1.6 Do you have a dentist? Yes / No (circle one) If yes, is the dentist local? Yes / No (circle one)

2. Your health and services you use

Needs and service use/access

2.1 How is your health? Any health problems? If so which are the health problems that cause you the most concern?

2.2 Do you have any long-term illness, health problem or disability which limits your daily activities or the work that you can do?

2.3 Which health care services do you use? (e.g drug and alcohol treatment services; mental health services; etc)

2.4 How easy have you found it to access services, for example a GP and dentist? How could this be improved do you think?

Seeking help

2.5 Are you able to get all of the health care that you need? If not, why not?

2.6 Are there certain health issues that you are less likely to seek help for? If so, what are they? (discuss wider health needs such as 'pathway' issues – accommodation; employment)

Quality of health care services

2.7 What are your feelings about the quality of health services you use in the community? (e.g drug and alcohol treatment services, mental health services, etc)

2.8 How could these services be improved?

3. Health care prior to re-entering the community

3.1 Before you were on probation, were you able to get all the health care that you needed? Yes or No - if not, why not?.

3.2 If you have been in prison,...

- 3.2 a) how easy was it to get the health care that you needed in prison(s)?
- 3.2 b) what do you think of the quality of health care in prison(s)? How do you think this could be improved?
- 3.2 c) on leaving prison, how easy was it to get all of the health care that you needed when you left? How could this process be improved? *[seek views on various stages of transition]*

Other health services improvement ideas or issues not covered?

Any other health issues you'd like to mention and/or ideas for improvement?

Source: Proforma adapted from questionnaire used in 'Health needs assessment of adult offenders across the criminal justice system on Merseyside', written by Cath Lewis and Alex Scott-Samuel (Liverpool Public Health Observatory, June 2012)

Interviewer:
Michael Lloyd

Proforma_OffendersInCommunity_ML191212v1




Cheshire, Warrington and Wirral

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A2-4: Information sheet and consent form, for interviews with offenders in the community

**CHESHIRE OFFENDER HNA INTERVIEW
INFORMATION SHEET**


Cheshire, Warrington and Wirral

Cheshire Offender Health
Needs Assessment

This sheet will be read out by the interviewer (Michael Lloyd) and you can keep this as a record of taking part today.

- This document accompanies an *interview consent form*, which you'll be asked to sign after I've read this, if you're happy to take part in this session today.
- This interview will last approximately 30 minutes

BACKGROUND TO THIS SESSION

- I'm an **independent researcher** (Michael Lloyd) who has been asked by managers running your local health services to gather **your views and opinions**, to inform improvements to the health care services provided to offenders in the community.
- I'm doing two types of interview:
 - interviewing the service users** (you)
 - interviewing the service providers** (staff in Police custody suites; Probation; Drug Workers; Voluntary Groups; Etc)
- The project I'm working on is called the **Cheshire offender health needs assessment**

WHAT TODAY'S ALL ABOUT

In summary, today I'm looking to **find out more about your experiences and views of the health services you've encountered and whether these met or meet your needs - to learn what works or doesn't work.**


Before we go any further then, it's worth me stressing:

- I'm **independent** from the agencies you're dealing with;
- I'm looking to record this session to help my note taking, and this recording will be kept entirely **confidential, with answers given being non-attributable to you;**
- Participation is entirely **voluntary** and you do not have to answer any questions you do not want to;
- The interview should last approximately **30 minutes**.

Do you understand what this session is about and are you happy for me to continue?

- If you are, next I'll briefly run through the consent form...**
- If you've changed your mind and not happy to take part, we'll draw this session to a close. Thank you for turning up today.

**CHESHIRE OFFENDER HEALTH NEEDS
ASSESSMENT INTERVIEW
CONSENT FORM**


Cheshire, Warrington and Wirral

Cheshire Offender Health
Needs Assessment

Full title of Project: Cheshire offender health needs assessment

Name of researcher:
Michael Lloyd, Independent Researcher

	Please tick box
1. I confirm that I have read and understand the information sheet for the above study, and have had the opportunity to ask questions.	<input type="checkbox"/>
2. I agree to take part in the above study.	<input type="checkbox"/>
3. I agree to the interview being audio recorded.	<input type="checkbox"/>
4. I agree to the use of anonymised quotes in publications	<input type="checkbox"/>

Signature

Date

Name of Participant

Signature

Date

MICHAEL LLOYD
Name of Researcher

APPENDIX A3 *Methodological Considerations*

Practical and ethical implications of interviewing offenders - key considerations

Practical and ethical issues arise when interviewing offenders, and these were monitored throughout the project, with a mitigation/response plan devised at the outset and reviewed as interviews took place. Key considerations reviewed at all stages of interviewing included:

- **Non-attributable information and confidentiality** - this was guaranteed to the interviewees, with only exceptional caveats (ie if an offender indicates that some future very serious harm may happen unless the interviewer takes action). The interviewees were made aware of the way information would be used, with the interviewer running through an Introduction letter at the start (See Appendix A2-4). In all cases the information gathered and supplied to the client was unattributable, and if individual quotes were used in reporting then pseudonyms or another form of 'suppression' was applied.
- **Data Protection** – I comply with Data Protection legislation and other legal requirements associated with data collection and use. After each interview had been completed, I separated the offender identity information on the consent form from the recorded/transcribed information. There is no linking code to enable ourselves or others to restore identity.
- **Free and informed consent** – I would not seek to pressure offenders into agreeing to be interviewed, nor allow secondary parties to apply that pressure, which has been known to undermine research projects in the past. Following an assessment of the likely numbers of offenders volunteering to take part, an engagement method was agreed with the project team – often entailing one to one interviews, and sometimes Discussion Group format. The offenders were told the purpose of the research before any questions were asked, and offered the chance to withdraw at any time during the interview.
- **Vulnerable individuals** – all convicted offenders are vulnerable to some degree, given that they are at the mercy of judicial institutions and may suffer from public opprobrium or reproach. I clarified with the client leads that I would not seek to interview any young/youth offenders, any mentally disordered offenders, or any offenders with significant learning difficulties. All interviews with offenders were in community settings, with no prison or custody suite interviews conducted due to time constraints associated with gaining ethical approval for interviews in these secure settings.

Other methodological considerations

- Use of voice recording equipment (if consent is given) is standard in this type of work, other than in restricted premises like prisons/custody suites. A tailored proforma for written notes of all feedback from engagement activities with stakeholders/offenders was used (see Appendix A2).

- Experience from a range of stakeholder consultation exercises of this type has highlighted the benefits of one-to-one interviews, coupled with Discussion Groups and confidential 'proforma' reporting, as the most effective mix of engagement methods. Whilst formal focus groups are sometimes used as a cost effective method of canvassing the views of groups of practitioners and stakeholders, experience of research into offender management has highlighted the difficulty in drawing out polarised opinion during this type of group work, with (particularly) officer level staff often feeling uncomfortable to express their views in groups, being more open during one to one interviews. Based on this experience and other well established limitations with focus groups highlighted in social science literature, canvassing views from focus groups as a primary engagement method was rejected at the outset, as it may simply produce the impression of a false consensus or generate socially desirable responses. I therefore offered one-to-ones and supplied a confidential self completion questionnaire 'proforma' as the primary method for feedback, whilst facilitating Discussion Group work on request.
- A template was designed to easily identify key topics from proforma returns and coding structures established for qualitative interviews. Where new themes are identified during the course of analysis, I revise coding frames in an iterative process that allows for emerging topics to be explored and refined.

APPENDIX A4

Existing JSNA evidence on offender health needs in the community, for Cheshire East, Cheshire West, Warrington & Wirral.

A4-1. Cheshire JSNAs

DORIC is a sub-regional data observatory for Cheshire, Halton & Warrington that serves as a research and planning tool, enabling access to JSNA evidence and reporting. Online access to JSNA intelligence is via: <http://www.doriconline.org.uk/GroupPage.aspx?GroupID=14>

The screenshot shows the DORIC website interface. At the top, there is a navigation menu with links for Home, About, Help, Explore, Contact Us, and Log In. The main header features the DORIC logo and the tagline 'Data Observatory Research & Intelligence Collaborative'. Below the header is a search bar with options for 'key word search' and 'address search', and a 'GO' button. A breadcrumb trail indicates the current location: 'You are here: Home > Themes and Projects > JSNA'. The main content area is titled 'JSNA' and includes a sub-heading 'The Joint Strategic Needs Assessments (JSNA) for Cheshire and Warrington'. A brief description explains that JSNA is an assessment of health, well-being, and social care needs. Below this, there are three buttons for selecting an area: 'Cheshire East', 'Cheshire West and Chester', and 'Warrington'. The page is divided into three columns: 'Resources', 'Recently Updated Baskets', and 'Recently Updated Datasets'. Each column lists several links to specific reports and assessments, including dates.

Resources	Recently Updated Baskets	Recently Updated Datasets
Cheshire West and Chester Joint Strategic Needs Assessment (12 March 2012)	Mental Health (Warrington) (07 March 2013)	Life Expectancy at Birth and 65 (DORIC Areas, Comparators and Cheshire West & Chester small areas) (08 April 2013)
Warrington Joint Strategic Needs Assessment Index (31 March 2012)	Sexual Health (Warrington) (06 March 2013)	Excess Winter Deaths (Cheshire West and Chester 3yr Pooled) (08 April 2013)
Cheshire East Joint Strategic Needs Assessment (18 October 2012)	Cheshire West and Chester Children's JSNA - Demography & Determinants of Health (28 November 2012)	Mortality in Infancy - 3yr Pooled Data (20 March 2013)
Warrington JSNA Children and Young People - Not in Education, Employment or Training (NEET) Chapter (27 February 2013)	Cheshire West and Chester Children's JSNA - Babies Health (28 November 2012)	Emergency Hospital Admissions (Cheshire and Warrington) (07 March 2013)
Warrington JSNA Socio-Economic Deprivation Chapter (12 July 2012)	Cheshire West and Chester Children's JSNA - Avoidable Injuries (28 November 2012)	Births by Age of Mother (Cheshire West and Chester Subanalysis) (25 September 2012)

1.1 Cheshire East JSNA: offender health information

Access to Cheshire East JSNA:

http://www.cheshireeast.gov.uk/social_care_and_health/jsna.aspx

Cheshire East JSNA
Joint Strategic Needs Assessment

Cheshire East Joint Strategic Needs Assessment (JSNA) 2012

- Starting and Developing Well**
 - Maternity and post-natal care
 - Family life and parenting styles
 - Supporting young people
- Living Well, Working Well**
 - Overarching Outcomes
 - Mental wellbeing
 - Lifestyle choices
 - Community impacts
- Ageing Well**
 - Emergency hospital admissions
 - Winter health
 - Chronic disease management
 - Co-ordination of Care

Re-offending PH 1.13
1.13i The proportion of offenders who re-offend from a rolling 12 month rolling cohort 1-13ii The average number of re-offences committed per offender from a 12 month cohort

Trends and Need
The local adult reoffending rates taken from the Ministry of Justice Local Adult Reoffending Statistics Bulletin 1st April 2010 to 31st March 2011 detail that the cohort for Cheshire East represented 3086 offenders, aged 18 or over, who are under probation supervision (licence after release from custody or on a court order). Analysis shows that within this cohort the actual rate of reoffending (reoffending being recordable Court convictions or cautions) is 7.26% which is below the 8.17% predicted and -11.12% below baseline reoffending rates from 2007-2008.

Figures taken from the Cheshire East Strategic Needs Assessments for the same period (April 2010 – March 2011) highlights links between health need and reoffending, specifically when considering the impact of drug and alcohol misuse and the impact of mental health needs. In Cheshire East over 40% of cases are identified as having general health needs and within Cheshire East over 50% of those cases with a disability are linked to a mental disability. In terms of analysing the factors associated with offending over 50% have links between offending and drug misuse, alcohol use and emotional well-being (51.7%, 59.6% and 57.1% respectively). Furthermore in over 50% of cases alcohol has acted as a dis-inhibitor to offending, with drug forming a dis-inhibitor in 20% of cases. Such figures clearly highlight the importance of addressing health related problems in reducing reoffending and can be reviewed quarterly.

In terms of proven reoffending the most recent Cheshire figures highlight a 30.3% reoffending rate with the number of re-offences committed per offender being 0.87.

Time Period	% Actual	% Predicted	% Difference to Baseline 2007-08
April 10 – March 11	7.26	8.17	-11.12
October 10 – September 11	7.26	8.12	-10.64
January 11 – December 11	7.51	8.04	-6.52

Suggested Actions

- Implementation of national personality disorder strategy
- Annual review of needs analysis to ensure correct targeting and commissioning of services
- Agreeing joint priorities to shape future service delivery
- Strengthening communications out to NHS, Criminal Justice agencies and external partners
- Managing risk to NHS and Criminal Justice System effectively
- Engaging service users

Evidence Of What Works

- The Ministry of Justice has introduced a new measure of proven reoffending which provides consistent measures of local (Cheshire Wide) levels
- The local adult re-offending measure remains a performance indicator for Probation Trusts (Ministry of Justice, 2011) which is used to provide a breakdown of local re-offending in Cheshire East
- Ensuring existing performance management mechanisms continue to inform quality monitoring during transition to new operational models
- Work collaboratively across criminal justice and public health organisations to ensure that local offender needs are being met, exploring the continuation of co-commissioning and co-design for integrated alcohol and drug services.
- Joint strategic needs analysis to identify areas of resource need / development

Asset Map

- Cheshire Probation Trust currently has two Approved Premises within the area where there are residents with increased and specific health needs. There are current health provision contracts in place, which are continuously reviewed to ensure the best possible outcomes are achieved
- The intentions set out by the Government highlight the need for services to be commissioned at a local level to meet local need. As such there will be the requirement to identify and develop areas of joint working with public, private and third sector organisations to make best use of resources in addressing areas of need

Community Voices

- Within Cheshire East community liaison groups have been formed to enable the local community to have input into the ongoing work of Cheshire Probation Trust
- Offender Engagement is an ongoing priority for Cheshire Probation Trust and communication and feedback with cases, who are also health service users, will continue to be vital.
- Liaison with service providers and stakeholders to ensure the design and commissioning of positive outcome focused services

Tackling a person's offending behaviour is often intrinsically linked to their physical and mental health, and in particular any substance misuse issues. This outcome therefore cannot be tackled in isolation. Offenders often also experience significant health inequalities that will need to be identified, examined and addressed locally in partnership with organisations across the criminal justice system

JSNA September 2012

Any mention of offender health needs and implications in JSNA?

Yes, but limited. Offender health needs mentioned in the following:

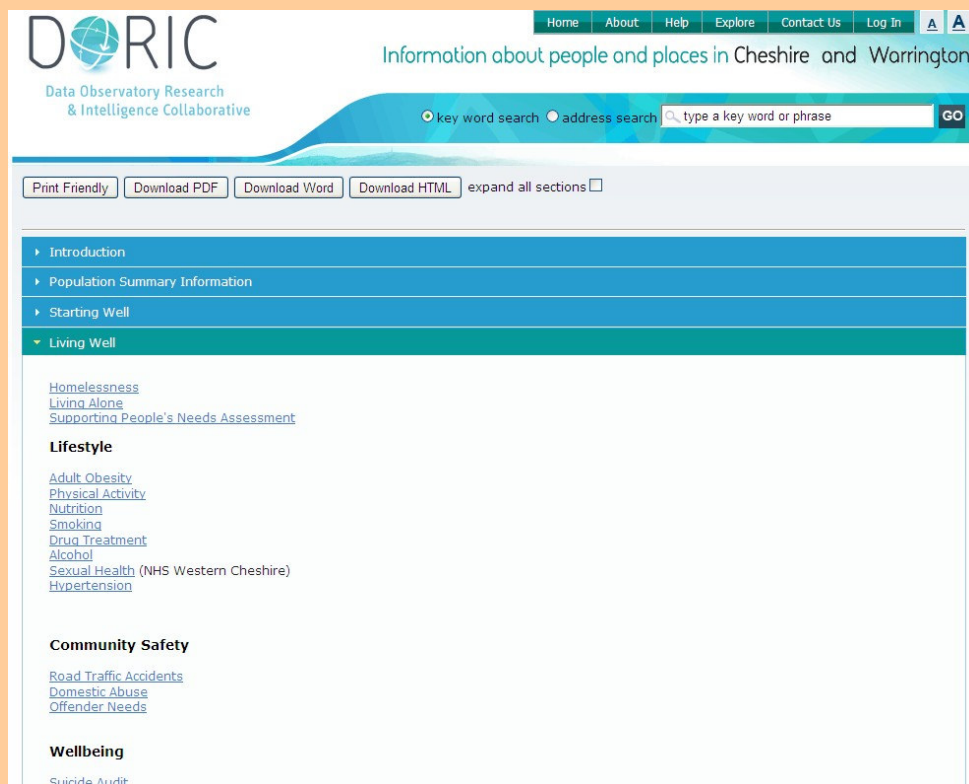
Living Well, Working Well section [*Driving out the causes of poor health and wellbeing, ensuring that all have the same opportunities to live and work well and reducing the gap in life expectancy that exists between different parts of the Borough*], in following two documents:

- Lifestyle Choices – reoffending:** This 1 page summary report proposes that partners should *work collaboratively across criminal justice and public health organisations to ensure that local offender needs are being met, exploring the continuation of co-commissioning and co-design for integrated alcohol and drug services*. In terms of offender engagement, this is seen as *an ongoing priority for Cheshire Probation Trust and communication and feedback with cases, who are also health service users, will continue to be vital*. The summary concludes by stating *Offenders often also experience significant health inequalities that will need to be identified, examined and addressed locally in partnership with organisations across the criminal justice system*.
- Community Impacts – statutory homelessness:** This 1 page summary report has an action for partners to address the needs of ex-offenders.

1.2 Cheshire West JSNA: offender health information

Access to Cheshire West JSNA:

<http://www.doriconline.org.uk/ViewPage1.aspx?C=resource&ResourceID=1007>



The screenshot shows the DORIC website interface. At the top, there is a navigation bar with links for Home, About, Help, Explore, Contact Us, and Log In. Below this is a search bar with options for 'key word search' and 'address search'. The main content area is divided into several sections: Introduction, Population Summary Information, Starting Well, and Living Well. The Living Well section is expanded, showing sub-sections like Homelessness, Lifestyle, Community Safety, and Wellbeing. Each sub-section has a list of related links.

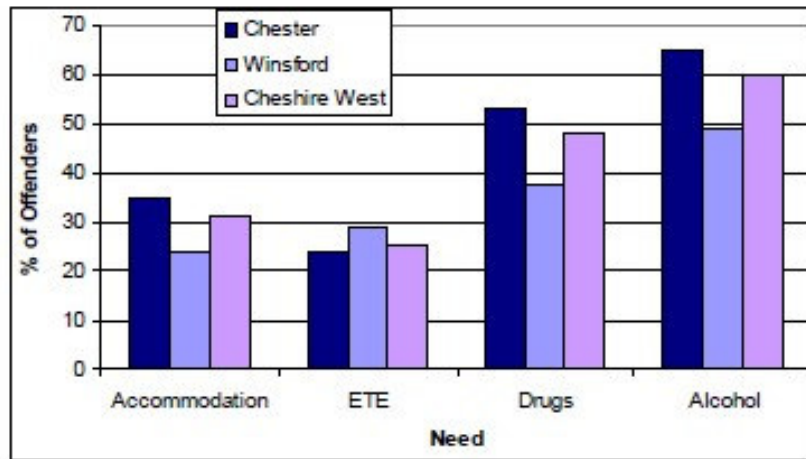
Any mention of offender health needs and implications in JSNA?

Yes, most detailed of all four JSNAs reviewed. Offender health needs mentioned in the following:

Living Well section of JSNA includes;

- A 20 page **Offender Needs summary** provided by Cheshire Probation Trust in summer 2011, that needs refreshing in 2013. This presents localised criminogenic needs data for Chester and Winsford (as well as Cheshire West), and links to reoffending.
- **Homelessness Review 2009** is now dated, however it is still a good review, that lists wider health needs of offenders in some detail. Included is a needs estimation model developed to assist authorities across the Northwest in estimating the unmet need of housing support services over the next 12 years (page 94).
- **Supporting People Needs Assessment 2011** is another important source of information on the needs of offenders, identifying this cohort as a 'medium' priority where there is a *'need to promote move-on and floating support in the medium term'*. See pages 31/32 and page 37. Statistics on offender needs include: *'There is a shortfall in floating support of a minimum of 30 units including support for Mentally Disordered offenders (this represents a shortfall of 25%). There is a shortfall in numbers of accommodation based units which could best be met by increasing floating support options and adopting a Housing First approach requiring a further increase in floating support by a minimum of a further 30 units'*.
- **Integrated Strategic Needs Assessment on Adult Drug Misuse 2012** recommends that commissioners *'Conduct a mapping exercise to establish gaps in health provision for offenders'* and *'Develop an*

Needs Linked to Offending Behaviour



Extracted from **Offender Needs summary in JSNA**, provided by Cheshire Probation Trust (2011)

evidence based targeted health offender strategy'. Key issues identified include *'Far fewer clients (6% West Cheshire, 8% Cheshire) are referred via the criminal justice system compared regionally and nationally (34% and 30% respectively). An Integrated Offender Management system (IOM) will continue to support the identification and support of priority offenders, including drug misusing offenders, and divert them away from drug use and crime'*.

- **Alcohol 2012 summary** notes as a key issue that *'the high level of need in relation to alcohol amongst offenders requires a review of the level and impact of services for this specific client group'* and recommends the need to *'review current alcohol services for vulnerable people, offenders and interventions in custody suites'*.

Population Summary Information section of JSNA includes **Annual Public Health Report 2012**. In section on alcohol misuse, local trends information on page 31 notes that *'Around 70% of offenders have a history of alcohol misuse'*. Section on drug misuse refers to *'cost of drug misuse nationally is around £15.4 billion per annum, of which £13.9 billion is attributed to crime committed by drug dependent offenders'*. Offenders identified as key vulnerable group.

Starting Well section of JSNA includes **Young People's Substance Misuse Health Needs Assessment 2010/11** that contains detail on health needs of young people and young offenders, spread over 100 pages plus.

1.3 Warrington JSNA: offender health information

Access to Warrington JSNA:

<http://www.doriconline.org.uk/ViewPage1.aspx?C=resource&ResourceID=995>

Warrington Joint Strategic Needs Assessment (JSNA) 2011/12 - Overview and Index of Chapters



The Joint Strategic Needs Assessment (JSNA) considers a wide range of factors that affect the health and wellbeing of the people of Warrington. The objective of the JSNA is to involve partner organisations, such as the local NHS, local authorities, Police, Fire and third sector organisations in order to provide a top level, holistic view of current and future need within the borough. The JSNA is used to agree key priorities to improve the health and wellbeing of all our communities, at the same time as reducing health inequalities.

Although there has been a JSNA programme in place in Warrington since 2008, the approach taken in 2011/12 placed a much greater emphasis on collaborative working between agencies and a 'key author' approach to write topic specific chapters.

In 2011/12, we also began using the DORIC website for the first time to publish all JSNA related information online, so that partners and the public have access to the information that is informing decision making in Warrington.

Findings from the 2011/12 JSNA were used to inform the [Warrington Wellbeing Strategy](#) which was produced by the shadow Health and Wellbeing Board, and the Local Strategic Partnership. You can download the [2011/12 overview document](#) which provides a summary of the key findings.

The JSNA programme for 2013 will consist of a rolling programme of in-depth needs assessments. Those areas where the 2011/12 core refresh has highlighted an issue or gap in knowledge will be prioritised in the first phase of the 'deep-dive' programme. The in-depth work will be undertaken in parallel with strategic planning, and development of commissioning strategies. This approach should ensure that commissioners are involved in the process and that needs assessments are relevant and deliver the answers commissioners need. We are planning to build on the work already undertaken by linking the recently published National Outcomes Frameworks to our JSNA.

The previous JSNA is available here: [Warrington JSNA \(2008/2009\)](#).

The Warrington JSNA 2011/12 has been divided up into five 'Domains' detailed below.

▶ High-Level Outcomes

▶ Demography, Socio-Economic and Environmental Context

▶ Health-Related Behaviour and Risk Factors

▶ The Burden of Ill Health

▶ Children and Young People

▶ Vulnerable Adults and Older People

Any mention of offender health needs and implications in JSNA?

Yes, but limited. Offender health needs mentioned in the following:

Health Related Behaviour and Risk Factors section of JSNA.

- The **Alcohol chapter** highlights that '*Warrington is in the process of training all criminal justice agencies in IBA [Identification and Brief Advice]. This work will need to be evaluated to ensure that these agencies are routinely utilising the opportunity for IBA and onward referral of offenders who drink at increasing and higher risk levels*'.
- The **Substance Misuse chapter**, in relation to the issue of offender care and the transition from prison to community, notes that: '*it is necessary to develop relationships with other DAAT partnerships/prisons to ensure that any movement of prisoners back to Warrington is seamless and clinically supported. 91% of offenders are housed outside of the borough*'. An unmet need or service gap highlighted is '*Drug treatment approaches in prison need to be expanded to ensure that the focus is not solely on methadone maintenance, but on the whole drug and alcohol profile*'.

The Burden of Ill Health section of JSNA.

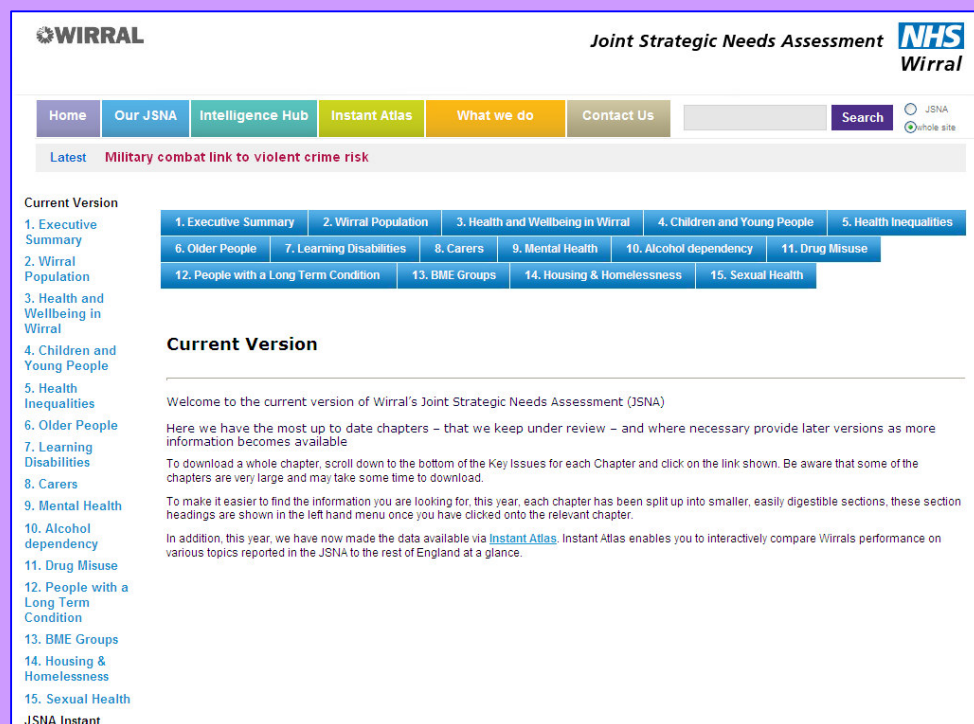
- The **Mental Health chapter** recommends that '*work is needed to estimate the likely number of prisoners returning to Warrington from establishments other than HMPs Risley and Thorn Cross, and better understand their health needs*'.

Vulnerable Adults and Older People section of JSNA.

- The **Domestic Violence chapter** quotes national research and also key issues relating to local domestic abuse including: '*Alcohol is a significant contributory factor (28% of MARAC related reports 2010/11); Drugs are a contributory factor (13%); Offenders are likely to be male aged 25-39. Younger perpetrators 16-24 are a growing perpetrator group*'.

A4-2. Wirral JSNA: offender health intelligence

Access to Wirral JSNA: <http://info.wirral.nhs.uk/ourjsna/wirral2009-10/>



WIRRAL Joint Strategic Needs Assessment **NHS Wirral**

Home Our JSNA Intelligence Hub Instant Atlas What we do Contact Us Search JSNA whole site

Latest **Military combat link to violent crime risk**

Current Version

1. Executive Summary	2. Wirral Population	3. Health and Wellbeing in Wirral	4. Children and Young People	5. Health Inequalities
6. Older People	7. Learning Disabilities	8. Carers	9. Mental Health	10. Alcohol dependency
11. Drug Misuse	12. People with a Long Term Condition	13. BME Groups	14. Housing & Homelessness	15. Sexual Health

Current Version

Welcome to the current version of Wirral's Joint Strategic Needs Assessment (JSNA)

Here we have the most up to date chapters - that we keep under review - and where necessary provide later versions as more information becomes available

To download a whole chapter, scroll down to the bottom of the Key Issues for each Chapter and click on the link shown. Be aware that some of the chapters are very large and may take some time to download.

To make it easier to find the information you are looking for, this year, each chapter has been split up into smaller, easily digestible sections, these section headings are shown in the left hand menu once you have clicked onto the relevant chapter.

In addition, this year, we have now made the data available via [Instant Atlas](#). Instant Atlas enables you to interactively compare Wirral's performance on various topics reported in the JSNA to the rest of England at a glance.

1. Executive Summary
2. Wirral Population
3. Health and Wellbeing in Wirral
4. Children and Young People
5. Health Inequalities
6. Older People
7. Learning Disabilities
8. Carers
9. Mental Health
10. Alcohol dependency
11. Drug Misuse
12. People with a Long Term Condition
13. BME Groups
14. Housing & Homelessness
15. Sexual Health
JSNA Instant

Any mention of offender health needs and implications in JSNA?
Yes, but limited. Offender health needs mentioned in the following:

- **Learning Disabilities chapter**

One of the four Indicators which data is still collected for is 'Adults with learning disabilities in settled accommodation', which includes approved premises for offenders released from prison or under probation supervision (e.g. Probation Hostel). No statistics available in JSNA on this however.

- **Mental Health chapter**

- General offender mental health percentages, from national studies, for the prison population.
- Mention of the Merseyside HNA written by the Liverpool Public Health Observatory, which it is presumed will be summarised in future refreshes.

- **Alcohol Dependency chapter**

- Statistics quoted from Merseyside Probation Trust for 2010/11. 31% offenders identified as having an alcohol criminogenic need.
- 8 sides on crime and alcohol, including criminogenic need [p23-30].

- **Drug Misuse chapter**

- Sub-section on offender health, but 1 side of general information.
- Sub-section on drug use and crime.

APPENDIX A5

Probation statistics on criminogenic needs, for Cheshire East, Cheshire West, Warrington & Wirral.

A5-1: Cheshire Probation Trust data – for Cheshire, Cheshire East, Cheshire West and Warrington

Important Source Notes

- Data supplier: David Wallace [Area Information and Performance Manager, Cheshire Probation Trust]; Data supplied 18th March 2013.
- Statistics sourced from the Cheshire Probation Strategic Needs Assessments for 2011/12 and 2012/13.
- OASys assessment completions at commencement of supervision.

There are five consistent theme headings used in the following analysis, covering:

- Offender **Accommodation** Needs.
- Offender **Employment/ Training/ Education** Needs.
- Offender Substance Misuse problems - **Drug Misuse**.
- **Alcohol Misuse**.
- **Emotional Well-Being** [including disability].

The latter three headings are important in the context of health needs and reoffending. The drug misuse 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. Alcohol misuse is a significant factor in previous or current offending, and this is often linked to risk of harm. The emotional well-being section examines the extent to which emotional problems interfere with the offender's functioning or are associated with a risk of harm to self or others. Mental health problems such as anxiety and depression relate to offending for certain groups.

Sub-sections that follow in Appendix A5-1 are:

- 1.1 **Cheshire-wide** statistics for 2012
- 1.2 **Cheshire East** statistics for 2011 and 2012
- 1.3 **Cheshire West** statistics for 2011 and 2012
- 1.4 **Warrington** statistics for 2011 and 2012

1.1 Cheshire-wide statistics

INTEGRATED STRATEGIC NEEDS ASSESSMENT: [Offender Crime-related Factors and Needs]

CHESHIRE MAIN REPORT

CURRENT NEED IN THE POPULATION

Offender Accommodation Needs

NFA/Transient

380 Cheshire offenders representing 16.9% of the Cheshire total were of no fixed abode or in transient accommodation at the start of their supervision.

Suitability

821 Cheshire offenders representing 36.6% of the Cheshire total had accommodation suitability needs. 20.5% had the highest level of needs.

Accommodation Needs by Age/Gender/Disability/Ethnicity

The 18-24 age group and male offenders had much higher proportions of accommodation permanence needs than all other groups. The 18-24s had significantly higher accommodation suitability needs than all other age-bands

Offender Employment/ Training/ Education Needs

Unemployed

1448 Cheshire offenders were unemployed at the commencement of their supervision equal to 64.6% of the Cheshire total.

Work Skills

1118 Cheshire offenders had work skills needs equivalent to 57.7% of the Cheshire total assessed.

Basic Skills Needs

873* Cheshire offenders had any basic skills needs equivalent to 15.4% of the Cheshire total. These needs relate to reading, writing and numeracy difficulties. (*contains duplicates)

Qualifications

30.2% of assessed Cheshire offenders (580) had no qualifications at commencement of supervision

ETE link to Offending Behaviour

25.5% of Cheshire offenders (571) had ETE needs assessed as contributing to their offending.

ETE Needs by Gender/Age/Ethnicity/Disability

Unemployment rates were much higher for the 18-20 age group averaging 78.7% at commencement with 21-24s also high at 69.2%. 40.6% of the 18-20s lacked qualifications which was the highest level, although the 25-40 group were the largest in numbers.

Offender Substance Misuse problems - Drug Misuse

Drugs Currently Misused

40.7% of Cheshire offenders (905) were assessed as having current drug misuse problems. 14.2% (316) of offenders were Class A misusers.

The largest group of Cheshire current drug misusers were using cannabis (46.1%), followed by heroin (16.3%) and Crack (12.1%)

Level of Drug Use

37.2% of Cheshire offenders using drugs were weekly drug users (524)

Motivation to Tackle Drug Misuse

38.6% of Cheshire offenders using drugs (630) had problems linked to their motivation to tackle drug misuse

Drug Misuse link to Offending Behaviour

For 49.4% of Cheshire offenders who were using drugs (849), this was linked to their offending behaviour.

Drug Misuse needs by Gender/Age/ Disability/Ethnicity

Class A drug misuse was much higher proportionately amongst female offenders. Female offenders had 18% higher levels injecting drugs than males suggesting a more harmful use. The 18-20s had the lowest proportions of Class A use and the highest levels of cannabis and cocaine use. The 25-40 age group had the highest proportion and number of Crack users. The 41+s also had high levels of Heroin and Crack use.

Alcohol Misuse

Current Alcohol Misuse

47.1% of Cheshire offenders (1056) had current alcohol misuse problems at commencement of their supervision. 21.8% had the highest levels of needs (488).

Binge drinking

51.8% of Cheshire offenders (1161) had binge drinking problems.

History of Alcohol related Violence

53% of Cheshire offenders had a history of alcohol-related violence (1022).

Alcohol Link to Offending Behaviour

59.8% of Cheshire offenders (1342) had alcohol as a problem assessed as contributing to their offending behaviour.

Alcohol Misuse needs by Gender/Age/ Disability/Ethnicity

A greater proportion of women (5.6% higher) had the most serious levels of current alcohol misuse problems and binge-drinking. Disabled offenders had the most entrenched binge drinking issues and the highest proportions of alcohol misuse problems (61.4%).

Alcohol-related violence was much more associated with male offenders (15% higher than females) and peaked at the 21-24 age group (63.2%).

Emotional Well-Being

Coping Difficulties

59.1% of Cheshire offenders had coping difficulties (1152)

Social Isolation

32.6% of Cheshire offenders (636) had problems with social isolation

Current Psychological Needs

41% of Cheshire offenders had current psychological needs (800).

Attempted/Considered Self Harm or Suicide

602 Cheshire offenders had disclosed or been assessed with problems with self-harm or suicide attempts (30.9%)

Current Psychiatric Needs

17.3% of Cheshire West offenders had current psychiatric needs (337).

Emotional Well-Being by Gender/Age/Ethnicity/Disability

Women offenders had strikingly higher proportions of coping difficulties (81.2% against 55% for men). This is a consistent finding nationally. Higher age-bands had much greater levels of coping problems with 41+s having a high 67.8% need. Disabled offenders also had very high 79.3% needs. Female offenders had substantially higher current psychological needs (67.2% against 36.8% for males), higher self-harm/suicide attempt problems (44.7% for females against 26.7% for males) and higher current psychiatric needs (26.7% against 15.25 for males) Social isolation problems were much higher for women (56%), disabled offenders (46.8%) and age 41+ offenders (42.1%).

Disability

35.5% of Cheshire offenders were assessed as having a disability. The most common disabilities in Cheshire offenders were linked to depression, reduced mobility and reduced physical capacity. The most common mental health illnesses among unknown mental condition, ADHD, Bipolar and Schizophrenia were also evident but in much smaller numbers.

1.2 Cheshire East statistics

INTEGRATED STRATEGIC NEEDS ASSESSMENT: [Offender Crime-related Factors and Needs]

CHESHIRE EAST MAIN REPORT

CURRENT NEED IN THE POPULATION

Offender Accommodation Needs

NFA/Transient

2012

88 Cheshire East offenders representing 14% of the Cheshire East total were of no fixed abode or in transient accommodation at the start of their supervision

2011

94 Cheshire East offenders representing 14.5% of the Cheshire East total were of no fixed abode or in transient accommodation at the start of their supervision.

Suitability

2012

198 Cheshire East offenders representing 31.9% of the Cheshire East total had accommodation suitability needs. 17.9% had the highest level of needs.

2011

223 Cheshire East offenders representing 34.4% of the Cheshire East total had accommodation suitability needs. 15.8% had the highest level of needs.

Accommodation Needs by Age/Gender/Disability/Ethnicity

2012 (Cheshire wide)

2012 showed a very similar pattern to 2011 with the 18-24 age group and male offenders having much higher proportions of accommodation permanence needs than all other groups. For ethnicity, compared to last year the trend is the same but the difference in permanence has increased. The needs of those with disabilities on the whole mirrored those of all offenders.

2011

The 18-24 age group and male offenders had much higher proportions of accommodation permanence needs than all other groups. The 18-24s had significantly higher accommodation suitability needs than all other age-bands

Offender Employment/ Training/ Education Needs**Unemployed**

2012

375 Cheshire East offenders were unemployed at the commencement of their supervision equal to 60.3% of the Cheshire East total.

2011

384 Cheshire East offenders were unemployed at the commencement of their supervision equal to 59.2% of the Cheshire East total.

Work Skills

2012

296 Cheshire East offenders had work skills needs equivalent to 54.2% of the Cheshire East total assessed.

2011

316 Cheshire East offenders had work skills needs equivalent to 53.8% of the Cheshire East total assessed.

Basic Skills Needs

2012

225* Cheshire East offenders had any basic skills needs equivalent to 19.9% of the Cheshire East total. These needs relate to reading, writing and numeracy difficulties. *(may contain duplicates)

2011

97 Cheshire East offenders had any basic skills needs equivalent to 14.85% of the Cheshire East total. These needs relate to reading, writing and numeracy difficulties.

Qualifications

2012

29.3% of assessed Cheshire East offenders (157) had no qualifications at commencement of supervision

2011

28.2% of assessed Cheshire East offenders (165) had no qualifications at commencement of supervision

ETE link to Offending Behaviour

2012

21.8% of Cheshire East offenders (136) had ETE needs assessed as contributing to their offending.

2011

34.7% of Cheshire East offenders (167) had ETE needs assessed as contributing to their offending.

ETE Needs by Gender/Age/Ethnicity/Disability

2012 (Cheshire wide)

Unemployment rates were similar to last year with much higher requirements for 18–20 age group. 18-20 age group again had the highest needs in work skills (75.6%) which was again similar to the previous year. Those with a disability had lower needs in terms of unemployment, but higher

needs around work skills and basic skills.

2011

Unemployment rates were much higher for the 18-20 age group averaging 78.7% at commencement with 21-24s also high at 69.2%. 40.6% of the 18-20s lacked qualifications which was the highest level, although the 25-40 group were the largest in numbers.

Offender Substance Misuse problems - Drug Misuse

Drugs Currently Misused

2012

40% of Cheshire East offenders (246) were assessed as having current drug misuse problems. 12.7% (78) of offenders were Class A misusers.

The largest group of Cheshire East current drug misusers were using cannabis (48.6%), followed by heroin (15.8%) and Crack (12.25%)

2011

30% of Cheshire East offenders (195) were assessed as having current drug misuse problems. 15.8% (103) of offenders were Class A misusers.

The largest group of Cheshire East current drug misusers were using cannabis (38.6%), followed by heroin (20%) and Crack (15.5%)

Level of Drug Use

2012

33.9% of Cheshire East offenders using drugs were weekly drug users (133)

2011

35.4% of Cheshire East offenders using drugs were weekly drug users (140)

Motivation to Tackle Drug Misuse

2012

41.2% of Cheshire East offenders using drugs (184) had problems linked to their motivation to tackle drug misuse

2011

39.5% of Cheshire East offenders using drugs (172) had problems linked to their motivation to tackle drug misuse

Drug Misuse link to Offending Behaviour

2012

For 45.9% of Cheshire East offenders who were using drugs (218), this was linked to their offending behaviour.

2011

For 51.8% of Cheshire East offenders who were using drugs (237), this was linked to their offending behaviour.

Drug Misuse needs by Gender/Age/ Disability/Ethnicity

2012 (Cheshire wide)

In 2012 class A drug misuse was higher proportionately amongst female offenders. Overall, the 25-40 age group were the largest numerically (238) of current drug misuse, but proportionately 21-24 age group were the largest at 83.2% followed by 18-20 at 82.7%.

2011

Class A drug misuse was much higher proportionately amongst female offenders. Female offenders had 18% higher levels injecting drugs than males suggesting a more harmful use. The 18-20s had the lowest proportions of Class A use and the highest levels of cannabis and cocaine use. The 25-40 age group had the highest proportion and number of Crack users. The 41+s also had high levels of Heroin and Crack use.

Alcohol Misuse

Current Alcohol Misuse

2012

48% of Cheshire East offenders (298) had current alcohol misuse problems at commencement of their supervision. 22% had the highest levels of

needs (137)

2011

47.8% of Cheshire East offenders (310) had current alcohol misuse problems at commencement of their supervision. 25.1% had the highest levels of needs (163)

Binge drinking

2012

52.4% of Cheshire East offenders (325) had binge drinking problems.

2011

52% of Cheshire East offenders (337) had binge drinking problems.

History of Alcohol related Violence

2012

50.5% of Cheshire East offenders had a history of alcohol-related violence (275).

2011

51.3% of Cheshire East offenders had a history of alcohol-related violence (300).

Alcohol Link to Offending Behaviour

2012

57.9% of Cheshire East offenders (360) had alcohol as a problem assessed as contributing to their offending behaviour

2011

59.5% of Cheshire East offenders (386) had alcohol as a problem assessed as contributing to their offending behaviour

Alcohol Misuse needs by Gender/Age/ Disability/Ethnicity

2012 (Cheshire wide)

A slightly higher proportion of women (2.2%) had the most serious levels of current alcohol misuse problems and binge-drinking. Similar to 2011 disabled offenders had the most entrenched binge drinking issues (6.6% higher than average) and the highest proportions of alcohol misuse problems (8% above the average).

Reflecting last year, alcohol-related violence was much more associated with male offenders (14.8% higher than females) and peaked at the 21-24 age group (63.5%).

2011

A greater proportion of women (5.6% higher) had the most serious levels of current alcohol misuse problems and binge-drinking. Disabled offenders had the most entrenched binge drinking issues and the highest proportions of alcohol misuse problems (61.4%).

Alcohol-related violence was much more associated with male offenders (15% higher than females) and peaked at the 21-24 age group (63.2%).

Emotional Well-Being

Coping Difficulties

2012

54.4% of Cheshire East offenders had coping difficulties (299)

2011

54.6% of Cheshire East offenders had coping difficulties (321)

Social Isolation

2012

26.4% of Cheshire East offenders (145) had problems with social isolation

2011
30.4% of Cheshire East offenders (179) had problems with social isolation

Current Psychological Needs

2012
38% of Cheshire East offenders had current psychological needs (209).

2011
38.6% of Cheshire East offenders had current psychological needs (227).

Attempted/Considered Self Harm or Suicide

2012
169 Cheshire East offenders had disclosed or been assessed with problems with self-harm or suicide attempts (30.7%)

2011
181 Cheshire East offenders had disclosed or been assessed with problems with self-harm or suicide attempts (30.8%)

Current Psychiatric Needs

2012
13.6% of Cheshire East offenders had current psychiatric needs.

2011
12.2% of Cheshire East offenders had current psychiatric needs.

Emotional Well-Being by Gender/Age/Ethnicity/Disability

2012 (Cheshire wide)
Male offenders had slightly higher proportions of coping difficulties (55.8% against 48.9% for women). Higher age-bands had much greater levels of

coping problems with 41+s having a high 57.4% need. Disabled offenders also had very high 79.4% needs.

Female offenders had substantially higher current psychological needs (67.7% against 37.3% for males), higher self-harm/suicide attempt problems (41.8% for females against 29.3% for males) and higher current psychiatric needs (30% against 15.4% for males)

Social isolation problems were much higher for women (50.6%), disabled offenders (49.5%) and age 41+ offenders (46.4%).

2011

Women offenders had strikingly higher proportions of coping difficulties (81.2% against 55% for men). This is a consistent finding nationally. Higher age-bands had much greater levels of coping problems with 41+s having a high 67.8% need. Disabled offenders also had very high 79.3% needs.

Female offenders had substantially higher current psychological needs (67.2% against 36.8% for males), higher self-harm/suicide attempt problems (44.7% for females against 26.7% for males) and higher current psychiatric needs (26.7% against 15.25 for males)

Social isolation problems were much higher for women (56%), disabled offenders (46.8%) and age 41+ offenders (42.1%).

Disability

2012

40.6% of Cheshire East offenders were assessed as having a disability. The most common disabilities in Cheshire East offenders were linked to depression, reduced mobility and reduced physical capacity. The most common mental health illnesses amongst Cheshire East offenders were depression, unknown mental condition and anxiety. ADHD, personality disorder and Bipolar were also evident but in much smaller numbers.

2011

23.1% of Cheshire East offenders were assessed as having a disability. This may well underestimate the total. The most common disabilities in Cheshire East offenders were linked to depression, reduced mobility and anxiety. The most common mental health illnesses amongst Cheshire East offenders were depression and anxiety. Post-traumatic Stress, Psychosis, ADHD and Schizophrenia were also evident but in much smaller numbers.

1.3 Cheshire West statistics

INTEGRATED STRATEGIC NEEDS ASSESSMENT: [Offender Crime-related Factors and Needs]

CHESHIRE WEST MAIN REPORT

CURRENT NEED IN THE POPULATION

Offender Accommodation Needs

NFA/Transient

2012

121 Cheshire West offenders representing 16% of the Cheshire West total were of no fixed abode or in transient accommodation at the start of their supervision

2011

119 Cheshire West offenders representing 15% of the Cheshire West total were of no fixed abode or in transient accommodation at the start of their supervision.

Suitability

2012

291 Cheshire West offenders representing 39% of the Cheshire West total had accommodation suitability needs. 20% had the highest level of needs.

2011

338 Cheshire West offenders representing 42% of the Cheshire West total had accommodation suitability needs. 15% had the highest level of needs.

Accommodation Needs by Age/Gender/Disability/Ethnicity

2012 (Cheshire wide)

2012 showed a very similar pattern to 2011 with the 18-24 age group and male offenders having much higher proportions of accommodation permanence needs than all other groups. For ethnicity, compared to last year the trend is the same but the difference in permanence has increased. The needs of those with disabilities on the whole mirrored those of all offenders.

2011

The 18-24 age group and male offenders had much higher proportions of accommodation permanence needs than all other groups. The 18-24s had significantly higher accommodation suitability needs than all other age-bands

Offender Employment/ Training/ Education Needs

Unemployed

2012

502 Cheshire West offenders were unemployed at the commencement of their supervision equal to 67.5% of the Cheshire West total.

2011

499 Cheshire West offenders were unemployed at the commencement of their supervision equal to 61.5% of the Cheshire West total.

Work Skills

2012

390 Cheshire West offenders had work skills needs equivalent to 60% of the Cheshire West total assessed.

2011

440 Cheshire West offenders had work skills needs equivalent to 60.7% of the Cheshire West total assessed.

Basic Skills Needs

2012

335* Cheshire West offenders had any basic skills needs equivalent to 17.4% of the Cheshire West total. These needs relate to reading, writing and numeracy difficulties. *(contains duplicates)

2011

171 Cheshire West offenders had any basic skills needs equivalent to 21.4% of the Cheshire West total. These needs relate to reading, writing and numeracy difficulties.

Qualifications

2012

15.4% of assessed Cheshire West offenders (191) had no qualifications at commencement of supervision

2011

34.7% of assessed Cheshire West offenders (250) had no qualifications at commencement of supervision

ETE link to Offending Behaviour

2012

27.6% of Cheshire West offenders (206) had ETE needs assessed as contributing to their offending.

2011

31.9% of Cheshire West offenders (259) had ETE needs assessed as contributing to their offending.

ETE Needs by Gender/Age/Ethnicity/Disability

2012 (Cheshire wide)

Unemployment rates were similar to last year with much higher requirements for 18–20 age group. 18-20 age group again had the highest needs in

work skills (75.6%) which was again similar to the previous year. Those with a disability had lower needs in terms of unemployment, but higher needs around work skills and basic skills.

2011

Unemployment rates were much higher for the 18-20 age group averaging 78.7% at commencement with 21-24s also high at 69.2%. 40.6% of the 18-20s lacked qualifications which was the highest level, although the 25-40 group were the largest in numbers.

Offender Substance Misuse problems - Drug Misuse

Drugs Currently Misused

2012

40.1% of Cheshire West offenders (297) were assessed as having current drug misuse problems. 13.7% (102) of offenders were Class A misusers.

The largest group of Cheshire West current drug misusers were using cannabis (46.8%), followed by heroin (15.4%) and Crack (12.2%)

2011

35.1% of Cheshire West offenders (286) were assessed as having current drug misuse problems. 16.1% (131) of offenders were Class A misusers.

The largest group of Cheshire West current drug misusers were using cannabis (48.3%), followed by heroin (19.3%) and Crack (12%)

Level of Drug Use

2012

36.8% of Cheshire West offenders using drugs were weekly drug users (173)

2011

41.8% of Cheshire West offenders using drugs were weekly drug users (220)

Motivation to Tackle Drug Misuse

2012

41.6% of Cheshire West offenders using drugs (227) had problems linked to their motivation to tackle drug misuse

2011

42.6% of Cheshire West offenders using drugs (252) had problems linked to their motivation to tackle drug misuse

Drug Misuse link to Offending Behaviour

2012

For 52.6% of Cheshire West offenders who were using drugs (298), this was linked to their offending behaviour.

2011

For 54.2% of Cheshire West offenders who were using drugs (336), this was linked to their offending behaviour.

Drug Misuse needs by Gender/Age/ Disability/Ethnicity

2012 (Cheshire wide)

In 2012 class A drug misuse was higher proportionately amongst female offenders. Overall, the 25-40 age group were the largest numerically (238) of current drug misuse, but proportionately 21-24 age group were the largest at 83.2% followed by 18-20 at 82.7%.

2011

Class A drug misuse was much higher proportionately amongst female offenders. Female offenders had 18% higher levels injecting drugs than males suggesting a more harmful use. The 18-20s had the lowest proportions of Class A use and the highest levels of cannabis and cocaine use. The 25-40 age group had the highest proportion and number of Crack users. The 41+s also had high levels of Heroin and Crack use.

Alcohol Misuse

Current Alcohol Misuse

2012

50% of Cheshire West offenders (372) had current alcohol misuse problems at commencement of their supervision. 23.6% had the highest levels of

needs (176)

2011

52.2% of Cheshire West offenders (424) had current alcohol misuse problems at commencement of their supervision. 23.7% had the highest levels of needs (192)

Binge drinking

2012

55.5% of Cheshire West offenders (413) had binge drinking problems.

2011

57.1% of Cheshire West offenders (464) had binge drinking problems.

History of Alcohol related Violence

2012

56.5% of Cheshire West offenders had a history of alcohol-related violence (367).

2011

54.8% of Cheshire West offenders had a history of alcohol-related violence (395).

Alcohol Link to Offending Behaviour

2012

63% of Cheshire West offenders (469) had alcohol as a problem assessed as contributing to their offending behaviour

2011

64.7% of Cheshire West offenders (526) had alcohol as a problem assessed as contributing to their offending behaviour

Alcohol Misuse needs by Gender/Age/ Disability/Ethnicity

2012 (Cheshire wide)

A slightly higher proportion of women (2.2%) had the most serious levels of current alcohol misuse problems and binge-drinking. Similar to 2011 disabled offenders had the most entrenched binge drinking issues (6.6% higher than average) and the highest proportions of alcohol misuse problems (8% above the average).

Reflecting last year, alcohol-related violence was much more associated with male offenders (14.8% higher than females) and peaked at the 21-24 age group (63.5%).

2011

A greater proportion of women (5.6% higher) had the most serious levels of current alcohol misuse problems and binge-drinking. Disabled offenders had the most entrenched binge drinking issues and the highest proportions of alcohol misuse problems (61.4%).

Alcohol-related violence was much more associated with male offenders (15% higher than females) and peaked at the 21-24 age group (63.2%).

Emotional Well-Being

Coping Difficulties

2012

65.9% of Cheshire West offenders had coping difficulties (431)

2011

62.2% of Cheshire West offenders had coping difficulties (451)

Social Isolation

2012

36.7% of Cheshire West offenders (240) had problems with social isolation

2011
37.1% of Cheshire West offenders (269) had problems with social isolation

Current Psychological Needs

2012
45.5% of Cheshire West offenders had current psychological needs (298).

2011
44.3% of Cheshire West offenders had current psychological needs (321).

Attempted/Considered Self Harm or Suicide

2012
209 Cheshire West offenders had disclosed or been assessed with problems with self-harm or suicide attempts (31.9%)

2011
203 Cheshire West offenders had disclosed or been assessed with problems with self-harm or suicide attempts (28%)

Current Psychiatric Needs

2012
19% of Cheshire West offenders had current psychiatric needs.

2011
10% of Cheshire West offenders had current psychiatric needs. Clearly a higher level will have had previous psychiatric problems.

Emotional Well-Being by Gender/Age/Ethnicity/Disability

2012 (Cheshire wide)

Male offenders had slightly higher proportions of coping difficulties (55.8% against 48.9% for women). Higher age-bands had much greater levels of coping problems with 41+s having a high (57.4%) need. Disabled offenders also had very high 79.4% needs.

Female offenders had substantially higher current psychological needs (67.7% against 37.3% for males), higher self-harm/suicide attempt problems (41.8% for females against 29.3% for males) and higher current psychiatric needs (30% against 15.4% for males)

2011

Women offenders had strikingly higher proportions of coping difficulties (81.2% against 55% for men). This is a consistent finding nationally. Higher age-bands had much greater levels of coping problems with 41+s having a high 67.8% need. Disabled offenders also had very high 79.3% needs.

Female offenders had substantially higher current psychological needs (67.2% against 36.8% for males), higher self-harm/suicide attempt problems (44.7% for females against 26.7% for males) and higher current psychiatric needs (26.7% against 15.25 for males)

Social isolation problems were much higher for women (56%), disabled offenders (46.8%) and age 41+ offenders (42.1%).

Disability

2012

33.6% of Cheshire West offenders were assessed as having a disability. The most common disabilities in Cheshire West offenders were linked to depression, reduced mobility and anxiety. The most common mental health illnesses amongst Cheshire West offenders were depression and anxiety. ADHD, Schizophrenia and other undefined mental conditions were also evident but in much smaller numbers.

2011

17.7% of Cheshire West offenders were assessed as having a disability. This may well underestimate the total. The most common disabilities in Cheshire West offenders were linked to depression, reduced mobility and anxiety. The most common mental health illnesses amongst Cheshire West offenders were depression and anxiety. Post-traumatic Stress, Psychosis, ADHD and Schizophrenia were also evident but in much smaller numbers.

1.4 Warrington statistics

INTEGRATED STRATEGIC NEEDS ASSESSMENT: [Offender Crime-related Factors and Needs]

WARRINGTON MAIN REPORT

CURRENT NEED IN THE POPULATION

Offender Accommodation Needs

NFA/Transient

2012

92 Warrington offenders representing 18.8% of the Warrington total were of no fixed abode or in transient accommodation at the start of their supervision

2011

82 Warrington offenders representing 15.8% of the Warrington total were of no fixed abode or in transient accommodation at the start of their supervision.

Suitability

2012

175 Warrington offenders representing 35.8% of the Warrington total had accommodation suitability needs. 21.5% had the highest level of needs.

2011

170 Warrington offenders representing 32.6% of the Warrington total had accommodation suitability needs. 18.5% had the highest level of needs.

Accommodation Needs by Age/Gender/Disability/Ethnicity

2012 (Cheshire wide)

2012 showed a very similar pattern to 2011 with the 18-24 age group and male offenders having much higher proportions of accommodation permanence needs than all other groups. For ethnicity, compared to last year the trend is the same but the difference in permanence has increased. The needs of those with disabilities on the whole mirrored those of all offenders.

2011

The 18-24 age group and male offenders had much higher proportions of accommodation permanence needs than all other groups. The 18-24s had significantly higher accommodation suitability needs than all other age-bands

Offender Employment/ Training/ Education Needs

Unemployed

2012

300 Warrington offenders were unemployed at the commencement of their supervision equal to 61.6% of the Warrington total.

2011

332 Warrington offenders were unemployed at the commencement of their supervision equal to 63.8% of the Warrington total.

Work Skills

2012

220 Warrington offenders had work skills needs equivalent to 51.8% of the Warrington total assessed.

2011

226 Warrington offenders had work skills needs equivalent to 51.2% of the Warrington total assessed.

Basic Skills Needs

2012

136* Warrington offenders had any basic skills needs equivalent to 11.3% of the Warrington total. These needs relate to reading, writing and numeracy difficulties. *(may contain duplicates)

2011

84 Warrington offenders had any basic skills needs equivalent to 16.4% of the Warrington total. These needs relate to reading, writing and numeracy difficulties.

Qualifications

2012

29.9% of assessed Warrington offenders (127) had no qualifications at commencement of supervision

2011

33.9% of assessed Warrington offenders (149) had no qualifications at commencement of supervision

ETE link to Offending Behaviour

2012

24.8% of Warrington offenders (122) had ETE needs assessed as contributing to their offending.

2011

22.6% of Warrington offenders (118) had ETE needs assessed as contributing to their offending.

ETE Needs by Gender/Age/Ethnicity/Disability

2012 (Cheshire wide)

Unemployment rates were similar to last year with much higher requirements for 18–20 age group. 18-20 age group again had the highest needs in work skills (75.6%) which was again similar to the previous year. Those with a disability had lower needs in terms of unemployment, but higher needs around work skills and basic skills.

2011

Unemployment rates were much higher for the 18-20 age group averaging 78.7% at commencement with 21-24s age group also high at 69.2%. 40.6% of the 18-20s lacked qualifications which was the highest level, although the 25-40 age group were the largest in numbers.

Offender Substance Misuse problems - Drug Misuse

Drugs Currently Misused

2012

40% of Warrington offenders (191) were assessed as having current drug misuse problems. 14.2% (68) of offenders were Class A misusers.

The largest group of Warrington current drug misusers were using cannabis (42.2%), followed by heroin (18%) and Cocaine (11.7%)

2011

33.9% of Warrington offenders (177) were assessed as having current drug misuse problems. 19% (99) of offenders were Class A misusers.

The largest group of Warrington current drug misusers were using cannabis (38.4%), followed by heroin (23.6%) and Crack (12.9%)

Level of Drug Use

2012

34.4% of Warrington offenders using drugs were weekly drug users (107)

2011

38.5% of Warrington offenders using drugs were weekly drug users (115)

Motivation to Tackle Drug Misuse

2012

27.1% of Warrington offenders using drugs (96) had problems linked to their motivation to tackle drug misuse

2011

33.9% of Warrington offenders using drugs (121) had problems linked to their motivation to tackle drug misuse

Drug Misuse link to Offending Behaviour

2012

For 43.9% of Warrington offenders who were using drugs (168), this was linked to their offending behaviour.

2011

For 46.6% of Warrington offenders who were using drugs (176), this was linked to their offending behaviour.

Drug Misuse needs by Gender/Age/ Disability/Ethnicity

2012 (Cheshire wide)

In 2012 class A drug misuse was higher proportionately amongst female offenders. Overall, the 25-40 age group were the largest numerically (238) of current drug misuse, but proportionately 21-24 age group were the largest at 83.2% followed by 18-20 age group at 82.7%.

2011

Class A drug misuse was much higher proportionately amongst female offenders. Female offenders had 18% higher levels injecting drugs than males suggesting a more harmful use. The 18-20s age group had the lowest proportions of Class A use and the highest levels of cannabis and cocaine use. The 25-40 age group had the highest proportion and number of Crack users. The 41+s also had high levels of Heroin and Crack use.

Alcohol Misuse

Current Alcohol Misuse

2012

43.6% of Warrington offenders (213) had current alcohol misuse problems at commencement of their supervision. 19.6% had the highest levels of needs (96)

2011

43.6% of Warrington offenders (213) had current alcohol misuse problems at commencement of their supervision. 19.6% had the highest levels of needs (96)

Binge drinking

2012

48.5% of Warrington offenders (237) had binge drinking problems.

2011

29.4% of Warrington offenders (153) had binge drinking problems.

History of Alcohol related Violence

2012

53.2% of Warrington offenders had a history of alcohol-related violence (225).

2011

56.8% of Warrington offenders had a history of alcohol-related violence (277).

Alcohol Link to Offending Behaviour

2012

58.3% of Warrington offenders (285) had alcohol as a problem assessed as contributing to their offending behaviour

2011

56.8% of Warrington offenders (296) had alcohol as a problem assessed as contributing to their offending behaviour

Alcohol Misuse needs by Gender/Age/ Disability/Ethnicity

2012 (Cheshire wide)

A slightly higher proportion of women (2.2%) had the most serious levels of current alcohol misuse problems and binge-drinking. Similar to 2011 disabled offenders had the most entrenched binge drinking issues (6.6% higher than average) and the highest proportions of alcohol misuse problems (8% above the average).

Reflecting last year, alcohol-related violence was much more associated with male offenders (14.8% higher than females) and peaked at the 21-24 age group (63.5%).

2011

A greater proportion of women (5.6% higher) had the most serious levels of current alcohol misuse problems and binge-drinking. Disabled offenders had the most entrenched binge drinking issues and the highest proportions of alcohol misuse problems (61.4%).

Alcohol-related violence was much more associated with male offenders (15% higher than females) and peaked at the 21-24 age group (63.2%).

Emotional Well-Being

Coping Difficulties

2012

57.4% of Warrington offenders had coping difficulties (244)

2011

54.4% of Warrington offenders had coping difficulties (240)

Social Isolation

2012

37.4% of Warrington offenders (159) had problems with social isolation

2011
28.3% of Warrington offenders (125) had problems with social isolation

Current Psychological Needs

2012
42.5% of Warrington offenders had current psychological needs (181).

2011
44.3% of Warrington offenders had current psychological needs (321).

Attempted/Considered Self Harm or Suicide

2012
134 Warrington offenders had disclosed or been assessed with problems with self-harm or suicide attempts (31.5%)

2011
95 Warrington offenders had disclosed or been assessed with problems with self-harm or suicide attempts (21.5%)

Current Psychiatric Needs

2012
21.4% of Warrington offenders had current psychiatric needs.

2011
16.7% of Warrington offenders had current psychiatric needs.

Emotional Well-Being by Gender/Age/Ethnicity/Disability

2012 (Cheshire wide)
Male offenders had slightly higher proportions of coping difficulties (55.8% against 48.9% for women). Higher age-bands had much greater levels of coping problems with 41+s age group having a high 57.4% need. Disabled offenders also had very high 79.4% needs.

Female offenders had substantially higher current psychological needs (67.7% against 37.3% for males), higher self-harm/suicide attempt problems (41.8% for females against 29.3% for males) and higher current psychiatric needs (30% against 15.4% for males)

2011

Women offenders had strikingly higher proportions of coping difficulties (81.2% against 55% for men). This is a consistent finding nationally. Higher age-bands had much greater levels of coping problems with 41+s age group having a high 67.8% need. Disabled offenders also had very high 79.3% needs.

Female offenders had substantially higher current psychological needs (67.2% against 36.8% for males), higher self-harm/suicide attempt problems (44.7% for females against 26.7% for males) and higher current psychiatric needs (26.7% against 15.25 for males).

Social isolation problems were much higher for women (56%), disabled offenders (46.8%) and age 41+ age group offenders (42.1%).

Disability

2012

35.5% of Warrington offenders were assessed as having a disability. The most common disabilities in Warrington offenders were linked to depression, reduced physical capacity and reduced mobility. The most common mental health illnesses amongst Warrington offenders were depression, anxiety and ADHD. Schizophrenia, Bipolar and personality disorders were also evident but in much smaller numbers.

2011

18.3% of Warrington offenders were assessed as having a disability. This may well underestimate the total. The most common disabilities in Warrington offenders were linked to depression, reduced mobility and anxiety. The most common mental health illnesses amongst Warrington offenders were depression and anxiety. Post-traumatic Stress, Psychosis, ADHD and Schizophrenia were also evident but in much smaller numbers.

A5-2: Merseyside Probation Trust data – for Wirral

Important Source Notes

- Data supplier: Joseph Grady [Senior Statistical Information Officer, Merseyside Probation Trust]; Data supplied 30th May 2013.
- Statistics sourced from the OASys assessments completed during financial years 2011/12 and 2012/13.
- OASys Start Order/Licence assessment completions are at commencement of supervision, in each of two years. These numbers include unique offender records only. Therefore, if an offender completed more than one Start Order/Licence then the most recent assessment has been counted.

As with data supplied by CPT in previous chapters of this Appendices, MPT statistics are grouped under five theme headings, covering:

- **Accommodation** Needs.
- **Employment/ Training/ Education** Needs.
- **Drug Misuse.**
- **Alcohol Misuse.**
- **Emotional Well-Being** [including disability].

As stated in the introduction to the CPT data analyses, the latter three theme headings are particularly important in the context of health needs and reoffending. The drug misuse 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. Alcohol misuse is a significant factor in previous or current offending, and this is often linked to risk of harm. The emotional well-being section examines the extent to which emotional problems interfere with the offender's functioning or are associated with a risk of harm to self or others. Mental health problems such as anxiety and depression relate to offending for certain groups.

Wirral statistics

UNCLASSIFIED

OASys Assessment Needs Comparison 2011-12 & 2012-13 - WIRRAL

SUMMARY: There were 2498 Start Order/Licence Assessments Completed in 2011-12. The following year there were 3082 completed. These numbers include unique offender records only. Therefore, if an offender completed more than one Start Order/Licence then the most recent assessment has been counted.

Gender Breakdown

	2011-12	2012-13
Male	2169	2606
Female	324	473
Not Specified	5	3

Age Grouping Breakdown

	2011-12	2012-13
18-20	113	249
21-25	555	659
26-49	1585	1913
50-64	224	246
65+	21	15

Ethnicity Category Breakdown

	2011-12	2012-13
Asian or Asian British	16	10
Black or Black British	53	65
Chinese or Other Ethnic Group	10	15
Mixed	38	51
Not Recorded	65	81
Not Stated	14	11
White	2302	2849

Disability Breakdown

	2011-12	2012-13
Yes	40	43
No	2458	3082

A) Accommodation Needs**Table 1**

	2011-12	2012-13
Number with an Accommodation need	721	897
NFA	222 = 31%	248 = 28%
Suitability	613 = 85%	735 = 82%
Permanence	588 = 82%	709 = 79%
Linked to Behaviour	354 = 49%	498 = 56%

Percentages above are from those assessed as having a specific need.

Table 2

		NFA			
		Year			
		2011-12		2012-13	
		No	Yes	No	Yes
Gender	Female	11%	5%	14%	4%
	Male	58%	25%	58%	24%
	Not known	0%	0%	0%	0%
Age Band	18 - 20	4%	2%	8%	3%
	21 - 25	16%	8%	14%	6%
	26 - 49	44%	17%	44%	16%
	50 - 64	5%	3%	7%	2%
	65 +	1%	0%	0%	0%
Ethnic Category	Asian or Asian British	0%	0%	0%	0%
	Black or Black British	1%	2%	2%	1%
	Chinese or Other Ethnic Group	0%	0%	0%	0%
	Mixed	1%	0%	1%	0%
	Not Recorded	1%	1%	2%	1%
	Not Stated	1%	0%	0%	0%
	White	65%	27%	66%	26%
Disability (Community Order)	No	68%	31%	71%	27%
	Yes	2%	0%	2%	0%

Table 3

		Suitability					
		Year					
		2011-12			2012-13		
		No	Some Problems	Significant Problems	No	Some Problems	Significant Problems
Gender	Female	2%	6%	9%	3%	8%	7%
	Male	13%	34%	36%	15%	33%	34%
	Not known	0%	0%	0%	0%	0%	0%
Age Band	18 - 20	1%	2%	3%	1%	5%	5%
	21 - 25	4%	9%	11%	4%	8%	9%
	26 - 49	9%	26%	26%	12%	24%	24%
	50 - 64	1%	3%	4%	1%	4%	3%
	65 +	0%	0%	0%	0%	0%	0%
Ethnic Category	Asian or Asian British	0%	0%	0%	0%	0%	0%
	Black or Black British	0%	1%	2%	1%	1%	1%
	Chinese or Other Ethnic Group	0%	0%	0%	0%	0%	0%
	Mixed	0%	0%	1%	0%	1%	0%
	Not Recorded	0%	1%	1%	1%	1%	1%
	Not Stated	0%	1%	0%	0%	0%	0%
	White	14%	37%	40%	16%	38%	38%
Disability (Community Order)	No	15%	39%	44%	17%	40%	40%
	Yes	0%	1%	1%	1%	1%	1%

Table 4

		Permanence of Accommodation					
		Year					
		2011-12			2012-13		
		No	Some Problems	Significant Problems	No	Some Problems	Significant Problems
Gender	Female	3%	6%	8%	4%	8%	6%
	Male	16%	34%	34%	17%	33%	32%
	Not known	0%	0%	0%	0%	0%	0%
Age Band	18 - 20	1%	2%	2%	2%	5%	4%
	21 - 25	3%	10%	11%	4%	9%	8%
	26 - 49	12%	25%	24%	12%	26%	22%
	50 - 64	2%	2%	4%	2%	3%	3%
	65 +	0%	0%	0%	0%	0%	0%
Ethnic Category	Asian or Asian British	0%	0%	0%	0%	0%	0%
	Black or Black British	0%	1%	2%	0%	1%	1%
	Chinese or Other Ethnic Group	0%	0%	0%	0%	0%	0%
	Mixed	0%	1%	1%	0%	1%	1%
	Not Recorded	0%	1%	1%	0%	1%	1%
	Not Stated	0%	1%	0%	0%	0%	0%
	White	18%	36%	38%	20%	38%	34%
Disability (Community Order)	No	18%	39%	41%	20%	41%	37%
	Yes	0%	1%	1%	1%	1%	0%

Table 5

Section 3 Linked to Behaviour					
		Year			
		2011-12		2012-13	
		No	Yes	No	Yes
Gender	Female	10%	7%	10%	8%
	Male	41%	42%	35%	47%
	Not known	0%	0%	0%	0%
Age Band	18 - 20	2%	3%	4%	7%
	21 - 25	13%	12%	8%	12%
	26 - 49	31%	31%	29%	31%
	50 - 64	5%	3%	4%	5%
	65 +	0%	0%	0%	0%
Ethnic Category	Asian or Asian British	0%	0%	0%	0%
	Black or Black British	1%	1%	2%	1%
	Chinese or Other Ethnic Group	0%	0%	0%	0%
	Mixed	1%	1%	1%	1%
	Not Recorded	1%	1%	1%	1%
	Not Stated	1%	0%	0%	0%
	White	46%	45%	40%	52%
Disability (Community Order)	No	50%	49%	44%	54%
	Yes	1%	1%	0%	2%

B) Employment / Training / Education

Table 6

	2011-12	2012-13
Number with an ETE need	1576	1923
Unemployed (available for work)	1253 = 93%	1496 = 93%
Work Skills	1354 = 86%	1638 = 85%
Basic Skills Need	29 = 2%	50 = 3%
Education/Profession Qualifications	709 = 45%	824 = 43%
Linked to Behaviour	605 = 38%	718 = 37%

Percentages above are from those assessed as having a specific need.

Table 7

Unemployed					
		Year			
		2011-12		2011-12	
		NO	Yes	NO	Yes
Gender	Female	12%	88%	11%	89%
	Male	7%	93%	6%	94%
	Not known	0%	100%	50%	50%
Age Band	18 - 20	9%	91%	5%	95%
	21 - 25	5%	95%	6%	94%
	26 - 49	8%	92%	8%	92%
	50 - 64	12%	88%	10%	90%
	65 +	0%	100%	0%	100%
Ethnic Category	Asian or Asian British	0%	100%	0%	100%
	Black or Black British	3%	97%	2%	98%
	Chinese or Other Ethnic Group	0%	100%	0%	100%
	Mixed	0%	100%	3%	97%
	Not Recorded	3%	97%	11%	89%
	Not Stated	13%	88%	0%	100%
	White	8%	92%	7%	93%
Disability (Community Order)	No	7%	93%	7%	93%
	Yes	15%	85%	22%	78%

Table 8

Work Skills					
		Year			
		2011-12		2011-12	
		NO	Yes	NO	Yes
Gender	Female	6%	94%	9%	91%
	Male	15%	85%	16%	84%
	Not known	0%	100%	0%	100%
Age Band	18 - 20	8%	92%	8%	92%
	21 - 25	10%	90%	15%	85%
	26 - 49	16%	84%	15%	85%
	50 - 64	16%	84%	20%	80%
	65 +	0%	100%	100%	0%
Ethnic Category	Asian or Asian British	20%	80%	29%	71%
	Black or Black British	10%	90%	23%	77%
	Chinese or Other Ethnic Group	50%	50%	0%	100%
	Mixed	17%	83%	12%	88%
	Not Recorded	19%	81%	14%	86%
	Not Stated	13%	88%	25%	75%
	White	14%	86%	15%	85%
Disability (Community Order)	No	14%	86%	15%	85%
	Yes	5%	95%	3%	97%

Table 9

		Basic Skills			
		Year			
		2011-12		2012-13	
		No	Yes	No	Yes
Gender	Female	14%	1%	15%	1%
	Male	84%	1%	83%	2%
	Not known	0%	0%	0%	0%
Age Band	18 - 20	5%	0%	10%	0%
	21 - 25	26%	0%	23%	1%
	26 - 49	60%	2%	59%	2%
	50 - 64	7%	0%	6%	0%
	65 +	0%	0%	0%	0%
Ethnic Category	Asian or Asian British	0%	0%	0%	0%
	Black or Black British	2%	0%	2%	0%
	Chinese or Other Ethnic Group	0%	0%	0%	0%
	Mixed	2%	0%	2%	0%
	Not Recorded	2%	0%	2%	0%
	Not Stated	1%	0%	0%	0%
	White	91%	2%	91%	2%
Disability (Community Order)	No	97%	2%	96%	2%
	Yes	1%	0%	1%	0%

Table 10

		Education/Professional Qualifications			
		Year			
		2011-12		2012-13	
		No	Yes	No	Yes
Gender	Female	7%	8%	8%	8%
	Male	47%	38%	49%	36%
	Not known	0%	0%	0%	0%
Age Band	18 - 20	3%	3%	6%	4%
	21 - 25	15%	11%	14%	10%
	26 - 49	34%	28%	34%	26%
	50 - 64	2%	4%	3%	3%
	65 +	0%	0%	0%	0%
Ethnic Category	Asian or Asian British	0%	0%	0%	0%
	Black or Black British	2%	1%	2%	1%
	Chinese or Other Ethnic Group	0%	0%	0%	0%
	Mixed	1%	1%	1%	1%
	Not Recorded	1%	1%	2%	1%
	Not Stated	0%	0%	0%	0%
	White	50%	42%	52%	41%
Disability (Community Order)	No	54%	45%	56%	42%
	Yes	0%	1%	1%	1%

Table 11

Section 4 Linked to Behaviour					
		Year			
		2011-12		2012-13	
		No	Yes	No	Yes
Gender	Female	10%	4%	12%	4%
	Male	51%	34%	51%	33%
	Not known	0%	0%	0%	0%
Age Band	18 - 20	3%	2%	5%	5%
	21 - 25	14%	12%	14%	10%
	26 - 49	40%	22%	39%	21%
	50 - 64	4%	2%	4%	2%
	65 +	0%	0%	0%	0%
Ethnic Category	Asian or Asian British	0%	0%	0%	0%
	Black or Black British	1%	1%	2%	1%
	Chinese or Other Ethnic Group	0%	0%	0%	0%
	Mixed	1%	1%	1%	1%
	Not Recorded	1%	1%	1%	1%
	Not Stated	0%	0%	0%	0%
	White	57%	35%	58%	35%
Disability (Community Order)	No	61%	38%	62%	37%
	Yes	1%	0%	1%	0%

C) Substance Misuse – Drug Misuse

Table 12

	2011-12	2012-13
Number with a Drug need	918	1129
Class A	385 = 42%	502 = 45%
Main Current Drug 1	Cannabis = 52%	Cannabis = 55%
Main Current Drug 2	Cocaine = 20%	Cocaine = 20%
Main Current Drug 3	Heroin = 19%	Heroin = 20%
Usage: At least Weekly	235 = 26%	256 = 23%
Usage: Less than Weekly	683 = 74%	873 = 77%
Problem of motivation to tackle misuse	670 = 73%	832 = 74%
Linked to Behaviour	757 = 83%	926 = 85%

Percentages above are from those assessed as having a specific need.

Table 13

		Class A Use			
		Year			
		2011-12		2012-13	
		No	Yes	No	Yes
Gender	Female	4%	7%	4%	9%
	Male	54%	35%	51%	35%
	Not known	0%	0%	0%	0%
Age Band	18 - 20	6%	0%	8%	2%
	21 - 25	21%	8%	17%	7%
	26 - 49	30%	32%	29%	34%
	50 - 64	1%	2%	1%	2%
	65 +	0%	0%	0%	0%
Ethnic Category	Asian or Asian British	0%	0%	0%	0%
	Black or Black British	2%	1%	2%	1%
	Chinese or Other Ethnic Group	0%	0%	0%	0%
	Mixed	1%	0%	1%	0%
	Not Recorded	2%	1%	2%	1%
	Not Stated	0%	0%	0%	0%
	White	52%	40%	51%	42%
Disability (Community Order)	No	58%	41%	54%	44%
	Yes	1%	1%	1%	1%

Table 14

Current Drug Use	Percentage use - Year		
	2011-12	2012-13	Year Change
Heroin Current Usage (A)	19%	20%	+
Methadone Current Usage (B)	4%	4%	+
Other Opiates Current Usage (C)	1%	1%	-
Crack Cocaine Current Usage (D)	15%	16%	+
Cocaine Hydrochloride Current Usage (E)	20%	20%	+
Prescribed Drugs Current Usage (F)	2%	1%	-
Benzodiazepines Current Usage (G)	4%	5%	+
Amphetamines Current Usage (H)	2%	3%	+
Hallucinogens Current Usage (I)	0%	0%	+
Ecstasy Current Usage (J)	3%	2%	-
Cannabis Current Usage (K)	52%	55%	+
Solvents Current Usage (L)	0%	0%	-
Steroids Current Usage (M)	0%	0%	--
Other Drug Current Usage (N)	1%	1%	--

Table 15

Usage Levels					
		Year			
		2011-12		2012-13	
		At least weekly	Less than weekly	At least weekly	Less than weekly
Gender	Female	8%	3%	10%	3%
	Male	66%	22%	67%	19%
	Not known	0%	0%	0%	0%
Age Band	18 - 20	6%	1%	9%	1%
	21 - 25	24%	4%	19%	4%
	26 - 49	42%	20%	47%	17%
	50 - 64	3%	1%	2%	1%
	65 +	0%	0%	0%	0%
Ethnic Category	Asian or Asian British	0%	0%	0%	0%
	Black or Black British	2%	1%	2%	0%
	Chinese or Other Ethnic Group	0%	0%	0%	0%
	Mixed	1%	0%	1%	0%
	Not Recorded	2%	0%	2%	1%
	Not Stated	0%	0%	0%	0%
	White	69%	23%	72%	21%
Disability (Community Order)	No	74%	25%	76%	22%
	Yes	1%	1%	2%	0%

Table 16

		Motivation			
		Year			
		2011-12		2011-12	
		NO	Yes	NO	Yes
Gender	Female	27%	73%	28%	72%
	Male	27%	73%	26%	74%
	Not known	33%	67%	33%	67%
Age Band	18 - 20	10%	90%	19%	81%
	21 - 25	24%	76%	22%	78%
	26 - 49	30%	70%	29%	71%
	50 - 64	21%	79%	32%	68%
	65 +	0%	100%	N/A	N/A
Ethnic Category	Asian or Asian British	67%	33%	33%	67%
	Black or Black British	19%	81%	30%	70%
	Chinese or Other Ethnic Group	0%	100%	0%	100%
	Mixed	13%	87%	33%	67%
	Not Recorded	26%	74%	21%	79%
	Not Stated	40%	60%	0%	100%
	White	27%	73%	26%	74%
Disability (Community Order)	No	27%	73%	26%	74%
	Yes	17%	83%	22%	78%

Table 17

Section 8 Linked to Behaviour					
		Year			
		2011-12		2012-13	
		No	Yes	No	Yes
Gender	Female	2%	9%	2%	12%
	Male	16%	73%	13%	74%
	Not known	0%	0%	0%	0%
Age Band	18 - 20	2%	5%	2%	8%
	21 - 25	6%	23%	4%	19%
	26 - 49	10%	52%	8%	55%
	50 - 64	0%	3%	0%	3%
	65 +	0%	0%	0%	0%
Ethnic Category	Asian or Asian British	0%	0%	0%	0%
	Black or Black British	1%	2%	1%	2%
	Chinese or Other Ethnic Group	0%	0%	0%	0%
	Mixed	0%	2%	0%	1%
	Not Recorded	1%	2%	0%	2%
	Not Stated	0%	0%	0%	0%
	White	16%	76%	13%	80%
Disability (Community Order)	No	17%	81%	15%	83%
	Yes	0%	1%	0%	2%

D) Substance Misuse – Alcohol Misuse

Table 18

	2011-12	2012-13
Number with an Alcohol need	842	914
Binge Drinking	809 = 96%	875 = 96%
Alcohol Related Violence	590 = 70%	695 = 76%
Linked to Behaviour	793 = 94%	867 = 95%

Percentages above are from those assessed as having a specific need.

Table 19
Binge Drinking

		Year			
		2011-12		2011-12	
		NO	Yes	NO	Yes
Gender	Female	4%	96%	1%	99%
	Male	4%	96%	5%	95%
	Not known	0%	100%	0%	100%
Age Band	18 - 20	4%	96%	0%	100%
	21 - 25	4%	96%	5%	95%
	26 - 49	4%	96%	5%	95%
	50 - 64	6%	94%	3%	97%
	65 +	0%	100%	0%	100%
Ethnic Category	Asian or Asian British	20%	80%	0%	100%
	Black or Black British	0%	100%	18%	82%
	Chinese or Other Ethnic Group	N/A	N/A	0%	100%
	Mixed	0%	100%	0%	100%
	Not Recorded	0%	100%	0%	100%
	Not Stated	0%	100%	0%	100%
	White	4%	96%	4%	96%
Disability (Community Order)	No	4%	96%	4%	96%
	Yes	6%	94%	6%	94%

Table 20

History of Alcohol Related Violence					
		Year			
		2011-12		2012-13	
		No	Yes	No	Yes
Gender	Female	7%	9%	6%	13%
	Male	22%	61%	17%	63%
	Not known	0%	0%	0%	0%
Age Band	18 - 20	1%	2%	1%	4%
	21 - 25	3%	11%	3%	12%
	26 - 49	21%	52%	16%	55%
	50 - 64	4%	6%	3%	6%
	65 +	0%	0%	0%	0%
Ethnic Category	Asian or Asian British	0%	0%	0%	0%
	Black or Black British	0%	1%	0%	2%
	Chinese or Other Ethnic Group	0%	0%	0%	0%
	Mixed	0%	1%	0%	1%
	Not Recorded	1%	2%	1%	2%
	Not Stated	0%	0%	0%	0%
	White	27%	67%	22%	72%
Disability (Community Order)	No	29%	69%	23%	75%
	Yes	0%	1%	1%	1%

Table 21

Section 9 Linked to Behaviour					
		Year			
		2011-12		2012-13	
		No	Yes	No	Yes
Gender	Female	2%	15%	2%	17%
	Male	4%	79%	3%	77%
	Not known	0%	0%	0%	0%
Age Band	18 - 20	0%	2%	0%	4%
	21 - 25	1%	14%	0%	14%
	26 - 49	4%	68%	4%	67%
	50 - 64	1%	9%	0%	9%
	65 +	0%	0%	0%	0%
Ethnic Category	Asian or Asian British	0%	0%	0%	0%
	Black or Black British	0%	1%	0%	2%
	Chinese or Other Ethnic Group	0%	0%	0%	0%
	Mixed	0%	1%	0%	1%
	Not Recorded	0%	2%	0%	2%
	Not Stated	0%	0%	0%	1%
	White	5%	89%	5%	89%
Disability (Community Order)	No	6%	92%	5%	93%
	Yes	0%	2%	0%	2%

E) Emotional Well-Being

Table 22

	2011-12	2012-13
Number with an Emotional Well-Being need	1477	1832
Coping Difficulties	888 = 60%	1057 = 58%
Social Isolation	527 = 36%	622 = 34%
Psychological Needs	717 = 49%	855 = 47%
Self Harm/Suicide	438 = 30%	578 = 32%
Psychiatric Needs	291 = 20%	382 = 21%
Linked to Behaviour	594 = 40%	712 = 39%

Percentages above are from those assessed as having a specific need.

Table 23

Coping Difficulties					
		Year			
		2011-12		2011-12	
		NO	Yes	NO	Yes
Gender	Female	18%	82%	19%	81%
	Male	43%	57%	46%	54%
	Not known	40%	60%	100%	0%
Age Band	18 - 20	63%	37%	57%	43%
	21 - 25	54%	46%	57%	43%
	26 - 49	34%	66%	35%	65%
	50 - 64	28%	72%	36%	64%
	65 +	40%	60%	33%	67%
Ethnic Category	Asian or Asian British	44%	56%	57%	43%
	Black or Black British	34%	66%	46%	54%
	Chinese or Other Ethnic Group	67%	33%	50%	50%
	Mixed	20%	80%	50%	50%
	Not Recorded	28%	72%	49%	51%
	Not Stated	30%	70%	33%	67%
	White	41%	59%	42%	58%
Disability (Community Order)	No	40%	60%	43%	57%
	Yes	25%	75%	15%	85%

Table 24

Social Isolation					
		Year			
		2011-12		2011-12	
		NO	Yes	NO	Yes
Gender	Female	43%	57%	48%	52%
	Male	67%	33%	69%	31%
	Not known	60%	40%	100%	0%
Age Band	18 - 20	73%	27%	79%	21%
	21 - 25	75%	25%	77%	23%
	26 - 49	61%	39%	62%	38%
	50 - 64	53%	47%	47%	53%
	65 +	30%	70%	67%	33%
Ethnic Category	Asian or Asian British	78%	22%	71%	29%
	Black or Black British	72%	28%	59%	41%
	Chinese or Other Ethnic Group	33%	67%	67%	33%
	Mixed	60%	40%	89%	11%
	Not Recorded	44%	56%	60%	40%
	Not Stated	40%	60%	67%	33%
	White	65%	35%	66%	34%
Disability (Community Order)	No	65%	35%	67%	33%
	Yes	43%	57%	33%	67%

Table 25

Psychological					
		Year			
		2011-12		2011-12	
		NO	Yes	NO	Yes
Gender	Female	23%	77%	26%	74%
	Male	56%	44%	58%	42%
	Not known	60%	40%	100%	0%
Age Band	18 - 20	68%	32%	70%	30%
	21 - 25	65%	35%	69%	31%
	26 - 49	46%	54%	45%	55%
	50 - 64	41%	59%	45%	55%
	65 +	50%	50%	83%	17%
Ethnic Category	Asian or Asian British	67%	33%	57%	43%
	Black or Black British	50%	50%	46%	54%
	Chinese or Other Ethnic Group	67%	33%	50%	50%
	Mixed	35%	65%	61%	39%
	Not Recorded	36%	64%	63%	37%
	Not Stated	50%	50%	83%	17%
	White	52%	48%	53%	47%
Disability (Community Order)	No	52%	48%	54%	46%
	Yes	39%	61%	37%	63%

Table 26

Self Harm/Suicide					
		Year			
		2011-12		2012-13	
		No	Yes	No	Yes
Gender	Female	7%	6%	8%	7%
	Male	64%	23%	61%	24%
	Not known	0%	0%	0%	0%
Age Band	18 - 20	4%	1%	7%	2%
	21 - 25	18%	6%	17%	6%
	26 - 49	43%	20%	39%	21%
	50 - 64	5%	2%	5%	3%
	65 +	0%	0%	0%	0%
Ethnic Category	Asian or Asian British	1%	0%	0%	0%
	Black or Black British	2%	1%	1%	1%
	Chinese or Other Ethnic Group	0%	0%	0%	0%
	Mixed	1%	1%	1%	0%
	Not Recorded	2%	1%	2%	1%
	Not Stated	0%	0%	0%	0%
	White	65%	27%	63%	29%
Disability (Community Order)	No	69%	29%	68%	31%
	Yes	1%	1%	1%	1%

Table 27

Psychiatric					
		Year			
		2011-12		2011-12	
		NO	Yes	NO	Yes
Gender	Female	67%	33%	64%	36%
	Male	82%	18%	82%	18%
	Not known	100%	0%	100%	0%
Age Band	18 - 20	88%	12%	87%	13%
	21 - 25	85%	15%	86%	14%
	26 - 49	78%	22%	75%	25%
	50 - 64	82%	18%	78%	22%
	65 +	80%	20%	100%	0%
Ethnic Category	Asian or Asian British	67%	33%	57%	43%
	Black or Black British	78%	22%	63%	37%
	Chinese or Other Ethnic Group	67%	33%	83%	17%
	Mixed	55%	45%	89%	11%
	Not Recorded	79%	21%	84%	16%
	Not Stated	80%	20%	100%	0%
	White	81%	19%	79%	21%
Disability (Community Order)	No	80%	20%	79%	21%
	Yes	82%	18%	81%	19%

Table 28

Section 10 Linked to Behaviour					
		Year			
		2011-12		2012-13	
		No	Yes	No	Yes
Gender	Female	5%	8%	6%	9%
	Male	54%	32%	55%	30%
	Not known	0%	0%	0%	0%
Age Band	18 - 20	3%	2%	6%	3%
	21 - 25	16%	8%	16%	8%
	26 - 49	36%	27%	34%	25%
	50 - 64	4%	4%	4%	3%
	65 +	0%	0%	0%	0%
Ethnic Category	Asian or Asian British	0%	0%	0%	0%
	Black or Black British	1%	1%	1%	1%
	Chinese or Other Ethnic Group	0%	0%	0%	0%
	Mixed	1%	1%	1%	1%
	Not Recorded	1%	1%	2%	1%
	Not Stated	0%	0%	0%	0%
	White	56%	36%	57%	36%
Disability (Community Order)	No	59%	39%	60%	38%
	Yes	1%	1%	1%	1%

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