

Surviving in a Revolving Door: A Study of the Evidence about Offending in WY-FI

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Introduction to the Fulfilling Lives Programme and West Yorkshire Finding Independence

The Fulfilling Lives Programme was set up by the National Lottery Community Fund (then the Big Lottery Fund) in 2013 and invested £112 million in 12 areas of England, including West Yorkshire. The programme defines multiple needs as experiencing three out of four of the following HARM needs:

- Homelessness
- Addiction (substance misuse)
- Reoffending
- Mental ill-health.

WY-FI took a broad view of all these categories in terms of them being a defined “need”, including beneficiaries’ self-reporting of their situation. Being at ‘risk of reoffending’ is not a ‘need’ in and of itself but it encompasses a number of other needs and recognises the ‘need’ for support. This is the terminology we use in this report as, out of the available language, it fits best with the WY-FI ethos.

The projects under the Programme (including WY-FI) were designed around the principles of:

- Person-centred support
- Multi-agency working and service collaboration
- Co-production of service design, delivery
- Using learning to drive system change

The National Lottery Community Fund facilitates a range of thematic meetings. One of the most important of these amplifies the voice of people with lived experience through the **National Expert Citizens Group**. This group brings together people with first-hand experience of multiple needs, and WY-FI is represented by members of the WY-FI Network, who bring their knowledge, research and learning to improve the design and delivery of services.

More information about the Fulfilling Lives Programme and the other 11 Fulfilling Lives Projects can be found here:

<https://www.tnlcommunityfund.org.uk/funding/strategicinvestments/multiple-needs> and here: <https://www.fulfillinglivesevaluation.org/>

About West Yorkshire Finding Independence

West Yorkshire Finding Independence (WY-FI) supports adults with at least three needs in the areas of homelessness, reoffending, substance misuse and mental ill health. These are also adults who are struggling to engage with services.

Launched in May 2014, WY-FI’s vision has been that by 2020, adults with multiple needs in West Yorkshire should have the opportunity of a settled home, positive health and wellbeing, access to education and employment, and trust in a positive future.

WY-FI is led by Humankind (formerly DISC), and as lead partner they are responsible for commissioning and managing the project. Between 2014 and 2020, our delivery partners also provided direct beneficiary support across West Yorkshire. These partners were Barca (Leeds), Bridge (Bradford), Spectrum (Wakefield), Community Links and (Kirklees) and Foundation (Calderdale).

The key aim of WY-FI has been to **improve partnership working and achieve a 'system change' in the way in which people with multiple needs are supported** in West Yorkshire. It is based around a core model comprising the following key elements:

- **A Regional Support Hub** based in Leeds
- **Navigator teams** based in the five districts to ensure beneficiaries can access the support they need
- **Multi-Agency Review Boards (MARBs)** to facilitate multi-agency case conferencing, improve the co-ordination of service delivery, and ensure services are delivered in a personalised and flexible fashion
- An **Employment, Training and Education (ETE) Team** delivering a Peer Mentor course as a pathway into volunteering or paid work
- **Peer Mentors** to provide support to beneficiaries and show that positive change is possible
- **Co-production** with beneficiaries
- **Minority Ethnic Groups Engagement, Women's Engagement, Advocacy and Prison Engagement workers** (in post between 2014 and 2017)

The project is overseen by a **Core Partnership Management Board** made up of experts by experience, delivery partners, and statutory organisations with representation from local authorities, police, the Prison and Probation Service, and mental health services.

The role of the **WY-FI Multiple Needs Navigator** is an important element of the project's model, and is referenced in this report. The role is founded in small caseloads and a person-centred approach, to allow Multiple Needs Navigators to deliver a wide range of intensive support, including advocacy as well as emotional and practical support to beneficiaries. They play a pivotal role in engaging beneficiaries and ensuring that they can access services and interventions when they need it.

WY-FI also provided a **Personalisation Fund** so that Multiple Needs Navigators could apply for additional financial support to beneficiaries. This was used to where funds were not available to provide items or services which would be likely to aid beneficiaries' recovery and support them to develop more stable and independent lives.

More information about WY-FI can be found at: <https://wy-fi.org.uk/>

Key Findings for Working with Offenders:

The **WY-FI Navigator Model** is effective for many people who have contact with the criminal justice system. WY-FI data shows that over a quarter of people experiencing multiple needs and exclusions are high intensity users of the criminal justice system and this group recirculate from custody to crisis and back to custody. Our headline findings are:

- **Individual cases** need to be examined to unpick the **complex relationship** between **victimhood** and **offending** and find the right support for people with multiple needs.
- When individuals are **excluded** from services, their recovery is pushed back. This **reduces their engagement and their health**, which forces them back into using crisis services in an unplanned way.

Improving Direct Service Delivery:

- For **women** in WY-FI, the criminal justice system has not been effective. Consideration needs to be given as to how to try and mitigate the negative effects of inappropriate sentencing or what the alternatives to short custodial sentences are.
- WY-FI data shows that **housing**-related issues are some of the main barriers to stability for beneficiaries because **housing isn't suitable for the individual's needs**.
- Services are not currently always providing adequate or appropriate **mental health support** to individuals who are known to have been in contact with the criminal justice system.
- **Substance use** is a common factor in the individual events that cause people to have to return to prison

Strategic Leadership

- **Stronger links** between agencies can improve the lives of the people they support, by ensuring that their individual needs are being met. This includes information and risk sharing, **joint support planning** and **co-ordinated delivery**.
- **Workforce development** and **culture change** is needed to ensure that agencies are supporting people effectively through the transition between prisons and communities.

Public Health

- Unsurprisingly, **health inequalities** are both **widened** and **hardened** the more time people spend in custody and the more often they are sentenced
- Investing in **community based services** reduces per-person spending. Over time, people are able to sustain their recovery and they are less likely to reach crisis point and need to use **rapid response services** such as A&E, or require **police intervention**.

Summary of WY-FI Recommendations for Working with Offenders

These recommendations are as a result of the work WY-FI has done alongside the recommendations and evidence explored by other researchers. We acknowledge that services do everything they can to work with people with reoffending needs. These recommendations are made to improve the effectiveness of interventions for people who also experience multiple needs and exclusions and to highlight areas where a public health approach will reduce the inequalities that people with multiple needs experience.

Improving Direct Service Delivery

Improvements need to be made to local service delivery and **direct support** for people with multiple needs.

- Needs and risk **assessments** should follow **common criteria** and focus to a greater extent on the **vulnerability** of people (especially **women** and **diverse communities**) with multiple needs that come in to contact with the criminal justice system.
- **Community based services** should be explored and promoted as an **alternative to custody** to a much greater extent as a supportive component of treatment or behaviour orders, for example using **gender specific community** services to support women.
- **Excluding** people with multiple needs from services simply displaces the cost and moves them further away from the service that they need. We recommend creating a **culture of engagement not simply of compliance** among service providers.
- **Sustaining accommodation for people leaving prison** or on community sentences means: an expansion of **trauma informed housing support**, actively preparing prisoners for **accommodation on release** and ensuring people are not released with **no fixed abode**. This includes helping people move on from temporary, group residential and institutional accommodation into their **own homes** in a timely and effective way.

The improvement of direct support can only be made possible by **culture change** and by ensuring that strategic leadership and public health approaches are included in commissioning services.

Strategic Leadership

This needs to be at a **West Yorkshire level** through the **Integrated Care Strategy, Public Health Directors, the West Yorkshire Housing Network** and the **Office for the Police and Crime Commissioner**, and include the voice of **lived experience**. Strategic leadership should also include:

- **Stronger multi-agency working** to ensure a holistic package of support that is both **trauma and gender-informed**. Multi-agency working can only be effective if it is driven by **regional leadership**.
- Taking a **trauma informed approach** when **designing** and **commissioning services**.
- Understanding **cultural differences** between and within **diverse communities**.

A Public Health Approach

This approach incorporates **planned pathways** through multiple services and the development of **trauma informed practice** across services. It also includes:

- Access to a wider range of accommodation that provides more structured support and pathways to independent living. This includes accommodation that is dispersed and supported with a mixture of tenants and therapeutic residential care.
- Providing **training for criminal justice system** staff to understand **mental health** and that a large proportion of people they work with will be experiencing mental ill-health, learning disabilities and other cognitive impairments.
- **Widening access to mental health** and emotional well-being services for people with multiple needs, particularly where there is co-occurrence with substance use.
- Pathways through **physical healthcare** need to include specific **aftercare** and **convalescence** provision for people experiencing multiple needs
- **Traumatic events** for children and young adults lead to **multiple exclusions** in later life. Effective **early intervention** for children and families of beneficiaries is crucial.

Introduction

This report aims to provide support and **recommendations** for those who work with people that are in contact with the **criminal justice system**. We've done this considering the **pressures** that organisations, partners and stakeholders are under.

The report considers why beneficiaries are at the **centre of inefficiencies** and the consequences of this, for example not accessing the services they need. To aid this, we have provided evidence that shows the **effectiveness of the WY-FI Navigator Model**, supported by **West-Yorkshire-wide leadership** that enables **multi-agency working** to be a valued part of all districts.

The criminal justice system is unique, in that services already know which service users are most likely to experience **exclusion and re-offending needs**. Services are able to work together using processes such as **Multi-Agency Public Protection Arrangements (MAPPA)** and **Multi Agency Risk Assessment Conferences (MARAC)** which co-ordinate care for people most at risk of committing crimes, as well as those who are victims of crime. This report looks at how services can **embed individuals** with multiple needs into their caseloads and **suggests improvements** to engage the hardest to reach people. Initially, we need to look at assessment processes and whether we are getting the information we need to support **holistic recovery** and prevent people from becoming **trapped in a revolving door**.

Reoffending costs the **taxpayer £9.5 - £13 billion a year**, with almost half of people reoffending within the **first 12 months** of their release. More than two in five prisoners (44%) reported being in their **accommodation** for **less than a year** prior to going into custody (Ministry of Justice). WY-FI's Impact and **Cost Effectiveness analysis** shows that as a result of WY-FI's interventions, the **criminal justice sector** makes the **largest cost savings** overall. These savings are made earlier in the beneficiary journey than for other public agency sectors.

In this report we draw on a range of evidence. This evidence examines various aspects of the lives of people that experience multiple needs and exclusions, as well as their **interactions with the criminal justice system**. Published sources are referenced and identified in the report's appendix. We've also used previously published evidence from WYFI along with **fresh data analysis** and a **deep dive** into a selection of case notes. Historic analysis was done on the whole caseload (maximum 823 beneficiaries). For the recent analysis we divided the whole caseload into **229 "intensive users"** of criminal justice services (**known as CJS 229**) and **594 "others"**. This has given us the ability to make **comparisons** within the WY-FI population and further sub-divide the population with a **high degree of consistency**.

We've also been able to draw on a piece of **collaborative** work that WY-FI has undertaken with **Fulfilling Lives projects** in **Nottingham** and **Newcastle and Gateshead**. We are grateful for the support and expertise provided by Grant Everitt and Karan Kaur (at Opportunity Nottingham); and Angela Broadbridge and Keith Gibson (at Fulfilling Lives Newcastle and Gateshead). This work looked at a cohort of beneficiaries across all **three Fulfilling Lives**

projects who were registered on caseload for all or a substantial part of the calendar year 2019, (or who exited the programme due to a **long term prison sentence**) and who were identified as having an **offending ‘need’** (total 182: 114 male; 68 female). This work summarised the following issues (combining them as appropriate to identify patterns/correlations):

- **Accommodation** types for people with reoffending needs
- **Propensity** for re-offending
- **Demographic differences** in the data (principally gender and age)
- **Types of offences** committed while on the Fulfilling Lives Programme
- **Outcomes** by assessment type
- **Costs** to the public purse
- **Comparison of offences** where beneficiaries were both **victim and perpetrator**.

In the first section of the report we look at the **evidence and data relating to the key aspects of beneficiaries’ engagement with the criminal justice system**. We explore the **consequences** of prison stays and prison releases, as these have previously been highlighted as having one of the biggest impacts on beneficiary journeys and costs, and because a significant proportion of beneficiaries are affected by them.

The second section of the report looks at the **experience of beneficiaries and people with lived experience**. We’ve done this through the **“deep dive”** into case notes, as well as through reflections on experiences with the Criminal Justice System (CJS). These experiences were shared in a **WY-FI Network focus group**, which was led by the WY-FI Co-Production Worker. We explore these themes in Section 1 and highlight the experiences that go unnoticed in the data.

The third section draws together our **conclusions** and makes **recommendations** that **organisations** and **agencies** in West Yorkshire could adopt. These look to improve outcomes for people experiencing multiple needs and exclusions who are in contact with the criminal justice system. The time is right for a **strategic** overview as, in the absence of West Yorkshire-wide delivery for people experiencing multiple needs and exclusions, strategic partnerships and agencies will want to **sustain the benefits** WY-FI was able to demonstrate into the future.

This report uses the phrases **ethnically diverse communities** and **minority ethnic groups/communities** to highlight the inequalities faced by anyone who is not White British. This inclusive of all Black, Asian and multiple ethnic backgrounds including Gypsy, Roma and Traveller, who also face inequalities. WY-FI understands the **differences in inequalities** faced by different ethnic groups and will therefore aim to name the specific group who have faced the inequality where possible. Language and terminology around the issue of identity is changing rapidly and we will be responsive to the emerging consensus on an ongoing basis in our future work and publications.

Overall Data

Table 1- Geographic breakdown

CJS 229	Male	Female	Total
Bradford	42	22	64
Calderdale	18	14	32
Kirklees	26	12	38
Leeds	33	22	55
Wakefield	23	17	40
Total	142	87	229

Other	Male	Female	Total
Bradford	88	43	131
Calderdale	73	41	114
Kirklees	30	39	69
Leeds	132	52	184
Wakefield	62	34	96
Total	385	209	594

In common with regional data in WY-FI, **Bradford** and **Leeds** have the **largest number** of people with **reoffending needs**. As this number increases, the proportion of males with reoffending needs also increases.

Table 2- Age

CJS 229	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	Total	%
Male	14	51	50	23	4	142	62%
Female	11	35	31	9	1	87	38%

The age range spread for both male and females with reoffending needs in this cohort mirrors the trends in the WY-FI population as a whole.

Table 3 - Ethnicity

CJS 229	White British	All Minority Ethnic Groups	Unknown
Male	93	28	21
Female	72	9	6
Total	165	37	27
	72%	16%	12%
Other	White British	All Minority Ethnic Groups	Unknown
Male	259	66	60
Female	152	32	25
Total	411	98	85
	69%	16%	14%

Ethnicity in the CJS 229 group is in line with the ethnic profile of the WY-FI cohort as a whole, which in turn is broadly in line with the West Yorkshire profile. As we highlight in the main body of findings, there is a **disproportionate number of people from minority ethnic groups** in contact with the criminal justice system, but they do not appear to make their way into services in the same numbers.

We do not normally consider the WY-FI population to be responsible for children but in fact **a third of all beneficiaries claim Children's Tax Credit**, which is our measure for being responsible for a child. Although in the overall population there is a **higher proportion of women with responsibility** for one or more children, in the CJS 229 population there is a **higher proportion of men**.

Table 4 - Children

	CJS 229		Other	
	Responsible for Children	No Children	Responsible for Children	No Children
Male	35%	65%	29%	71%
Female	30%	70%	41%	59%
Total	33%	67%	34%	66%

To measure ongoing beneficiary progress, WY-FI Multiple Needs Navigators used the **New Directions Team Assessment (NDTA)** or Chaos Index (see <http://www.meam.org.uk/wpcontent/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf>) and the **Homelessness Outcomes Star (HOS)** (see <http://www.outcomesstar.org.uk/using-thestar/see-the-stars/homelessness-star/>). Assessment data was gathered continuously throughout the beneficiary journey at regular intervals and used to measure the impact of interventions. These measures will be referred to in the body of the report.

WY-FI groups beneficiary exits from **Multiple Needs Navigator** support in 10 categories for reporting purposes. As a form of shorthand, we allocate each of these categories to a status of either **"planned"** or **"unplanned"** exit. This makes it clearer to see in the data whether a journey was successful or not, especially when combined with the data on improvements in the NDTA and HOS assessment scores. These definitions will be used in the body of the report.

Key Findings and Recommendations.

This report aims to provide support and **recommendations** for those who work with people that are in contact with the **criminal justice system (CJS)**. We've done this considering the **pressures** that organisations, partners and stakeholders are under.

The report considers why beneficiaries are at the **centre of inefficiencies** and the consequences of this, for example not accessing the services they need. To aid this, we have

provided evidence that shows the **effectiveness of the WY-FI Navigator Model**, supported by **West-Yorkshire-wide leadership** that enables **multi-agency working** to be a valued part of all districts.

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Reoffending costs the **taxpayer £9.5 - £13 billion a year**, with almost half of people reoffending within the **first 12 months** of their release. More than two in five prisoners (44%) reported being in their **accommodation** for **less than a year** prior to going into custody (Ministry of Justice). WY-FI's Impact and **Cost Effectiveness analysis** shows that as a result of WY-FI's interventions, the **criminal justice sector** makes the **largest cost savings** overall. These savings are made earlier in the beneficiary journey than for other public agency sectors.

Section 1: Context and Themes

For WY-FI beneficiaries', engagement in services after leaving prison is vital to reduce reoffending. In total, 78% (637) of beneficiaries had a reoffending need, which shows the importance of engaging people with multiple needs in positive outcome services.

Overall, investing in this engagement reduces the amount that services spend in the criminal justice system, for example on Crown Court proceedings, arrests and evictions (Crisp et al, 2015 & Wilson & Crisp, 2020). It was found that although beneficiary costs increased, to an average of £5,584 per beneficiary (for all beneficiaries), the costs incurred were in positive treatment services, which may have resolved many previously untreated issues. Due to the longitudinal nature of positive treatment services and their aim for long term recovery, this expenditure is likely to decrease over time and will prevent the use of more expensive, reactive services.

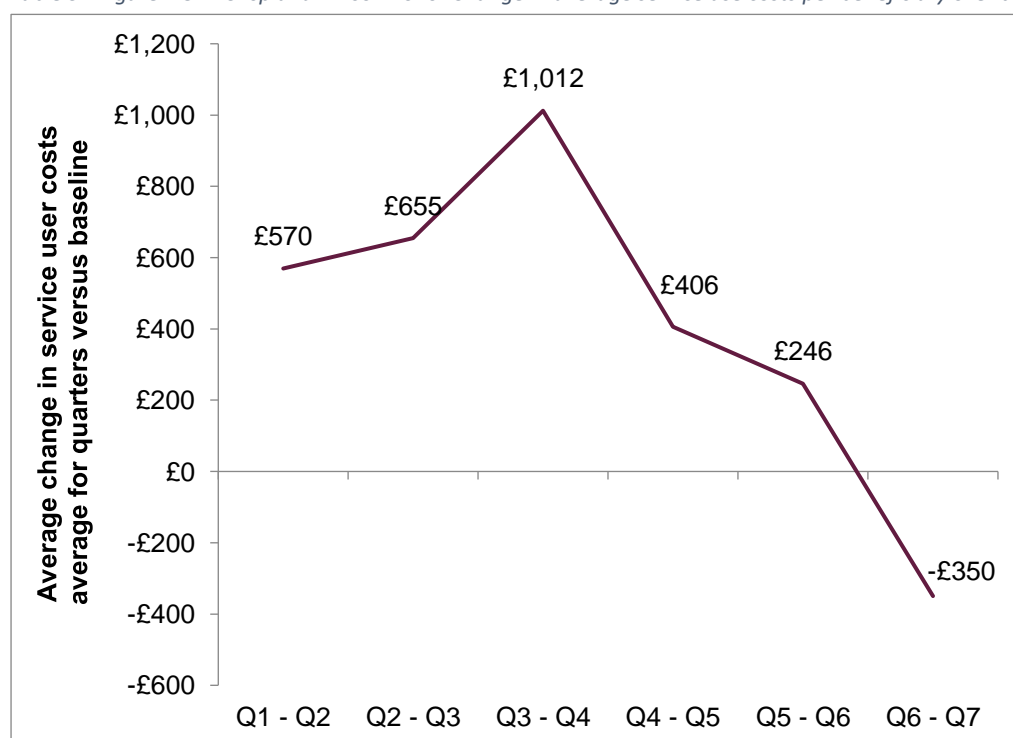
Wilson and Crisp (2020) found that beneficiaries who engaged with WY-FI for longer periods of time were more likely to improve on their HOS and NDTA scores, which in turn, reduces the amount of spending spent on them. The cost effectiveness model developed by CRESR predicts that over the lifetime of WY-FI, the project will lead to an estimated decrease in service costs of around £1.4million (the average saving has been scaled up to 800 users). This equates to an approximate cost saving of £1,733 per service user, on average, over five quarters. The largest areas for cost savings over a period of five quarters result from reductions in:

- Crown Court appearances (£864,830 or £1,081 per service user)
- Evictions (£625,921 or £782 per service user)
- Arrests (£401,879 or £502 per service user)

These figures show that although spending has increased for beneficiaries in some areas of work, these costs reduce over time, creating lasting recovery for individuals. This ensures a planned exit, which is also useful for keeping ongoing costs low, as it reduces the chances of relapse. The cost for beneficiaries with an unplanned exit is £7,813 compared to £2,543

Wilson and Crisp, (2020) go on to demonstrate the profile of service use (as a cost) over the duration of the beneficiary journey in the graph below and explain the consequences in the subsequent paragraphs.

Table 5 - Figure 4.3 in Crisp and Wilson 2020: Change in average service use costs per beneficiary over time



- Service usages with increased costs tend to be positive treatment services. Many of these will be to address previously untreated conditions. These costs will reduce over time and are likely to prevent longer-term, often more expensive and reactive, service usages.
- Increased costs were identified despite beneficiaries reporting positive outcomes on other metrics, for example HOS and NDTA scores. This suggests that improvements in HOS and NDTA scores have been achieved because of the increases in wider service use costs. Therefore, cost increases, at least in the short term, should be seen as a positive, rather than a negative, effect of WY-FI.
- Ensuring beneficiaries achieve a planned exit is important to limit or reduce costs. Analysis revealed that average service usage costs increased by a far greater amount for beneficiaries with an unplanned exit (£7,813) compared to beneficiaries who had a planned exit (£2,543). However, this also shows that achieving a planned exit is still associated with some increased service use costs beyond the WY-FI service, to address beneficiary needs and promote independence (Crisp and Wilson 2020).

The importance of sustained engagement and support is also emphasised with a more detailed analysis. This analysis highlights a large difference in the increase in service use costs between WY-FI beneficiaries who recorded a prison stay whilst on caseload, compared to those who did not: £10,624 and £515 respectively over two quarters (WY-FI, 2019). The importance of lower cost preventative treatment services, which can produce positive outcomes and keep beneficiaries engaged is currently under-explored. These services also reduce the likelihood of prison stays and therefore lower the overall cost to the public purse (Crisp and Wilson 2020).

Accommodation

Accommodation is a significant factor in beneficiaries' journeys, either before or after going to prison. We divided the WY-FI population into two groups: those who had little or no interaction with the CJS (486, described as "other") and those who had frequent contact with the CJS (229 beneficiaries, described as CJS 229).

In the CJS 229 group, 50% of men and 40% of women were evicted at least once during their WY-FI journey, as opposed to 11% and 12% for men and women respectively in the "other" group.

In the qualitative evidence, the difficulties of obtaining and sustaining accommodation and the consequences of being vulnerably housed/ street homeless increase the likelihood of contact with the CJS. Likewise, the release of beneficiaries with "no fixed abode" (NFA), to insecure housing or to necessary but inappropriate approved premises is identified as an obstacle to making progress on their journey.

Analysis of questionnaires completed by prisoners in 2018 (Craig, WY-FI 2018) found that 34% of people in HMP Leeds and 45% in HMP New Hall did not have any accommodation on their release. In addition, 33% of males interviewed experienced homelessness needs, compared to 50% of females, indicating there is a further gendered aspect to housing and offending. Moon (Moon, WY-FI 2015) found that the Male Prison Leaver Action Research identified 43% of subjects had stated they were barred from housing because they had a mental health need.

The overwhelming challenges in obtaining safe and stable accommodation for some beneficiaries can be evidenced from the detail in their case notes. Without stable accommodation, it's unsurprising that rehabilitation proves difficult for people who continue to experience multiple needs on their release from prison.

Areas with high levels of multiple need are likely to have (Bramley 2015 Hard Edges):

- High levels of unemployment and/or poverty
- Poor health amongst the population
- Housing markets with a concentration of smaller properties such as bedsits or small flats
- A high percentage of the population between the ages of 16-24 or a high proportion of single person households.
- High concentration of an institutionalised population, especially those living in mental health hospitals/units or homeless hostels

Some prison leavers are found accommodation in Approved Premises. Formerly known as bail or probation hostels, they accommodate prison leavers who are assessed as vulnerable or high risk. Approved Premises provide an enhanced level of supervision and support

within the community to maximise recovery and minimise reoffending. Places in Approved Premises are decided by the National Probation Service, based on a thorough risk assessment. For some people, it's a condition of their licence (Homeless Link, 2017).

Approved Premises can be useful for prison leavers who cannot return to areas where their offences took place or where they previously lived. However, Approved Premises have limitations for people experiencing multiple disadvantage. Often, other people living in this type of accommodation also have multiple needs. It can be very easy for prison leavers to return to chaotic lifestyles when they are put into this type of shared accommodation.

WY-FI's work with Research in Practice for Adults (RIPFA) resulted in the Rethinking Rough Sleeping report (RIPFA 2019), which highlights the importance of representing prison leavers in housing services. This is important to reduce stigma, as well as to help housing workers consider what additional needs prison leavers might have and what else might be going on in their lives. It also involves targeted prevention. This means looking closely at people who are vulnerable and who might be at risk of becoming homeless, for example people leaving an institution, and taking appropriate action to try and prevent them from becoming homeless.

The data collaboration with Opportunity Nottingham and Fulfilling Lives Newcastle and Gateshead drew out patterns of offending whilst beneficiaries were in different types of accommodation.

The first table gives an "at a glance view" of the proportion of offences ranked by type. It's noticeable that the highest category of offences is "legal obligation", which includes non-payment of fines or breaches of an order. Grouped closely together are anti-social behaviour, assault and theft with other (often more serious) offences registering single digit occurrences.

The second table below shows the proportion of time that beneficiaries stay in each type of accommodation. As the table illustrates, the main types of accommodation used are Social Housing and Supported Accommodation, although taken together, three categories of the most insecure forms of accommodation (rough sleeping, temporary accommodation and friends /family) would rank second in the list.

The proportion of thefts, anti-social behaviour incidents and assaults in social housing and supported accommodation relate in part to the rigour with which rules are enforced. They also relate to the close proximity in which people live together, and a lack of tolerance towards the behaviour of others, as well as the presence of provoking behaviour.

Table 6 WY-FI, Nottingham and Newcastle-Gateshead recorded offences

Table shows percentage of all recorded offences in study

Offence:	Social housing	Supported accommodation	Rough sleeping	Temporary	Family or friends	Private renting	Shared property	Unknown	Prison	TALLY	PERCENTAGE
ARSON	1%	0%	1%	0%	0%	0%	0%	0%	0%	3	2%
ASB	4%	4%	4%	1%	0%	0%	0%	1%	0%	20	15%
ASSAULT	5%	4%	2%	1%	1%	1%	0%	1%	0%	22	16%
CARRYING AN OFFENSIVE WEAPON	1%	1%	1%	1%	0%	1%	0%	1%	0%	8	6%
CRIMINAL DAMAGE	2%	1%	0%	0%	0%	0%	0%	0%	0%	4	3%
DRIVING	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	0%
FALSE IMPRISONMENT	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	0%
FRAUD	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	0%
HARRASSMENT	0%	1%	0%	0%	0%	0%	0%	0%	0%	1	1%
INTIMIDATION	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	0%
LEGAL OBLIGATION	8%	5%	8%	1%	1%	2%	0%	1%	0%	38	28%
NOT KNOWN	2%	2%	1%	0%	2%	0%	0%	0%	0%	10	7%
SUBSTANCE RELATED	1%	0%	1%	1%	1%	1%	0%	0%	0%	5	4%
THEFT	4%	7%	2%	3%	1%	0%	0%	1%	0%	26	19%
TALLY	41	33	26	11	10	7	0	8	0	137	
PERCENTAGE	30%	24%	19%	8%	7%	5%	0%	6%	0%		

*Rough Sleeping includes sofa surfing

** Inpatient column hidden

Table shows proportion of time where people reside

	Social housing	Supported accommodation	Rough sleeping	Temporary	Family or friends	Private renting	Shared property	Unknown	Prison	Total
Offender accommodation (2019)	30%	17%	11%	10%	8%	5%	0%	-	19%	99%
Offender accommodation whilst outside of prison (2019) i.e. 36% of time outside of prison was in social housing.	36%	21%	13%	12%	10%	6%	0%	-	-	99%
Not offender accommodation (2019)	41%	16%	4%	3%	12%	20%	3%	-	0%	99%

* Others column not shown

The consequences of inappropriate accommodation for the WY-FI CJS 229 group are clear - 50% of men and 40% of women are evicted at least once from their accommodation on their journey, compared to 11% of the rest of the WY-FI population.

Women

In research by WY-FI (2013), women felt that professionals perceived substance misuse and offending needs inappropriately based on their gender. Women have frequently stressed the importance of teams being trained on gendered multiple needs, in which female/female support is provided, as well as education and training for cognitive skills and employability (Moon, 2015).

For the WY-FI cohort in 2013, the dataset across each area was split two thirds male, one third female. Women formed the majority in the 18-25 age group, however, they are less visible in data once the ages rise.

In terms of offending, almost three quarters of female beneficiaries who reoffend are aged between 30 and 49. In WY-FI's (2018) research in HMP New Hall and HMP Leeds, women were more likely to experience higher levels of substance misuse, mental ill-health and reoffending needs, compared to other cohorts.

The Corston (2007) report recognises these problems in the criminal justice system, which has mainly been designed by men, for men. People need to be treated with the same amount of respect according to their need which in turn encompasses inclusion for all. A number of key findings from previous WY-FI research on women and offending are considered here:

- In prison, women are more likely than men to have mental health needs (Lowthian, 2015)
- Unfair sentencing impacts heavily on women in the criminal justice system. This can include loss of relationships with children, either temporarily or permanently (Northern Women's Network, 2020)
- Self-harm rates in prison are higher for women than they are for men (Lowthian, 2015).
- More women than men are reported to be at risk from others in prison. This includes exploitation (WY-FI Data Sept. 2019)
- Over 10% of women on WY-FI caseload were recorded as being sex workers (WY-FI Data Sept. 2019). Out of these women:
 - 47% reported being a victim of crime, robbery or rape
 - 36% reported threats by text, email or phone calls
 - 30% reported getting income from sex working
- Drug/alcohol use is worse for these women.
- 45% of women questioned in HMP Newhall said they would not have accommodation on release (WY-FI, 2018)
- 50% of women questioned in HMP Newhall had at some time in the past experienced not having settled accommodation or being homeless (WY-FI, 2018).

Further analysis of the shared data from WY-FI, Opportunity Nottingham and Fulfilling Lives Newcastle and Gateshead revealed that women are less likely to live in supported accommodation and more likely to be rough sleeping or in temporary accommodation or social housing.

Table 7 - Proportion of women by accommodation type

Table shows proportion of time where people reside	Social Housing	Supported accommodation	Rough Sleeping	Temporary	Sofa Surfing	Family or friends	Private renting	Shared Property	Unknown	Prison	Total
Offender accommodation (2019)	37%	10%	13%	11%		12%	3%	0%	-	16%	101%
Offender accommodation whilst outside of prison (2019) i.e. 44% of time outside of prison was in social housing.	44%	11%	16%	13%		14%	3%	0%	-	-	101%
Not offender accommodation (2019)	37%	17%	5%	2%		17%	15%	6%	-	0%	98%

*Other column not included**>100% due to very small recording errors

Table 8 - Proportion of men by accommodation type

** Inpatient column hidden

Table shows proportion of time where people reside	Social Housing	Supported accommodation	Rough Sleeping	Temporary	Sofa Surfing	Family or friends	Private renting	Shared Property	Unknown	Prison	Total
Offender accommodation (2019)	23%	23%	9%	8%		4%	7%	0%	-	21%	97%
Offender accommodation whilst outside of prison (2019) i.e. 29% of time outside of prison was in social housing.	29%	30%	11%	11%		6%	9%	0%	-	-	96%
Not offender accommodation (2019)	44%	15%	4%	4%		8%	24%	1%	-	0%	100%

* Other column not included

In terms of the nature of offences, the Nottingham and Newcastle/ Gateshead collaboration showed that 36% of women's offences were for "legal obligation", compared to 24% of men's. Proportions of theft were almost the same and the proportion of women's offences for assault and ASB were nearly half the rate of men. This finding echoes the broader finding in the New Directions Team Assessments that women are much less of a risk to others than men.

Domestic Abuse

For female offenders, by nature, many have experienced trauma, which often involves domestic abuse. In relation to any additional needs, they are connected to one another and lead to problems with mental health when leaving prison and accessing services. In 2012, a report on women rough sleepers who have been victims of domestic abuse found:

- Family abuse was at 55% and partner abuse at 85%.
- Drug dependence was 55%; alcohol dependence at 60%.
- 60% of the women interviewed had mental health issues.
- 35% had been to prison or had contact with the police.
- 20% had been involved in sex working.
- The findings on how many women had rough slept were:
 - 55% more than five times.
 - 15% said three times or more.
 - 10% slept rough twice.
 - 15% had slept rough once.
- 80% of the women had children.

- All but three of the women interviewed had been victims of intimate partner violence.
- Two of the women had previously lived in family situations where their father abused their mother.

(Moss & Singh, 2012).

A report in 2014 by McNeish & Scott found that in Britain, one in four women experience some kind of physical abuse by a partner at some point in their lives and domestic violence accounts for a quarter of all violent crime.

Across most research involving women and violence (McNeish & Scott, 2014; Moss & Singh, 2012; Lowthian, 2015; Corston, 2007) more female centred training is needed to create a female informed approach. From previous WY-FI research we found that services don't necessarily need to be gender centred, but they do need to be gender informed. This means taking into consideration the differences between men and women, and how they react wholly differently to trauma.

For many women who commit non-violent crimes, they are often as a result of being exploited in adverse or abusive situations. These women have most likely suffered some form of abuse and prison is not effective for them as individuals, for society or for costs. In West Yorkshire, domestic abuse figures produced by West Yorkshire Police show that between April 2019 to January 2020, violence accounted for 54% of all domestic abuse crimes (West Yorkshire Violence Reduction Unit, 2020). It's worth noting that heavy alcohol use is a common factor among perpetrators of the most serious domestic abuse crimes.

Humphreys et al (2005) found that services are increasingly noticing the link between substances misuse and domestic abuse. As the two issues are interdependent, they need to be resolved in the same service, rather than separately. This will have an outcome that is more sustainable in the long term and ensure a mutually dependent resolution (Humphries et al 2005).

People from Minority Ethnic Groups: A Public Health Approach to Social Inequality & Diverse Communities in the Criminal Justice System.

From the very beginning of WY-FI in 2013 it was understood that there are significantly higher proportions of people minority ethnic groups receiving individual services in Kirklees (45%) (WY-FI, 2013). From research with Touchstone and The Together Women Project (TWP) it's clear that people from ethnically diverse communities face more barriers than White British people. Minority ethnic groups are overrepresented in the criminal justice system. They represent 25% of the prison population as opposed to 14% of the overall population (Ministry of Justice, 2017).

In addition, WY-FI's (2018) prison research found that people from ethnically diverse communities are 25% more likely to be imprisoned after arrest than their White British counterparts.

In a study for WY-FI by Moon (2015) a number of considerations and changes needed to be understood to help services reduce the exclusion that people from ethnically diverse communities face. These are

- The need to be community orientated due to stigma and the lack of understanding of multiple needs.
- The embarrassment of reaching out as they felt that 'problems should be kept within the community'.
- That many people from minority ethnic groups are scared of institutional repercussions for sharing info – e.g. from social workers.

The Hard Edges Report, found that individuals with severe multiple needs are predominantly White British, which corresponds with the working population of England as a whole (Bramley et al, 2015).

CLINKS (2019) evaluated who was accessing mental health support in prisons, and found a much higher proportion of the White British prison population were involved in services. It was found that Black and Asian offenders were not accessing mental health support because of the stigma it would lead to within their communities. Therefore, the report suggested more cultural considerations in how support can reach Black and Asian communities.

Changing the way that services run so that they consider all ethnicities means that people can get the support they need to keep them out of prison. Some of the key things we can learn from this are (Moon, 2015):

- Provide community orientated learning about where to access services.
- Discretion (use of professional judgement) is vital.
- It's important to be able to access all kinds of services in case they want anonymity. Culture specific services may not help individuals.
- Trust on an individual and organisational level needs to be reached.
- Services need to reach out to communities of ethnically diverse communities.
- Culturally diverse, bilingual teams are vital.
- Education and awareness of multiple needs for services and communities.

A subsequent CLINKS report (CLINKS 2020) on the unequal impact the COVID-19 pandemic has had on people from minority ethnic communities found that these communities are disproportionately represented in prison. They make up over a quarter (27%) of the prison population and over half (52%) of the youth custody population, compared to just 14% of the general population.

A review by Lammy (2017) reflected the social inequalities experienced by people from minority ethnic groups in prison, including health inequalities. Emergency evidence

published by Public Health England (2020) has also shown the disproportionate impact of COVID-19 on minority ethnic communities in the UK and globally, with Black people most likely to be diagnosed and death rates from COVID-19 highest among Black and Asian groups.

The Lammy (2017) report, although independent from the Government, had access to resources, data and information held by the criminal justice system itself. The report found that the biggest concern was for younger generations of people from diverse ethnic communities. Figures show that rates of offending are rising for young people in ethnic minorities, despite overall figures for young people overall going down.

From March 2006 to March 2016, young offending in groups of people from minority ethnic groups increased from 11% to 19% of all first-time offenders. In this time, young prisoners went from 25% to 41%. Further data shows that from 2012 to 2017, 22,000 children that belong to an ethnic group that is not White British have been added to the Police National Database, even for minor offences like police reprimand. This can have a negative effect on young people's futures, as these minor offences show up on criminal record checks, for example when applying for jobs (Lammy, 2017).

In a Fulfilling Lives Literature Review by McCarthy et al (2020), it was recognised that poverty is one of the key features of this overrepresentation, and vital to our understanding of it. It's important to consider that people minority ethnic groups can be pathologised (meaning to treat as psychologically abnormal) because of cultural differences and lack of understanding of these differences in services. Also, wider structural causes of harm associated with socio-economic inequality and racism should not be overlooked. For marginalised groups, trauma, along with discrimination, oppression and racism can affect their position in society (Bashir et al, 2019) which can also be the result of intergenerational trauma.

Violence Reduction Unit – Priorities and a Public Health Approach to Tackling Crime

The Violence Reduction Unit (VRU) was set up to reduce and prevent serious violence in West Yorkshire alongside units in other areas of England and Wales. The funds given to each area are spent in partnership with local authorities, health and education partners to implement new approaches designed to tackle violent crime. The main messages from VRU's around the UK were that violent crime, including knife crime, is a public health issue, as well as a policing issue (O'Hare, 2019). This means the approach to violent crime should be focused on helping the largest number of people, whilst providing the maximum benefit (House of Commons, 2019).

Under a new law introduced in 2019, all public bodies, including councils, NHS Trusts and police are required to share intelligence. This obligation is placed on organisations, rather than individual professionals, which makes more sense with decreasing resources (The Guardian, 2019). In July 2020 The Guardian published another report highlighting that the figures linked to extreme violence and the threat that young people face have, not

decreased. The Office for National Statistics found there were 46,265 offences between March 2019 and March 2020. Of these, 34% were in London. There has also been a 28% increase in fatalities from the year before (The Guardian, 2020). This particularly affects young people in poorer, urban areas.

An example of how the funds from Glasgow's VRU were used is their Community Initiative to Reduce Violence (CIRV), which was established in 2008. The VRU regarded violence as an infection that can be cured, focusing on its spread and changing norms within the community. This means holding the belief that violence can be understood, including why it is happening, who to and being able to prevent it (House of Commons, 2019).

The CIRV invited gang members to voluntarily attend engagement sessions where a clear message was given; stop violence. The gangs were offered a case manager to help them access services and offer alternatives to gang life. They were told that if any individual committed an act of violence then the enforcement of this would be focused on the whole gang.

The initiative found that weapon carrying was reduced but not physical violence. The programme was discontinued in 2011 due to lack of political will, leadership and ongoing evaluation to determine its impact (Public Health England, 2019). However, Scotland's homicide rate has halved from 2008 to 2018 and in Glasgow, hospital admissions have fallen by 62% (House of Commons, 2019). Although violence still remains a chronic problem, the focus is moving to prevention rather than punishment.

West Yorkshire's VRU (2020) found strong associations between poverty, deprivation, adverse childhood experiences and crime/violence. Adverse childhood experiences occur throughout society, but they are more prevalent in those who are poor, isolated or living in deprived circumstances. In the UK, people from ethnically diverse communities disproportionately face these circumstances, putting them at a further disadvantage to other ethnic groups.

Social inequalities faced by marginalised groups, which are displayed in indicators such as poverty, social deprivation and unemployment, increase the risk of adverse childhood experiences. West Yorkshire Violence Reduction Unit found in a study found that 4.3% of individuals in more affluent areas reported experiencing adverse childhood experiences, compared to 12.7% of those in the most deprived areas. As well as increasing the likelihood of offending behaviour, adverse childhood experiences put individuals at greater risk of chronic disease, mental illness and being a victim of crime.

The VRU understands the recommendations needed to take preventative steps in reducing offending, such as targeting young people and educating them on different options to crime. This includes services determining risk factors, such as adverse childhood experiences, domestic abuse and poverty (The Guardian, 2020).

In addition, focusing on trauma informed approaches to workforce development will enable services to understand that social deprivation, often suffered by groups facing inequalities, largely increase the likelihood of being a victim or perpetrator of crime. Public Health approaches emphasise prevention, and the ability to target why violence happens, rather than accepting and reacting to it (House of Commons, 2019).

Mental Health

Hard Edges (Bramley et al, 2015) found that across populations with potentially severe multiple needs, an average of 40% of people identified as having mental health issues. A smaller proportion of people were identified as homeless (25%) and an even smaller number were in the offender-only or homeless-offending categories. The highest proportion of people (58%) were in the substance only category with the next highest category being at 46% for substance-offenders (Bramley et al, 2015).

The Hard Edges report also found that there is severe under reporting of mental health illness in populations with multiple needs. As a result, the proportion of people suffering with mental health issues rises to 72% when those who suffered with depression and anxiety are taken into account even if they didn't regard this as a serious issue.

Other findings showed that in relation to the whole population, people who have experienced homelessness or contact with the criminal justice system are at far higher risk of experiencing mental health needs (40-46% compared to 19%). However, it seems that *most* of the population (68%) hadn't been involved in the criminal justice system, suggesting that the overlap between HARM needs and mental ill-health is not as high as imagined. However, this study did not consider substance misuse needs, which have been found to largely overlap with mental ill-health (Bramley et al, 2015).

In WY-FI overall there is an extremely high level of co-occurring substance use and mental ill-health needs – 95%. This is slightly higher in the CJS 229 group, at 96%. In terms of access to mental health services however, only 31% accessed Community Mental Health Teams, 20% accessed counselling and/or mental health hospital outpatient services and 10% had a mental health hospital in-patient stay.

Only 40% of beneficiaries accessed at least one form of mental health service – that's less than half the people that needed to. 19% accessed a single service, 12% accessed two services, 8% accessed three and 3% accessed all four. It's noticeable that the proportion of the CJS 229 group that have used two or more mental health services is slightly higher than the "other" group. This shows a significant gap between the need for mental health services and the number of beneficiaries accessing them.

Physical Health and Other Multiple Service Use

In terms of physical health, Hard Edges found that a range of issues were far more likely to be found in populations with multiple needs. Drug and alcohol related problems were 85

times higher than the general population. Other physical health problems that were found to be more prevalent than in the general population include epilepsy (five times higher), vision-related issues (3.4 times higher) and stomach/liver/digestive issues (three times higher) Issues relating to the chest and breathing, to cancer and to stroke were twice as high.

Research by Testa and Semenza (2020) has made the link between poor mental health and offending. The study found that those who repeatedly offend at a higher rate are more likely to have worse overall health symptoms and depressive symptoms. This article discusses the extent to which health problems can cause stress that can lead to offending or aggressive behaviour in adolescence.

However, a number of other factors influence the offending rates of the individuals in this study, including gender, low self-control, poor adolescent academic performance and illicit drug use in childhood. Therefore, whether poor health leads to crime or crime leads to poor health needs to be explored.

The study found that people who offended considerably less than the high offending group had healthier lifestyles. This included physical health and depressive symptoms. The study asserts that early intervention and crime prevention can reduce service spending per person by £2.6 to £5.3 million (Testa & Semenza, 2020). The study concludes that education of all kinds should be promoted to reduce criminal behaviour in young people over time.

The study also points out that further research could be done to investigate the physical health of older participants, including what measures may have been taken to reduce their offending and what affect these had on their physical health.

In 2010, Homeless Link began a longitudinal study exploring homelessness and health research. From 2,590 responses taken across 19 services in England, they highlighted how people experiencing homelessness also experience some of the most acute health problems in society (Homeless Link, 2014). From their homeless health check, they found that 73% of people reported physical health problems, and 41% said that these were long-term problems.

In the WY-FI CJS 299 cohort, over a third (79 out of 229) of beneficiaries had a disability, including progressive or chronic long term conditions. 80% of disabled beneficiaries in the CJS 229 group were identified as having “behavioural and emotional” needs, whilst 25% had a progressive or long term condition. Use of other services was particularly high among these two sub-groups, with over 60% visiting Accident and Emergency services (a range of 1 to 124 visits was recorded). Around 50% received hospital out-patient treatment and a slightly higher proportion received in-patient treatment.

Substance Misuse

For many people with offending and reoffending needs, substance misuse can be a simultaneous need. In a joint report by the Ministry of Justice and Public Health England (2017), it was found that overall 46,166 (35%) of those accessing treatment had committed at least one offence in the two years prior to starting treatment in 2012. The analysis found that opiate clients had the highest prevalence of offenses at 47%.

In the WY-FI CJS 229 group, 178 beneficiaries accessed drug and alcohol services (over 75%); but only 16 tried to detox (6%) and only 9 (3%) accessed rehab for their substance use. The proportions are very similar for the 79 beneficiaries identified above who had behavioural needs or progressive/long term conditions. By comparison, the non-CJS 229 cohort of beneficiaries ('other') had 10% fewer people accessing drug and alcohol services (65%), 5% fewer accessing to detox and 3% fewer going into rehab.

Interestingly, the offences recorded in the Nottingham and Newcastle/ Gateshead collaboration show a very low proportion of drug-related crimes. However, it's clear from the deep dive into WY-FI case notes that alcohol was involved in a significant number of events that led to offences, usually related to public order, anti-social behaviour or assault.

Harrison's (2020) thesis: 'Links between Problematic Substance Use and Violent Offending: Developing an Effective Treatment Programme', found three themes in the data from conducting online questionnaires to staff at Barnsley Recovery Steps:

1. Group Intervention
2. Victim Impact Work
3. Barriers to Treatment.

Harrison discusses the impact that group interventions can have on individuals with a substance misuse need, providing people with treatment and peer support at the same time. Group interventions can also provide services with opportunities to provide treatment in creative ways, as a way of overcoming funding cuts (Harrison, 2020). All this results in positive outcomes for individuals and society, as a Therapeutic Community Model, reducing reoffending and helping engagement in substance misuse services.

Group work is highlighted as one of the recommendations in this report, along with victim impact work, to help violent offenders understand how their actions have affected others. In Harrison's report, one of the participants commented on the effect of substances on people's actions, and how they can often lead to offending behaviour that the individual would not normally display. Therefore, it's important that multi-disciplinary work continues, with a trauma-informed approach, to ensure an understanding of the needs of people with needs linked to substance and offending. In addition, a consistent worker is key for people with offending needs, as it allows trust to grow and positive treatment to take place.

To fully understand the nuances of the relationship between substance use and offending, we have looked at some common patterns in the deep dive of WY-FI case notes to fully explore its effects. In this exploration, we see the role substances often have to play in

offending behaviour and how people with homelessness and mental health needs can be supported.

Offences Committed by and Against Beneficiaries

We have noted throughout WY-FI's delivery phase that a high proportion of our beneficiaries have been victims of a wide a range of offences. This is in line with the experiences of rough sleepers, that crime "hotspots" are in areas of deprivation and the specific safeguarding requirements for people with physical and cognitive impairments are frequently not in place. Crimes against beneficiaries include: coercion and control, financial abuse, violence, theft, fraud, "cuckooing properties", sexual assault and rape and false imprisonment.

Table 9 - Offences committed by and against beneficiaries in WY-FI, Nottingham and Newcastle-Gateshead

Victim Summary	Offender Summary
Stabbed	Carrying an offensive weapon x1,
Fraud, spat on (battery)	ASB x2, Assault x1,
Assault	ASB x1, Carrying an offensive weapon x1, Criminal damage x1,
Assault	Assault x2, Carrying an offensive weapon x1,
Sexually assault	Carrying an offensive weapon x1, Legal obligation x1,
Violent assault* 2, robbery, various, threatened in street	Assault x2, Legal obligation x2, Theft x1,
Burglary	Carrying an offensive weapon x1, Legal obligation x2, Theft x2,
Trespassing	Assault x1,
Theft	Assault x1, Carrying an offensive weapon x1,
Theft *6, assault *5	Assault x2, Carrying an offensive weapon x1,
Domestic violence	Legal obligation x2, Theft x1,
Theft	Legal obligation x3,
Theft * 3 , assault* 3	ASB x1, Legal obligation x1, Substance related x1, Theft x1,
Assault *3, theft *2	Legal obligation x2, Substance related x1, Theft x1,
Theft*3, assault	ASB x2, Assault x3, Criminal damage x1, Legal obligation x7, Theft x1,
Assault, criminal damage	Criminal damage x1,
Sexually assaulted, robbed	Legal obligation x1,
Rape	Assault x1,
Nuisance	ASB x1, Assault x1, Harassment x1, Legal obligation x1,
Domestic violence	Arson x1, ASB x1, Substance related x1, Theft x1,

Assault	ASB x2, Assault x6, Legal obligation x1,
Assault	ASB x2, Assault x3, Carrying an offensive weapon x1, Criminal damage x2, Legal obligation x1,

Although this represents only 21 beneficiaries (each row in the table represents an individual beneficiary), what is notable is that although all have committed offences, a substantive proportion have had much more serious offences committed against them. We also know that there is some under-reporting of crimes by victims, especially among this cohort. However, even when they are victims of crime, beneficiaries can feel criminalised in their contact with the criminal justice system and respond negatively to the support available.

Outcomes and exits of beneficiaries

Our briefing on Outcomes and Evidence (WY-FI 2019) outlines factors associated with successful beneficiary journeys. We have replicated the calculations for one of the tables in that briefing paper to illustrate the range of outcomes for the CJS 229 group as opposed to the “other” group. Here we see the effectiveness of the WY-FI Navigator Model and multiagency working – more than half of all beneficiaries make improvements and more than half have planned exits. There are, however some differences between the CJS 229 and the “other” group of less intensive beneficiaries.

Table 10 - Proportion of NDTA Progress and Exit by Journey Length

CJS 229	Sample	NDTA Improved	NDTA Maintained	NDTA Worse	Exit Planned	Exit Unplanned
0 - 12 months	63	57%	24%	19%	44%	56%
12-36 months	124	76%	9%	15%	59%	41%
36 months +	42	83%	0%	17%	52%	48%
Other	Sample	NDTA Improved	NDTA Maintained	NDTA Worse	Exit Planned	Exit Unplanned
0 - 12 months	173	61%	29%	11%	57%	43%
12-36 months	283	84%	8%	8%	72%	28%
36 months +	19	97%	0%	3%	93%	7%

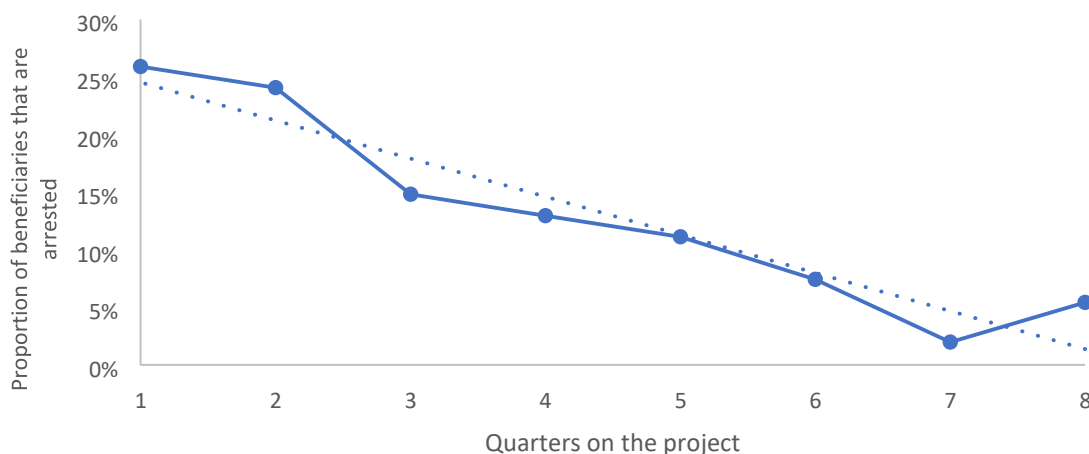
We can see from the two tables that the CJS 229 group have lower rates of improvement overall and a higher proportion of unplanned exits (not least because one of the definitions of an unplanned exit is being imprisoned for more than six months).

We know from the analysis of the whole data set that the optimum WY-FI journey length is between 12 and 24 months, but we also know that beneficiaries with intensive contact with the CJS are more likely to have longer journeys. For that reason, the journey length breakdown here is 0-12 months, 12 months - three years and over three years.

We can see that 18% of the CJS 229 have journeys over three years, compared to just 4% of the “other” group. The CJS 229 Group have consistently lower proportions of improved NDTA scores and planned exits than the “other” group and this is reflected in the lower average improvement in the NDTA score (CJS 229 = 7.7; Other 9.4) and the HOS (CJS 229 = 8.4; Other = 12.9). The higher proportion of CJS 229 beneficiaries that have journeys of more than three years is in part due to the disruption in their journeys caused by returning to prison and the additional complexities in their journeys that we discuss elsewhere.

When we look at the proportion of all beneficiaries who are arrested whilst on their WY-FI journey (graph below) we can see that that beneficiaries are less likely to be arrested as they progress with their journey on the project. Even so, as journey lengths increase beyond two years, the proportion of beneficiaries who are arrested starts rise again. This reflects to some extent that the more needs a beneficiary has, the longer their journey is likely to be, and the beneficiaries in the CJS 229 group falls into this category. The CJS 229 group are also more likely to have longer overall journeys due to the breaks in their journey because of prison stays.

Table 11 - Proportion of beneficiaries arrested in each quarter



Evidence already published by WY-FI (Reoffending Briefing June 2019) looks at some of the positive factors in beneficiary journeys. Something that’s often overlooked is the meaningful use of time, which is assessed in the HOS. This score represents how well a beneficiary is spending their time. For some, this will mean taking steps towards education, training, volunteering or employment. Spending time doing meaningful activities helps build a beneficiary’s confidence and skills. It also should coincide with reduced offending behaviour.

The median score for beneficiaries at the start of the project is two. 69% of beneficiaries score either one or two (out of 10), indicating a large proportion of these people s are really struggling to spend their time in a meaningful way.

(Note: A score of one indicates that they are doing nothing with their time, or it revolves around drugs, alcohol or criminal activity. A score of two would indicate that they occasionally get fed up with the lack of activities, however, they are not ready to accept any offers or help with finding meaningful activities.)

Analysing WY-FI data shows that:

- Beneficiaries that take part in activities are more likely to have a planned (successful) exit.
- 82% of those that attended an arts/culture event during their WY-FI journey have gone on to have a successful exit.
- 74% of those that took part in an activity had a successful exit. Conversely, only 45% of beneficiaries who did *not* take part in an activity had a successful exit.
- Beneficiaries that take part in education or training are more likely to have a successful exit.
- Of the 79 beneficiaries that have taken part in life skills lessons, 67% had a successful exit.
- Only 19 beneficiaries have gone on to a work experience placement. However, 84% of these had a successful exit.
- Similarly, 84% of the 19 beneficiaries that took part in an educational course leading to a qualification, had a successful exit.
- 71% of beneficiaries that took part in education and training had a successful exit. Conversely, only 46% of WY-FI beneficiaries who did *not* take part in education or training had a successful exit.

Geography

On average, a local authority may expect to have 1,470 active severe multiple disadvantage (SMD) cases over the course of a year, but this varies on locality. In the Hard Edges report by Bramley et al (2020), varying levels of SMD were found all over the country and changed depending on a number of factors:

- The type of locality - high levels of SMD were found in:
 - Northern urban areas, both 'core' cities and former manufacturing towns
 - Some coastal areas, including major seaside resorts and former cities
 - Certain London authorities, namely the boroughs of Islington, Tower Hamlets, Camden and Westminster.
- Demographic factors - having a high percentage of the population between the ages of 16-24 or a high proportion of single person households.

- Economic factors - high levels of unemployment and/or poverty.
- Housing factors - housing markets with a concentration of smaller properties such as bedsits or small flats.
- Health factors - poor health amongst the population.
- Institutional factors - a high concentration of an institutionalised population. Especially those living in mental health hospitals/units or homeless hostels.

The Geography of West Yorkshire and Learning from WY-FI

WY-FI has developed a large array of results at a beneficiary level for a number of factors; one of which is geography. The 'hub and spoke' model that WY-FI operated over a wider area than other Fulfilling Lives projects, working in the five areas of West Yorkshire (Leeds, Kirklees, Bradford, Calderdale and Wakefield). Each area has a highly variable landscape and service provision, which sometimes hindered the Multiple Needs Navigator Teams, who in some cases were supporting beneficiaries in different towns that could be up to an hour away (Crisp et al, 2020).

A number of services reported a change in the culture of Police and Probation services. For example, in Bradford the presence of a Multi-Agency Review Board (MARB) has given police services the opportunity to attend the MARB and address ineffectiveness in working practices. As a result, they now ensure that police officers understand how to approach a person with multiple needs and the importance of taking a person-centred approach.

There are differences in the proportions of intensive CJS beneficiaries between the West Yorkshire districts. Kirklees for example has no Approved Premises, Leeds has a wider variety of referral routes than other districts, and WY-FI in Bradford has worked particularly closely with CJS agencies as a matter of course. Each of these factors contributes to the profile of offending in each district within the WY-FI beneficiary population, as do the factors that contribute to social equality overall.

Section 2: Beneficiary Experience

Offending Focus Groups – WY-FI. August 2020.

In August 2020, WY-FI facilitated focus groups with Network members and beneficiaries that had lived experience of re-offending. Two focus groups were facilitated, and further data was gathered by semi-structured interviews undertaken by phone. In the focus groups, we discussed the background of beneficiaries' lives and their experiences when they've been in contact with the criminal justice system. This was useful in concluding how things could be improved for people with multiple needs when accessing criminal justice services.

How things were for participants

In the focus groups, three out of four participants stated they experienced an adverse childhood. The needs of their family were not always simple and three participants were part of families where their parents or siblings had additional needs too. It also seemed that poverty was a significant factor in adding to the stresses of their early lives.

[When talking about their family & brother]: "Police were involved a lot, social services, a lot of arguments and tension. Plus, he was an angry kid who had his own issues to deal with that weren't being managed. Although my mum and dad went to work it always seemed like there was tension or stress or fighting in and around the house..."

The stress and adversity that participants dealt with in their early life was clear:

"... [I] felt like I had to survive, learn how to survive just to get through everyday normal stuff."

Three out of four participants had contact with the police when they were children, but the offences they committed were minor to begin with, and gradually became more serious as they got older.

"Mine started off with shoplifting, then to begin with domestic violence, anti-social behaviour, progressed right up to burglary, witness intimidation, preventing the course of justice, theft, assault. Taking a vehicle."

What's important to recognise for these participants is that all of them were also victims of crime. Many beneficiaries have been pushed into crime, or their circumstances have meant those around them have offended.

"Yeah, I've been a victim of a crime, domestic violence and a coercive and controlling relationship... It shows how vulnerable you get in addiction."

For two participants who went to prison, they said that it gave them a break from the chaos they were experiencing in their lives, as well as a chance to detox and find some stability.

"I loved it, because my life was so chaotic out there, you didn't know where you were sleeping from one night to the next or when you were getting a shower. So, to me it was a break and a bit of normality for me. I was treated alright I wasn't bullied or anything, I just got me head down and got on with it."

However, it seems that for participants who experienced time in police cells, their experiences were considerably worse:

"The cells themselves are totally different to prison, I've come out and got arrested one Friday night and got remanded for court and when I got released I actually had a seizure, and they knew I was an alcoholic so really I should have been given medication. This was in the cells, in York cells. And as soon as I was released from court, I got home, and I had a seizure."

When participants in the focus groups discussed police cells, it seemed that their treatment was not consistent. For a participant that was in and out of cells, they said that not all police officers treated her the same.

"Sometimes I would have a desk sergeant who would understand a bit more and say, do you have a support worker, do you have a contact at Forward Leeds, they'd know about it."

This was not always the case for this participant though.

One area of offending that needs to be reviewed from this group's perspective is prison exits. One participant stated that when they left prison, they were sent to shared accommodation with people who were still living chaotic lives:

"So, prison, when I came out of prison, I didn't have nowt as I couldn't go back to my own town. I was ASBO'd out. So, I had to go to bail off. It wasn't good at all because I was thrown straight back in with people that were using and chaotic lives again, so the cycle started all over again."

Another participant discussed having nowhere to go after prison, which previous research into prison exits has often found.

"I was just left to it really. They didn't really make sure I had somewhere to go they just let me out and let me go back to what I already knew. Back to problems, you know you go back to where you know, you go back to what you know. You tend to go back to the same situations then it just becomes a cycle doesn't it."

Participants had mixed opinions regarding mental health support. One participant didn't feel they had enough support from probation services. However, another participant discussed a service used called P3:

"Well now they have a thing don't they called P3 like WY-FI, it's like their own navigators, so if you have issues like that, they're like, if you need drug support or mental health support you have a worker that will go with you to appointments. It started about 3 years ago, definitely in Bradford."

"But services wise it's been quite up and down. Services have been good but mental health services are probably where it has been lacking, most of all, in terms of that day to day, week to week support."

All participants talked about mental health as an important factor that may have helped them choose a different path to the one they've taken in the past. Three out of four discussed their parents' mental health issues and how this affected their own lives. Participants reflected that when their parents were born, mental health issues weren't really discussed. All participants recognised that this had an effect on their own lives and their own mental health.

Suggestions from the participants of this focus group will be in the recommendations below, where their suggestions can be fully explored in line with other research and WY-FI data.

[Deep Dive into Beneficiaries with an offending need and planned exits.](#)

The WY-FI Research and Evaluation Team undertook a "deep dive" into the case notes of a selection of beneficiaries from the CJS 229 Group used elsewhere in this report. The CJS 229 Group was divided into two parts – those whose exits were categorised as "planned" and those whose exits were "unplanned". These lists were then ordered in terms of length of journey to ensure a spread of the volume of case notes. Every tenth case from each list was taken from a random starting point between one and nine, giving us 22 beneficiaries' case notes to read through and analyse.

The analysis of journeys focussed on the following aspects:

- Initial engagement with WY-FI and other services
- The quality of interactions with housing, addiction, reoffending, mental and physical health services and benefits agencies
- The impact of prison stays and releases
- The impact of, and on, family and relationships
- The nature of beneficiaries' exit from WY-FI

The process we followed was to read through case notes, identifying patterns within each journey and then identifying where these were in common with the other journeys. Our first observation was that there were no significant differences between beneficiaries who had a planned and an unplanned exit or shorter or longer journeys. The structure and nature of their journeys was largely the same, as were the journeys of men and women. Therefore, we shall discuss the cases as one group, drawing out the learning around the causes and consequences of real events under these five headings.

Initial engagement with WY-FI and other services

All beneficiaries struggled to engage with their Multiple Needs Navigators initially. Beneficiaries who started early in the lifetime of WY-FI often met their Multiple Needs Navigator before being released from prison. Although this gave these beneficiaries the chance to build a rapport with the Multiple Needs Navigator, it's evident from the case notes that there is quite a difference between someone's perceptions and motivations when they're in prison and when they're living in the community.

Typical initial engagement with services includes housing, probation, drug and alcohol services and GP's. The first time a beneficiary leaves prison seems to be relatively organised in terms of getting registered and having a first appointment. Generally beneficiaries appear motivated and ready to comply. Some have unrealistic expectations, but in most cases at the beginning of their journey, beneficiaries present well. However this appears to be a peak in the cycle of their presentation which they find hard to maintain.

The quality of interactions with Housing, Addiction, Re-offending, Mental and Physical Health Services, Benefits Agency

General

The overwhelming impression is that services **expect compliance** with their regimes of intervention as the mechanism for offering ongoing support. Even services with teams that undertake outreach work to bring beneficiaries "in to services" have failed to appreciate the precariousness of their lives. Beneficiaries depend on interlaced service provision from a number of providers, which is in itself fragile and often dependent on both the personal relationships between beneficiaries and individual workers, as well as the working relationships between the workers themselves. The process of initial engagement has to be continued into a **process of sustained engagement** by services, rather than enforcement by conditionality and compliance.

Initial assessments seem to have focussed to a greater extent on the assessment of **risk** (particularly to others) **rather than the assessment of the vulnerability** of beneficiaries. There has almost always been a presumption that the beneficiary will at all times behave entirely rationally, even if their history suggests otherwise. This has often been compounded by information (where it has been shared) containing outdated or inaccurate assessments. All these things have been found to limit the courses of action open to the beneficiary, in particular limiting the accommodation they can enter.

Housing Services and Providers

Housing and accommodation appears to have been the single biggest challenge facing workers who've supported beneficiaries with an offending history, and particularly those who've been released from prison. In the case of releases from prison, release to Approved Premises seems to be very challenging for this cohort.

In 71% of all WY-FI beneficiaries, a reduction in in arrests is seen when they're housed in more stable accommodation (WY-FI Reoffending Briefing June 2019).

Every beneficiary whose records we looked at had experienced some sort of housing issue that slowed down their recovery. For some of the beneficiaries in Approved Premises, living in close proximity to other people in chaos didn't work for them. This is because some of the beneficiaries engaged in behaviour such as dealing substances, using substances with other residents or causing disruption to others.

However, for other beneficiaries, living in private rented homes can also fail to be effective. Barriers faced by beneficiaries include:

- Past peer groups finding the address and exploiting the beneficiary to be able to use substances in their home.
- Failing to attend appointments due to anxiety and chaos.
- Not having a bank account for housing benefit.
- Being financially exploited.
- Feeling unsafe and anxious in the home due to trauma.
- Prisons failing to provide the right information and documents upon release.
- Anti-social behaviour due to substance misuse issues.
- Quality of the accommodation and relationships with landlords.

In common with other forms of shared and temporary accommodation, beneficiaries find living with other people extremely personally challenging, particularly when this takes place in an "institutional" setting with rules and restrictions. Although many of these settings are designated as "supported housing", it's also apparent that there is either insufficient capacity or expertise amongst the staff teams to provide support in environments where there is often conflict between vulnerable people and "dominant" peers.

Whilst there are clearly financial efficiencies to delivering a service to people with similar needs in one place (accommodation or otherwise) it's clearly not effective when people are subsequently excluded or abandon the service. Some beneficiaries see "approved" or supported accommodation as an extension of prison or their sentence (which it technically is in some circumstances).

In the case notes it's clear that a lot of time and effort is spent on pursuing accommodation for this group. A history of failed tenancies, correct and incorrect diagnoses and risk factors follow individuals round the system. With each new application for accommodation, beneficiaries' options reduce, restrictions tighten and the risks of failure are higher.

It's unsurprising that a number of beneficiaries abandon tenancies to sleep rough or sofa surf. In the majority of cases we looked at, this appears to be because of actual or perceived discrimination by staff and/or peers in the property. It's not unusual for a beneficiary to have been sanctioned by an accommodation provider because of the actions of others, such as "cuckooing" a property for the purposes of taking or supplying drugs, financial control or simply staying off the streets.

Addiction Services

Almost all beneficiaries in this group required the support of addiction services, often immediately on release from prison. This was sometimes complicated by the lack of medication supplied on release, trying to get a prescription after release, for example on a Friday afternoon, or having been prescribed other medication that was contra-indicated with a script.

Many beneficiaries continue to self-medicate using all kinds of substances, with the problems that arise from doing so. Common reasons for self-medication are anxiety, often combined with depression, and paranoia (either in lay terms or clinically diagnosed).

Naturally beneficiaries are left in a 'catch-22' where their mental ill-health can't be addressed until they are abstinent, but attaining abstinence is reliant on them having good mental health. The consequences of the use of alcohol and drugs, and the use of street drugs on top of prescribed substitutes or medication are both obvious and sadly, inevitable. Of the substances beneficiaries use it seems from these cases that alcohol is potentially the most destructive, in that it's widely and cheaply available, as well as being implicated in domestic abuse incidents involving beneficiaries (as perpetrators or victims) and in a wide range of public order offences.

Mental and Physical Health Services

For all the beneficiaries, mental ill-health was a significant barrier to moving out of chaos, affected largely by the trauma and grief they had been through. They'd all witnessed or experienced some kind of abuse, been exploited or put in other adverse situations whilst in WY-FI. These experiences seriously affected their self-esteem and mental health, and dealing with them has been personally very difficult for them. This has included beneficiaries separating themselves from family or partners that were detrimental to their mental health.

Access to mental health services is a challenge for this group. The prescribing of medication in prison and in the community is different and in many cases, information was not shared

between prison healthcare staff and GP's in the community. Assessments for (and by) mental health services were particularly hard to access. Even when successful in getting a mental health assessment, beneficiaries were given a diagnosis that did not lead to treatment, or they were deemed to 'have the capacity' to make changes without mental health services' support.

Beneficiaries who had been stuck in a cycle of scrutiny from services, closer supervision from probation and producing evidence for benefit claims from GP's did not seem to show improved physical health. Other regular medical routines, such as having abscesses dressed or picking up daily scripts were difficult to maintain. Looking into the case notes, we found that the more that treatment depends on a routine for success, the higher the risk of it failing if it's interrupted. The chances of treatment being interrupted seems to increase along with the number of different areas of scrutiny the individual is under.

Despite the increased scrutiny that an individual is under, the variation in their presentation in services seems to have gone largely unremarked. There seems to be a tendency for services to hang on to the most optimistic version of the person they see, but this often masks reality. It takes a long time for professionals to accept that an individual is still in a 'revolving door' situation. Increased scrutiny of their lives does not actually improve outcomes, it actually increases the precariousness of their situation. It feels like their treatment is solely conditional on their compliance with the requirements of services, which can seem arbitrary or contradictory.

Unplanned or emergency hospital admittances were common, as were self-discharges before medical assessment or the completion of treatment. These discharges seem to be out of fear of what the outcome of an assessment might be, or because the desire for drugs and/or alcohol is greater than the desire to be treated.

Benefits Agency

Access to benefits is obviously critical for beneficiaries and the local staff at the Benefits Agency and Job Centre Plus in general do a good job of getting beneficiaries onto the system. When things don't go as planned for beneficiaries (which can be down to circumstances both in and out of their control) benefits can be suspended, sanctioned or delayed. This is sometimes because beneficiaries have been asked to provide evidence (e.g. 'fit notes' for Employment Support Allowance) that they haven't been able to obtain.

It takes 10 days for a mandatory re-instatement of a claim that's been terminated due to inaccurate information. In that time, because they've lost their source of legitimate income, a beneficiary will probably have to access a food bank or collect food parcels. In some cases, people may resort to illegitimate sources of income, which increases the risk of being suspended from services, or even a loss of liberty. It appears from the case notes that whilst Job Centre staff were responsive to proactive approaches from beneficiaries or WY-FI Multiple Needs Navigators, the CJS 229 group of beneficiaries were either not in a position, or not willing to be proactive about managing their claims.

The impact of prison stays and releases

Although we didn't always know the offending history of a person before they came onto WY-FI, most of the beneficiaries who reoffended did so for reasons such as breaching their conditions or failing to attend court. During their time with WY-FI, more than half of beneficiaries were sent back to prison, for committing minor offences like these, which only interrupted their recovery.

These interruptions may have only been for a few weeks, but they had serious effects on the beneficiaries' wellbeing, their engagement and consequently their re-offending, which in turn led to custodial sentences, even for minor offences.

Other crimes committed during beneficiary journeys were linked to substance misuse, which in turn was linked to trauma or mental health difficulties. For those who were sent to prison for reasons linked to substance misuse, it only served to worsen their engagement and their overall situation. From reading the case notes, it's clear that their actions were the result of distress, their vulnerable situations and a sign that they needed help.

The impact of, and on, family and relationships

Around half of the beneficiaries we looked at had relationships with their family or long-term partners. One beneficiary who had a largely positive relationship with her partner and father who, throughout her journey, encouraged her into work. However, this became too much as she was not ready to take these steps and this pressure led her to leave WY-FI support.

For other beneficiaries, relationships with families were often strained, and sometimes a cause of trauma after experiencing or witnessing domestic abuse. These experiences cause distress, leading to mental health issues and/or substance misuse as a way of coping. Even for beneficiaries who hadn't experienced domestic abuse, their relationships were strained. For some, their family had put a restraining order on the beneficiary because of past experiences, or stopped them from seeing their children. In some cases, family members were defined as vulnerable and beneficiaries were prevented by orders from having access to their children.

The relationships of beneficiaries are difficult. Some were struggling with partners or friends that could be controlling. Others might want to see family but don't have the ability to maintain positive relationships whilst in chaos. In addition, there is little recognition among service providers that a substantial amount of beneficiaries in the offending group have children. For many, their children are looked after or are cared for by family members, and they won't allow them to see their children. There seemed to be little support for rebuilding parent and child relationships and reuniting beneficiaries with their children.

We don't normally consider the WY-FI population to contain people who are responsible for children, but in fact a third of all beneficiaries claim Children's Tax Credit which is our measure for being responsible for a child. Although in the overall WY-FI population there is

a higher proportion of women with responsibility for one or more children, in the CJS 229 population there is a higher proportion of men.

Table 12 - Children

	CJS 229		Other	
	Responsible for Children	No Children	Responsible for Children	No Children
Male	35%	65%	29%	71%
Female	30%	70%	41%	59%
Total	33%	67%	34%	66%

There are obvious consequences for the care of children if one (or both) parents experience multiple needs and exclusions. A number of cases involved women having a history of their children being taken into care. In some cases WY-FI Multiple Needs Navigators supported women whose children were in formal or informal care placements. On occasion WY-FI Navigators were able to support parents to have access to children or bring them back into their own care. For beneficiaries caring for children, access to services was an issue in terms of accessing childcare, either whilst in treatment or whilst trying to get appointments during school time.

As a child, being cared for by someone with multiple needs and exclusions is in itself a form of childhood trauma (Bramley et al 2015) and is a predicting factor for that child's possible eventual multiple needs as an adult.

The nature of beneficiaries' exits from WY-FI

The reason for exits varied within this group of beneficiaries, ranging from:

- Being convicted and sentenced
- Engaging with other agencies without the support of a WY-FI Multiple Needs Navigator, such as Housing First
- Volunteering and other opportunities
- Moving away
- Disengagement from WY-FI (and other services)
- Death

One beneficiary considered ending her engagement with WY-FI because of pressure from her family and partner. The beneficiary had gained employment and was in stable housing, however she didn't seem ready to move further on in their journey.

Some of the exits linked to convictions and sentencing were for minor offences prior to the beneficiary entering WY-FI. These offences had triggered conditional sentences, and therefore **some of these exits could have been avoided**. In addition, a number of

beneficiaries who exited WY-FI to go prison had their cases closed because WY-FI was ending its delivery phase prior to their anticipated release date

Unplanned beneficiary exits from WY-FI seem to be one of the consequences of the **underassessment of their vulnerability** and their inability **to behave rationally** all of the time, and in the way the system expects them to.

We discuss above that the more scrutiny someone is under, the less likely they are to conform. For example, when beneficiaries with tenancies are given warnings about their behaviour, the tighter the restriction become, the less conformity there is. In some services (the clinical elements of drug and alcohol services, housing services and probation) there is a **reliance on process**. Sometimes the system has no margin to allow for the **exercise of professional judgement**.

The role of the WY-FI Multiple Needs Navigator has been successful in **managing multiple service interactions with beneficiaries**, acting as a “third party” or “go-between” and “handholding” them to appointments. Mediating between beneficiaries and public agencies (particularly building on their relationships with Job Centre staff and GP’s), as well as institutions such as prisons is particularly useful in helping to ensure that important information and documents are obtained and shared, to ensure continuity of care, for example fit notes and medication information.

Even in the cases of the most challenging beneficiaries, there is an acknowledgement that whatever the final outcome is, the work done has at least mitigated some of the potential harms, and at best has seen beneficiaries make substantial progress.

Key issues:

Drugs and alcohol are significant factors for beneficiaries that are high intensity users of criminal justice services. Their relationships with substances is treated by most of the system as some kind of rational choice and that they should accept the consequences of their use. On the other hand, there appears to be little or no attempt to make the desire for a life without substances stronger than the beneficiary’s desire or need for substances.

For most beneficiaries in the WY-FI caseload, mental health is a large barrier to their recovery. It seems that whatever difficulties a beneficiary experiences, they will at some point result in issues with accommodation, substance misuse or resentencing.

In a large number of cases, beneficiaries fail to engage with services because of their mental health. Services sometimes fail to recognise that without support for their mental health needs, this group of people often don’t comply with accommodation or substance services, simply because they are not able to. More intensive, therapeutic solutions need to be explored for people with severe multiple needs who present with more complexities. This includes supporting them into accommodation that suits their needs and doesn’t cause

them any more emotional distress. If this isn't done, it can be more detrimental to their health and lead to them becoming homeless.

Accommodation is a perennial issue. It's remarkable upon reading the notes, the lack of suitable accommodation for people to live their 'best lives'. When people feel under threat and behave irrationally, evicting them isn't really a solution. What seems even worse, again due to a lack of appropriate accommodation, is putting the same people back into the same housing that they've previously been unable to cope in, and expect a different, better outcome.

The longer that particularly chaotic beneficiaries were on WY-FI caseload and the more often they have punitive dealings with the CJS (especially being sent to prison), the worse their outcomes are. Each prison stay seems to come round more quickly with the beneficiary in a worse physical and mental condition than the last time, and yet they seem to face even more challenges and barriers on release.

The beneficiary does not take a linear journey and services need to factor this in. In the same way as an occasional "bad" presentation at services does not automatically spell disaster, an occasional "good" presentation is not some Damascene moment. Longer term planning and consistency may need to be applied to this cohort of beneficiaries.

Section 3 Conclusion and Recommendations

Conclusion

The aim of this report has been to assist in the **planned provision** of support for people who **experience multiple needs** and **exclusions** and who have contact with the **criminal justice system**. One of the reasons for selecting this group for detailed study is that there is a West Yorkshire-wide strategic group in place that can direct district level support to the people who need it the most.

We do not aim to point the finger at individual agencies who could do things differently. We are acutely aware after six years of intensive work with **partners** and **stakeholders** that organisations are **working under a number of pressures** – financial, regulatory, political and reputational – to deliver services and outcomes that provide the **greatest good** to the **greatest number** of people.

As we have written elsewhere, it's our view that the cohort of people that WY-FI have worked with are at the **centre of inefficiencies** and **ineffectiveness** in the 'system' precisely because they're at the margins of many agendas and they don't fit neatly into **strategic plans** or **funding streams**. The consequences of this are twofold. People **do not get to access the services** they are entitled to, nor the outcomes they deserve. Services on the other hand are held back in their **operational work** by service users who **repeatedly hit crisis points**. The evidence from the deep dive into case notes shows how time-intensive it is for frontline and senior staff to support people with multiple needs.

We've also shown, with ample evidence, that the **WY-FI Multiple Needs Navigator Model** is **particularly effective** in **engaging beneficiaries** and **sustaining** this engagement. Our learning also leads us to believe that it could be made more effective by a West Yorkshire-wide **strategic leadership group**, that can elevate the level of **multi-agency working** that we know is already valued in the districts of West Yorkshire.

This report is designed to support such a strategic leadership group, by identifying the **characteristics of people** who require the **highest levels** and most **complex packages** of **multi-agency support**. The criminal justice system is unique among the four HARM areas, in that those agencies already know **who their clients are** and which of them **face the highest levels of need and exclusions**.

They also have the potential to intervene at an **earlier stage** than some other agencies, as statutory partners are able to **influence the provision** of other services. Established multi-agency groups such as MAPPA and MARAC, which co-ordinate care in the case of people both at risk of **committing** and **being victims of crime**, are models worth extending to people experiencing multiple needs.

Identifying people who need this support isn't the main issue. The main issue, which is highlighted by this report, is the **provision of appropriate services in a timely manner**, to

deliver **effective support** that provides the best opportunity for **good outcomes** and reduces the need for **further intervention**.

Whilst WY-FI has helped improve this situation, it has been starting from the less complex cases and working upwards. This report shows that we need to look at the **'hardest' cases** and **drive improvement** for those people, as well as for more mainstream service users.

The first step in such a project would be to look at **assessment methods** and ask ourselves, are we getting the **right information** about individual cases so that we can provide a **package of support** that prevents people from getting stuck in a revolving door?

Recommendations in the Literature and from WY-FI

We acknowledge that **services do everything they can** to work with people with reoffending needs and give them the support they need. These recommendations are as a result of the work WY-FI has done alongside the recommendations and evidence explored by other researchers. They go into considerably more detail than the summary at the head of this report and because they are drawn from a number of sources they may repeat in some respects.

These recommendations are structured in the same way as the summary recommendations at the head of this report. We've done this to emphasise that **co-ordinated action is needed between service delivery agencies and strategic leaders**, as well as to reflect the reality that **health and wealth inequalities** play a large background part in sustaining an environment where multiple needs and exclusions can exist.

In this section, we contextualise the recommendations in brief descriptions of the evidence base. These recommendations come with the assertion that **resources** in this sector are **rapidly reducing**, hence we look at ways in which **redistributing cost** can both **save money** and **improve outcomes** for individuals.

Service Delivery

Based on their experience of working together, the **West Yorkshire Criminal Justice Network** (established and initially facilitated by WY-FI) has made a number of key recommendations to support people with offending needs, as well as recommendations for how services **can work together to improve outcomes**. We advocate **strengthening and formalising** the best practice developed and piloted by the West Yorkshire Criminal Justice Network and following these recommendations:

- Making **stronger links** between **prison** and **community** services, including **education and training** providers so that courses can continue once sentencing begins/ends.
- **More information** to help individuals make informed decisions e.g., between continuing with **prescribed substitute medication** and embarking on a **detox/rehab programme** whilst in prison.

- Ensuring that individuals are motivated to **continue treatment and sustain their recovery** after release.
- If **Friday releases** are to continue, they need to be supported by **robust and prompt information sharing and planning** to ensure that people have **sufficient support** lined up over their first weekend of release.
- **Increased focus on the assessment** of their **risk of harm from others**, not the risk they pose to others.

Specific Service Delivery – Women and Diverse Communities

Beneficiary engagement is important to make sure every individual feels valued when they're engaging with services, especially people who face **social inequalities** and **discrimination** such as **women, people from minority ethnic groups**. Services need to be understanding of this and be **person-centred** and informed by the different needs of these groups of people.

Specific Service Delivery - Women

Many women have committed crimes because they are in **abusive or adverse situations** such as **exploitation**, or they have a **lack of legitimate income** to buy basics like food. It's these women that need help and support to **leave these situations**, rather than be sent to prison for offenses **that do not pose a threat to others and to society**.

For women, the **design of the criminal justice system isn't effective**. Often it can **keep women traumatised** and in chaos, as they're not getting the support they need. This was highlighted in the Corston Report (2007), which emphasised that **sending women to prison for non-violent crimes**, when they **pose no threat to society**, is **ineffective** both for the **individual's health, wellbeing and recovery**, as well as on the **cost to society**.

To ensure women are not isolating themselves, and that they're accessing the services they need in the community, services need to:

- Ensure they are **person-centred** and **gender-informed**.
- Ensure they are **trauma-informed** and that they understand how men and women react differently to trauma.
- **Support women who are committing crimes** because of the abusive or adverse situations they're in.

WY-FI have also made specific recommendations around working with women with multiple needs (**Keeping a Face for the World: A WY-FI Analysis of Women's Experiences, Journeys and Outcomes 2020**). The relevant additional recommendations are:

- A range of **face to face, online or telephone appointments** and other interventions.
- Accommodating women's **children** in service provision so that women can continue to engage.
- **Housing First** type accommodation once "Everyone In" accommodation ceases.
- Tailored support for women at risk of **domestic abuse** in the event of future local, regional or national COVID-19 related lockdowns.

- A **trauma informed approach** to service delivery – by definition nearly all women with multiple needs will have experienced trauma.
- Services using the **same assessment tools** that include information relevant to women's journeys and histories.
- Multi-agency support plans, agreed at multi-agency meetings that **hold agencies to account**.

Specific Service Delivery - People of Colour and Ethnic Minorities

The literature review by McCarthy et al (2020) discussed the **differences in culture** that may be experienced by those facing inequalities in society. For people from minority ethnic groups, there are often **repercussions to sharing information** at an institutional level, especially when it involves social workers.

For services, recommendations include:

- **Education and Training** in understanding different cultures and knowing at what point there is a need for social services intervention.
- Understanding what is **part of culture** and what is seen as inherently **wrong in UK society**.
- Ensuring that **prejudice is not tolerated** in services, through an all-inclusive culture and training around **protected characteristics**. This ensures that everyone, including staff and service users are treated with **respect** and **equity**.

Specific Service Delivery - Housing

Local authorities assess whether individuals are vulnerable people, and prison leavers immediately qualify for **emergency accommodation**. The assessment criteria includes **how long they were in prison**, their **physical and mental health**, their ability to **sustain accommodation** on their own and what **support** they might have from family and friends. The supportiveness of this process is limited by the restricted supply of housing in general and in some cases the history of the person applying for accommodation, who may be inappropriately referred as a result of out-of-date information being held on file.

For prison leavers, accessing accommodation is crucial to **reducing the risk of homelessness**. There is a vital 48 hours after individuals have left prison, discussed by Bramley et al (2015) and other researchers, where they are at most risk. However, due to services cuts, as well as ineffective multi-agency working, services are unable to provide the effective support they need.

The West Yorkshire Criminal Justice Network suggests that by **improving communication** between services on arrival and exit from prison, **treatment, access to benefits** and **housing services** vastly improves and **reduces homelessness**. Their key recommendations are:

- **Improve communication** with housing providers on arrival and exit from prison.
- This means access to benefits and housing services will improve and reduces homelessness.
- **Reviewing the assessment criteria** for offenders and the housing they qualify for.

Homeless Link (2017) offer recommendations for how services can work with landlords to help prison leavers access housing that's suitable for their needs. These include

- **Educating and challenging landlords** in the perceived riskiness of renting to those leaving custody.
- **Retrieving ID documents** and possessions from previous prisons.
- **Allowing time** to view properties before leaving prison - this could be done virtually.
- For **housing providers** (including private landlords) to show more **leniency** on references, as many prison leavers won't have one since they have been in custody.
- **Education for housing officers** in how to support the individuals they're working with, for example by explaining what to expect from living in rented accommodation and coaching on how to engage with landlords. Preparing individuals for the types of things they might need to start renting a home, in terms of information and personal documents.

Specific Service Delivery - Mental Health

The importance of understanding how **mental health and offending interrelate** is clear when looking at WY-FI research and beneficiary data. It was clear in the offending focus groups held in August 2020 that **mental health was a large contributing** factor to the reasons why participants offended, and therefore, why the criminal justice system served them no benefit for their treatment.

One participant who asked for help, describing herself as chaotic, said she didn't get the support she needed. Another participant talked about how they were '**left to it**' once they'd been released from prison. This reflects the experiences of all participants, who stated that **their mental health**, as well as the **mental health of their parents**, could have been a reason for taking the paths they did.

On reflection, it's mental health that receives the **least amount of time and consideration** in the criminal justice system. For participants with mental health needs, their crimes were often a result of their **trauma**, or a way to speak out about their mental health. Therefore, the **lack of funding** dedicated to mental health, and the ability of people who work in the criminal justice system to understand mental health, needs to be considered. Bramley et al (2015) found that **40-60%** of those who have **experienced homelessness or the criminal justice system** are far more likely to experience **mental health issues**.

Recommendations:

- **Provide training** for criminal justice system staff to help them understand more about mental health and the effect it can have on people with offending needs.
- Ensure individuals have **access to mental health support** when it's known that they're in contact with the criminal justice system. This can reduce the risk of reoffending and possibly using **substances to self-medicate**.
- Ensure **continuity of treatment** on transition from prison to community, including the provision of medication.

Substance Misuse

Substance misuse is a common factor in the individual events that cause people to have to return to prison. The challenges are maintaining people in treatment programmes and helping maintain harm reduction strategies. There is a risk of discontinuity when people move accommodation or have to be excluded from treatment services.

Harrison (2020) recommends:

- Services need to **carefully consider what measures are put in place** following incidents of violence or aggression, as these measures may only hinder an individual's recovery.
- Services need to understand what might have **triggered an incident**, to try and prevent it from happening again.
- Putting other measures in place to show service users that **aggression will not be tolerated** in services and understand why the aggression has taken place.

Strategic Leadership

Multi-Agency Working

Working strategically with agencies and organisations at a district and West Yorkshire-wide level ensures that people who experience multiple needs and exclusions are located in **strategic planning documents** such as Joint Strategic Needs Assessments and the West Yorkshire Police and Crime Plan.

The challenges associated with people who experience multiple needs and exclusions should be led by the sub-groups of the **Reducing Reoffending Board** and the **West Yorkshire and Harrogate Health Partnership** and its sub groups.

Working through strategic leadership makes clear the **interdependencies** between **agencies and commissioners** across the public sector in terms of **investment, savings, service efficiency and effectiveness**. This mirrors the local level multi-agency working for delivering better outcomes for individuals.

Multi-Agency Workforce Development

Workforce development and **culture change** needs to take place so that service providers can work together with more ease. This requires a '**whole system**' approach to new ways of working, which are best achieved through co-ordinated actions between agencies and organisations at a district and West Yorkshire-wide level.

Excluding people with multiple needs from services simply displaces the cost and moves them further away from the support they need. We recommend creating a **culture of engagement, not simply of compliance**, among service providers. There is strong evidence from WY-FI that **training** all staff in **trauma informed care**, so that they can give people choice and control in how they're treated and supported, helps them engage with services

and comply and benefit from **community sentences** and orders. The recommendations from this WY-FI work stream are:

- To develop **Trauma Informed Practice (TIP)** in the workforces of a range of services that support people with multiple needs and who have contact with criminal justice system. Put simply, TIP is a way of working (practice) that **acknowledges trauma** in a person's history and how that **trauma affects the way they think, feel and behave**. **TIP does not re-traumatise** the person and it doesn't necessarily seek to resolve the initial trauma. It does seek to **make practitioners aware** of the trauma so that they can support the person to work around it and not make it any worse. TIP has five principles: **safety** (emotional and physical, for both service user and staff); **choice**; **collaboration**; **trustworthiness**; and **empowerment**. Some versions collapse two categories and talk additionally about "post-traumatic growth".
- To use existing resources such as Health Scotland's national trauma training framework (<https://transformingpsychologicaltrauma.scot/>) and WY-FI's (in collaboration with Fulfilling Lives Newcastle and Gateshead) **Complex Needs Core Competency Framework**, which is in effect a TIP competency framework (<https://wy-fi.org.uk/wp-content/uploads/2020/03/Core-CompetencyFramework-DIGITAL.pdf>).
- To develop programmes of support that are '**person-centred**'. Person-centred support puts the person at the centre of their support network. It's used in the sense of '**non-directive care**', where the **person decides** what support they need and **when and how** that support is delivered, rather than establishing their needs and telling them what they have to do. This is the practice that WY-FI Multiple Needs Navigators have been successfully using over the past six years across West Yorkshire.

Public Health

Prisoners' health is generally not as good as the rest of the population. People with multiple needs and exclusions tend to have **a higher proportion of long-term conditions**. The mortality rate for people who experience rough sleeping, mental ill-health and substance use is around 45 years old, compared with 77- 87 years old in the most and least deprived wards in Bradford, for example. The geographic distribution of people experiencing multiple needs follows that of wards that feature towards the top of the Index of Multiple Deprivation and also the areas where health inequalities are highest (see for example Bramley et al 2015). These are also areas most effected by crime. A public health approach to tackling inequalities will benefit people that experience multiple needs and exclusions. It will also have an impact on young people at risk of experiencing multiple needs as adults in the future.

Physical Health

As the NHS reaches capacity, physical health is one of the biggest strains on society. This is especially true since the start of the COVID-19 pandemic, where the population is being

actively encouraged not to present in person at the doctors and waiting lists in hospitals have grown significantly. One of the aspects of this element of the population is that their health needs are not generally met by episodic interventions to address just one issue. This group of people need a **'health pathway'** approach that encompasses both **physical and mental health issues** and crucially, encompasses an element of **'convalescence care'**, to help them recover from hospital treatment for example, whilst maintaining support for their other needs where possible.

Physical problems can also add **significant stress** to an individual's life, however the study by Testa & Semenza (2020) shows that reducing offending behaviours can help with maintaining good physical health. Their recommendations are:

- Give people access to **more exercise in prison** and provide them with **education** on accessible, inexpensive forms of exercise in the community.
- Provide people with improved education about, as well as access to **over-the-counter medication** to help them keep themselves well.

Other recommendations include:

- The Kings Fund podcast on **health in prisons** (<https://www.kingsfund.org.uk/audiovideo/podcast/prison-health>) which describes the high levels of needs and in particular the need to have integrated transitions (including examples) in care from custody to community.
- Explore **WY-FI's emergency services briefing** recommendations.
- Explore **street medicine initiatives** – as practiced by Bevan Healthcare in Bradford and the Trauma Informed Outreach Nurses employed in Forward Leeds.

Mental health is one of the biggest public health issues in the general population and we have made specific recommendations above in terms of service improvement for people who experience multiple needs and exclusions, not least because their mental health is a major factor in other public health areas.

Tackling Issues in Childhood and Young Adulthood.

The recommendations in the main relate to addressing the provision of services for people who already experience multiple needs and exclusions. Our findings lead us to recommend that further exploration of **early intervention and preventative** service provision is undertaken to address the **traumatic events** and issues for children and young adults that can lead to **multiple exclusions** in later life. Preventative initiatives need to be embedded in services to give children and young people opportunities that may not have been possible without guidance. Effective early intervention for children and families is crucial to give everyone, regardless of background, the **opportunity for a fulfilled life**.

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