

Tower Project



BLACKPOOL COMMUNITY
SAFETY PARTNERSHIP

Executive Summary

A large proportion of Blackpool's persistent offenders, exclude themselves from all mainstream services and drug treatment because of their chaotic lifestyle. They are trapped in a cycle of offending, drug taking with increased crack cocaine use, poverty, homelessness and prison. In 2001 levels of street robbery, house burglary or autocrime increased by about a third compared to the previous year.

The Tower Project is a crime reduction initiative that has been operating in Blackpool and the Fylde since 1st January 2002. Local persistent offenders are selected based upon their rate of offending especially in robberies, burglaries or auto crime using a computerised evidenced matrix and the professional judgement of staff. A team composed of Police, Probation, Crown Prosecution Service (CPS) and N.A.C.R.O., based at the police station and led by a detective sergeant, approach the target clients in prison or in the community. The clients are offered immediate access to drug treatment and support with accommodation, benefits, employment and lifestyle issues.

The Project focuses proactive police and CPS targeting on those persistent offenders who are continuing to offend to feed their drugs habit. There are currently one hundred and two clients on the scheme with only four refusing any help.

Over the calendar year 2002 compared with 2001, Western Division of Lancashire Constabulary had 17.7% fewer crimes, 44.8% fewer house burglaries, 33% fewer theft from vehicles, and 20% fewer street robberies.

The Tower Project is delivering best practice in the following ways:

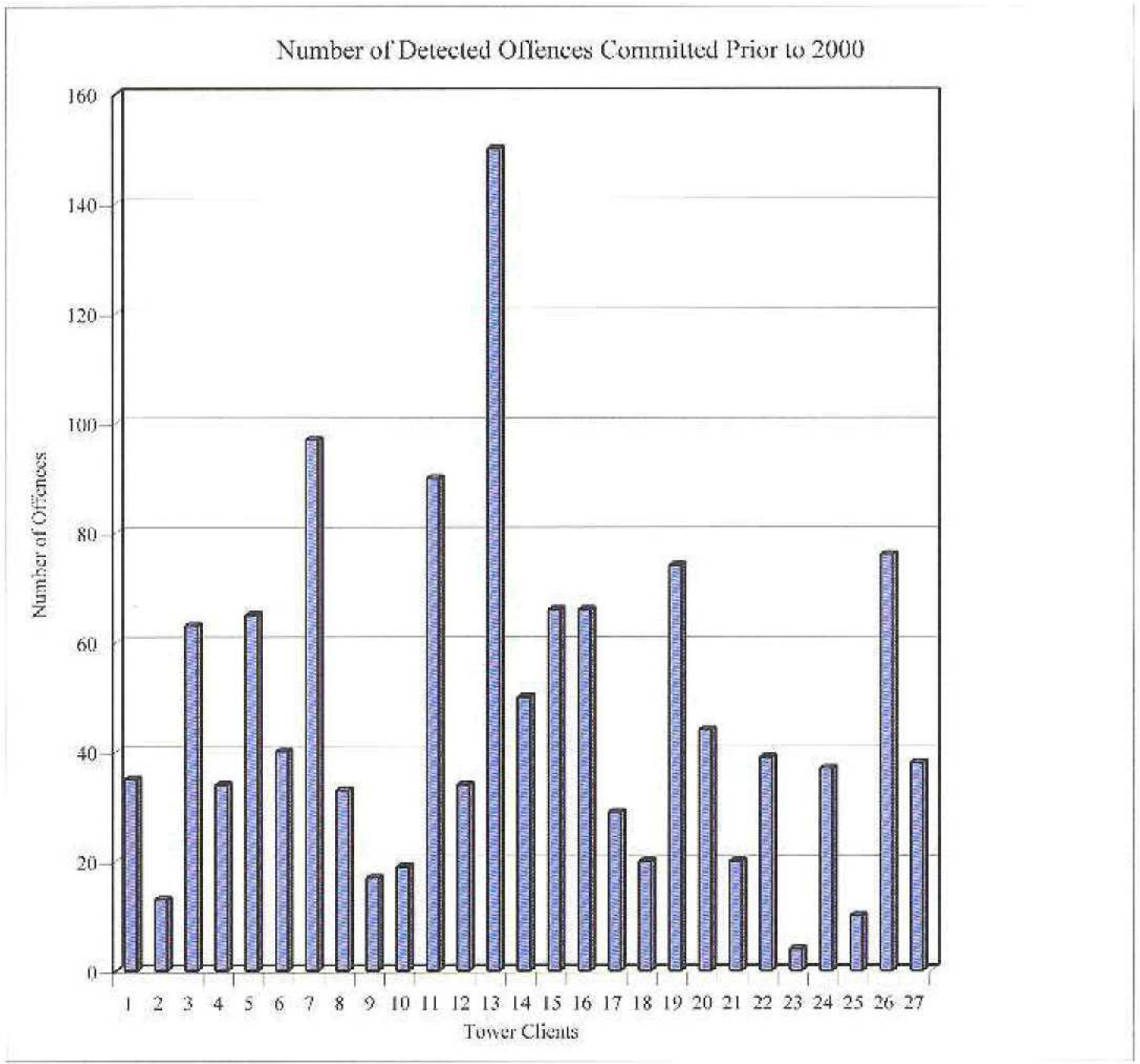
- Provides instant access to drug treatment for the most persistent offenders.
- Supports all persistent offenders irrespective of whether they are currently subject to a licence or order.
- Identifies with evidence persistent criminals, allowing information to be shared.
- Prevents self-exclusion from drug treatment and other services.
- Delivers prison release plans for all persistent offenders.
- Includes the police in multi agency information cycles.
- Supports Probation with information on clients' drug taking for pre sentence reports.
- Engages the most vulnerable drug abusers in mainstream services.
- Helps reduce drug related deaths.
- The assertive nature of the scheme links police targeting activity with multi agency information.
- Prioritises the use of finite proactive police resources

The Project has been independently evaluated by Huddersfield University who conclude that the project has met its 30% crime reduction targets for the client group.

Scanning and Analysis

In 2001 in Blackpool and the Fylde house burglaries, autocrime and street robbery increased by about 30%. What was causing this increase?

The table below shows the levels of persistent offending in Western Division's worst 27 offenders. They have been convicted of a total of 1113 offences prior to 2000.



Statistics from the Drug Testing Pilot in Blackpool custody office have shown between 43 and 47% of adults arrested for acquisitive crime test positive for heroin, cocaine or crack cocaine. Of these positive tests 71 % test positive for heroin and 29% for crack cocaine, although more recently some months have seen crack cocaine increase to about 46% of those testing positive. Between 1999 and 2001 Western Division ran at least four undercover test-purchasing operations called Acorn, Apex 1 and 2 and Tarifa. These clearly showed open on street drug dealing and an increased use of crack cocaine augmenting the staple diet of heroin.

Prior to the appointment of the local Drug Action Team coordinator in 2001 there were no reliable figures that could verify the increased use of crack cocaine in Blackpool. Anecdotal evidence from users stated that if they sought treatment they would claim a heroin use in order to obtain the prescribed opiate substitute methadone.

To give an indication of the increased use of drugs a search was made of the police intelligence system to see how many times 'CRACK' and "HEROIN" appeared in the reports and how many subsequent seizures occurred. The results are as follows:

Period	CRACK		HEROIN	
	Seizures	Intelligence	Seizures	Intelligence
01/04/98-31/03/99	2	132	76	1569
01/04/99-31/03/00	2	208	70	1879
01/04/00-31/03/01	6	234	68	1507
01/04/01-26/11/01	38	319	106	735

In 2001 on interviewing ten of the divisions most persistent drug addicted offenders they indicated that heroin was still their main drug of choice but most indicated an increased spending on drugs because they topped-up their heroin use with crack cocaine. Very few had accessed help and almost all were aware of the lack of available local drug treatment. The biggest wish of all ten was to give up drugs. One important difference between heroin and crack cocaine use is that the effects of crack cocaine can be over in minutes resulting in the problematic user needing another "hit" much quicker. The interviewees indicated that they realised about 33p in the pound for everything they stole. It was clear evidence of excluding themselves from most mainstream services.

In early 2001 the Constabulary had no mechanism to statistically prove who was the Division's most persistent offender or to verify that his or her motivation for offending was to feed a drug habit.

Following a series of enforcement operations including Operation Reassure around Christmas 2001 resulting in over 100 persons being arrested the police learnt lessons with regard to targeting persistent offenders a lot of whom are drug addicts. A lot of the learning from these operations was fed in to mainstream policing such as daily briefings and targeted high visibility patrol following the National Intelligence Model. However research showed these offenders were often sentenced to short sentences and came out of prison to no support straight back in to their drug taking and offending spiral.

Statistics from the North West Regional Resettlement Strategy shows in the North West of England;

- 17,000 offenders are released from prisons each year
- 11,000 of these have served less than six months
- 6,000 offenders are supervised by the National Probation Service at any one time following prison release.

The Social Exclusion Unit report;

- 42% of offenders have no fixed abode on release from prison
- Homeless ex-offenders are twice as likely to re-offend.
- 75% of those who serve a short prison sentence for burglary or theft are reconvicted within two years.
- 66% of convicted offenders are ineligible for 96% of jobs due to literacy and numeracy basic skill levels.
- On release it takes on average two weeks to be in receipt of benefits

Over the last 10 years the prison population has increased from about 42,000 to current levels of around 73,000, but the above research shows an increase in prisoners serving shorter sentences. Some interviewees indicated they commit a lot of relatively minor offences and they have changed their criminal justice tactics. Previously persistent offenders could be remanded in custody for up to nine months. Changes in the criminal justice system following the Glidewell Report has led to more offenders being sentenced at the Magistrate's Court, whose powers are limited to 6 months and with good behaviour offenders, can spend as little as 2½ months in prison. During that period they will probably have lost their accommodation, it takes on average 2 weeks to obtain benefits and they were released without Probation support. Statutorily Probation only has to provide support when people are on licence following a sentence of 12 months or more. Therefore when they leave prison the only thing they got for free was a bag of heroin and back on the spiral of drug-addicted crime.

Probation, the Police and the prisons work extremely hard but largely in isolation. Locally probation manage offenders on a variety of orders and prison licences. The police are largely not involved in these information loops. The revocation of licences and orders can take several weeks during which time offenders knowing they are likely to go to prison often go on a drug induced crime spree. There is a need to improve the speed of the revocation processes.

In 2001 locally the police were not successfully meeting their post charge performance indicators on quality and timeliness of their file preparation with 64% of files up to an accurate standard and 57% delivered on time. There were examples of persistent offenders being bailed because the police were not present in court to assist the CPS and the court in checking some of the claims made by the defendant. An arrest referral scheme was developed in Blackpool in 1999 but on examination of the process offenders were seeing the arrest referral workers who duly arranged drug treatment appointments. Defence solicitors used this as a reason for them to be bailed and evidence from the scheme showed that in 2001 less than 20% of such referrals were keeping their drug treatment appointments.

Locally Police managers were totally unaware of the length of time taken for drug treatment or the fact that Blackpool has the fifth highest number of drug related deaths in the country. There were in excess of 700 people on the community drug team lists over half of whom did not have an allotted key worker. The average waiting time was 12 to 18 months for treatment. This was exasperated by the lack of shared care, namely that a specialist drug treatment centre should stabilise a problematic drug user and then be able to transfer responsibility to a general practitioner. Locally no general practitioners were involved in drug treatment.

On researching and visiting other persistent offender schemes two different types of projects were identified. Some were small unsustainable two man bands with little support from senior managers. Other larger projects tended to be dominated and located at the Probation Service and worked on an appointment basis as part of orders or licences. This limited the numbers of people, as most persistent offenders were not suitable for such orders.

The Heart of the Problem

The most persistent offenders and chaotic drug users were not accessing these drug treatment services or even appearing on the waiting lists because they exclude themselves due to their chaotic lifestyle. Over 40% of the offenders who sought help from the arrest referral scheme at Blackpool were not on any waiting list for drug treatment. The limited "outreach" work that was happening did not access the most persistent offenders who are a difficult to reach dangerous group of individuals. Most treatment or probation work is carried out on an appointment basis. The most chaotic of offenders often did not co-operate with such help and the police played no role in the post release process other than the vigorous checking of bail conditions.

For those most persistent offenders who obtained accommodation or employment the general police crime investigation activity often led to evicting them or losing their jobs. There was no mechanism to check which of the persistent offenders were perhaps succeeding in treatment, and, checking who was not benefiting from help and so committing crime. The national intelligence model was simply limited to the Police and needed to include multi-agency information.

The Tower Hypothesis

In order to significantly reduce crime there is a need to statistically identify and target Blackpool's most persistent offenders. There is a need for a multi agency team supported by senior managers, to approach the most persistent offenders and offer them immediate access to mainstream drug treatment and testing, housing, benefits and other support, irrespective if they are in prison, in the community, or whether they are subject to a statutory probation order or licence. The project must be integrally linked to the police national intelligence model to target people with enforcement tactics who are failing the project and who are continuing to commit crime to feed their drug habit.

The Project gives the persistent criminal a simple option. "You can access all the necessary components for you to live a crime and drug free life or if you refuse help and if there is intelligence that you are committing crime police proactive activity will concentrate on you."

Initial Objective of the project

To reduce the criminality of the clients by 30% to be measured by self-reporting every 6 months and by comparison of previous and current crimes detected to the target criminals.

The Tower Project developed with the support of the local Community Safety Partnership whose many successful target hardening initiatives would not be successful unless the drug abusing chaotic persistent offenders were encouraged in to drug treatment.

Response

The Drug Action Team Coordinator, senior police managers, probation, CPS and latterly NACRO were persuaded to provide a one-stop shop for persistent drug using offenders based at the police station using Communities Against Drugs funding and mainstream police money.

Selection of Tower Clients

A computerised evidence matrix to identify the most persistent offenders was developed and later networked across the Constabulary. The system takes in to account such indicators as detections, convictions, arrests, stop checks, intelligence inputs, and the computer settings were heavily weighted for drug use and the three key crime areas of house burglary, autocrime and street robbery. The matrix was overlaid with the professional judgement of all our staff to identify who commits the most crime. From these lists we identified the persistent offenders in a priority order.

Partners such as Probation and drug workers had great concerns about sharing personal data about their clients with the Police. Data sharing protocols were developed and the project sought to obtain the informed consent of the clients to allow us to the share information but could also share information under section 115 of the Crime and Disorder Act 1998 in order to prevent crime because we had proved they were persistent offenders,

Who is The Tower Team?

In 2001 two senior police officers, the Drug Action Team Co-ordinator, a senior National Probation Service Lancashire manager and the local Community Safety Manager developed the Tower Project management team. They agreed issues of finance, risk assessment, (Appendix 1) data sharing (appendix 2), multi agency performance indicators (Appendix 3), and client contracts (Appendix 4), exit strategies (Appendix 5) and publicity documents (Appendix 6)

The Tower Team consisted of a Probation Service Worker, a Crown Prosecution Caseworker and latterly a NACRO worker (National Association of Care and Resettlement of Offenders) matched with 3 police officers and led by a Detective Sergeant. Direct access to instant drug treatment for persistent offenders was guaranteed in the form of a drug worker and the services of a medical practitioner. They prescribe medication to treat the most chaotic of users in line with national guidelines under the supervision of the Community Drugs Team.

What do the Tower Staff Do?

Offenders are approached in prison, or in the custody office, but only after charge and out in the community. Clients are offered instant access to drug treatment and all the other lifestyle, benefits and accommodation issues in a "One Stop Shop". Tower drug treatment is now based at the Salvation Army and drug-testing kits have been purchased to allow staff to randomly test clients, as a motivational tool to focus the latter on giving up drugs. Clients who are also subject to a statutory order are managed in conjunction with the National Probation Service Lancashire.

The project visits imprisoned persistent offender's three months prior to release and encourages them to access drug treatment. A release plan is developed that includes drug treatment or abstinence support, accommodation, benefits or employment and lifestyle skills. A protocol has been developed with the CARAT (Counselling Assessment Referral Advice/ Information and Through care) drug treatment workers in prisons. The release plan is delivered at the moment of the prison gate release often transporting the client to their accommodation.

The project links directly to the police pro-active surveillance and disruption tactics. A client who is failing to co-operate and who is believed to be committing crime will be surveilled and disrupted. Tower staff can focus police targeting on those offenders currently committing crime and away from clients who are on the road to recovery. Briefing and tasking meetings will always have Tower staff present and clients can now be targeted from a positive Tower perspective as well as traditional enforcement and disruption.

Results

The crime results across the division for 2002 compared to 2001 are as follows;

Western Division Lancashire Constabulary Crime Statistics

	January to December			
Offences	2001	2002	Difference	% + or -
Burglary in a Dwelling	2500	1379	-1121	-44.8%
Other Burglaries	2085	1623	-462	-22.2%
Robberies in Premises	46	38	-8	-17.4%
Robberies from the Person	432	342	-90	-20.8%
Theft from the Person	694	481	-213	-30.7%
Theft from Vehicle	2318	1541	-777	-33.5%
Theft of Vehicles / UTMV	1377	1028	-349	-25.3%
Shop Theft	1707	1358	-349	-20.4%
All Crime	25332	20841	-4491	-17.7%

Tower Project Outputs by April 2003

There are currently 103 clients on the scheme of which:

27 are in prison

43 are in Tower drug treatment

3 are refusing drug treatment

No drug related deaths

42 are on a probation license or order

Other related Facts and Figures

Tower is now expanding to three treatment sessions a week with up to sixty places

7 Tower clients have accessed rehabilitation or detoxification places

2 Tower clients have been exited off the scheme in to mainstream treatment

CPS have had 425 fewer crime files in 2002 compared to 2001 in Blackpool.

Tower clients achieve in excess of 90% attendance rates at drug treatment appointments

Of the first 100 persons on the scheme;

6 were in community drug treatment

37 had been in some sort of treatment previously

36 had never had any treatment

16 did not have a doctor

12 were of no fixed abode

18 had significant debt problems

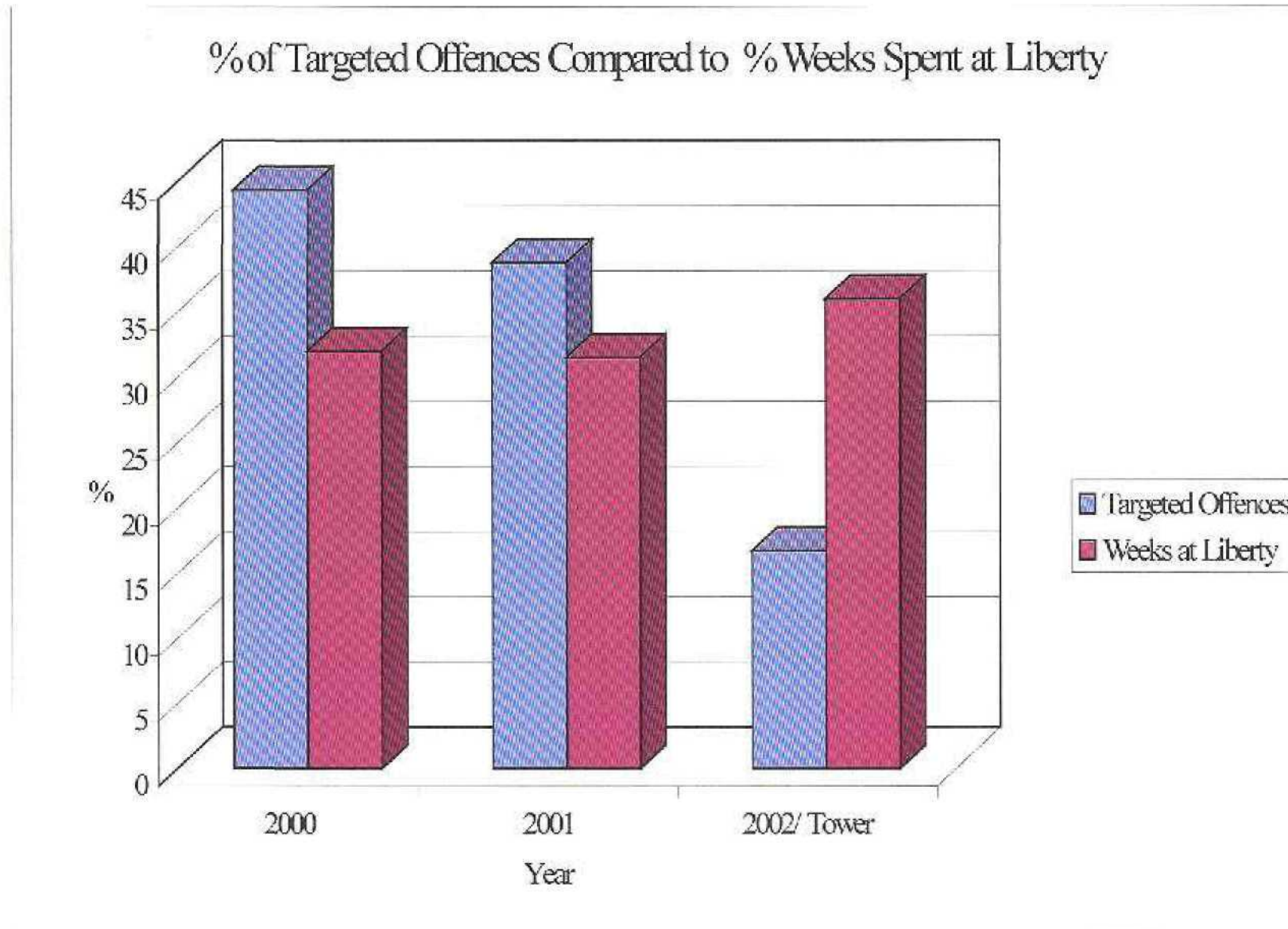
42 were picked up on release from prison

A twelve-month evaluation of Tower found;

- From the sample selected, the original criminality reduction target of 30% has been achieved.
- The overall reduction in crime in Western Division was significant for all crime, burglary dwelling and theft from vehicles when compared to the remainder of the Lancashire Constabulary.
- There was no evidence of geographical displacement of crime.
- The most prolific and hence challenging group of clients had been selected.
- The fact that there has been no drug related deaths is significant.

The first 27 clients on the scheme were interviewed and the results are as follows;

Levels of Record Crime and Time spent at Liberty

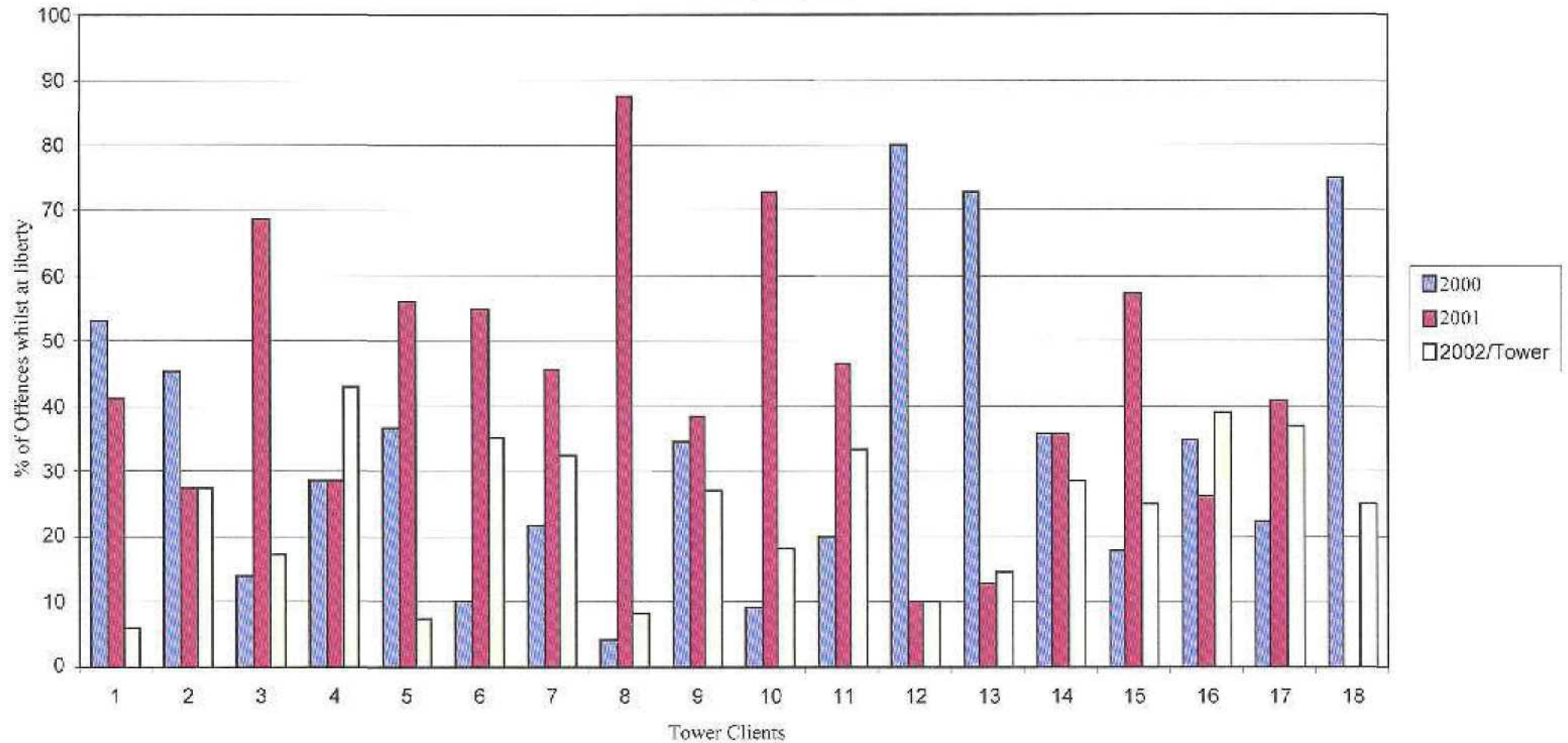


The levels of recorded crime has reduced despite spending more time at liberty

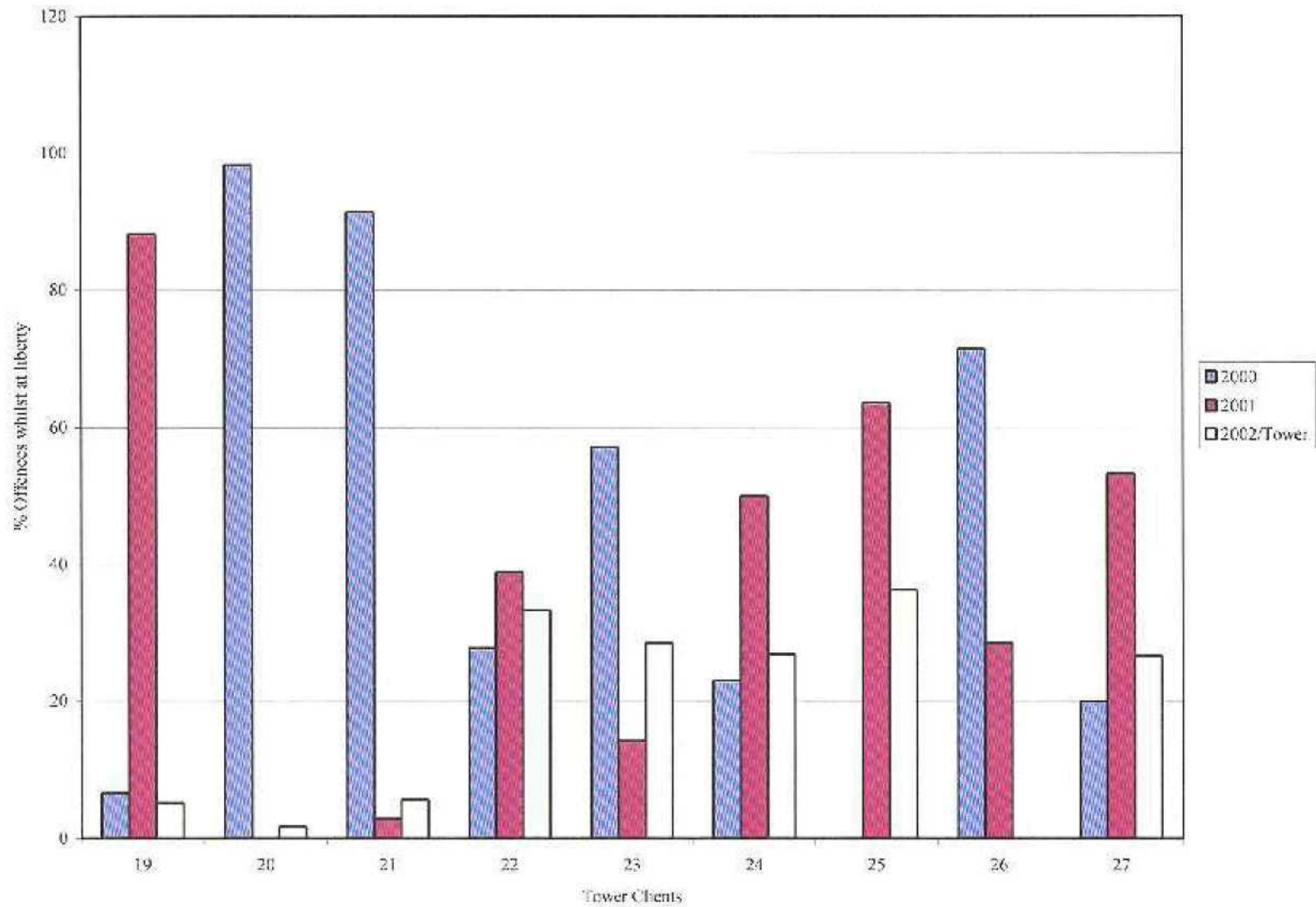
Offending History of Clients

Figures are based on the average number of recorded offences per month during periods of liberty.

a) Offending History of 18 Clients who Joined the Tower Project January 2002
to April 2002
Group A (=18)



b) Offending History of Clients who Joined the Tower Project May 2002 to September 2002
Group B (-9)

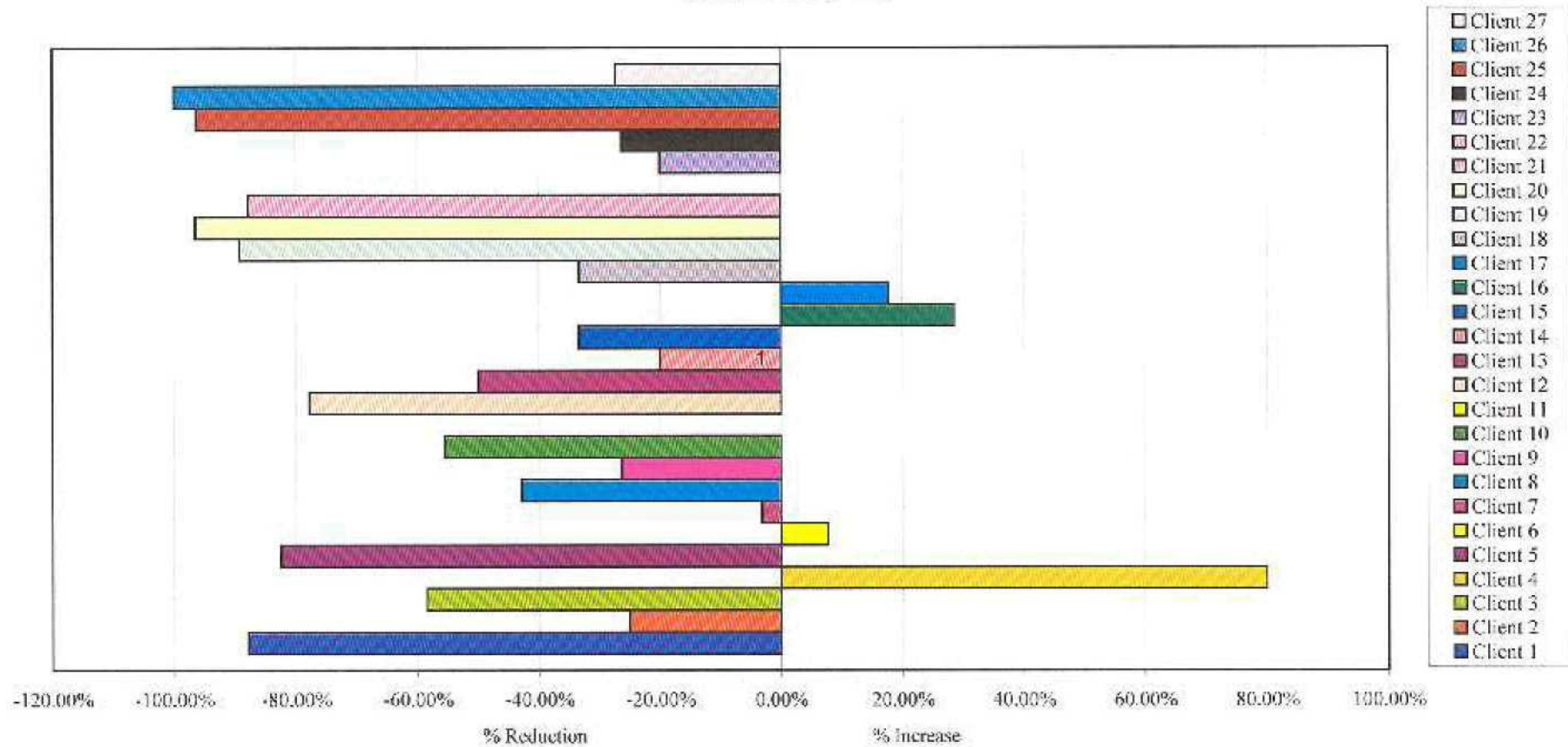


Missing values in clients 20 and 25 = total year in custody

Percentage change in Offending

The number of recorded offences during periods at liberty in 2000 and 2001 was combined and an average taken of pre Tower recorded offences. This was compared to their recorded offending rates whilst on Tower to work out a percentage change.

Change in Percentage of Offences between Pre-Tower and Tower period
Group A & B (-27)



CONCLUSION

The project does appear to have been successful in meeting the 30% crime reduction targets from the sample group

Specific case studies of the first 27 clients were completed. Two examples of "J" and "S" can be seen in Appendix 7 and 8.

Assessment

Evaluation of the interventions

The quality of the staff and supervision and the support of senior managers has been the most important factor in the success of the project.

The evidenced persistent offending matrix has ensured the correct client group are selected and allowed the sharing of information in order to prevent crime and comply with Data Protection rules. The project works with the client group that will have the biggest effect on crime. The project links persistent offending to clinical priorities and has contractually guaranteed immediate access to drug treatment. This is a vital part of any such project.

Is there a need for Tower if there is excellent drug treatment? The answer is yes on the simple basis that most of our persistent offenders exclude themselves from any sort of service or waiting lists.

Over the last 16 months a third of Blackpool's most persistent offenders at any one time would have been in the community without any statutory support from any agency. The project prevented this hard to reach group from excluding themselves. The Tower Project has shown that such initiatives do not need a statutory power because clients are desperate for drug treatment and lifestyle support. This has allowed the project to concentrate on the most persistent offenders irrespective of whether they are on an order or licence in prison or out in the community.

The timing of the provision of the support is of vital importance. Clients who have used prison to receive drug treatment will only benefit if services can be accessed at the moment of prison release. If an appointment is made the following day agencies will most probably be dealing with an addict again. Drug treatment is either in the form of opiate blockers prescribed from the moment of prison release or a methadone reduction programmes.

The biggest difficulty of such a scheme is the issue of sustainability. Even on methadone reduction programmes it can take up to 12 months to get some one clean. Solutions to speed up this process such as community and in house detoxification sometimes followed by detoxification places are being delivered.

The Police are a key part of this information loop both as members of the Tower Team and in linking directly to police proactive surveillance and disruption tactics. If a person is failing the project, the speed with which he can be targeted is crucial to prevent an increase in crime. The project has now been moved to premises at the heart of the police intelligence system and indeed the daily police briefings are now held in the Tower office

This is an assertive, intensive supervision model supported by instant access to drug treatment. People cannot be motivated out of crime until their drug condition has been stabilised. Conversely simply prescribing of methadone, or other products, will be a waste of time without the lifestyle, accommodation, employment and benefits solutions.

Initially, the project was aimed at improving crime detections and increasing the recruitment of informants as well as achieving crime reduction targets. This was partly a result of the dominant police culture on the project. As part of the induction process clients outline their offending patterns and are warned that if they implicate themselves in any specific offence they would be arrested. In the first few months there was pressure from senior police managers to record these potential detections of crime. If they were charged with such offences they would have gone to prison and those and other clients would have lost trust in the project and left. From a crime perspective the project now only measures crime reduction performance indicators.

Tower staff do not recruit or handle informants but some do receive information, which is dealt with under the normal informant handling procedures. These processes maintain the safety and integrity of the informant and the Tower Project.

Finally a lot of effort was put in to a publicity drive within the police and partner agencies. The Project only went public in the local press after fourteen months when the reassurance resulting from the dramatic crime reduction results outweighed the sensitivity of residents nearby the local drug treatment centre and the fact that there are still long waiting lists for normal treatment. (See Appendix 6)

What Difficulties were Overcome

.... Where do we start?

In order to convince partner agencies to commit staff to the project, the CPS caseworker, the Probation Service Worker and the N.A.C.R.O. post were paid for by funding. At the last moment the CPS realised they have no devolved budgeting and the remuneration would be lost in a national budget. For the first time in the country arrangements were made for the Home Office and C.P.S. secondees in the Treasury to make these payments.

Initially the Probation Service Lancashire, N.A.C.R.O. and drug treatment workers had concerns over duplication of workload, multi agency procedures, information exchange, confidentiality issues, and concerns over being involved in an assertive drug treatment system. All these issues had to be dealt with using publicity brochures (See Appendix 6), and a series of personal visits to partner agencies, to develop data sharing protocols working procedures and trust. (See Appendix 2)

One of the initial barriers to the development of the project was the ingrained Police culture of enforcement and negative attitude towards problematic drug users. It used 'the Carrot and Stick' approach in a fair and even handed manner in dealing with issues such as whether to recommend whether a client should be remanded in custody or on bail. The police have been forced to prioritise who should be remanded in custody.

At one stage the project was limited by having only one doctor who was overworked and eventually became unavailable. The Project staff personally visited and persuaded other general practitioners to work on the project. The current limiting factor to the projects expansion, which is being addressed with the support of the Primary Care Trust is the limited availability of drug workers.

So what next

Tower is extending but will be limited as the numbers of persistent offenders diminishes. Two clients have already left the project via agreed exit strategies where Tower deals with the most chaotic drug using persistent offenders, the Community Drug Team manage the other complex drug addictions, whilst shared care doctors manage the simpler drug treatment cases.

Funding is being placed on a permanent mainstream basis between Police, Probation and Health services. A Probation Officer is joining the team in June 2003 who will manage in house all the orders and licences. A Probation-networked computer will be linked in to the police station using the OASYS offender assessment system.

A system of supervised consumption of medication at pharmacies across the division is being developed.

Common multi-agency performance indicators are being developed for Health, Probation, Police, CARAT and NACRO. (See Appendix 3)

Tower is being developed across the whole of Lancashire and in to several other Forces.

Seminars have been run on the Tower Project at the Blackpool Salvation Army. So far over 700 people have been spoken to from 37 Force areas. An induction pack with contact details and directions to Blackpool, coupled to an up-to-date summary of the project and available dates, can be booked on Blackpool (01253) 604245.

Tower is not simply an effective crime reduction tool but it improves health and reduces homelessness.

An information report was forwarded to the Cabinet stating

“The project offers opportunities for other similar structured forces with similar drug use profiles to have a commensurate impact on crime performance”.