

# THE TOWER PROJECT

## BLACKPOOL COMMUNITY SAFETY PROJECT

LANCASHIRE CONSTABULARY, UNITED KINGDOM, 2003

---

- THE PROBLEM:** In 2001 levels of street robbery, house burglary or autocrime increased by about a third compared to the previous year.
- ANALYSIS:** 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.
- RESPONSE:** The Tower Project targets local persistent offenders, who 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 NACRO. Clients are approached in prison or the community and are offered immediate access to drug treatment and support with accommodation, benefits, employment, and lifestyle issues.
- ASSESSMENT:** 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 Project has been independently evaluated by Huddersfield University who concluded that the project has met its 30% crime reduction targets for the client group.
- 

### SCANNING

In 2001 in Blackpool and the Fylde house burglaries, autocrime and street robbery increased by about 30%.

#### What was causing this increase?

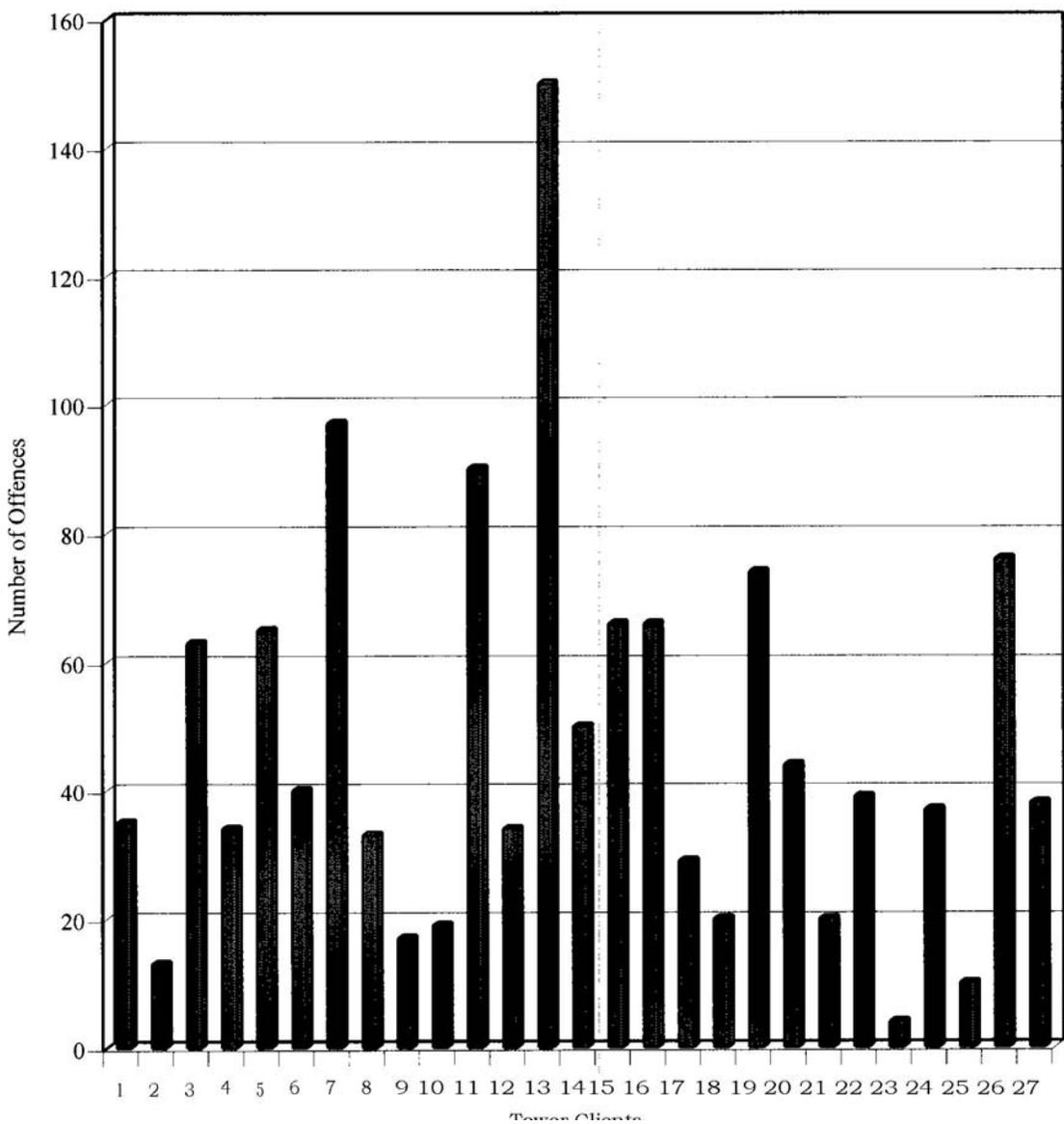
The table below shows the levels of persistent offending in Western Division's worst 27 offenders. They have been convicted of a total of 1113 offences prior to 2000.

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.

Number of Detected Offences Committed Prior to 2000



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
01/04/98-03/31/99	2	132	76	1569
01/04/99-03/31/00	2	208	70	1879
01/04/00-03/31/01	6	234	68	1507
01/04/01-11/26/01	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.

## ANALYSIS

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.
- The National Probation Service supervises 6,000 offenders 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 2% 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 manages 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.

Locally in 2001, 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 cooperate 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 Protect**

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.

## ASSESSMENT

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

### Western Division Lancashire Constabulary Crime Statistics

	January to December		Difference	% + or -
	2001	2002		
Offences				
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.
- Seven Tower clients have accessed rehabilitation or detoxification places.
- Two 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:

- Six 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.

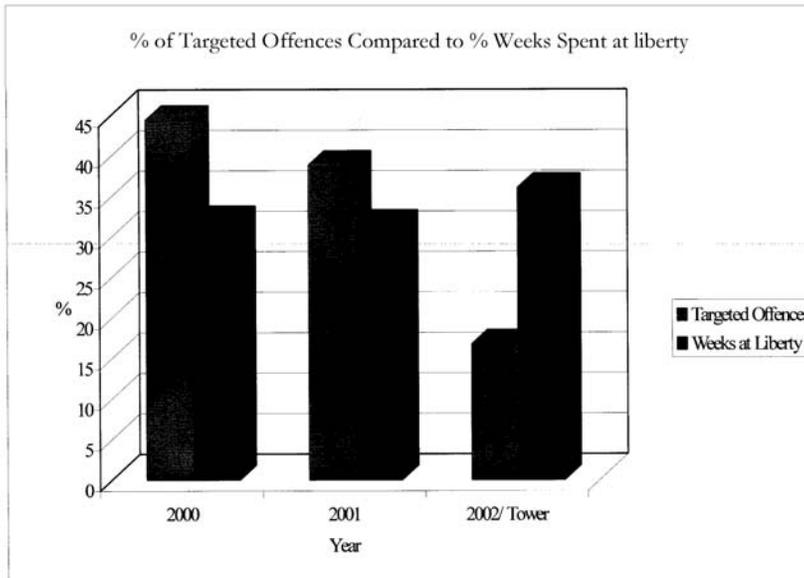
A twelve-month evaluation of Tower found:

- 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 are 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

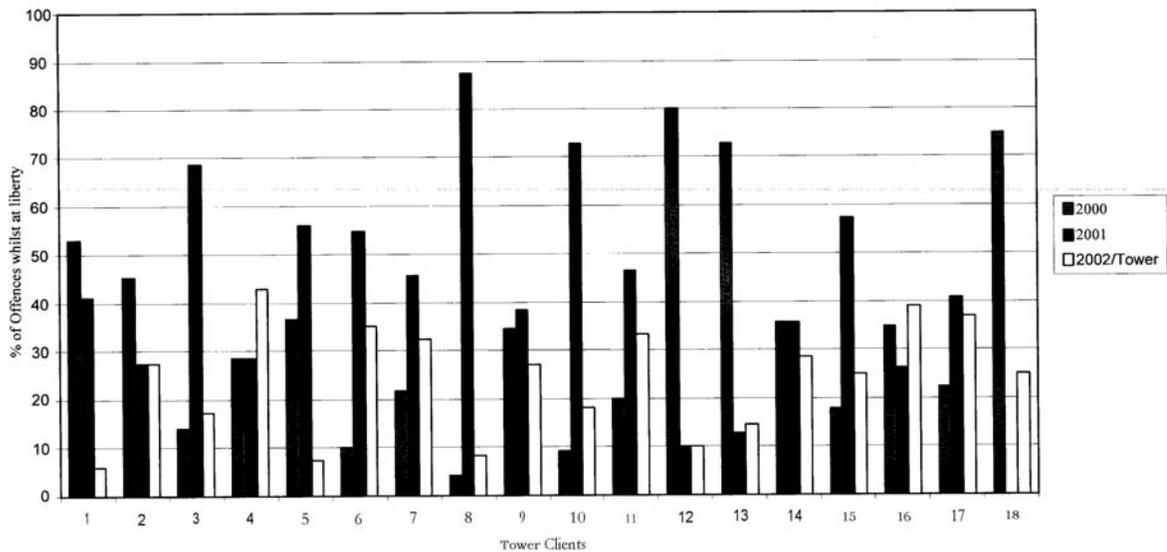


The levels of recorded crime has reduced despite spending more time at liberty

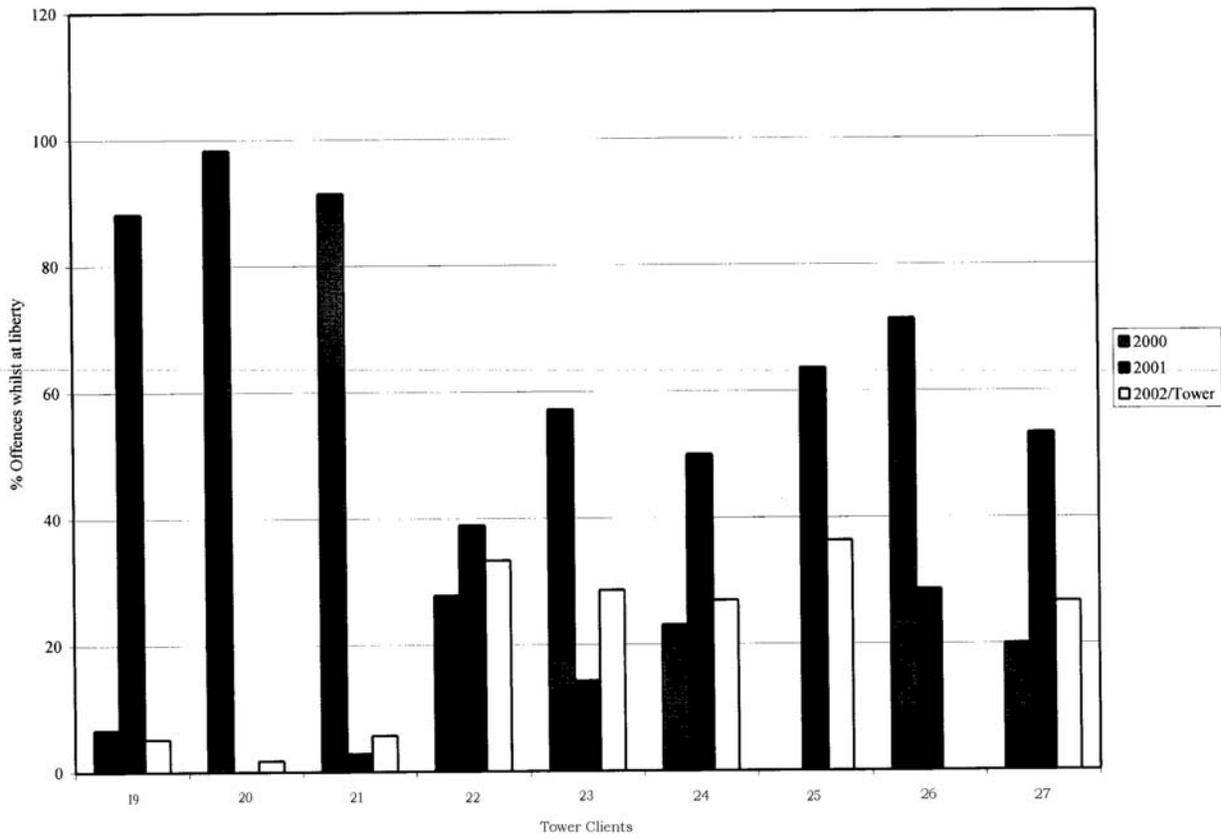
### Offending History of Clients

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)



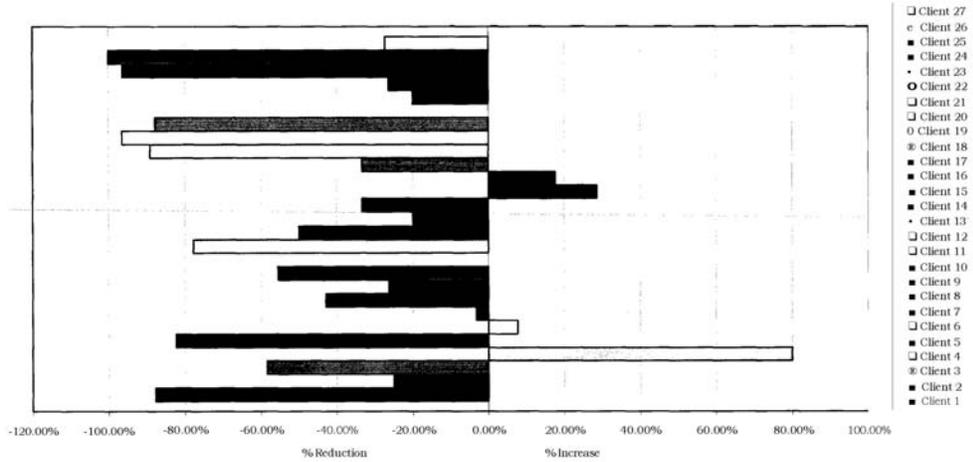
Missing values in clients 20 and 25 = total year in custody

**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)



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.

## CONCLUSION

### 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 does 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 NACRO 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 CPS secondees in the Treasury to make these payments.

Initially the Probation Service Lancashire, NACRO 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.”

## FOR MORE INFORMATION

Edward Thistlethwaite  
Detective Inspector  
Blackpool Central Police Station Bonny Street  
Blackpool  
Lancashire, England FY1 5RL  
Telephone number: 00441253 604245  
Email:  
[edward.thistlethwaite@lancashire.pnn.police.uk](mailto:edward.thistlethwaite@lancashire.pnn.police.uk)

## REFERENCES

Crime and Disorder Act 1998 (Sections 17 and 115)

Disrupting Crack Markets The Home Office

On the Rocks A Follow Up Study of Crack Users in London Alex Harocopos Police Investigatory Powers Act

Regional Resettlement Strategy North West Her Majesty's Prison service and National Probation Service

Updated Drug Strategy 2002 Home Office

## AGENCY AND OFFICER INFORMATION

- 1.) At what level of the police organization was this problem-solving initiative adopted?

The Detective Inspector and the Drug Action team Coordinator at a police divisional level supported by the local chief officers of health, probation and Blackpool Borough Council drove the Project forward. The project has now been developed force-wide across Lancashire and many other places across England.

- 2.) Did officers or management receive any training in problem-oriented policing and/or problem solving before this project began or during its execution?

Lancashire Constabulary has been steeped in the problem solving for several years and completed various courses in performance indicators,

project management and POPS philosophy. The detective inspector had developed the multi agency problem solving team during the two last three years.

- 3.) Were additional incentives given to police officers who engaged in problem solving?

To apply for any position in the Constabulary or partners staff has to show evidence of problem solving.

- 4.) What resources and guidelines (manuals, past problem-solving examples, etc.) were used, if any, by police officers to help them manage this problem-solving initiative?

They visited other projects, received financial expertise to support the project and accessed the Home Office websites and other publications

- 5.) What issues/problems were identified with the problem-oriented policing model or the problem solving model?

See attached report. One of the main difficulties was the lack of statistical information from drug treatment agencies to prove the obvious increase in crack cocaine use.

- 6.) What general resources (financial and/or personnel) were committed to this project, and of those resources, what went beyond the existing department budget?

The Project initially secures £140,000 of funding from Communities Against Drugs funding to encourage other agencies such as Health, probation, NACRO and other agencies to support the project. This funding is now being placed on a permanent mainstream funded basis.

- 7.) 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.

## Appendix 1



### RISK ASSESSMENT FOR TOWER PROJECT COORDINATORS

#### Tower staff will:

Ensure thorough research is carried out in relation to each offender, including a health and safety assessment noting any warning markers such as drugs, violence, firearms and contagious ailments etc.

It should be noted that these individuals are selected because they are persistent offenders who commit crime to fund their drug misuse. They lead chaotic lifestyles and at times can become unpredictable. The safety of the coordinator is paramount and should not be compromised.

If required receive prioritised and free medical treatment such as hepatitis injections etc. Receive, if needed, support from professional welfare experts.

Have direct line supervision from the Tower Project supervisors and have a supervisor within their own parent organization with whom they can speak to about any issues regarding the project.

Every contact with an offender will be recorded on the individual's contact sheet. This will include all contacts including telephone contact and chance meetings.

Tower staff will not meet offenders alone unless it is in a controlled environment i.e. at the police station or where the visit itself has been previously risk assessed by Tower Project supervision prior to the visit.

Tower staff will only complete home visits in pairs. One of the pair must be a police officer unless the risk assessment has been carried out prior to the visit.

As part of their daily management of the client, the coordinator will be responsible for continually risk assessing him or her and if at any time there is a change of circumstances of the individual they should immediately inform supervision.

Tower staff will not travel unaccompanied with a client in any circumstances and in particular not in their own vehicle.

When a Tower Project offender is arrested, communication or interview with that offender shall not take place until after the person has been interviewed and processed. This is to avoid allegations of interference and if adhered to, will safeguard the integrity of the coordinator and the project.

Due to the persistent criminality of the offender he or she will often be under the supervision of the National Probation Service. This may be in the form of a prison licence, a DTTO or other community sentence. The Probation Service has statutory responsibility for the individual and therefore it is important to liaise with Probation and identify joint objectives. When visiting an individual in prison, that person's probation officer should be contacted and invited to accompany the coordinator on the visit.

All the police officers on the Tower project must be operationally fully fit, empty hand skill trained and in possession of their appointments where suitable. All non-police Tower Staff must receive personal safety awareness training.

All clients must be informed that if they declare any evidence that they have committed a criminal offence they will be arrested and if appropriate, charged with the offence.



## **THE TOWER PROJECT INFORMATION SHARING AGREEMENT**

**AGREEMENT BETWEEN LANCASHIRE CONSTABULARY, BLACKPOOL DRUG ACTION TEAM, NATIONAL PROBATION SERVICE LANCASHIRE, THE CROWN PROSECUTION SERVICE AND BLACKPOOL BOROUGH COUNCIL**

### **Aims of the Scheme**

To reduce the overall offending rate of individuals involved in drug related crime, the cost of criminality and the illegal drug dependency of targeted offenders.

### **Parties to the Agreement**

This agreement is intended for use by the members of the Tower Team and by agencies involved in the information exchange with regard to this scheme.

### **Legislation**

This agreement is based on the police common law duty to prevent and detect crime and a corresponding power to disclose information where necessary for the prevention and detection of crime (S29(3) Data Protection Act 1998).

Data Protection legislation places certain conditions on the 'processing' of information classed as personal data. Data held for policing purposes should only be disclosed for such purposes, under this agreement disclosure is being made for crime prevention/detection purposes.

Each of the organisations must firstly consider whether the objective of the initiative can be achieved using non-personal data, or whether the "explicit" consent of the individual who is subject of the information can be obtained.

Section 17 of the Crime & Disorder act 1998 (CDA) places a statutory duty on the Police and Local Authorities to "exercise its various functions with due regard for the need to do all that it reasonably can to prevent crime and disorder in its area."

Section 115 of the Crime and Disorder Act provides that any person can lawfully disclose information, where necessary or expedient for the purposes of any provision of the Act, to a chief officer of police or to any person acting on their behalf.

### **Information to be exchanged**

Parties to this agreement will exchange relevant information, including previous convictions and/or current intelligence to enable the Tower Project Team to:

- Reduce drug related crime by targeting known offenders, and
- Work with known offenders with their explicit consent to enter a drug treatment programme.

All persons involved in the exchange of personal information whether it be held on computer or manual files will recognise that there is a requirement to consider any relevant areas of the Common Law or statute (including the Data Protection act and the common law duty of confidence).

The drug treatment workers will disclose to the Tower Project workers:

- Whether the client attended for treatment
- The result of the client's drug tests
- The treatment that the client has been prescribed

### **Working Procedures**

Pro-forma documentation will be utilised by all parties to administer the agreement. Prior to the Group exchanging information relating to a particular individual steps will be taken to obtain “informed written consent” from that individual to be involved in the scheme.

### **Supporting or targeting persistent offenders where consent has not been given**

There are some occasions where clients will simply not sign the consent form but accept support. They will continue to be provided support and monitored in the normal manner. Some clients will not consent to any support from the project. In these situations the case will be discussed within the Tower Project under Section 29(3) Data Protection Act 1998, the prevention/detection of crime, apprehension or prosecution of offenders and section 17 and 115 of the Crime and Disorder Act. Information will be exchanged within the group with an aim of reducing drug related crime specifically relating to the particular known offender.

### **Working with a known offender once written informed consent has been obtained**

On occasions where an offender feels they would benefit from the assistance being offered by the project their case will be taken to the Tower Project for discussions in relation to how they may be assisted to move away from their life of drug dependency and crime. In such circumstances relevant information will be exchanged within the group to enable this to be achieved.

### **Complaints Procedure**

In the event of a breach of this protocol the signature to this protocol should be contacted who will decide upon appropriate action. Clients are encouraged to involve their legal advisors in the project update them as to their progress with their offending and drug misuse. Complaints can be forwarded in the normal manner via the particular parent organisation. i.e. police, probation and CPS etc.

### **Subject Access Application**

If an agency receives a subject access application from an individual wishing to access information that has originated from another agency, the originator of the data must be consulted. This will give the originator the opportunity to object to the disclosure under the provisions provided by Section 29 of the Data Protection Act 1998. When an application is received, advice should be sought from the organisations Data Protection Officer or nominated individual.

### **Indemnity & Signatures**

Each of the parties to this protocol undertake:

- To ensure that all the information exchanged is done so only in line with the requirements of the scheme, and that any information exchanged is treated as confidential and not disclosed to any person other than those involved in the initiative.
- To ensure that all information supplied under the terms of the aforementioned agreement is kept secure.
- To ensure that all data supplied will only be held for as long as it is required during the process of the scheme, and that on completion all documentation will be disposed of as confidential waste.

To indemnify each of the agencies listed under this agreement against any claim arising under any cause of action made by any person against any of them as a result of disclosure of information to any person (whether such information is accurate or not).

- Not to sue any other agencies identified in this protocol or any in respect of any loss or damage suffered as a result of any misuse of or disclosure of data by an employee or agent of any of the agencies.

### **SIGNATURES**

# Tower Project



BLACKPOOL COMMUNITY  
SAFETY PARTNERSHIP

## Tower Project Performance Indicators

### Performance Indicators and Measures

#### **Crime**

- % Reduction in offending rate of clients
- % Reduction in cost of criminality of clients
- % Reduction in the cost of the illegal drug use of clients

#### **Health**

Reduction in drug related deaths  
Increase participation of problematic drug users in drug related programmes  
Increase those users successfully completing treatment programmes  
Increase access to general medical services for all problematic drug users

#### **Probation**

Ensure that all visits to clients who are subject to probation support meet the national standards  
Measuring Performance

In Lancashire each divisional management team benefits from a divisional review by a member of the chief officer team. The implementation of a Tower project across their Division will form part of each review process.

Lancashire Constabulary will also form a countywide multi agency Tower implementation group perhaps meeting as part of the Street Crime Initiative External Board. This high level group will support the various Tower projects by dealing with any major strategic issues.

An internal Tower Project group consisting of the police manager in each division who is responsible for the implementation of Tower will meet on a regular basis to share best practice and resolve any issues. The project utilises other nationally recognised self-reporting systems to ensure that the performance can be compared against other projects. Every January a full review of each individual's offending and drug use should take place to enable the team to link the effect of the Tower Project to any changes in overall criminality.

Appendix 4



**BLACKPOOL COMMUNITY SAFETY PARTNERSHIP**  
**Tower Project**  
**Multi-Agency Problem Solving Team**  
**Western Divisional Headquarters**  
**Bonny Street Blackpool FY1 5RL**  
**Tel: (01253) 604245 Fax: (01253) 604133**

**The Tower Project Consent Form**

The Tower Project has identified me, \_\_\_\_\_ as a persistent offender, who has an identified drug misuse problem, which is driving my criminal activity.

I understand that the aim of the project is to reduce drug related crime and assist persistent offenders in Blackpool. I wish to participate in the Tower Project and acknowledge that I am a persistent offender.

I acknowledge that as part of this scheme, I will be subject to police attention if I continue to commit further criminal offences, or where there is evidence to show recent drug abuse.

I agree to fully co-operate with this scheme and accept that I may be required to participate in regular, supervised drug testing.

I understand that the Tower Project is a multi-agency project and that information gathered and recorded may be used by other agencies involved. This includes the Benefits Agencies, The National Probation Service Lancashire, Job Centre Plus, NACRO, Crown Prosecution Service, drug workers and the Prison CARAT Schemes, and may require the exchange of information between these and other agencies.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Witnessed \_\_\_\_\_

I consent for the Tower Project to have access to any recorded information held by the CARAT Prison Service and Arrest Referral Workers.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Witnessed \_\_\_\_\_

Advice leaflet given Yes/No



**EXIT STRATEGY CRITERIA FOR SUCCESSFUL TOWER CLIENTS**

The following criteria must be achieved and maintained by a Tower client before they are to be considered for the exit strategy:

1. Not committed/charged with BVPI crime in 3/6 months. (Street robbery, burglary in a house, vehicle crime.)
2. The client is drug free and stable on medication/methadone/substitute reduction programme \* and can only be referred on the authority of the doctor / drugs worker and then only to GP surgeries - not CDT\*
3. All other issues such as housing / benefits / lifestyle issues have been addressed at time of exit

The decision is made by the “key Tower worker,” Team leader, and Tower CPN, the final decision can only be made if the CPN is happy to complete a referral to GP surgery.

Following exit, clients are regularly monitored using the National Intelligence Model. Any clients that come to the adverse notice of the police or other agencies can be reengaged on the project.



The Tower Project is a multi agency persistent offender targeting initiative.

### **Scanning the Problem**

There was a large waiting list in Blackpool for drug treatment. Persistent offenders, because of their chaotic lifestyle, exclude themselves from many mainstream services such as GP services; housing and benefit help. They are trapped in a cycle of offending, drug taking and prison.

Crime rates in Blackpool increased significantly in 2001 especially in street robbery, house burglary and autocrime. A few drug dependent offenders were committing a lot of these offences. Crack cocaine augmenting their heroin use has significantly increased their offending rate.

### **Who's involved?**

The National Probation Service Lancashire, CPS, NACRO and police, work at Blackpool Central police station and a drug worker and medical practitioners conduct surgeries at the Salvation Army Citadel. Housing, Benefit Agencies, and voluntary services support the project.

### **Identifying the Targets**

Clients are identified based upon a computer matrix of their offending rates and the professional judgement of staff. Clients must fulfil certain criteria including Blackpool based residence and criminality, and addiction to crack cocaine or heroin. Extra weighting was given to offences of burglary, autocrime or robberies.

This evidenced matrix supports organisations to share information under the Crime and Disorder Act to prevent crime.

### **Induction**

Upon induction on to the scheme clients have the opportunity to sign a client contract. The project will support the drug dependant offender, making it clear that failure to cooperate and evidence of drug taking and criminality will leave them liable to police surveillance and disruption.

The Tower Project has no powers or supporting legislation and the cooperation of the clients is purely voluntary.

### **Prison and Pre-release**

The project works with clients both inside as well as outside prison. It links in with the CARAT drug treatment scheme in prisons to encourage the most persistent offenders to make best use of the rehabilitation support available.

Together with Probation, clients receive joint pre-release multi agency support over the last few months of their sentence. The release plan begins at the moment of prison release.

### **Community Support**

The Project coordinates GP, housing, benefits, community support, voluntary services work and lifestyle support.

### **Criminal Justice System Support**

It is an assertive system and it is made clear to clients that if there is evidence of any offending they will be targeted and prosecuted.

The scheme supports the CPS with balanced reports on bail/remand applications. The CPS tracks persistent offenders through the courts.

Project staff supports the National Probation Service with balanced information for pre-sentence reports, prison licences, and a variety of Orders.

### **Drug Treatment**

Instant access to a doctor, drug treatment worker, drug treatment products and testing kits have been contractually guaranteed.

Targets will be tested weekly and where appropriate, daily to maintain their motivation levels. Where suitable mainstream rehabilitation, detoxification and day care services are accessed.

### **Aim**

To reduce the criminality of the clients by 30%.

### **Independent Evaluation**

The project has met the 30% crime reduction targets.

### **What's different about Tower?**

It guarantees immediate drug treatment.

It prevents persistent offenders from excluding themselves from services

Provides multi agency prioritised support for ALL persistent offenders.  
Works both in and out of prison.

It links police, CPS, Probation, Prisons, Housing, DSS, drug treatment and medical services.

Enables improved prioritisation of proactive police surveillance and disruption tactics.

It reduces crime, includes vulnerable people in treatment and reduces drug related deaths.

Please contact the Tower  
Project on

Tel:01253 604245

## Appendix 7

### Case Study 1

“J” was aged 26 when he joined the scheme, in February 2002 and was the first person to be targeted for Tower Programme. He was well known to the police and had been identified as one of the most prolific offenders in Blackpool having 34 previous convictions for burglary and theft, and 31 miscellaneous other convictions, prior to January 02. At the time he joined the programme, his self-reported crimes were said to be in the region of 50 offences per month. He has had numerous custodial sentences since 1994.

#### Background to drug use and offending

- “J” self reported that he began using cannabis at age fourteen and started stealing cars after leaving school to make quick money. He did not progress onto heroin until he was 21 when his girlfriend, with whom he has two children, began using it. After this he started to commit burglaries on top of auto crime to fund his own and his girlfriends habit. His brother introduced him to crack two years later. When he joined the Tower scheme in January 2002 he estimated that he was spending between £80-90 a day on heroin and £60 a day on Crack cocaine.
- Tower Support Programme
- “J” was approached whilst in prison serving an 18-month sentence for burglary and informed about the Tower Programme. Despite not trusting the project he was more than happy to be contracted to the scheme and get as much assistance as he could from it. On release “J” was collected from the prison and taken to a bed and breakfast accommodation in Blackpool, which he had organised for himself whilst in prison.
- Whilst in prison, “J” had arranged for himself to enter the Thomas rehabilitation Unit in Blackburn two weeks after his release. However on the day he was due to go he was apprehensive about the move and so the Tower coordinator suggested they go visit the Unit, have a coffee and 'take a look around'. This was an example of cooperation between the project team and other agencies, both working towards the same goals for the benefits of the client. This move worked, and “J” agreed to attend the Unit.
- “J” remained in the Rehab Unit for eight weeks maintaining regular contact with the co-ordinator. Support was offered throughout, and at one time a member of the team transported him to his father's funeral. On leaving the Thomas Unit, “J” had limited contact with Tower because he stayed in the Blackburn area.
- He moved back to Blackpool shortly after, but due to his chaotic lifestyle the project worker had difficulties in keeping track of him. During this period he committed two further offences, was quickly apprehended and charged and subsequently received a custodial sentence. The day after release “J” came to the police station to ask for Tower Team's assistance with housing, medical treatment and benefits.
- The Tower co-ordinator spent two intensive days with “J” following this. In this time they assisted him with a housing application. Whilst this was being processed he was given help to access the Homeless Action Team, who secured accommodation for him at a Blackpool Hostel.

- “J” was accompanied to the doctors to be examined regarding an illness, and a sick note was issued to secure sickness benefit. He was then accompanied to the benefit office to sort out benefits and provided assistance in gaining a Community Care Grant. The Tower co-ordinator also provided moral support when visiting the Community Psychiatric Nurse organised by the Homeless Action Team, and identified him as needing support from a bereavement counselling following the deaths of his father and mother.
- On committing a further offence of Theft of a Vehicle, he was remanded in custody for a week, and then subsequently released to a bail hostel in Staffordshire. The Tower team maintained regular daily contact with the hostel, ensuring that “J” had not absconded and returned to Blackpool.
- “J” was absconded from the bail hostel in December 2002 and is due back at Blackpool Magistrates in March. It is unknown as to where “J” is currently living but he has not been arrested for any crimes since his release from the Bail hostel.
- To date “J” has shown a 75% reduction in recorded offences committed during periods of liberty in comparison to offences committed in the pre-tower period.

### Crime Prediction

Two crime predictions for 2003 were calculated using “J”’s recorded offences in the Pre-Tower and Tower period. These are shown in Table 3.2.1.

Prediction 1 - The predicted number of recorded offences in 2003 if “J” offended at the same rate as in the PreTower period (average 2000 & 2001).

Prediction 2 - The predicted number of recorded offences in 2003 if 'J' offended at the same rate as in the Tower period (2002).

Year	Months at Liberty	Recorded Offences per Month	Total No. Offences per Year
2000	5	12	60
2001	4	9.25	37
Ave. 2000 & 2001		10.62	
2002 (Tower)	7	1.28	9
Prediction 1-based on Pre-Tower (Ave. 2000 & 2001)	12	10.62	127 (prediction)
Prediction 2- based on Tower period (2002)	12	1.28	15 (prediction)

Prediction 1 is based upon the average number of recorded offences per month whilst at liberty in 2000 and 2001. It is predicted that if this client did not spend any time in prison in 2003 he is likely to commit at least 127 offences.

If “J”’s self-reporting of offences is to be believed however, then the number of offences he would be more likely to commit may well be more in the region of 600.

Prediction 2 however, is based upon the number of offences committed per month at whilst at liberty in 2002 (1.28), during his period with the Tower Programme. This shows a predicted figure 15 offences in the whole year.

This is a reduction of 112 offences.

### Criminal Activity

Figure below shows the percentage of recorded offences per month and the periods that 'J' spent in custody from January 2000 to December 2002.

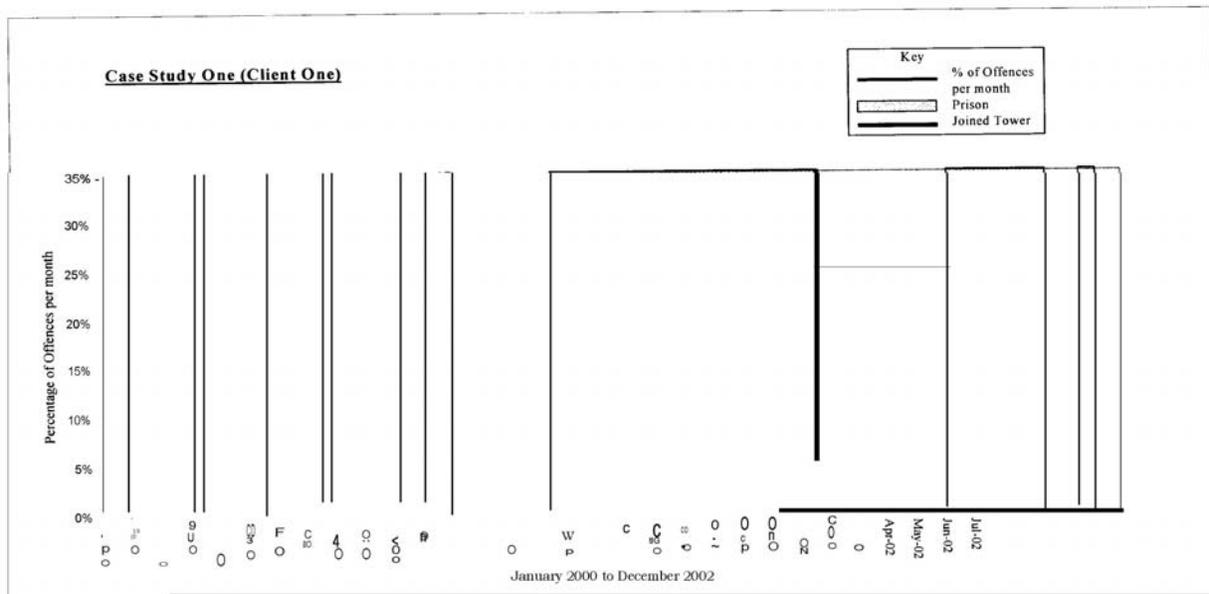
2000 - The total percentage of recorded offences in this year was 56% and "J" spent seven months in prison. In March 2000 recorded offences rose to over 33%. It may be assumed that these offences were matters admitted whilst in prison.

2001 - The total percentage of recorded offences in this year was 36% and 'J' spent eight months in prison.

2002 - In January "J" joined the Tower programme. His percentage of recorded offences for this year was only 9% and he spent five months in custody.

Whilst "J" has not completely stopped offending his recorded offences and time spent in prison have reduced in 2002. This reduction is significant as 'J' was the first person to be referred to the Tower project because he was considered to be the most prolific offender in Blackpool.

"J's % of Recorded Offences Per Month and Periods in Custody for the Period of January 2000 to December 2002 in Case Study One (Client One)



## Appendix 8

### Case Study Two

“S” was 32 when he joined the Tower scheme in July 2002. He is originally from Sheffield but had recently moved to Blackpool with his pregnant partner and two children to escape drug related problems. “S” and his family were found by a uniformed Police Officer sleeping rough in a car. The Officer found the family a hostel and passed on his details to the Tower team.

### Background to drug use and offending

“S” had 62 convictions for burglary and theft offences, and 20 miscellaneous convictions all committed in Sheffield prior to July 2002. His self reported offences when he was contracted to Tower was around 98 offences per month. He had progressed onto heroin when he had started selling the drug fourteen months earlier. He self admitted to using five bags of heroin a day, which he paid for largely through vehicle crime, and shoplifting.

### Tower Support Programme

- After being informed about “S” moving into Blackpool the Tower team researched his previous convictions and found him to be suitable for the scheme. He was visited at the hostel and informed about the Tower project. “S” was very happy to join the scheme as he was desperate to give up drugs and he could not believe that someone, especially the Police, would want to help him and offer him drug treatment. It was identified that he needed drug treatment and housing as priorities.
- “S” had already applied for council accommodation and as already high on the priority list. Tower supported his application by writing to the housing officer that he was receiving intensive support and assistance from the project. He was placed in a two bedroom flat within the month. With the projects help he received a Community Care Grant, which he and his partner used to decorate and furnish the flat.
- “S” received a methadone prescription immediately but suffered problems initially in getting the correct balance. In October “S” began giving negative drug tests for heroin and has continued to give negative tests to date. By November, “S” had started to reduce his methadone treatment, which is currently at 8ml.
- “S” had some outstanding matters at Sheffield Magistrates Court, which are still on going. However he was reluctant to return to Sheffield so the Tower co-ordinators had the cases remitted to Blackpool Magistrates Court. Tower also submitted a report to the CPS about the client's progress with the Tower scheme explaining that he has been successfully complying with the project.
- In January 2003, Tower co-ordinators provided a lot of support for “S” and his partner when they lost their newborn baby. The tower co-ordinators stayed with “S” all afternoon and evening on the day of the death, and maintained daily contact with him after this. They organised a psychiatric nurse for him, and had telephone contact with the family at all hours. The Tower co-ordinator organised the flowers for the funeral, and one of the co-ordinators lent him a suit. They

assisted in bringing the family over from Sheffield for the funeral and paid the travel costs. One of the Tower co-ordinators attended the funeral, and organised bereavement counselling. At one point during this traumatic period 'S' was threatening suicide so a Tower co-ordinator took him to the hospital and sat with him through a psychiatric assessment.

- During this traumatic period “S” made a promise to himself that he would remain drug free, which he has done.
- Once “S” is stable again the co-ordinators intend to start working towards a detox.
- “S” recently started working through a recruitment agency and opened a bank account. He has not had any recorded offences since giving his first negative drug test in October.
- To date “S” has shown a 79% reduction in recorded offences committed during periods of liberty in comparison to offences committed in the pre-tower period.

### Crime Prediction

Two crime predictions for 2003 were calculated using 'S's recorded offences in the Pre-Tower and Tower period. These are shown in the table below.

Prediction 1 - The predicted number of recorded offences in 2003 if “S” offended at the same rate as in the PreTower period of 2000 (“S” was in prison for the entirety of 2001).

Prediction 2 - The predicted number of recorded offences in 2003 if 'S' offended at the same rate as in the Tower period (2002).

Year	Months at Liberty	Recorded Offences per Month	Total No offences per Year
2000	3	0.3	1
2001	0		0
2002 (Tower)	8	0.25	2
Prediction 1-based on Pre-Tower (Ave. 2000 & 2001)	12	0.03	4 (prediction)
Prediction 2- based on Tower period (2002)	12	0.25	3 (prediction)

Prediction 1 is based upon the number of recorded offences per month whilst at liberty in 2000 (0.3). It is predicted that if this client did not spend any time in prison in 2003 he is likely to commit at least 4 offences.

If “S”s self-reporting of offences is to be believed however, then the number of offences he would be more likely to commit may well be more in the region of 1176.

Prediction 2 however, is based upon the number of offences committed per month at whilst at liberty in 2002 (0.25), during his period with the Tower Programme. This shows a predicted figure of 3 offences in the whole year. This is a reduction of 1 offence.

### Criminal Activity

Figure below shows the percentage of recorded offences per month, the periods that “S” spent in prison,

and the results of his drug tests.

2000 - The total percentage of recorded offences in this year was 33%, and "S" spent nine months in custody. 2001 – "S" spent the entire year in prison.

2002 - His total percentage of recorded offences for the year was 66%, half of which were committed prior to joining the Tower programme. His recorded offences in early October were shoplifting. The day after committing this offence 'S' refused to give a drug test because it would show heroin. 'S' spent only four months in prison this year. Since joining the Tower programme he has not had any periods in custody. Furthermore, since giving his first negative drug test in October he has had no recorded offences to date.

Figure 3.2.5 - 'S's % of Recorded Offences Per Month and Periods in Custody for the Period of January 2000 to December 2002.

