

HARD EDGES: MAPPING SEVERE AND MULTIPLE DISADVANTAGE IN ENGLAND

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APPENDIX A: QUALITATIVE PHASE OF STUDY

The initial phase of the study was a qualitative scoping exercise, to identify the groups of people who face the type of SMD focussed upon in this first report. We approached this task in a three-pronged way.

First, we completed a targeted review of literature to identify relevant qualitative evidence and statistical data sources, and also to clarify key policy contexts, trends and debates.

Second, we conducted 18 in-depth interviews with key stakeholders in the fields of homelessness, substance misuse, criminal justice and mental health. These stakeholders included senior practitioners and policy-makers from the statutory and voluntary sectors, as well as academics. In these stakeholder interviews we explored the definitional and conceptual priorities for this work, as well as data sources and their strengths and weaknesses. Most of these interviews were conducted in London: additional key informant interviews at local level, and with government analysts, were undertaken in the quantitative scoping phase of the study.

Third, interviews were undertaken with 12 people with current or recent experience of SMD in order to 'bring alive' the issues associated with SMD and ensure that the perspectives of those directly affected were included. David Ford, Chair of Homeless Link's Expert Advisory Panel, conducted these interviews on our behalf. Six people were interviewed in one-to-one in-depth interviews, and six people participated in a focus group discussion. The in-depth interviews took place in Stoke and Cambridge, and the focus group was conducted in London. In total, three women and nine men with direct experience of SMD participated in this stage of the study.

This qualitative phase of the study formed the platform for the statistical stage of the study by providing:

- a refined conceptual framework and scope for the SMD Profile;
- qualitative evidence on the lived experience of severe and multiple disadvantage; and
- information regarding the statistical data sources to be interrogated in developing the SMD Profile.

An interim report was produced based on this qualitative phase of the study, structured into six main sections:

- definitional parameters and scope;
- terminology;
- causation;
- prevention and resolution;
- views on the final product;
- data sources and possible analytical approaches.

This qualitative report is available on request from LankellyChase, please contact enquiries@lankellychase.org.uk

APPENDIX B

Overview of Main Data Sources

Supporting People (SP). Over the last decade a comprehensive set of services providing housing-related support to key client groups have been developed and funded under the Supporting People banner. Funding and coordination of these services is undertaken through local government, primarily at the higher tier or unitary level of social services local authorities, although actual service delivery rests primarily with voluntary sector bodies. These comprise particularly the major providers of services for single homeless people but also services focusing particularly on substance misuse, the rehabilitation of offenders, mental health support and support to other particularly vulnerable groups. Client level information was collected on a common basis across this sector as a condition of funding, and these data are processed and analysed by the Centre for Housing Research based at the University of St Andrews. Until 2010/11 these returns were mandatory and covered the whole of SP activity; after that date, when funding ceased to be ring-fenced, the returns became voluntary but nearly two-thirds of authorities continue to make returns.

We focus on one of the three main sectors covered by SP, 'Short Term Services' (STS) targeted at socially excluded groups of adults; the other main sectors dealing with longer-term services for groups of learning and other disabled people and for older people, are not included. Our analysis draws on two returns for STS, the 'Client Record' completed when someone enters a service and the 'Outcomes' record completed when they leave the service, the latter covering a subset of the whole client population. We analyse data for the period 2007/08 to 2012/13. However, the years with the best overall coverage and the best set of indicators for identifying SMD overlap groups are 2009/10 and 2010/11, so we use these as the basis for our best cross-sectional analyses of the whole SP population. For timeline analysis we focus mainly on client record data for 2009/10 to 2012/13.

A majority but not all of SP clients have unique IDs, permitting linkage of client to outcome records and the elimination of 'duplicates' within years ('duplicates' are mainly cases using more than one service or having more than one episode). Therefore some analyses look at the whole population, grossing up to allow for non-ID cases, while others (going into more detail on characteristics) tend to focus on the client or outcome records where there are IDs present. For analysis of characteristics not involving outcomes, we tend to use the client record data which has fuller coverage. For the key years 2009/10 and 2010/11 the stock of active cases (active within each year) totals 272,000 in each year for England; of these about 90,000 have one SMD domain, 50,000 have two domains and 58,000 have all three. Involvement in each domain is identified using a combination of the main and supplementary client group codes and other indicators of involvement of agencies or issues pertaining to each domain. More details about the analysis of SP data are provided in Appendix B.

Offender Assessment System (OASys) and MOJ Statistics. Our second main data source is the Offender Assessment System, which was developed by NOMS as a systematic data recording system at the level of individual offenders within the criminal justice system, primarily as a means of predicting the risk of reoffending. The data are based on OASys Release 4.3.1 which was deployed to prisons and probation areas from

August 2009. The release included a streamlining of the original (*full*) assessment – now completed with those offenders assessed at Pre-Sentence Report stage, those being supervised in the community at Offender Management Tiers 3/4, those prisoners subject to an indeterminate sentence (lifers and IPPs), all 18-20 year old prisoners and those PPO and high/very high RoSH prisoners subject to a determinate sentence of at least 12 months. A new shorter (*standard*) assessment is used with: (i) Tier 2 community offenders with a Supervision requirement; and (ii) prisoners subject to a determinate sentence of at least 12 months, excluding 18-20 year olds, PPOs and those assessed as high/very high RoSH. Thus the data cover (with varying degrees of detail) most non-custodial cases subject to supervision, most prisoners with longer sentences and young adult (18-20) prisoners, but only a minority of prisoners on shorter sentences.

We estimate that the annual flow number of cases with an OASys assessment in our database is 45% of the total annual flow of dispositions, about 48,500 per year. The assessments analysed are the last assessment completed for the individual concerned (with no duplicates). We would expect this to represent a higher proportion of the group of 'chronic' offenders of primary interest in this study, who would be quite likely to be captured in one or more of the groups mentioned above (e.g. imprisoned when aged 18-20, tier 2 and above, etc.).

In order to 'gross up' numerical estimates for the whole adult offender population (stock or flow) we develop a synthetic model of the offender population broken down by custodial/non-custodial, length of sentence and offending frequency, and apply differential grossing factors to represent the uneven coverage. These grossed populations are consistent with NOMS published statistics, but some of the detailed assumptions within the model involve guesswork. Appendix C details the grossing procedure.

OASys data were supplied for the whole period 2006-12, extracting a range of variables to capture SMD domains and other key indicators of quality of life and background factors as well as the modelled predictors of reoffending risk. Unfortunately, to avoid possible disclosure issues detailed date information were omitted – ideally we would have preferred to have retained at least the year information. This means that we cannot use this source to provide timeline analyses. Individual offenders only appear once in the data supplied, based on the latest available assessment, so there is no duplication. In view of the changes to the system in 2009, some more detailed attribute variables are not available for the whole period. The OASys data supplied comprise 340,000 individual records over seven years, giving about 48,500 unique individual assessments per year. Applying our grossing model we mainly tabulate results for a typical annual stock of 316,000 offenders, or a typical annual flow of 104,400 individuals. Of the former, a few are below a threshold for trivial offending, 116,000 have one SMD domain, 130,000 have two domains and 54,000 have all three.

National Drug Treatment Monitoring System (NDTMS). This system, which is now operated by Public Health England (PHE), is a mandatory data recording system for all publicly sponsored drug or alcohol treatment. We have obtained a subset of variables for all cases in the two datasets, one for drugs (since 2005-06) and the other for alcohol (since 2008); these databases have the same structure and variable definitions/coding, but some fields may be primarily relevant to one but not both datasets. We have analysed them separately but for some purposes the results can be combined. Information from PHE indicates that drug treatment activity does over time involve a high

proportion of users of hard drugs (e.g. opiates, crack), but only a minority of serious alcohol misusers. The high contact level for the former group stems in part from the high level of mandatory referral from the criminal justice system. Data have been obtained for the whole period 2005 to 2012, but the first and last of these are part-years. The data distinguish clients, journeys, episodes, interventions and modalities within these; the same client can have multiple episodes within and across years. We mainly focus on journeys and look at numbers by year, but recognise that some individuals will have journeys in more than one year. The total dataset has approaching 1m records for drugs and about half this for alcohol (from 2008 only), but the total number of clients with journeys in a typical year (2010) is about 313,000, of whom 189,000 are substance only, 102,000 with two domains and 22,300 with all three domains. These total figures have been adjusted, based on advice from PHE and their own research, to reflect (a) cases starting before 2005 or not completed by 2012, and (b) underreporting of offending in the referral data. This is a less complete record of problem substance users in a year than the equivalent numbers from the other two systems, because many of these will not be engaging with treatment in a particular year, especially in the case of alcohol. Separate estimates have also been made for the total populations of problem drug and alcohol users (who would be priorities for treatment). Appendix F provides more details on the analysis of NDTMS.

Homeless Provider Client Data We also obtained data through Homeless Link's Inform system on clients of seven major service providers in the single homeless sector. These data overlap significantly with SP in terms of types of cases and characteristics recorded, although on particular issues (notably mental health) the data provide richer detail. However, the geographical coverage is inevitably patchy and it is also apparent that some data fields were less fully populated in earlier years of the period covered (2006-2013) for some providers. The total dataset comprised 31,200 records (with identifiable duplicates removed), but the usable number with primary client group codes was around 25,000. Appendix D provides more detail on the definition of SMD groups within this dataset.

Multiple Exclusion Homelessness Survey (MEH) This study, supported by ESRC, involved a multi-stage survey. First, with the assistance of local voluntary sector partners, researchers identified all agencies in seven urban locations that offered 'low threshold' support services to people experiencing deep social exclusion, including homelessness, substance misuse, ex-offenders, and street sex work, with six randomly selected services chosen in each city. The second stage of fieldwork involved a 'census' questionnaire survey undertaken with the users of these low threshold services over a two-week 'time window'. 1,286 census survey questionnaires were returned, representing a response rate of 52%. Third, and finally, 'extended interviews' were conducted with users of low threshold services whose census responses indicated that they had experienced MEH, and who consented to be contacted for this next stage of the study. The structured questionnaire used was designed to generate detailed information on the characteristics and life experiences of these MEH service users. The interviews were conducted face-to-face, using Computer Assisted Personal Interviewing technology, and lasted 46 minutes on average. A self-completion section contained particularly sensitive questions relating to violence and sexual matters. In total, 452 extended interviews were achieved, with a response rate of 51%. Major findings on pathways into MEH are reported in Fitzpatrick et al (2013). This study includes further more detailed analyses of data from the third stage survey, conducted in 2011. Further

details on the way these data can be grossed up at local level are provided in Appendix E.

UK Poverty and Social Exclusion Survey (PSE). The Poverty and Social Exclusion research project, funded by the Economic and Social Research Council, is the largest ever study of poverty conducted in the UK. The Living Standards survey was carried out between March and December 2012 by the National Centre for Social Research (NatCen) in Britain and by the Northern Ireland Statistics and Research Agency (NISRA) in Northern Ireland. The survey re-interviewed respondents to the 2010/11 Family Resources Survey (FRS) who said they could be contacted again. Every adult living at each address was interviewed. The PSE dataset includes many variables carried forward from the FRS interviews. The sampling frame was designed so as to give a minimum sample in Britain of 4,220 households (including 1,000 households in Scotland overall and an additional 220 households in rural Scotland) and a minimum sample in Northern Ireland of 1,000 households. The final sample size achieved was 5,193 households (4,205 in Britain and 988 in Northern Ireland) in which 12,097 people were living (9,786 in Britain and 2,311 in Northern Ireland). While representative of the population living in private households, this survey omits those currently in institutional accommodation or with no fixed abode, which is a significant element of those currently experiencing SMD. However, in addition to providing wider population benchmarks the PSE can also provide considerable insights into past experiences of SMD, although no questions were asked on substance misuse.

APPENDIX C:

Technical Details of Supporting People Analysis

Introduction

It is useful at the outset to introduce shorthand acronyms for the different datasets within the overall system of monitoring 'Supporting People': CR – Client Records; STS – Outcomes for Short Term Services; OLTS – Outcomes for Long Term Services]

There are three separate datasets: CR; STS; OLTS. The datasets for 2003/04-2010/11 are deposited with the UK Data Archive (CLG is the data owner), and the HWU research team were able to download these and analyse them at individual record level. St Andrews University holds the 2011/12 and later datasets. By agreement the research group at the Centre for Housing Research at St Andrew's ran comparable analyses on their data, as specified by the HWU team (essentially providing the SPSS analysis syntax which St Andrews were able to run on the data).

Client Records:

CR form is submitted when the client starts using a service. A form is completed for every support episode (with the same provider or many different providers), so one individual may have more than one record in CR database in one year, and also in different years.

Outcomes for Short Term Services:

STS contains most of the same socio-demographic data fields as CR plus data about outcomes from that service. However, not every episode ends with an Outcome form being completed. The form is only completed where support is provided on the basis of a short-term contract, usually where support is intended to be for a finite period of not more than 2 years. Even where individuals are receiving support based on a short-term contract an Outcomes form will not necessarily be required. CLG, in recognition of the potential administrative burden on service providers, suggested that data should at least be collected where support lasted at least 28 days. Nonetheless, many Administrative Authorities insist on Outcomes forms for *all* clients leaving short-term services.

Outcomes for Long Term Services:

The Outcomes for Long-term services dataset records information about the client who is receiving support services for two or more years in duration. What this means in practice is that this dataset is mainly about older people entering long-term services such as sheltered housing, or adults with learning or multiple disabilities requiring ongoing support,

Overcoming challenges for the analysis

1) *duplicates and records with no ID*

CR datasets from 2006/07 and STS datasets from 2007/08 contain unique identifiers. Some cases however do not have an ID and some cases that have IDs are ‘duplicates’ (normally meaning that the same individual has accessed more than one separate service or had more than one episode). Below is an illustration of the ID profile of CR and STS 2010/11¹:

Table C.1

Dataset	With ID		No ID	Total
	Primary cases	‘Duplicate’ cases	All	
CR 2010/11	141,696 (61.3%)	27,838 (12.0%)	61,633 (26.7%)	231,167
STS 2010/11	126,526 (67.0%)	14,481 (7.7%)	47,887 (25.3%)	188,894

The fact that more than one record may exist for one individual at any year poses a challenge to SMD analyses – both for calculating the % overlap between SMD domains and for estimating the stock/flow. Reducing ‘duplicates’ (i.e. multiple service records for the same individual) is straightforward for records which have an ID but is very problematic for records with no ID. The team tried to develop a fuzzy logic algorithm which would match records that are likely to belong to the same individual, but this proved impossible due to insufficient information about each case. What we have therefore done is ‘virtually’ reduced suspected duplicates in the non-ID cohort by mapping the distribution of SMD characteristics from cases with ID onto cases with no ID. This was not ideal as the two cohorts have quite different SMD profiles (see below) but we believe that it was the ‘least bad’ way of addressing the problem.

The following table illustrates that the ID and non-ID cohorts have quite different SMD profiles (CR 2010/11, duplicates not reduced):

¹ full datasets, including cases with no domain of SMD

Table C.2

	Non-ID	ID
Total	61,634	134,653
No SMD domain	34.5%	20.6%
Homeless but not offender/substance	18.5%	24.3%
Offender but not homeless/substance	6.9%	3.2%
Substance but not homeless/offender	5.3%	4.6%
Offender and substance but not homeless	14.5%	10.3%
Homeless and substance but not offender	2.6%	6.9%
Homeless and offender but not substance	4.1%	4.5%
3 SMD	13.6%	25.5%

2) increasing amount of information about clients

Both CR and STS forms allowed for collecting more Substance- and Offending-related information from 2009/10 by introducing a question about 'working in partnership with another support agency' (such as Police/Probation, Youth Offending Teams, Alcohol/Drugs Services). We originally thought that that did not make any significant difference to frequencies, as we expected such clients to be nevertheless marked as 'substance misusers' or 'offenders' under the Primary/Secondary Client groups. It turned out, however, that a high number of clients have a score under 'working with Police etc' but are not marked as offenders or substance misusers under Primary/Secondary client group:

Table C.3

	CR 08/09, IDs		CR 09/10, IDs (DEFINITIONS AS IN 08/09)		CR 09/10, IDs (WIDER DEFINITIONS WHICH USED EXTRA INFORMATION)	
	N=	%	N=	%	N=	%
No SMD	30,338	23.1	38,074	26.2	29,306	20.2
Hless_	91,098	69.5	94,802	65.2	94,999	65.4
Subst	30,406	23.2	33,378	23.0	67,616	46.5
Off	20,929	16.0	24,596	16.9	62,251	42.8
Total	131,101	100	145,328	100	145,328	100

Table C.3 illustrates this transition, with additional information to identify substance and offending from 2009/10 making a lot of difference to the classification of overlaps. What this means is that information on substance misuse and offending prior to 2009/10 partial and therefore it should not be relied on.

By extension, pre-09/10 data on 'No SMD' cannot be relied on as such records are likely to include individuals who would in later datasets be marked as 'Substance Only' or 'Offender Only'.

Similarly, as there was an increase in the amount of information about homelessness between 07/08 and 08/09 and then again between 08/09 and 09/10, pre-09/10 data on homelessness should not be compared with 09/10 and later years.

This has particular information to the use of data in time series (timeline) form. For most purposes we only present timelines from 2009/10 onwards, to avoid a misleading change in classification.

3) selected LAs from 11/12

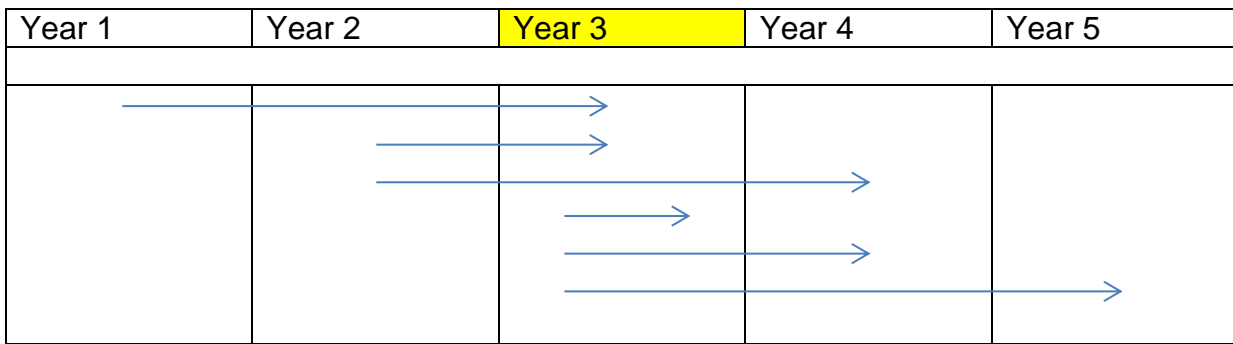
Central ring-fenced funding from the DCLG for the collection of Supporting People data ceased on the 31st March 2011. From the 1st April 2011 individual Administering Authorities have responsibility for the collection of data. The Centre for Housing Research at St Andrews University continues to collect data from those authorities who wish to record this information with them. 58% of Administering Authorities submitted SP data to St Andrews in both 2011/12 and 2012/13.

What this means is that we decided to use 2010/11 as our key year for the analysis. A grossing up has been done to estimate total numbers by year, allowing for authorities dropping out of the system between 2010 and 2011, using the numbers returned in 2010/11. The grossed figures are as shown in Figure 2 in the main report. Otherwise, when presenting timelines for key characteristics or demographic profiles, we tend to use the data for the local authorities which continued to submit returns after 2011.

4) How the stock was calculated

Many of the analyses presented in this report are for the 'total stock' or population of clients in a particular year. Generally, we mean by this the number of people who have been receiving service/in contact with agencies during the (financial year). That is a somewhat broader definition of 'stock' than might be applied in some other contexts, where the focus may be on just those people receiving service ('on the books') on a particular date. As there is no dataset with SP stock [*also called 'total population' in this report*] for a given year, we needed to merge datasets. The most straightforward way is presented below, and illustrated by Figure A.1

Figure B.1



To create a dataset containing the total SMD population in Year 3, we could add the following cases:

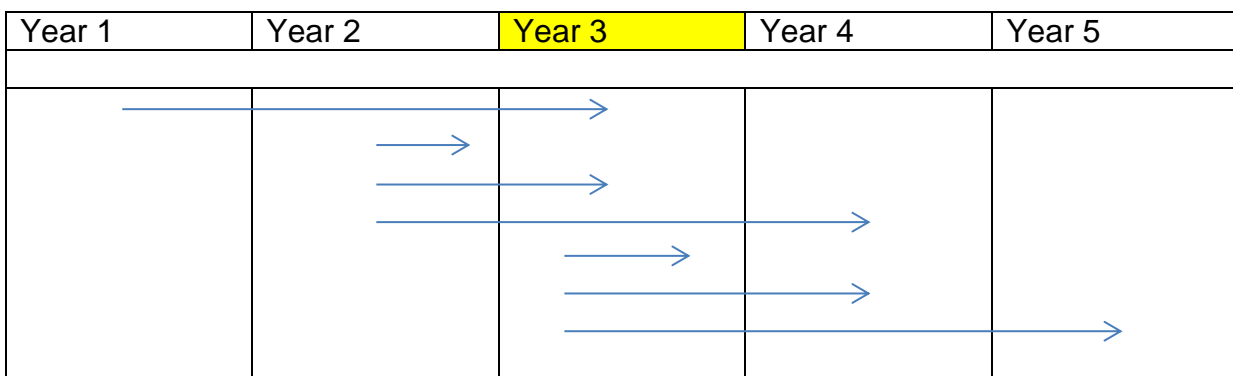
- 1) Those who started in Year 1 and finished in Year 3 (use STS for Year 3 to identify them);
- 2) Those who started in Year 2 and finished in Year 3 (use STS for Year 3 to identify them);
- 3) Those who started in Year 2 and finished in Year 4 (use STS for Year 4 to identify them);
- 4) Those who started in Year 3 (use the whole of CR for Year 3)².

All these cases would be put in one dataset, and then duplicate cases would be removed.

However, as we need an STS for the following year (4), this method only works for 2007/08-2009/10 but not for 2010/11 and later years. This is because we do not have a full STO for 2011/12 and later.

In order to calculate total populations for 2010/11 and later, we decided to use a different method that eliminates the need for an STS for the following year, as illustrated by Figure A.2

Figure B.2



² In practice, we can include all cases in STO for Year 3 as we don't mind also including cases which started and ended in Year 3. They will duplicate cases in CR for Year 3 but at the end will be removed.

To create a dataset containing the total SMD population in Year 3 (2010/11) without using STS for Year 4, we added the following records:

- 1) Those who started in Year 1 and finished in Year 3 (used STS for Year 3 to identify them);
- 2) Those who started in Year 2 and finished in Year 3 (used STS for Year 3 to identify them);
- 3) Those who started in Year 2 and finished in Year 4 (used CR for Year 2 to identify them but excluded cases that started and ended in Year 2 by using STS for Year 2);
- 4) Those who started in Year 3 (used the whole of CR for Year 3).

Again, all these cases were put in one dataset, and then duplicate cases were removed.

The challenging aspect of method 2 is that a client may have multiple 'start' records for Year 2 (as in CR for Year 2) and multiple 'start-end' records for Year 2 (as in STS for Year 2). So for example if an individual had two 'start' records in Year 2 and two 'start-end' records in Year 2, we did not want them in our dataset for Year 3. However, if an individual had three 'start' records in Year 2 and two 'start-end' records in Year 2, we did want them in our dataset for Year 3. Our syntax for merger has addressed this issue.

5) How the overlap between SMD domains was calculated

As mentioned above, we have used 2010/11 (stock) as the key year for the analysis of the overlap between SMD domains, to explore relationships between SMD domains and socio-demographic characteristics, and to explore outcomes of SMD clients. Clients without ID could not be part of this analysis. For this reason we mainly provide percentages and not absolute numbers. For the estimates of aggregate numbers over time, we applied grossing factors to take account of both cases without IDs and for the omission of authorities no longer making returns after 2011.

For timelines, we used Client Records as this allowed to include the very latest data (for 2012/13) (again, non-IDs were excluded). As noted above, we only included LAs which carried on submitting after 2010/11.

We have used all information available about each record. Where there were duplicate records, we have used the SPSS 'aggregate' function to merge information in one record with information in other records, before reducing those records to one³.

³ Some cases of aggregation may create an artefact. For example, when we use CR/STS for Year 2 to select cases that end up in Year 3 population, we may have a case that is marked as 'homeless' for Year 3 but in fact this is someone who was 'homeless' in Year 2 but is no longer homeless in Year 3. However, in our view the advantages of aggregation vastly outweigh these disadvantages.

Defining Indicators of SMD

A question inevitably asked when this research is presented will be, how have you defined homelessness, offending or substance misuse? Table C.4 sets out the multiple criteria used in the analysis of Supporting People.

Table C.4

Question (positively answered)	Homeless	Offender	substance	MH
Type of service: women's refuge	✓			
Type of service: foyer	✓			
Primary/secondary group: single homeless with support needs	✓			
Primary/secondary group: rough sleeper	✓			
Primary/secondary group: homeless families with support needs	✓			
Prior to service: statutorily homeless and owed a duty	✓			
Prior to service: statutorily homeless and not owed a duty	✓			
Prior to service: not found statutorily homeless but considered homeless by service provider	✓			
Accommodation (outreach): women's refuge	✓			
Accommodation (outreach): foyer	✓			
Accommodation (outreach): other temp accommodation	✓			
Accommodation (outreach): rough sleeping	✓			
Accommodation (outreach): B&B	✓			
Accommodation (outreach): living with friends	✓			
Accommodation (prior to service): women's refuge	✓			
Accommodation (prior to service): foyer	✓			
Accommodation (prior to service): other temp accommodation	✓			
Accommodation (prior to service): rough sleeping	✓			
Accommodation (prior to service): B&B	✓			
Accommodation (prior to service): living with friends	✓			

Accommodation (intended): women's refuge	✓			
Accommodation (intended): foyer	✓			
Accommodation (intended): other temp accommodation	✓			
Accommodation (intended): rough sleeping	✓			
Accommodation (intended): B&B	✓			
Accommodation (intended): living with friends	✓			
Work in partnership with Police/probation		✓		
Work in partnership with Youth Offending Teams		✓		
Primary/secondary group: offenders or at risk of offending		✓		
Primary/secondary group: mentally disordered offenders		✓		✓
Client accepted under: probation service or Youth Offending Teams		✓		
Currently subject to ASBO		✓		
Referral from: probation service/prison		✓		
Referral from: Youth Offending Team		✓		
Referral from: Police		✓		
Accommodation (outreach): prison		✓		
Accommodation (outreach): probation hostel		✓		
Accommodation (prior to service): prison		✓		
Accommodation (prior to service): probation hostel		✓		
Accommodation (intended): prison		✓		
Accommodation (intended): probation hostel		✓		
Work in partnership with Drug/alcohol services			✓	
Primary/secondary group: alcohol misuse problems			✓	
Primary/secondary group: drug misuse problems			✓	
Client accepted under: Drug Interventions Programme			✓	
Referral from: Community Mental Health team				✓
Disability: Mental Health				✓
Disability: Learning Disability				
Disability: autistic spectrum				

Primary/secondary group: mental health problems				✓
Primary/secondary group: Learning disabilities				
Client accepted under: Secondary mental health service				✓

APPENDIX D

Weighting Scheme for Analysis of Offender Assessment System (OASys) Data

As set out in Appendix B, the Offender Assessment System entails a questionnaire proforma being completed for each subject by a probation officer or other staff member responsible for supervising the offender, both in prison and those under supervision in the community. Assessments are made or updated both when offenders enter the system and in some cases at subsequent stages. The description in Appendix A indicates that the data cover (with varying degrees of detail) most non-custodial cases subject to supervision, most prisoners with longer sentences and young adult (18-20) prisoners, but only a minority of prisoners on shorter sentences. In order to 'gross up' numerical estimates for the whole adult offender population (stock or flow), we develop a synthetic model of the offender population which uses a combination of known/published numbers and assumptions to estimate the approximate ratio between cases in the OASys data and the overall offender population.

The essence of this approach is to break the offender population down by reference to key characteristics which govern the likelihood of being surveyed in OASys, so that different grossing up factors (multipliers) can be applied to each category. The key categories are: custodial/non-custodial, length of sentence; and offending frequency. These grossed populations are consistent with NOMS published statistics, but some of the detailed assumptions within the model involve guesswork (based on the descriptions in the main reference documentation, but without having access to all of the underlying raw data).

Table D.1 sets out the steps in the calculation (columns), as applied to each of ten subcategories of offender (rows). Both custodial and supervision cases are divided into 'one-off' (first offence), 'repeat' (1-10 previous offences) and 'prolific' (11+ previous offences). Custodial are divided further according to length of sentence: 'short' (<4 month); 'medium' (4 months- 4 years), 'long' (> 4 years). Control totals for the numbers of cases in each category per year, derived from MOJ published statistics averaged over the seven-year period corresponding to our OASys data extract (2006-12), are shown in square brackets next to the row label in column A. (These controls are derived from C J Stats Sept 2012 Table Q5.6 and Q7.5). Our equivalent rounded assumed number is shown in column B.

Our simple model is of a steady-state world where things do not change materially over the seven year period of observation, and where offenders in a particular sub-category can be modelled adequately by applying their average characteristics. Offenders are assumed to follow a 'career' of offending consisting of a number of 'episodes' (i.e. times when they are convicted and punished, for one or a number of offences in each case), and we characterise the average offender in each sub-category in terms of the number of

episodes per year and per career, and the average sentence length per episode. These assumptions are shown in columns C, D and E. The values entered here are a matter of judgement, constrained by logic, and further informed by examining the implications for the overall numbers in the system (which are known). One additional input assumption, shown in column F, is the proportion of each sub-category with at least one OASys assessment over their career. It is important to note that these numbers are guesswork, based on the description given in Appendix A and summarised above. We have good reason to believe that the proportions in the medium/repeat/prolific custodial cases and the repeat and prolific supervision cases are a majority, while the proportions in the short custodial are a minority, but we do not have a firm basis for the exact quantities here. With further input from MOJ/NOMS analysts it might be possible to refine these estimates, possibly in part by making further breakdown (by age) and possibly by referring to more raw data on the OASys administration.

The remaining columns in Table D.1 are all derived logically from the input assumptions, and represent the numbers in the system expressed in different ways. So for example column G gives an estimate of the number of offenders given an OASys assessment each year. It should be noted that many offenders are assessed a number of times over their career, but that the data provided to us select only the last assessment available and eliminate all duplication between individuals. Column H calculates the total number of 'episode-years per year', while Column I shows the subtotal within that of custody-years per year. Column J shows the average career-length, ranging from 1 year for the one-off offenders to 10 years for the custodial-long group.

Column K is particularly important. This shows the number of 'last assessments per year', derived from dividing total assessments per year by average career length. Given that our OASys sample is of last (most recent) assessments, this column represents the number that we expect to find in our OASys dataset, per year OF the period covered by the download. If we divide our total OASys dataset by seven, we have a number per year of 48,373, which compares closely with the 48,513 total from the synthetic model. This relatively closeness has been achieved, in part, by the element of judgement applied in the input assumptions, particularly for column F.

Column L shows our estimate of the number of separate individuals with episodes in a typical year, whether or not they have an OASys assessment. This is derived from column H and the average career length (col J); offenders whose career length is longer contribute more to the total count of episode-years than to the count of separate individuals. This column provides the grossing-up target number for the *annual flow* estimates (107,000).

Column M shows the net stock of individual offenders within the system in a typical year, again derived from column H (gross episode-years per year) but this time divided by the number of episodes per year. This column provides the target number for the *stock* estimates presented in the report – the population of offenders as separate individuals with active episodes in an average year (366,000).

Table D.1

SIMPLE POPULATION MODEL FOR OFFENDERS

Showing durations, repeat offendings, whether custodial, coverage of OASys

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Offender Category (Cohort) [number est from MOJ stats, 7yr ave] (short=<6mth, long >4 yr)	Episodes Gross Flow No. pa	Number episodes per year	Number episodes per career	Ave sentence length	Proportion in Oasys Guessed	Number Assessed /yr (BxF(xE))	Gross Stock no. episode- years /yr (B or BxE)	Number Custody years /yr (BxE)	J Career Length yr (D/C)	K Flow Last ass't / year (G/J)	L Flow All Separ Indivs (H/J)	M Net Stock People- Yr (H/C)	N Repea Inflatio Factor (B/L)
Custodial, short, one-off [9,876]}	10000	1	1	0.2	5%	500	10000	2000	1.0	500	10000	10000	1
Custodial, short, repeat (1-10 prev)	18000	1.5	4	0.22	10%	1800	18000	3960	2.7	675	6750	12000	2
Custodial, short, prolific(11+ prev)	30000	1.5	8	0.25	15%	4500	30000	7500	5.3	844	5625	20000	5
Subtotal custodial short [57,466]	58000					6800	58000	13460					
Custodial, medium, one-off [incl above]	0	1	1	0.7	45%	0	0	0	1.0	0	0	0	0
Custodial, medium, repeat	10000	1	3	0.9	70%	7000	10000	9000	3.0	2333	3333	10000	3
Custodial, medium, prolific	23000	1	6	1	75%	17250	23000	23000	6.0	2875	3833	23000	6
Subtotal custodial medium [32,706]	33000					24250	33000	32000					
Subtotal custodial prolific (53,314]	53000					21750	53000	30500					
Custodial, Long, all (8,585)	9000	0.2	2	3	60%	16200	27000	27000	10.0	1620	2700	135000	3
All Custodial [98,756]	100000					47250	118000	72460					
Supervision, one-off (16,614]	17000	1	1	1	40%	6800	17000		1.0	6800	17000	17000	1
Supervision, repeat [76492]	76000	1.2	3	1.3	55%	54340	98800		2.5	21736	39520	82333	1
Supervision, prolific (52,822]	53000	1.4	6	1.5	60%	47700	79500		4.3	11130	18550	56786	2
Subtotal supervision [145,918]	146000					108840	195300						
	146000									[48373]*			
Flow all dispositions pa	246000					256140	575300	220880		48513	107312	366119	2

Table D.2 summarises the outputs of the model detailed in Table D.1. It shows the numbers from columns K, L, and M aggregated to three main sub-categories: one-off, repeat, and prolific/long. The second block of figures show the percentage shares expected of the three groups, (a) within the assessment data, (b) within the annual flow and (c) in the stock of offenders with episodes in a typical year. The third block of figures show a simple relative share reweighting factor, to get from OASys assessments to population flow or stock profiles. The final block of figures shows the grossing weights implied by these figures, based on the ratios of the actual numbers in the first block. So for example, to get from OASys assessments to net stock of individual offenders per year, you multiply by 4.216. These are the weightings used in the analysis of OASys reported in the main part of the report.

Table D.2: Derivation of Weights based on Estimated Numbers from Table D.1

	Flow Number Last ass't / year*	Flow Number All Separ Indivs	Net Stock People-Yr
Numbers			
All one-off	7300	27000	27000
All repeat	24744	49603	104333
All prolific/long	6800	17000	17000
Total	48513	107312	366119
% shares			
All one-off	15%	25%	7%
All repeat	51%	46%	28%
All prolific/long	34%	29%	64%
Relative share reweighting			
	OASys	indflowwgt	stockwgt'
All one-off	1.000	1.672	0.490
All repeat	1.000	0.906	0.559
All prolific/long	1.000	0.843	1.889
Grossing Weights Used			
(Abs numbers)		Gflowwgt	Gstockwgt
All one-off		3.699	3.699
All repeat		2.005	4.216
All prolific/long		1.865	14.256

*:=1/7th of OASYS data

APPENDIX E

Definitions Used in Homeless Provider Data Analysis

Introduction

We initially followed a two-track approach to getting administrative data on the homelessness domain. The first track has been Supporting People client and outcome records for Short Term Services, while the second track has been to obtain data from Homeless Agencies' own client records. Within the second track, we pursued two sub-samples of Agencies, those using the common 'INFORM' database supported by Homeless Link and other Agencies not using this system. In practice we had greater success in gaining agreement to participate from Agencies in the first sub- group. We were thus able to ask Homeless Link to perform a download of a common set of data fields from the systems of seven Agencies. This task was successfully undertaken in September 2013. Selected analyses referred to in the report are based on these data.

The rationale for the twin-track approach was that it was believed that Supporting People (SP) might have both deficiency of coverage (being a voluntary return) and more limited depth and detail of data about clients. Therefore it was believed that getting data from a sample of mainly larger Agencies would balance up the coverage and also provide richer information on some aspects of needs and circumstances, background, services used and quality of life.

However, in the light of the limited response from the non-Inform Agencies, and the limitations of the data actually obtained from the Inform-using Agencies, and having regard to the better than expected information obtained from Supporting People, we re-assessed the added value of this second track, and decided not to pursue things further with the non-Inform agencies.

SMD Classification

The classification of cases in the database in terms of SMD status and type is undertaken using (a) the primary client group codes, (b) the up to three secondary client group codes, and (c) whether certain other related conditions were mentioned. This approach is similar in principle to that used in the SP analysis, as summarised in Annex A, and indeed the client group codes are very similar.

So for example, somebody could be scored for '*other substance issue*' if they

- * used some drug(s) in last month, or
- * currently injected drugs, or
- * take drugs now or used to, or
- * take alcohol daily or practically daily and have more than 5 units per typical day, or
- * has an alcohol problem or recovering

These added another 1505 cases to the 9054 'substance' cases identified from the client group coding.

They could be scored for '*other offending*' if they

- * had had involvement with police
- * had received reprimands, warnings or cautions
- * were currently involved with probation,

'These added 580 cases to the 3963 'offender' cases identified by the client group coding.

There is a question about whether we should include all cases in the analysis, including those without a primary client group, in order to pick up those 'other' substance and offending cases which fall within that group. However, one problem with that is that we do not have equivalent variables to pick up 'other' homelessness cases. It also turns out that only a small number of these 'other' offending and substance cases are within the group with client group missing (87 and 101). Therefore it does not appear to be justified to do this.

Table E.1 shows the numbers by primary client group code, and which codes were allocated to the three SMD component domains. So for example 'homelessness' comprises 'single homeless', 'rough sleeper', and 'family homeless', with the former group the dominant element.

Table E.1: Primary Client Group of Sample Cases

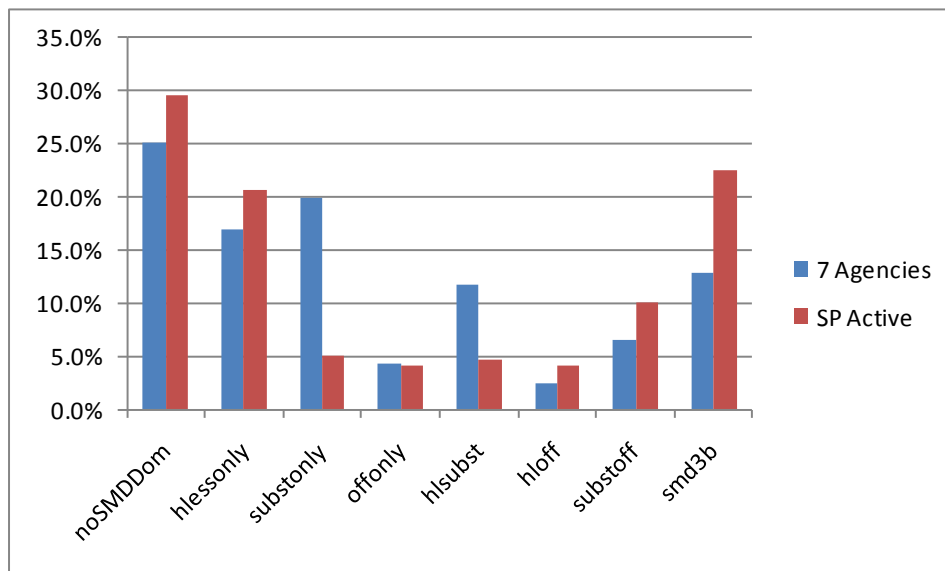
Primary Client Group	Frequency	Percent	Valid %	SMD Domain
Rough sleeper	885	2.8	3.7	H
Single Homeless	4720	15.1	19.8	H
Family Homeless	831	2.7	3.5	H
Alcohol misuse	2209	7.1	9.3	S
Drug misuse	2045	6.6	8.6	S
Offender	2026	6.5	8.5	O
Generic/Complex	2100	6.7	8.8	(SMD3b)
Mental health	4368	14.0	18.3	
Learning disabilities	403	1.3	1.7	
Older	727	2.3	3.1	
Disability	1163	3.7	4.9	
Young	1818	5.8	7.6	
'Domestic violence	286	.9	1.2	
Other Group	240	.8	1.0	
Total	23821	76.4	100.0	
Missing	7360	23.6		
	31181	100.0		

However, there is also a client group category of 'Generic/Complex', shown next. It seems likely that such a designation is frequently used for people we would class as 'SMD' (8.8%). In subsequent analysis we do not count all of these as necessarily SMD; however, if someone has one of our specific

domains as a primary or secondary client group code, and 'generic/complex' as one of the other client group codes, we treat this as SMD ('smd3b').

Figure E.1 shows the pattern of SMD categories across the 7-Agency sample compared with the SP active population analysis for 2010/11. At a glance the distributions show similarities, but there are actually a couple of significant differences. These seven agencies do a lot more work with substance cases, including homeless+substance cases, but at the same time they do rather less cases which have all three domains or are complex/generic. What is relatively similar is the proportion (25-30%) who are not involved in any of the three defining domains of SMD. As shown above and confirmed in specific tabulations, this group are most likely to have mental health issues, generic/complex problems, or to be disabled or young people.

Figure E.1: SMD Categories in Client Databases for Seven Agencies vs National Active cases 2010/11.



What else do these Agencies do? It is clear from Table E.1 that the most important problem or need which they address, alongside homelessness and associated problems, is mental ill-health. That is the primary client group for 18% of all cases. Table E.2 shows the primary and all client groups recorded for cases which do not entail any of the three SMD domains. Mental health as a primary client group accounts for 36% of all the 'non-SMD domain' cases, while including secondary client groupings raises this to 46%. 'Generic/complex' accounts for 21% in terms of primary group and 43% including secondary. The other client groups accounting for notable numbers, outwith the SMD cluster, are 'young' people (14%/19%) and 'disability' (12%/21%). Older people account for 8%/11% and learning disability for 4%/7%.

Table E.2: Client Groups for Non-SMD Cases

Client Group	Primary	%	All	%
Generic/Complex	1649	21.3	3337	43.0
Mental health	2801	36.1	3534	45.6
Learning disabilities	326	4.2	571	7.4
Older	606	7.8	847	10.9
Disability	929	12.0	1606	20.7
Young	1062	13.7	1440	18.6
Domestic violence	199	2.6	371	4.8
Other Group	184	2.4	287	3.7
Total	7756	100.0	7756	100.0

It is of course dangerous to generalize across agencies, as there is in fact considerable variation between them in terms of SMD Casemix.

Appendix F

Note on Grossed-Up MEH Numbers for Seven Cities

We agreed to produce estimates of the overall population experiencing 'multiple exclusion homelessness' for one particular city (Glasgow), based on a 'grossing up' of numbers from the ESRC/JRF MEH Survey results. It is of interest to revisit these estimates at this time as comparisons can be made with this current study of 'Severe and Multiple Disadvantage' (SMD) for Lankelly Chase Foundation. The definition in this latter study is not identical to that used in MEH, but it is strongly overlapping. It is therefore of interest to compare estimated numbers at City level from the two studies.

The process of grossing up for MEH is set out in Table F.1 below. The numbers in here are largely taken from the Technical Report on the MEH Survey. The aim is to get from the number of interviews carried out back, via the numbers revealed by the 'census survey', to the numbers of cases in the city as a whole. In preparation for the study, all agencies which were in relevant categories and operating in the city were identified in a mapping exercise (Column C). If we assume that this mapping was complete, this identifies the relevant total for each city. (In the later discussion of the findings from comparison with the new SMD estimate, this assumption is questioned in relation to one or two cities). Thus the ratio of col C to Col D is crucial to grossing up; for Glasgow this ratio is $24/6 = 4.0$. [While it is true that larger agencies had a higher probability of selection, this is corrected for in the analysis weight calculated by TNS-BMRB and used to get from actual to weighted number of interviews (Col J over col. I)]

In the process of undertaking the Census of agency users over two weeks, a key element of the procedure was to ensure that a count was kept of all users in that agency in that fortnight, regardless of whether a census form was completed for them. These numbers are shown in Col. E, 347 in the case of Glasgow.

At the census stage, from the information collected on the proforma, it was identified that a proportion of cases were not in fact eligible in terms of the definition of MEH adopted. The remaining proportion, those who are 'MEH', is shown in column H; typically this is around 90%, 92% in Glasgow but only 76% in Westminster.

From these pieces of information we can calculate the estimated MEH 'population' of active cases in the two-week survey window period. For Glasgow this is $4 \times 347 \times 0.92 = 1,277$.

What about the number of cases active over a whole year? For this we turn to evidence from this new 'Profile of SMD' study. The evidence in this study, triangulated from three sources (see section 10), is that the average (median) user, who has two or three of the defining issues of homelessness, substance misuse or offending, will be in touch with agencies for a period of around 20

weeks. It follows from this that the annual number of users will be 2.6 times the number of users identified in an exhaustive short period sweep, as undertaken in MEH. ($52/20=2.6$). We therefore estimate the annual number of cases in Glasgow as $1,277 \times 2.6 = 3,320$. (It has been suggested that this factor is an over-estimate, and that typical MEH populations are relatively static; we could use the *mean* duration of 34 weeks, giving a markup factor of $52/34=1.53$, in which case Glasgow's MEH population might be 1,953).

We have carried out the same calculations on all 7 MEH case study cities. The resulting numbers range from 1,090 (Cardiff) to 5,105 (Westminster). Glasgow clearly sits within this range as the second highest.

Table F.1: Grossed Up Number of Cases by City

	C	D	E	F	G	H	I	J	K	L	M	N
	Mapped	Sampled	Total 2wk	Census	Ineligibl e	Eligible	Complete d	Weighted	Estimate d 'MEH'	Est MEH	Grossin g	LCF estimate d
City/Borough	no of agencie s	no. of agencie s	users in sample	forms complet e	from Census	MEH percent	Interviews	Number interview s	Pop 2wk (1)	Cases Year (2)	Weight '(3)	SMD no (4)
Leeds	15	3	191	68	5	93%	44	47	888	2,309	49.1	4,021
Westminster	31	6	500	351	84	76%	127	149	1,963	5,105	34.3	1,718
Cardiff	9	6	307	153	14	91%	58	38	419	1,090	28.7	
Glasgow	24	6	347	151	12	92%	54	108	1,277	3,320	30.7	4,533
Bristol	16	6	445	206	43	79%	65	38	937	2,437	64.1	2,897
Birmingham	12	6	409	145	21	86%	31	47	703	1,829	38.9	7,313
Belfast	12	6	272	212	31	85%	73	26	462	1,202	46.2	

4 English Cities

11,680

15,949

Notes

Ratio

1.37

(1) (col C/col D) x col E x col H.

(2) 2.6 x col. K, assume ave case duration 20 weeks (LCF finding)

(3) col L / col J

(4) LCF SMD Profile study estimate, based on average relative prevalence, working age population and national total for England

It is now of some interest to make further comparisons between the MEH-based estimates for these cities and new, independent estimates derived from this 'Profile of SMD' study, as reported in section 5. This study is able to make comparable estimates for all local authority areas in England, because it uses three national administrative databases which are relatively comprehensive (Supporting People, Drug/Alcohol Treatment, Offender Assessment).

The comparable numbers are shown in the final column of Table F.1, for the four English cities. On average, the LCF study SMD numbers are somewhat higher than the grossed MEH numbers, by about 37% across the four cases. However, it is clear that there are wide variations between the two figures, with only one city (Bristol) being reasonably close. The MEH figure for Westminster (5,105) is much higher than the LCF-SMD figure (1,718). The MEH figures for Leeds and Birmingham (especially) are much lower than the LCF SMD figures.

We believe special factors may affect these instances. Westminster is a fairly extreme, almost unique case, as the national epicentre for international migrants and single homeless moving from other parts of the country. Such people may contact low threshold services but not immediately become users of the more mainstream services represented in the main SMD data systems. Detailed analysis of the MEH data, for example highlighting the high share of migrants and relatively less complex need circumstances in Westminster, support this. Leeds was pilot site for MEH and only three agencies are included in the survey, which is not likely therefore to be so robust for grossing up. More generally, the agencies are very varied and local responses will depend which agency participated and how effectively. The analysis weighting tries to allow for that, but with only six agencies in each city it is likely that there will be some variation. Finally, from informal knowledge of the MEH research process, it is believed that in practice the coverage of agencies in Birmingham, the largest local authority in the country, was incomplete.

Across the four English cities, 'SMD' numbers are estimated at about 137% of the MEH numbers derived from grossing MEH. If that same ratio applied to Glasgow, one could estimate that Glasgow's 'SMD' population; might be about 4,500 over a year.

Appendix G

Analysis of National Drug Treatment Monitoring System Data

The National Drug Treatment Monitoring System (NDTMS) is a dataset maintained by the National Treatment Agency (NTA), now part of Public Health England (PHE), to monitor the performance of the drug treatment system in England against local and national targets. The NDTMS is the tool used to bring together data collected on drug and alcohol treatments from other data sources such as the Drug and Alcohol Monitoring System.

The system accords each client or patient unique journey identification for each extended period of treatment they experience. Within each journey the client has episodes of treatment involving points of intervention; these form the unique records in the dataset.

Heriot Watt requested a subset of fields from the NDTMS dataset, as shown in Table G.1

Table G.1

Item no	Variable	Definition	Variable level
1	Unique identifier client	An anonymous number identifying unique individuals. Individuals are identified based on the first and second initials, date of birth and DAT area in which they reside.	
2	Year of birth	Year of birth, derived from DOB	Journey
3	Gender	Gender of client	Journey
4	Age	Age of client at triage date of treatment journey	Journey
5	Ethnicity	First recorded non-missing ethnicity of the treatment journey.	Journey
6	Nationality	First recorded non-missing nationality of the treatment journey	Journey
7	LA of residence	Lower Tier Local Authority, mapped hierarchically from; DAT where coterminous, first recorded LA of the treatment journey where DAT is not coterminous	Journey
8	IMD score	Mean IMD 2010 score, mapped hierarchically from; mean IMD score for all	Journey

		lower super output areas (LSOA's) falling in the first recorded postcode sector of the treatment journey; if missing post code sector, mean IMD score for LA (LA as previously defined)	
9	Income 2010 and income 2012 decile.	Mapped based on first recorded post code sector of the journey using excel spread sheet provided by Heriot- Watt. If missing post code sector in NDTMS no income 2010 information will be provided.	Journey
10	Journey number	The total number of treatment journeys the client has had up until and inclusive of the journey in question	Journey
11	Triage date of the treatment journey	The triage date (month and year only) of the first episode of treatment in the journey	Journey
12	Discharge date of the treatment journey	The discharge date (month and year only) of the first episode of treatment in the journey	Journey
13	Episode ID	A unique identifier for that episode of treatment. Episodes will be identified based client identifier , agency of treatment and triage date	Episode
14	Triage date of the episode	The triage date (month and year only) of the episode of treatment	Episode
15	Discharge date of the episode	The discharge date (month and year only) of the episode of treatment	Episode
16	Referral source	First recorded non-missing referral source of the treatment journey	Journey
17	Accommodation status	First recorded non-missing accommodation status of the treatment journey	Journey
18	Employment status	First recorded non-missing accommodation status of the treatment journey	Journey
19	Contact with children	Whether the client is a parent/lives with children a combination of both or has no child contact	Journey
20	Presenting Substance category	Drug 1 of the first episode of the treatment journey (grouped into broad categories)	Journey
21	Drug 1 category	Drug 1 of the episode (grouped into broad	Episode

		categories)	
22	Drug 2 category	Drug 2 of the episode (grouped into broad categories)	Episode
23	Drug 3 category	Drug 3 of the episode (grouped into broad categories)	Episode
24	Care plan started date	Care plan start date (month and year only) of the episode	Episode
25	Injecting status	Most serious injecting status recorded in the treatment journey	Journey
26	Average units of alcohol consumed per month	Days x units (see definitions below) to provide mean units consumed in a month. Taken from episode with the highest score in the treatment journey.	Journey
27	Days consumed alcohol	Number of days consumed alcohol in the 28 prior to journey triage. Reported from record with the highest units per month score	Journey
28	Units consumed on a drinking day	Number of units consumed on a typical drinking day in the 28 prior to triage. Reported from record with the highest units per month score	Journey
29	Dual diagnosis	Most serious dual diagnosis status reported in the treatment journey	Journey
30	Discharge reason of the treatment journey	The discharge reason from the last episode of treatment from the journey	Journey
31	Treatment modality	The intervention received by the client (grouped into major categories)	Intervention
32	Modality start date	The start date (month and year only) of the intervention	Intervention
33	Modality exit date	The end date (month and year only) of the intervention	Intervention
34	Journey length	Number of days between the triage date of the earliest episode of the journey and the discharge date of the latest episode of the journey. If the journey is on-going then a proxy discharge date of 31/10/12 will be used.	Journey
35	Episode length	Number of days between the triage date of the episode and the discharge date of the episode. If the episode is on-going	Episode

		then a proxy discharge date of 31/10/12 will be used.	
36	Intervention length	Number of days between the modality start date and exit date. If the intervention is on-going then a proxy discharge date of 31/10/12 will be used.	Intervention

The PHE agreed to provide anonymised NDTMS data covering 2008-2012 for alcohol related treatments and 2005-2012 for drugs related. As the data would have personal and address based information removed before supply, a look-up table linking client postcode to broad urban/rural classifications and 2010 income deprivation scores and deciles was supplied to NTA to add to the data.

The Drug and Alcohol treatment datasets are separate. However, the database structure and variable specification is exactly the same for the two datasets; it is just that certain fields only apply to alcohol cases and some only to drug cases. Following advice from PHE we did not attempt to merge the two data files, but simply performed comparable analyses in parallel on the two sets of information.

On receipt the data was analysed and some new variables were created, re-categorised into user-determined groupings:-

- Accommodation status used to define those with housing problems
- Referral source used to define clients with a history of offending
- Accommodation and referral combined to create four client categories:- substance problems, substance & housing problems, substance & offending problems and those with all three
- Client age was grouped into 14-19, 20-24, 35-34, 35-44, 45-64 and 65+
- Client ethnic grouping were simplified to white British/Irish, white other, black, Asian, other, mixed and unknown
- Employment status was regrouped to employed, unemployed, in education, retired, inactive with health issues, other inactive and unknown

Discussions with PHE about this data request commenced in August 2013 and agreement in principle was reached in early October. Following some delays due to (a) HWU provision of spatial lookup table, (b) changes in personnel at PHE, and (c) further detailed exchanges regarding specification and formal MOU, a provisional version of the data were provided to the HWU research team in early March 2014. Analyses of this were undertaken and used in report drafting in May 2014. Meanwhile PHE performed formal independent validation of the data extract, working with partners in Manchester University, and final validated data were provided to HWU around end-May 2014. We have repeated our analyses on validated data and found very few changes of any magnitude. In final report all results are based on validated data.

PHE staff provided comments on an earlier draft of this report and further discussion was held, through which certain issues were clarified and significant amendments made to the analyses as a result. The key issues may be summarised as follows

- The active stock of cases needed to be adjusted to take account of cases which commenced before April 2005 and cases which were still progressing at the end of the target year. New grossing factors were introduced to recognise these omissions
- We used source of referral as a basis for identifying treatment cases with an offending issue, but PHE know from other research that this basis leads to underreporting of the offending overlap. Based on research evidence provided we introduced an additional grossing markup factor for the offending overlap
- Our attention was drawn to published estimates of the overall population of opiate and crack users, going beyond those currently in treatment, and also of a broad estimate of those with severe alcohol misuse problems at a comparable level to those receiving treatment. These were used to generate an alternative estimate of the full population with substance problems.
- We were alerted to changes over time in reporting and coding practice which mean that due caution should be exercised in the interpretation of some trends
- Similarly, changes in discharge codings were highlighted, as a result of which we grouped these together to give a clearer picture of trends, including in respect of successful outcomes
- Following PHE advice we altered the focus from 'episodes' to 'treatment journeys' as the key unit of analysis.

APPENDIX H

Sources and Assumptions used in Cost Estimates

Nature of MEH Sample and Cost Estimates

It is important to understand the nature of the MEH survey sample and the scope of the cost estimates which can be made from it. The sample is focussed on users of 'low threshold services' targeted at single homeless, drug users, and street populations, and is filtered to those who are broadly SMD in terms of current and past experiences. That is somewhat narrower than the broader population represented by SP short term services, chronic offenders and people receiving treatment for substance abuse. For example, the latter would include people using services with higher thresholds, and people who have problems in none or only one of our three domains, for example those with mental health problems. So it may be argued that members of this focused sample are likely to have greater costs because they have more complex problems. However, conversely, it may be argued that they have lower costs because more of this group (e.g. rough sleepers) are not receiving services which they need.

The second key feature is that much of the key information relevant to costs which we have about this group relates to experiences which they have had at some time in the past, during their 'SMD Career' extending over quite a number of years. Some of the information is more closely focussed on the very recent period, particularly the last month. To get a full picture of costs we need to blend this recent information with information from the past. It is quite difficult to get an overall estimate of costs for the last year, or for specific earlier years, because we do not have a complete account of each separate spell in institutions or each separate spell of receiving services from low threshold or other community services. What we can attempt to do is to make an estimate of the total cost of relevant services and benefits over the whole SMD career, defined as the time from first severe experience to the date of the survey (which we can measure). Such an estimate, however, relies upon a lot of assumptions, particularly about the proportion of time within that bracket when they have been receiving community-based services, and that the recent period is representative of that overall period in terms of the propensity to receive services.

So we have produced an estimate of costs as a total figure for the SMD career as a whole.. However, we are also able to make a more refined estimate for the most recent annual period, drawing on information within MEH plus some information from the other data sources. The 'annual' costs figures in particular are improved by estimating each element separately for the last year, taking account of when subjects first experienced particular institutions.

Sources of Information on Unit Costs

The most comprehensive and useful source of information in units costs is the Spreadsheet-based *Unit Cost Database (v1.3)* produced by *New Economy* in Manchester by a team led by Francis Markus. This cost database was developed with support from Department of Communities and Local Government (DCLG) in

conjunction with six local authorities or groups of authorities, and it has been made available via the Local Government Association (LGA) website. It provides estimates in the theme areas of crime, education and skills, employment, fire, health, housing and social services.

The next most useful single source is probably Curtis, L. (2013) *Unit Costs of Health and Social Care 2012*. This compiles in a very comprehensive fashion estimates of unit cost for the whole range of health and social care activities. Particularly useful within this are Chapter 2 (Mental health services), especially s.2.1 (NHS reference costs per bed-day for MH inpatient attendances, outpatient attendances, etc.); Chapter 3 (Services for people who misuse drugs and alcohol); Chapter 7 (Hospital and other services), esp. S.7.1 (Reference costs for hospital services) – elective/non-elective cost per episode; A&E services per attendances and paramedic services. Ch.9 Cost of key staff e.g. clinical psychologist. Ch.10, Doctors and nurses – GP consultations & prescriptions. Ch. 11 – adult social worker face-to-face contact. Ch.12 – Community teams e.g. community mental health cost per case. Possibly Assertive Outreach Teams.

Brookes et al (2013) is a rather similar if shorter volume dealing with Criminal Justice costs. Most useful is Appendix 5 which provides summary costs per year for prisons by type of prisoner and overall averages, distinguishing costs of prison establishment itself and enhanced cost including all NOMS overheads etc. Most of the rest of this volume discusses methodology and presents costs for particular programmes of intervention.

Rates of prevalence for in-patient hospital episodes and A&E are taken from HESOnline (2013a and b) in conjunction with population by age data for England.

We have also derived figures for SP Funding for Short Term Services from DCLG LG Finance Data, which can be divided by client numbers derived from our analysis of SP Client Record and Outcomes data. However these have not been fully integrated into this analysis.

Bauer and Fernandez (undated) provides an individual case study approach to complex needs which illustrates a range of costs derived from the above and other sources being applied in practice, although this also looks at wider social costs and benefits.

Cost Elements

The initial estimates are built up from the following elements.

1. Cost of services used, proxied by whether they have seen any of the following types of worker in the last month: employment service; housing/floating support; street outreach; social worker; drug worker; alcohol worker; CPN or other psychologist/psychiatric worker; GP; Probation; Other. It is assumed that these monthly rates apply over the total time period spent sleeping rough or in hostels, plus 20% of their remaining time excluding these, prison, MH hospital or armed forces. The unit cost per contact-month are varied somewhat by type of worker in the range £60-220, and a London cost markup of 20% is applied.

2. Cost of benefits received, comprising composite ESA/JSA daily rate times number of days sleeping rough, in hostels or in mental hospitals, plus 70% of remainder days for those who said they have lived on benefits for most of their adult life. Cost of Housing Benefit is calculated from national average daily amount (with a London markup of 45%) times the same days totals excluding rough sleeping.
3. Cost of hostels, in terms of subsidy over and above the HB amounts, based on £16 per day [UCD] (with 20% London markup) times total hostel days.
4. Roughsleeping uses an estimate from UCD equivalent to £23 /day for local authority costs incurred in respect of rough sleepers.
5. Cost of imprisonment, based on national average cost per prisoner (£110 per day) times total days in prison, with London markup of 20%.
6. Cost of mental hospital inpatient time, based on national average cost per day for acute mental inpatient treatment (£445) [UCD] times total days in mental hospital, with London markup of 20%.
7. Cost of offending to police and criminal justice system, estimated from various sources cited in UCD at around £700 per typical 6-month jail term times equivalent number of such terms from total time in prison, with 20% London markup. Additional allowance for probation costs for ongoing supervision of offenders based on £400 per year.
8. Health service (hospital and A&E/ambulance) costs in respect of physical health problems, based on national average episodes per head by age group, weighted by whether subject reports serious physical health problems or not (based on three general and 12 specific indicators). These costs are assumed to apply over the whole SMD career duration from first serious experience to date. The weightings are half the national average for those not reporting serious physical health problems and three times for those who do report these. The composite unit cost are £360 for A&E attendance including ambulance and £1779 [UCD] for inpatient episodes. The London markup of 20% is applied.
9. Cost of substance (drug) treatment course (£2,664), for those who appear to have been active recipients of treatment currently/recently, with full cost of a course of treatment adjusted to allow for some dropout.

It is acknowledged that these estimates are somewhat crude, and do rest on a lot of assumptions. It should also be noted, however, that a number of items are not explicitly and separately measured and included here, for example prescribing costs, costs of additional disability-related benefits (DLA/PIP), costs of training or other work programmes (other than seeing ES worker). Also, we have not fully exploited all of the information on services used, for example the variables for whether people have ever seen the listed types of worker (we could add a lower-frequency estimate for those who have ever seen such workers but not in the last month). We have not added the costs of 'missed appointments', in NHS, which are significant in at least one relevant study. In addition there is scope for triangulating the estimates for

hostel and relevant workers with the SP funding data, from which we can derive an average cost (funding) per SP case.

Benchmarking

In some contexts the absolute value of the total or annual cost estimate may be an impressive and persuasive number. However, in other contexts it may just prompt the reaction 'so what?'. Are these numbers high, low, or average (for what or whom?)., Are they higher or lower than we would expect? Everybody uses public services to some extent and 'costs' the public sector a certain amount.

This suggests that it would be useful to have some comparable figures for average or typical levels of public expenditure on the same range of services for individuals in a given age range. Relevant services would include welfare benefits, health, housing, communities, police, criminal justice; but would exclude most of education, pensions, defence, overseas aid, business, etc. Ideally these would be broken down by age. We have some such figures from the Treasury's published *Country and Regional Analysis* of public spending. This suggests that spending on the most comparable set of services and benefits would average about £4,600 per head of which about £1,550 is benefits and £1,800 is healthcare.

References on Costs

Bauer, A. & Fernandez, J-L. (undated) *Valuing and Complex Needs Service in Hertfordshire – Economic analysis of person case studies*. PSSRU, LSE.

Brookes, N., Barrett, B., Netten, A. & Knapp, E. (2013) *Unit Costs in Criminal Justice (UCCJ)*. Personal Social Services Research Unit Discussion Paper 2855. University of Kent/London School of Economics.

Curtis, L. (2013) *Unit Costs of Health and Social Care 2012*. Personal Social Services Research Unit, University of Kent. ISBN: 978-1-902671-82-6.

HESOnline (2013a) *Hospital Episode Statistics: Admitted Patient Care 2011-12. Summary Report*. Health and Social Care Information Centre.

HESOnline (2013b) *Hospital Episode Statistics: Accident and Emergency Attendances in England (Experimental Statistics) 2011-12. Summary Report*. Health and Social Care Information Centre.

Markus, F. et al (2013) *Unit Cost Database (v1.3)*, produced by *New Economy* in Manchester.

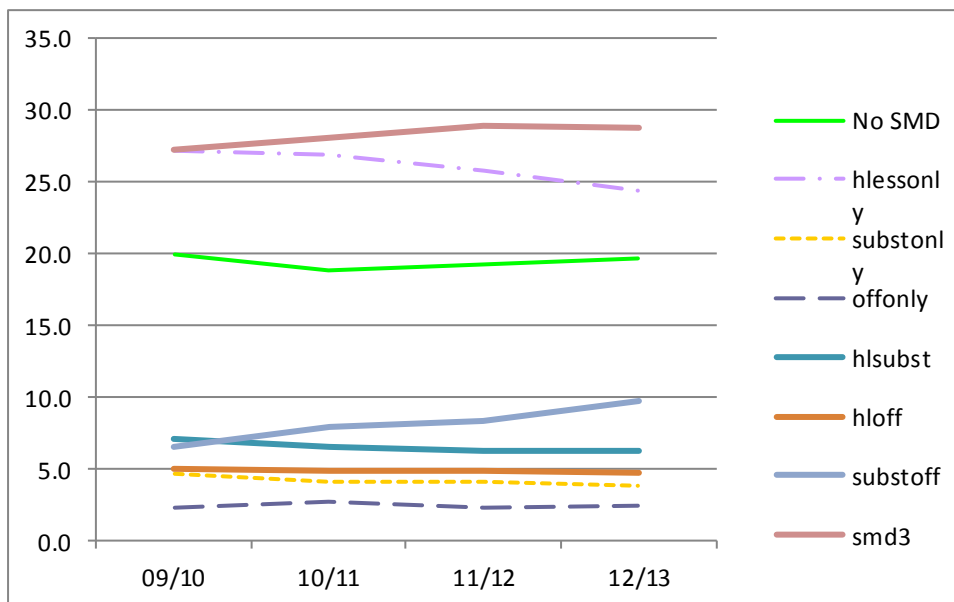
APPENDIX I

TIME TREND ANALYSIS IN SUPPORTING PEOPLE

This appendix presents and comments briefly on time trends in some of the key characteristics of SP clients over the period 2009-12. For reasons explained in Appendix B, the classification of cases by SMD domain changed materially from 2009/10, given the availability of additional information, and therefore comparable time trends for the earlier period cannot be included in the analysis.

Figure H.1 shows the timelines for the share of cases since 2009/10 (coding changes in that year make it difficult to draw comparable timelines for these categories before that). There are no very marked trends, but there has been some increase in SMD3 and substance-offending.

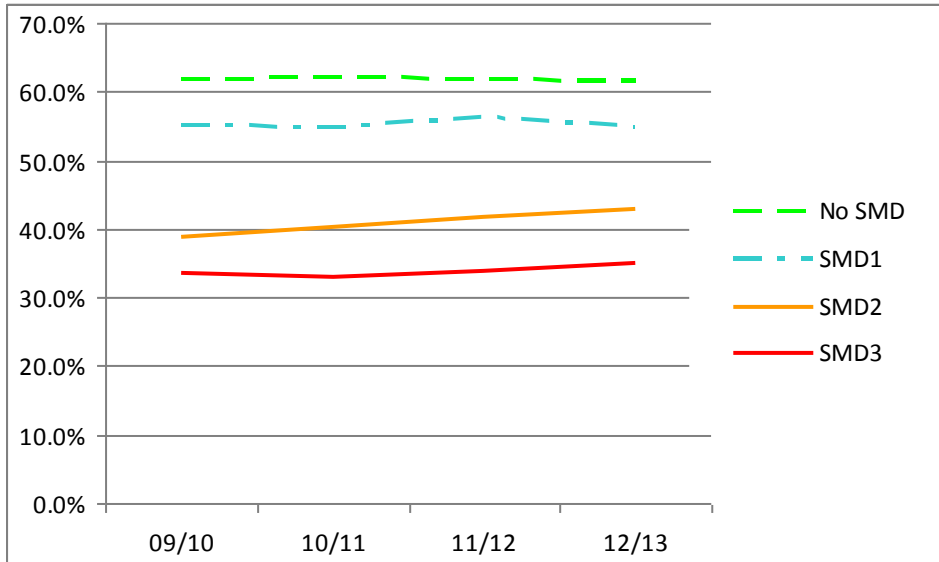
Figure I.1: Share of SP clients by SMD categories 2009-12.



Source: SP Client records with ID for LAs making returns post-2011.

Figure I.2 looks at the trends in terms of the share of female SP clients broken down by the level of SMD complexity. While females are less common in the SMD2 and SMD3 levels, their share has been increasing over this period.

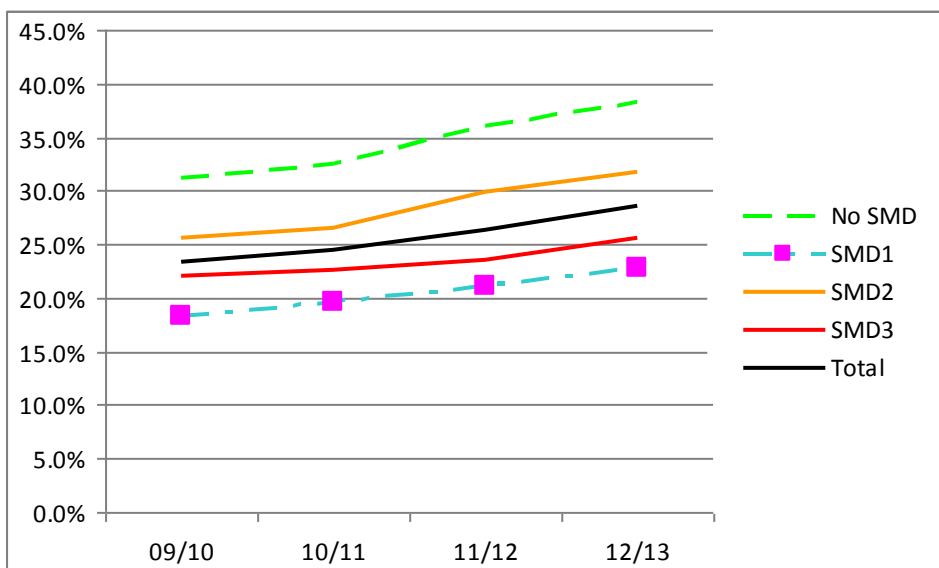
Figure I.2: Timeline for Female Share by General SMD category (% female within each SMD category)



Source: SP Client Records, Selected LAs, IDs only

Recent timelines for the share of SMD groups with mental health problems are shown in Figure I.3. This appears to indicate an increase in mental health problems in all SMD groups, including 'No SMD' which actually has the highest share.

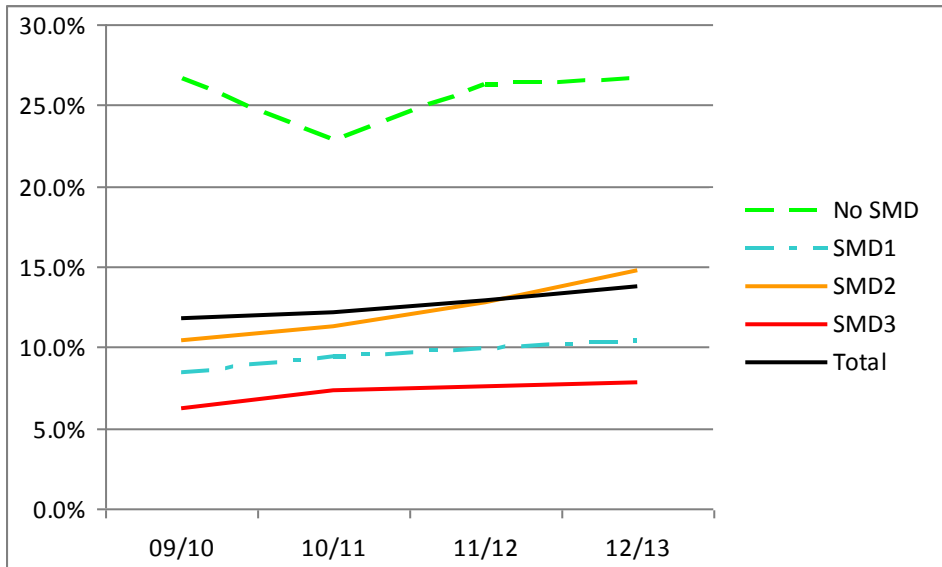
Figure I.3: Timelines for share of clients with mental health problems in each SMD level (percent of each SMD category)



Source: SP client records with id for LAs making returns post-2011.

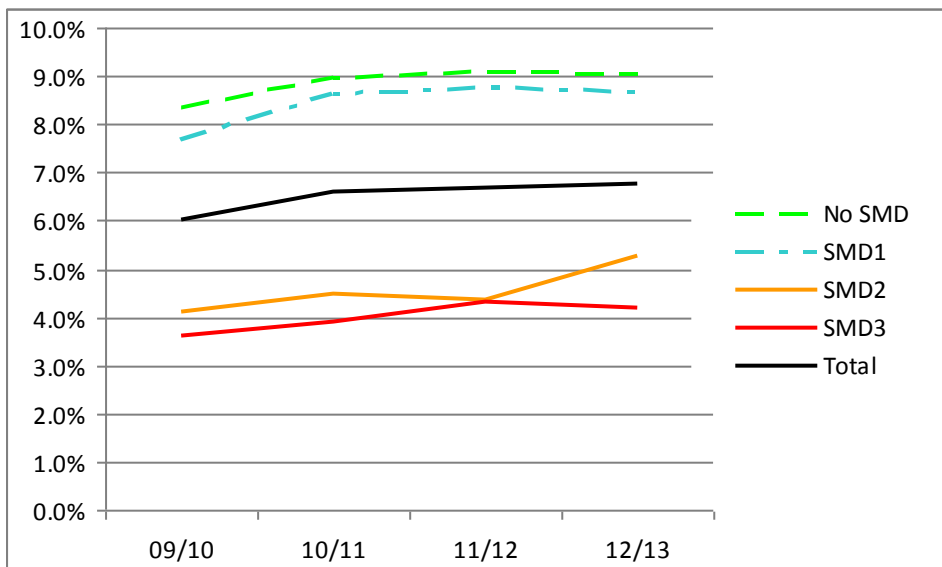
Figure I.4 looks at the timelines for prevalence of physical health problems within the SMD groups in SP client data. There appear to be clear upward trends in the share of clients with physical health problems in the SMD2 and SMD3 groups.

Figure I.4: Timelines for physical health problems by SMD group in SP clients 2009-12



Source: SP client records with ID. Note: percent of each SMD group with physical health problem.

Figure I.5: Timelines for proportion of clients working in different SMD levels 2009-2012

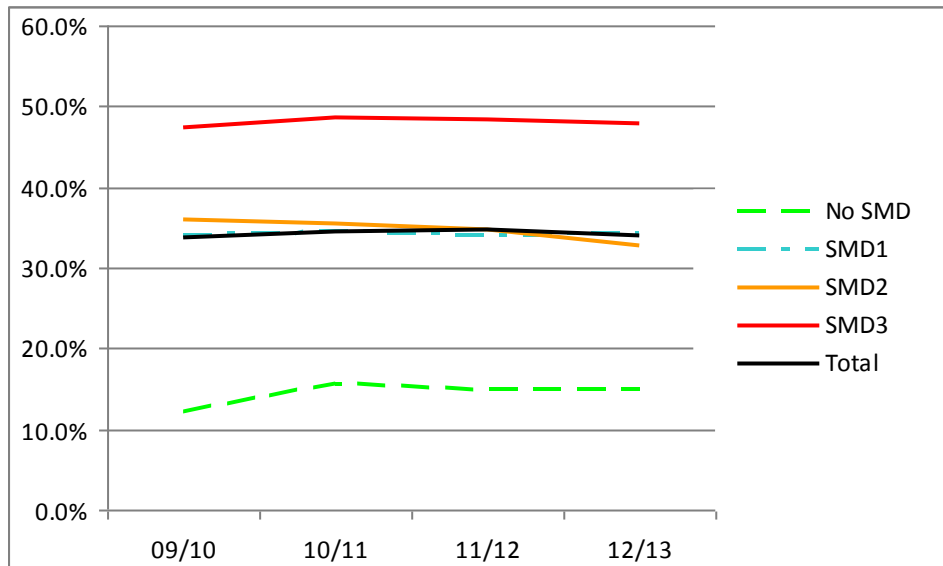


Source: SP client records with ID for LAs making returns after 2011;

Figure I.5 looks at timelines for the proportions of SP clients in each SMD level who are working. There has been a slight increase in the proportion in work for each group except SMD2. Figure I.6 presents a similar timeline for those unemployed and

seeking work. There are no strong trends here, but a slight increase in the 'No SMD' category and a decline in SMD2 may be noted.

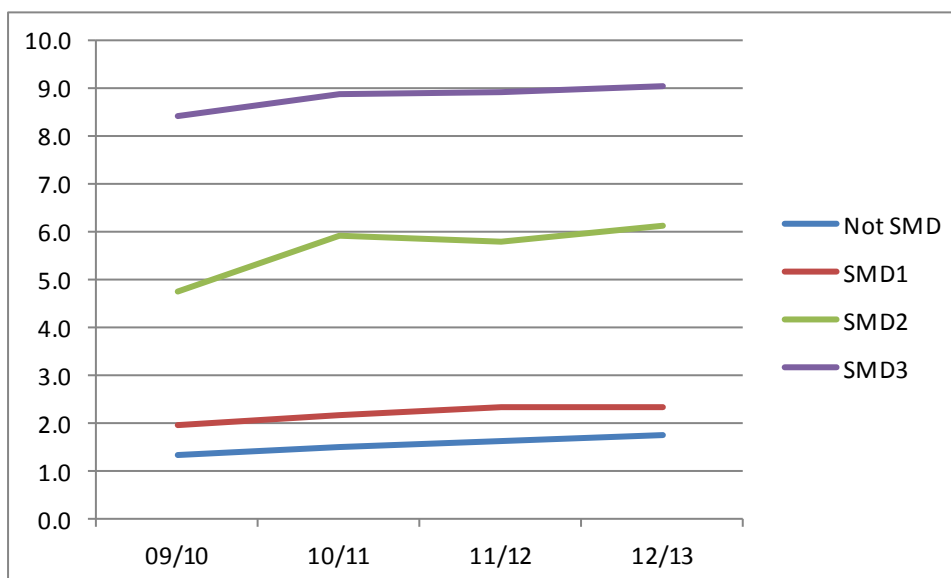
Figure I.6 Timelines for proportion of clients unemployed in different SMD levels 2009-2012



Source: SP client records with ID for LAs making returns after 2011;

A broad proxy for the complexity and cost associated SMD groups is the mean number of support organisations worked with. Figure I.7 presents trends in this indicator by SMD level. Higher levels of SMD (2 and 3 domains) entail markedly larger numbers of support organisations, and again it can be seen that the trend is upwards in each case.

Figure I.7 Timeline for mean number of support organisations involved by SMD Level



Source: Authors' analyses of SP client records with ID

APPENDIX J

Local Authority level Estimates

Local Examples

In ‘Geography’ section of the main report, we presented summary measures of the relative prevalence of SMD, in index number and map form, including index values for the highest and lowest local authorities. We also presented estimates of numbers in the sub-categories of SMD, and numbers with mental health problems, for two illustrative local authorities (Manchester and Lambeth). This Appendix provides more detail on these particular illustrative examples, including drawing on the statistical (regression) model used to predict prevalence at local level to shed light on possible drivers of high levels of SMD in these authorities.

In fact, similar analyses can be generated from our data for all of the major local authorities (those with social services responsibilities) in England. We therefore include tables (J.3-J.5) showing the prevalence rate (per 1000 working age population) for each of the seven SMD combination categories, the absolute numbers (rounded), and the numbers with mental health issues. A small number of local authorities are affected by missing data items; in these cases we have ‘imputed’ values based on similar measures or localities. This is one of a number of technical differences between these more detailed prevalence estimates for local authorities and the summary indices presented in the Geography section of the main report – for example a revised estimate of working age population, calculation of individual segments of SMD from different sources, and rounding. As a result of these differences, there are slight differences in the ranking of particular authorities in terms of prevalence, compared with the summary indices.

We present for each authority a prevalence rate (per 1000 working age population) and an estimated actual number (slightly rounded, to underline that these are approximate estimates). We follow the same approach as with our presentation of the national total numbers in Figure 1, by estimating the number in each category (or segment) of SMD from the best available source for that number. These numbers could be presented as a Venn diagram like Figure 1, but at this stage we present them in tabular form. In one case, SMD3, we present two alternative estimates, one based on Supporting People (SP) and one based on the Offender Assessment (OASys) data. Appropriate ‘grossing up’ factors have been applied in each case.

Having estimated rates numbers for each SMD category, we then add these up for the three SMD levels (SMD1 meaning one domain, SMD2 two domains, and SMD3 all three).

Having presented the numbers by SMD category and level, we go on to present an estimate of the number within each category who have mental health problems. Where OASys is the relevant source for that category, we use a flag variable created within that data for any psychological or psychiatric problems being recorded, whether severe or not, and including any cases where medication for psychiatric condition is prescribed. Where SP is the source, we use the local ratio of mental

health problems recorded to total cases in that category, but multiply this up to be consistent with our national composite estimate for that category (as shown in Figure 10 in main report). In one case, where NDTMS is the primary source, we use the national composite estimate of mental health problems as a constant factor applied to the local number in that category. As discussed elsewhere in this report, there are some grounds for believing that the incidence of mental health problems may be greater than recorded here. Nevertheless, we believe local practitioners may find these initial estimates of value in giving a feel for a conservative estimate of the overlap between mental health problems and our SMD groups.

For both the overall SMD numbers and for the mental health sub-group numbers, we list the relevant source in Table J.1.

Table J.1: Examples of prevalence and numbers estimated for each SMD category in two local authorities, showing the source used for each category

SMD Category	Source	Manchester		Lambeth	
		Prevalence /1000 wkg age	Number (rounded)	Prevalence /1000 wkg age	Number (rounded)
Homeless only	SP	3.40	1,300	1.49	350
Offending only	OASys	5.99	2,290	4.06	960
Substance only	NDTMS	8.38	3,200	5.63	1,330
Offending + Substance	OASys	5.44	2,080	4.49	1,060
Homeless + Substance	NDTMS	3.11	1,190	2.34	550
Homeless + Offending	OASys	1.52	580	1.18	280
SMD3 (s)	SP	3.87	1,480	1.28	300
SMD3 (o)	OASys	2.81	1,070	2.08	490
SMD Levels					
SMD1		17.77	6,790	11.18	2,640
SMD2		10.07	3,850	8.01	1,890
SMD3		3.34	1,275	1.68	395
Total		31.18	11,915	20.87	4,925
Estimated Number with MH problem					
Homeless only + MH	SP		310		30
Offending only + MH	OASys		710		280
Substance only + MH	Compos		1,850		770
Offending + Substance +MH	OASys		1,030		510
Homeless + Substance +MH	SP		520		110
Homeless + Offending +MH	OASys		230		120
SMD3 (s) + MH	SP		590		50
SMD3 (o) + MH	OASys		590		280
Total with Mental Health prob			5,240		1,985

Manchester generally has higher prevalence rates than Lambeth, although both are well above the national average. Using the combined index referred to in the main

text, Manchester scores 225 and Lambeth 169 against a national norm of 100. In addition to this difference in prevalence, Manchester has a larger population, so the overall numbers are bigger again for that reason. The extent of difference in prevalence rates varies, with 'offending + substance' showing a closer value between the two authorities than most of the other categories. For SMD3, Lambeth is markedly lower in the SP-based estimate whereas there is more similarity in the OASys-based estimate – this probably reflects more local variation in recording in SP than in the offender-based system.

As in the national picture, the largest category is 'substance only', in both authorities, followed by offending only and offending + substance. The smallest category is homeless + offending, although homeless-only is surprisingly low in Lambeth – again this may reflect recording within SP, or the fact that Lambeth is not quite London's 'city centre', whereas Manchester is a major city centre.

The next part of the table summarises the picture in terms of SMD levels. In both cases, the numbers in the more complex levels are less than the numbers with just one of the main problems.

The mental health estimates are mainly based on locally-specific outputs from the systems, although some adjustments have been made to SP-based values to reflect the composite mental health problem levels estimated from a combination of sources, as described elsewhere in the report. The comparison of estimates for the most complex SMD3 group again suggests variation in recording between areas within SP. Remarkably, the two independent estimates for Manchester are the same, whereas in Lambeth the SP estimate is much lower. The MH numbers bring out the strong association between mental health problems and substance misuse.

Model-based estimates of drivers of local differences

We are also able to shed further light on these local examples by illustrating the implications of the multiple regression models used to 'predict' overall levels of SMD, with particular reference to local values of key drivers and the implied size of their effects on these localities. The following table shows how this model works out for these two cases.

The left hand column describes the explanatory variables (drivers). The first column of numbers shows the estimated effect of one unit difference in that variable on the combined SMD index. The next column shows the national mean value for that variable, and the following column ('Average effect') shows the product of these two numbers. For Manchester and then Lambeth we show the local value of each driver variable and the differential effect, relative to the average, for that authority. These effects are then summed at the bottom to give the predicted value.

Table J.2 Multiple Regression model for Combined SMD Index

Var Description	Coeff- icient	Mean Value	Average	Manchester		Lambeth	
			Effect	Local Value	Diff Effect	Local Value	Diff Effect
Constant	-146.0	1.0	-146.0	1.0	0.0	1.0	0.0
Aged 16-24	7.4	11.6	85.3	17.7	45.5	12.5	6.8
Unemployment %	15.2	4.4	67.0	6.1	25.5	6.1	25.7
One person hshlds	3.7	29.4	108.1	34.0	16.6	34.0	16.6
IMD health score	11.6	0.0	0.0	1.5	16.7	0.5	5.5
IMD housing score	-1.1	22.0	-23.5	21.8	0.2	36.0	-14.9
Mental health instits	5.0	0.3	1.5	0.2	-0.6	0.3	-0.1
Homeless accom	0.8	0.6	0.5	1.7	0.9	1.6	0.8
Hotel, holiday, etc	3.6	0.7	2.4	0.5	-0.5	0.2	-1.6
Predicted Value			95.4		199.7		134.2
Actual Value				224.5		168.5	
Residual from Model					24.8		34.4

For both authorities, the model predicts a markedly higher than average prevalence of SMD, although in both cases the actual level is higher than the prediction – this is reflected in the positive ‘residual’ value shown at the bottom (the difference which is not explained by the model).

The size of the numbers in the ‘Diff Effect’ columns shows the relative importance of the different variables in generating the higher levels of SMD in these authorities. It is clear that the first five variables do most of the work. The last three variables, which relate to local institutional accommodation, do not make very much difference. So Manchester is particularly high because of its young adult population, while both authorities are high because of their high unemployment and large share of one-person households. Manchester, to a greater extent than Lambeth, is also pushed up by its poor health conditions. Lambeth sees a lower level of SMD than might otherwise have been expected, given these factors, on account of the higher values of the IMD housing deprivation indicators (crowding etc.).

Table J.3: Prevalence Rates for SMD Categories by Local Authority
(all-purpose and county authorities, per 1000 working age population, 2010/11)

Local Authority	H'less only	Offend only	Subst only	Offend + Subst	H'less + Subst	H'less + Offend	SMD3 (SP)	SMD3 (OA)	Total SMD1-3
Barking and Dagenham	1.0	4.4	6.8	4.1	1.4	0.9	0.5	1.6	19.6
Barnet	0.2	1.6	3.0	1.8	1.0	0.4	1.0	0.6	8.8
Barnsley	1.6	4.6	10.9	3.5	1.4	0.9	1.2	1.6	24.3
Bath and North East	1.7	2.1	4.7	1.6	2.4	0.5	1.0	1.1	14.1
Bedford	0.9	3.8	8.0	3.5	2.0	1.0	2.0	1.7	21.1
Bexley	2.1	2.1	3.4	2.1	0.8	0.4	0.1	0.8	11.4
Birmingham	5.3	5.8	6.0	4.8	2.8	1.4	3.6	2.1	29.0
Blackburn with Darwe	5.8	7.2	7.4	6.9	2.3	1.7	1.2	3.5	33.7
Blackpool	2.4	9.2	17.7	10.1	2.8	1.7	6.4	4.1	49.3
Bolton	4.0	5.7	7.6	4.6	1.9	1.0	3.4	1.9	27.4
Bournemouth	7.6	6.2	8.4	4.6	3.5	1.5	2.7	3.2	34.8
Bracknell Forest	0.4	1.9	4.0	2.0	1.0	0.5	0.4	0.8	10.3
Bradford	2.7	4.1	7.3	3.1	1.7	0.9	2.0	1.6	21.5
Brent	2.0	3.0	3.5	3.0	1.6	0.7	1.7	1.3	15.4
Brighton and Hove	1.6	3.1	7.4	2.9	1.8	1.1	2.9	1.5	20.0
Bristol	3.4	5.2	8.1	4.8	2.6	1.2	3.0	2.2	27.9
Bromley	1.4	2.6	3.7	2.0	1.3	0.6	0.3	1.0	12.2
Buckinghamshire	0.7	1.7	3.3	1.4	0.5	0.4	0.6	0.5	8.6
Bury	1.6	4.7	5.1	3.9	1.2	1.1	1.1	1.9	19.1
Calderdale	3.4	3.5	6.2	3.1	1.5	0.8	0.3	1.6	19.5
Cambridgeshire	1.4	1.8	4.4	1.4	1.0	0.4	1.8	0.6	11.6
Camden	1.2	2.9	8.3	3.8	3.4	0.8	3.2	1.6	22.8
Central Bedfordshire	0.5	1.7	1.5	1.1	0.4	0.3	0.4	0.5	5.9
Cheshire East	0.3	2.2	3.0	1.9	0.7	0.4	1.3	1.0	9.7
Cheshire West	0.8	2.7	4.7	2.9	1.2	0.7	1.5	1.6	14.5
City of London	1.4	0.6	5.7	1.4	3.6	0.0	0.8	0.8	13.6
Cornwall	1.4	1.5	0.1	1.3	0.6	0.3	1.7	0.6	6.4

County Durham	1.5	5.3	8.4	3.7	0.9	1.0	0.9	1.6	22.1
Coventry	4.4	6.1	6.9	5.3	2.0	1.3	3.9	2.1	28.9
Croydon	2.3	3.7	3.2	3.4	1.5	0.8	1.1	1.2	16.0
Cumbria	1.5	3.6	5.9	2.9	1.0	0.8	1.2	1.6	17.2
Darlington	2.1	6.9	9.4	5.8	2.5	1.7	1.8	2.9	30.8
Derby	1.1	5.6	9.1	4.5	1.2	1.6	9.3	2.7	29.0
Derbyshire	1.1	2.8	3.2	2.1	0.7	0.6	0.6	1.1	11.3
Devon	1.3	1.5	4.4	1.6	1.3	0.5	1.1	1.0	11.6
Doncaster	1.5	4.7	7.9	4.3	1.7	1.4	1.1	2.4	23.3
Dorset	0.8	2.6	4.0	1.9	1.2	1.0	0.4	1.6	12.4
Dudley	0.2	3.5	4.8	3.0	1.0	0.8	3.1	1.2	15.4
Ealing	1.4	2.8	5.3	2.8	2.3	0.7	1.3	1.3	16.7
East Riding	0.2	1.9	4.3	1.2	0.4	0.4	0.4	0.6	8.8
East Sussex	4.7	2.6	5.1	2.6	0.7	0.8	0.6	1.7	17.6
Enfield	0.9	2.6	3.6	2.4	0.9	0.7	0.9	1.2	12.2
Essex	1.2	2.5	4.0	1.9	0.6	0.6	1.3	0.9	11.8
Gateshead	1.7	5.4	8.9	5.2	2.0	1.0	1.7	2.1	26.1
Gloucestershire	1.3	3.2	3.7	2.3	0.9	0.6	1.5	1.0	13.3
Greenwich	1.8	4.2	4.8	3.7	1.8	1.0	0.4	1.8	18.5
Hackney	1.2	4.3	8.9	4.3	2.7	1.5	1.4	2.2	24.8
Halton	2.4	3.4	9.4	4.0	0.7	0.9	4.6	1.3	23.9
Hammersmith and Fulh	0.8	3.7	6.2	3.9	2.5	1.2	2.4	2.1	20.5
Hampshire	0.8	2.1	2.9	1.7	0.7	0.6	1.6	0.9	10.0
Haringey	0.9	3.4	6.1	3.5	2.4	1.1	1.4	1.9	19.1
Harrow	1.2	1.8	3.9	1.5	0.8	0.3	0.2	0.5	10.0
Hartlepool	0.9	9.4	13.6	9.1	1.2	1.5	1.2	3.2	37.8
Havering	2.6	2.3	3.4	2.0	0.9	0.6	0.1	0.7	12.3
Herefordshire	2.3	3.0	3.3	2.7	0.8	0.4	1.6	0.9	13.7
Hertfordshire	1.8	2.2	3.7	1.7	0.9	0.6	1.2	0.9	11.9
Hillingdon	1.3	2.6	4.6	2.6	1.5	0.7	0.2	1.1	13.8
Hounslow	1.1	2.7	5.8	2.7	1.1	0.7	0.3	1.2	15.0
Isle of Wight	2.7	3.7	3.6	3.1	0.9	1.5	0.4	1.6	16.6
Islington	1.5	3.7	9.7	4.9	3.0	1.6	1.1	2.5	26.2
Kensington and Chels	2.3	2.1	8.7	2.4	2.2	0.4	0.9	0.8	19.1
Kent	1.2	2.7	3.2	2.1	0.8	0.8	1.1	1.4	12.0

Kingston upon Hull	3.4	6.4	7.9	5.8	2.2	1.3	5.5	2.9	31.2
Kingston upon Thames	2.8	1.6	3.8	1.6	1.2	0.4	1.1	1.3	12.7
Kirklees	1.9	3.4	5.3	3.2	1.9	0.8	1.1	1.7	17.9
Knowsley	4.2	6.3	9.5	4.7	1.4	0.9	4.5	1.9	30.2
Lambeth	1.6	4.3	6.0	4.7	2.5	1.3	1.4	2.2	22.1
Lancashire	1.0	4.2	6.0	3.6	0.8	1.0	1.5	1.8	18.3
Leeds	3.3	4.5	7.0	4.3	1.0	1.3	3.3	2.1	24.1
Leicester	3.5	5.1	4.7	5.7	2.4	1.5	4.9	3.2	26.9
Leicestershire	0.5	2.1	3.6	2.0	0.7	0.4	0.7	0.7	10.0
Lewisham	1.4	4.7	5.1	4.6	2.1	1.1	1.5	1.8	20.8
Lincolnshire	3.6	3.0	4.0	2.2	0.8	0.8	2.1	1.3	16.0
Liverpool	3.4	6.4	10.2	6.4	2.0	1.4	4.3	2.6	33.3
Luton	3.6	4.0	7.7	3.3	1.3	0.7	2.3	1.4	22.5
Manchester	3.7	6.6	9.2	6.0	3.4	1.7	4.2	3.1	34.2
Medway Towns	0.5	3.2	6.2	3.1	1.4	1.0	1.2	1.4	16.6
Merton	0.8	2.3	3.8	1.7	1.6	0.5	0.3	0.8	11.2
Middlesbrough	2.2	11.0	14.7	9.5	3.4	2.3	2.9	4.2	46.6
Milton Keynes	0.7	3.1	3.2	2.8	0.6	0.7	2.2	1.3	12.9
Newcastle upon Tyne	2.4	7.9	7.9	5.9	2.3	1.2	6.4	2.7	32.0
Newham	1.5	4.5	4.7	3.5	2.2	1.0	0.8	1.4	18.4
Norfolk	1.3	2.5	5.2	2.5	1.6	0.7	2.1	1.0	15.4
North East Lincolnsh	7.8	5.8	6.6	4.6	1.6	1.1	3.7	1.6	30.2
North Lincolnshire	0.7	4.3	3.3	3.0	1.3	0.8	0.3	1.5	14.4
North Somerset	2.3	3.0	6.0	2.3	1.4	0.4	0.2	1.3	16.1
North Tyneside	2.3	4.9	5.9	3.7	1.0	0.9	1.8	1.7	20.5
North Yorkshire	2.6	2.4	2.9	1.9	0.6	0.5	0.5	1.1	11.7
Northamptonshire	0.9	3.1	2.3	2.3	0.8	0.8	0.8	1.1	11.2
Northumberland	0.7	2.9	4.0	2.8	1.1	0.5	0.3	1.1	12.8
Nottingham	7.3	6.0	9.1	6.0	2.3	1.6	3.2	2.8	35.3
Nottinghamshire	2.1	3.4	6.3	3.2	1.2	0.8	1.4	1.5	18.4
Oldham	1.2	5.7	10.0	5.0	0.6	1.1	1.2	1.8	25.1
Oxfordshire	0.8	2.2	3.2	2.1	0.7	0.4	1.8	1.0	10.8
Peterborough	3.7	4.7	9.2	4.2	1.4	1.1	3.4	2.6	27.3
Plymouth	2.4	3.5	5.4	3.4	2.4	0.7	4.8	1.3	20.8

Poole	1.8	3.1	6.9	2.2	0.6	0.6	0.6	1.0	16.1
Portsmouth	2.0	4.6	6.9	3.6	1.7	1.1	2.9	1.8	22.2
Reading	2.4	4.0	5.1	4.7	1.7	0.9	1.9	2.2	20.8
Redbridge	0.4	2.5	4.0	2.4	0.7	0.6	0.2	1.3	11.4
Redcar and Cleveland	2.0	7.5	11.7	5.9	1.4	1.3	0.3	2.3	31.0
Richmond upon Thames	1.1	1.5	4.3	1.5	1.1	0.4	0.2	0.7	10.4
Rochdale	5.0	5.5	12.4	5.5	2.4	1.2	5.1	2.7	35.9
Rotherham	1.4	4.1	8.9	3.7	1.4	0.9	1.8	1.9	22.2
Rutland	0.4	2.2	2.2	2.2	0.5	1.1	0.0	1.8	9.5
Salford	3.5	6.4	8.1	6.0	1.8	1.7	2.3	2.5	30.0
Sandwell	1.9	5.0	4.2	3.6	0.6	1.0	0.7	1.4	17.3
Sefton	1.0	3.0	8.2	3.3	1.3	0.6	0.8	1.2	18.5
Sheffield	3.2	3.5	4.4	3.1	1.3	1.1	2.7	1.8	18.7
Shropshire	2.1	2.0	5.1	1.8	0.8	0.4	0.4	0.9	12.9
Slough	2.8	3.8	3.7	2.8	1.3	0.8	1.1	1.3	16.5
Solihull	0.5	2.7	4.4	2.6	1.3	0.7	0.4	1.0	12.9
Somerset	1.5	1.8	2.9	1.8	1.0	0.4	3.5	0.8	11.4
South Gloucestershir	1.0	1.6	4.2	1.1	0.8	0.4	0.4	0.5	9.6
South Tyneside	0.8	5.6	9.5	5.6	3.1	0.9	2.5	1.9	27.7
Southampton	3.0	4.9	4.6	4.8	1.7	1.4	3.6	2.5	23.5
Southend-on-Sea	2.8	4.1	6.7	3.4	2.3	0.8	2.6	0.9	21.8
Southwark	1.6	4.1	5.7	4.5	2.4	1.1	1.5	2.2	21.2
St Helens	3.2	3.5	9.3	4.4	1.3	0.5	4.8	1.9	25.6
Staffordshire	0.9	2.6	4.5	2.4	0.9	0.6	1.5	1.1	13.2
Stockport	1.0	3.4	6.1	3.2	1.0	0.8	1.8	1.5	17.2
Stockton-on-Tees	0.4	5.9	7.8	5.1	1.2	1.2	1.6	2.2	23.4
Stoke-on-Trent	2.7	5.5	9.4	6.8	2.8	1.2	1.7	3.5	31.0
Suffolk	1.9	2.4	4.0	2.0	0.9	0.6	1.1	1.0	12.8
Sunderland	0.7	6.1	5.7	5.8	1.7	1.1	2.3	2.0	23.2
Surrey	0.7	1.6	3.5	1.3	0.8	0.4	0.7	0.7	9.0
Sutton	1.1	2.4	5.3	2.1	1.4	0.4	0.4	1.3	13.7
Swindon	4.0	3.1	5.6	2.1	1.5	0.7	2.5	0.8	18.6
Tameside	2.0	4.7	8.9	4.0	2.0	1.1	1.1	1.9	24.3
Telford & Wrekin	2.0	3.3	6.9	2.8	1.5	0.7	0.3	1.0	17.8

Thurrock	2.0	3.9	4.8	2.5	1.1	0.6	0.1	1.0	15.5
Torbay	1.7	3.5	10.0	3.6	2.4	1.1	3.1	1.9	24.9
Tower Hamlets	3.6	3.9	6.6	4.1	3.3	0.8	2.6	1.8	24.6
Trafford	1.4	2.8	4.6	2.4	0.9	0.6	0.9	1.6	13.8
Wakefield	2.3	3.8	9.4	3.6	2.0	0.9	1.0	1.5	23.2
Walsall	1.8	4.7	6.4	4.9	1.7	0.9	1.4	1.7	22.0
Waltham Forest	4.6	3.2	5.9	2.9	1.1	0.8	0.3	1.5	19.3
Wandsworth	0.3	2.4	5.4	2.1	1.7	0.6	1.1	1.4	13.8
Warrington	1.0	2.6	7.9	2.0	1.4	0.7	3.3	1.1	17.8
Warwickshire	0.7	2.4	4.2	1.7	0.6	0.4	1.0	0.7	10.8
West Berkshire	1.5	1.6	3.0	1.6	0.4	0.3	1.0	0.6	9.2
West Sussex	0.7	1.8	2.7	1.4	0.8	0.5	1.3	0.8	9.0
Westminster	4.4	2.0	6.4	2.9	5.0	0.6	3.6	1.3	23.7
Wigan	1.7	3.5	7.1	3.4	0.7	0.7	2.1	1.5	18.8
Wiltshire	1.2	2.0	3.1	1.4	0.8	0.5	0.8	0.6	9.8
Windsor and Maidenhe	0.3	2.1	3.7	1.5	0.7	0.5	0.0	0.6	9.0
Wirral	1.4	3.9	12.1	4.3	1.7	0.5	2.9	1.4	26.1
Wokingham	0.0	1.3	1.8	1.0	0.2	0.3	0.0	0.4	4.7
Wolverhampton	3.6	6.2	7.2	4.6	1.9	1.2	3.6	1.8	27.3
Worcestershire	1.6	2.8	3.6	2.5	0.9	0.6	0.7	1.4	13.1
York	1.9	3.0	5.8	2.6	1.5	0.8	2.9	1.3	17.7
Total	1.9	3.4	5.4	3.0	1.4	0.8	1.7	1.4	17.4

Note: figures highlighted in yellow are imputed values where data are missing.

Table J.4: Estimated Number of Cases by SMD Category by Local Authority

(rounded number in touch with relevant agencies over year, all-purpose and county authorities, 2010/11)

Local Authority	H'less only	Offend only	Subst only	Offend + Subst	H'less + Subst	H'less + Offend	SMD3 (SP)	SMD3 (OA)	Total SMD1-3
Barking and Dagenham	120	510	790	480	170	110	60	180	2,300
Barnet	60	360	690	410	230	100	230	150	2,040
Barnsley	240	670	1,600	520	200	120	180	230	3,555
Bath and North East	190	240	530	180	280	50	110	120	1,585
Bedford	80	380	790	350	200	100	200	170	2,085
Bexley	310	310	500	300	120	60	20	110	1,665
Birmingham	3,640	3,950	4,070	3,290	1,880	960	2,450	1,410	19,720
Blackburn with Darwe	540	670	680	640	210	160	110	330	3,120
Blackpool	210	820	1,580	900	250	160	570	370	4,390
Bolton	700	990	1,330	800	340	170	600	330	4,795
Bournemouth	920	750	1,010	560	430	180	320	380	4,200
Bracknell Forest	30	140	300	150	70	40	30	60	775
Bradford	890	1,340	2,370	1,000	550	290	660	520	7,030
Brent	430	650	740	650	350	160	370	280	3,305
Brighton and Hove	300	590	1,400	550	330	200	550	290	3,790
Bristol	970	1,480	2,330	1,380	760	360	870	630	8,030
Bromley	260	500	720	400	250	110	60	200	2,370
Buckinghamshire	210	540	1,040	450	170	120	180	170	2,705
Bury	190	550	600	450	140	130	130	220	2,235
Calderdale	450	460	800	400	190	100	40	210	2,525
Cambridgeshire	580	700	1,740	580	390	160	720	220	4,620
Camden	190	460	1,320	600	540	130	510	260	3,625
Central Bedfordshire	80	270	240	180	60	50	60	80	950
Cheshire East	60	520	680	430	170	100	290	240	2,225
Cheshire West	170	560	980	610	250	140	300	330	3,025
City of London	10	0	30	10	20	0	0	0	70

Cornwall	440	490	30	430	200	110	530	190	2,060
County Durham	470	1,720	2,750	1,210	310	320	310	510	7,190
Coventry	900	1,240	1,410	1,080	410	260	800	430	5,915
Croydon	530	870	770	800	350	190	270	300	3,795
Cumbria	470	1,140	1,840	910	300	260	360	490	5,345
Darlington	140	460	620	390	170	110	120	190	2,045
Derby	170	890	1,450	710	200	260	1,490	430	4,640
Derbyshire	520	1,360	1,530	1,010	320	310	290	560	5,475
Devon	580	680	1,980	710	590	240	490	460	5,255
Doncaster	290	900	1,500	830	330	260	210	450	4,440
Dorset	200	620	960	450	280	240	100	390	2,995
Dudley	40	680	930	580	200	150	600	230	2,995
Ealing	330	640	1,230	650	530	170	300	310	3,855
East Riding	50	390	870	240	80	70	80	120	1,800
East Sussex	1,470	830	1,600	820	210	240	180	520	5,520
Enfield	190	540	730	480	180	140	180	240	2,470
Essex	1,020	2,150	3,510	1,660	480	480	1,100	800	10,250
Gateshead	220	690	1,130	660	260	120	220	270	3,325
Gloucestershire	480	1,230	1,390	860	360	240	550	370	5,020
Greenwich	300	720	820	640	310	170	70	300	3,145
Hackney	220	760	1,550	750	470	270	250	390	4,340
Halton	200	280	760	320	50	80	370	110	1,930
Hammersmith and Fulh	100	500	840	520	330	160	330	290	2,760
Hampshire	610	1,750	2,370	1,420	520	480	1,330	720	8,175
Haringey	150	620	1,090	630	420	200	250	340	3,405
Harrow	190	280	610	230	130	50	30	90	1,550
Hartlepool	50	540	790	520	70	80	70	190	2,180
Havering	390	340	510	300	140	90	20	110	1,835
Herefordshire	260	330	370	300	80	50	180	100	1,530
Hertfordshire	1,300	1,560	2,600	1,210	650	410	860	630	8,475
Hillingdon	230	470	820	470	270	120	30	190	2,490
Hounslow	190	470	1,010	480	190	120	60	210	2,595
Isle of Wight	220	300	290	260	70	120	40	130	1,345
Islington	230	570	1,490	760	460	240	170	390	4,030
Kensington and Chels	260	240	990	280	250	50	110	90	2,170

Kent	1,060	2,400	2,880	1,890	740	760	1,030	1,220	10,855
Kingston upon Hull	580	1,090	1,340	970	360	220	940	480	5,270
Kingston upon Thames	300	180	400	180	130	40	120	140	1,360
Kirklees	510	920	1,410	850	510	230	280	450	4,795
Knowsley	390	590	880	440	130	90	420	170	2,815
Lambeth	350	960	1,330	1,060	550	280	300	490	4,925
Lancashire	730	3,120	4,420	2,680	540	730	1,090	1,360	13,445
Leeds	1,650	2,230	3,440	2,100	510	630	1,600	1,050	11,885
Leicester	760	1,120	1,040	1,240	520	320	1,080	690	5,885
Leicestershire	190	860	1,500	820	270	180	290	300	4,115
Lewisham	270	900	970	880	400	210	290	330	3,940
Lincolnshire	1,580	1,310	1,780	970	350	340	930	580	7,085
Liverpool	1,080	2,020	3,190	2,010	640	450	1,340	820	10,470
Luton	470	530	1,010	440	170	100	300	180	2,960
Manchester	1,300	2,290	3,200	2,080	1,190	580	1,480	1,070	11,915
Medway Towns	80	540	1,060	540	240	170	210	240	2,855
Merton	100	310	520	230	220	70	40	100	1,520
Middlesbrough	190	980	1,300	840	300	200	260	380	4,130
Milton Keynes	110	510	520	450	90	120	360	220	2,090
Newcastle upon Tyne	460	1,480	1,490	1,110	430	220	1,220	500	6,050
Newham	320	960	1,010	760	470	220	170	300	3,975
Norfolk	690	1,330	2,750	1,350	870	350	1,110	530	8,160
North East Lincolnsh	780	580	660	460	160	110	370	160	3,015
North Lincolnshire	70	450	340	310	140	90	30	160	1,495
North Somerset	280	360	730	280	170	50	20	160	1,960
North Tyneside	300	620	760	480	120	110	230	220	2,615
North Yorkshire	960	870	1,060	700	210	180	170	390	4,260
Northamptonshire	390	1,360	1,030	1,020	300	370	360	500	4,900
Northumberland	130	560	780	550	220	100	70	210	2,480
Nottingham	1,530	1,250	1,890	1,250	490	330	660	590	7,365
Nottinghamshire	1,050	1,660	3,120	1,580	580	410	680	750	9,115
Oldham	160	790	1,400	700	90	160	170	260	3,515
Oxfordshire	320	920	1,370	870	300	190	750	420	4,555
Peterborough	430	560	1,080	490	170	130	400	300	3,210

Plymouth	400	590	900	560	410	110	800	220	3,480
Poole	170	280	630	200	60	60	60	90	1,475
Portsmouth	280	630	940	500	240	150	390	250	3,060
Reading	260	420	540	490	180	90	200	230	2,195
Redbridge	80	440	730	430	130	110	40	230	2,055
Redcar and Cleveland	160	630	980	500	120	110	30	200	2,615
Richmond upon Thames	130	190	540	180	140	50	20	90	1,285
Rochdale	670	740	1,660	740	320	170	680	370	4,825
Rotherham	220	670	1,440	590	220	150	280	310	3,585
Rutland	10	50	50	50	10	20	0	40	210
Salford	540	980	1,240	910	280	270	340	380	4,580
Sandwell	360	960	820	700	120	190	140	270	3,355
Sefton	180	510	1,380	550	220	110	140	200	3,120
Sheffield	1,130	1,240	1,570	1,100	450	380	950	650	6,670
Shropshire	400	370	950	340	150	80	80	180	2,420
Slough	260	350	350	260	120	80	110	120	1,535
Solihull	60	340	550	330	160	90	50	130	1,620
Somerset	470	580	920	560	300	130	1,120	260	3,650
South Gloucestershir	170	270	700	190	130	70	70	80	1,605
South Tyneside	80	530	900	530	300	80	240	180	2,630
Southampton	480	800	740	780	270	230	580	410	3,795
Southend-on-Sea	300	450	720	370	250	90	280	100	2,370
Southwark	340	860	1,190	950	500	240	310	460	4,465
St Helens	360	390	1,030	490	140	60	530	210	2,840
Staffordshire	480	1,390	2,430	1,270	480	320	770	610	7,060
Stockport	170	600	1,080	560	170	150	320	270	3,025
Stockton-on-Tees	40	720	960	630	150	140	190	270	2,870
Stoke-on-Trent	440	870	1,510	1,080	460	190	280	570	4,975
Suffolk	850	1,060	1,770	890	420	250	490	430	5,700
Sunderland	120	1,080	1,010	1,030	310	200	400	350	4,125
Surrey	500	1,150	2,460	930	560	290	490	520	6,395
Sutton	140	300	660	260	170	50	40	160	1,680
Swindon	550	420	760	280	210	90	340	110	2,535
Tameside	280	660	1,250	560	290	160	160	270	3,415

Telford & Wrekin	220	350	730	300	160	70	30	110	1,900
Thurrock	200	390	490	250	120	60	10	100	1,565
Torbay	140	270	780	280	190	80	240	150	1,935
Tower Hamlets	670	720	1,230	770	620	150	490	340	4,575
Trafford	190	390	660	340	130	90	130	220	1,975
Wakefield	470	790	1,950	740	420	180	200	300	4,800
Walsall	300	790	1,060	820	290	160	230	280	3,675
Waltham Forest	800	570	1,030	500	190	140	50	260	3,385
Wandsworth	70	540	1,240	470	390	150	260	310	3,145
Warrington	130	330	1,030	260	180	90	430	140	2,305
Warwickshire	250	820	1,440	570	220	150	330	240	3,735
West Berkshire	150	160	290	160	30	30	90	60	895
West Sussex	340	890	1,320	690	410	230	640	400	4,400
Westminster	710	320	1,040	460	810	100	580	210	3,835
Wigan	350	700	1,440	690	130	150	420	300	3,820
Wiltshire	360	580	890	400	240	150	250	170	2,830
Windsor and Maidenhe	20	190	330	130	60	40	0	60	800
Wirral	280	780	2,390	840	330	100	580	270	5,145
Wokingham	0	120	170	90	20	30	0	40	450
Wolverhampton	570	980	1,140	720	300	180	570	290	4,320
Worcestershire	580	1,000	1,260	880	180	220	230	480	4,475
York	250	390	760	330	190	100	370	170	2,290
Total	62,920	115,160	179,040	102,240	44,430	27,260	57,820	48,540	584,230

Table J.5: Estimated Number of Cases with Mental Health problems by SMD Category by Local Authority
(rounded number in touch with relevant agencies over year, all-purpose and county authorities, 2010/11)

Local Authority Name	H'less + MH	Offend + MH	Subst + MH	Offend + Subst + MH	H'less + Subst + MH	H'less + Offend + MH	SMD3 (SP) + MH	SMD3 (OA) + MH	Total SMD1-3 + MH
Barking and Dagenham	10	150	460	210	60	50	20	100	1,000
Barnet	10	70	400	210	110	40	60	80	910
Barnsley	60	180	920	220	20	60	30	130	1,540
Bath and North East	50	80	310	100	50	20	40	70	665
Bedford	30	120	460	170	60	40	90	100	975
Bexley	60	90	290	150	90	40	10	60	755
Birmingham	480	960	2,350	1,440	590	340	1,150	750	7,110
Blackburn with Darwe	140	230	390	320	60	70	40	170	1,315
Blackpool	100	290	910	490	130	80	290	220	2,255
Bolton	120	330	760	370	180	60	240	170	2,025
Bournemouth	290	250	580	230	110	70	110	170	1,670
Bracknell Forest	20	40	170	90	40	20	10	50	410
Bradford	230	300	1,370	420	190	80	240	230	2,825
Brent	130	160	430	250	120	50	100	130	1,255
Brighton and Hove	150	250	810	320	130	100	260	160	1,970
Bristol	280	450	1,350	640	340	130	480	360	3,610
Bromley	90	180	420	200	170	50	60	110	1,195
Buckinghamshire	30	170	600	210	100	40	70	100	1,235
Bury	50	190	350	230	70	60	80	120	1,050
Calderdale	80	150	460	190	90	40	30	110	1,080
Cambridgeshire	140	210	1,000	260	180	70	290	130	2,070
Camden	60	160	760	330	160	50	190	170	1,700
Central Bedfordshire	30	60	140	70	20	20	10	30	360
Cheshire East	30	160	390	170	110	60	90	140	1,035
Cheshire West	50	180	560	370	110	50	150	230	1,510
City of London	0	0	20	10	0	0	0	0	30
Cornwall	130	180	20	210	140	40	310	100	925

County Durham	40	560	1,580	620	80	100	110	300	3,185
Coventry	250	280	810	460	200	80	260	230	2,325
Croydon	230	240	440	420	250	70	60	170	1,765
Cumbria	170	430	1,060	530	200	130	190	340	2,785
Darlington	40	130	360	180	30	50	50	120	875
Derby	50	320	840	360	60	120	710	260	2,235
Derbyshire	130	440	880	500	140	130	120	310	2,435
Devon	210	240	1,140	350	350	110	270	260	2,665
Doncaster	70	220	870	310	160	110	60	230	1,885
Dorset	100	170	550	190	180	70	30	200	1,375
Dudley	0	190	540	220	50	50	140	130	1,185
Ealing	40	170	710	280	190	70	60	160	1,570
East Riding	20	100	500	100	40	20	30	40	815
East Sussex	660	320	920	450	120	120	80	340	2,800
Enfield	10	140	420	210	0	60	40	120	920
Essex	240	740	2,020	890	200	190	510	480	4,775
Gateshead	30	270	650	390	130	60	80	140	1,640
Gloucestershire	110	420	800	450	190	100	240	200	2,290
Greenwich	60	220	470	380	170	60	20	140	1,440
Hackney	40	250	900	390	160	80	90	210	1,970
Halton	20	100	440	160	10	30	90	50	830
Hammersmith and Fulh	60	150	490	270	260	50	140	180	1,440
Hampshire	180	590	1,370	700	190	200	590	440	3,745
Haringey	30	150	630	290	110	60	110	180	1,415
Harrow	30	50	350	100	140	20	10	40	715
Hartlepool	10	150	460	250	20	40	30	90	990
Havering	40	100	290	140	0	30	10	60	635
Herefordshire	30	110	220	160	50	20	100	60	670
Hertfordshire	290	490	1,500	610	520	180	400	340	3,960
Hillingdon	30	110	470	210	40	40	0	80	940
Hounslow	100	100	580	220	170	30	30	110	1,270
Isle of Wight	90	110	170	120	50	60	20	80	650
Islington	60	190	860	430	150	110	30	240	1,935
Kensington and Chels	110	50	570	120	150	10	40	50	1,055
Kent	410	800	1,660	960	460	310	560	680	5,220

Kingston upon Hull	150	330	770	410	270	100	440	230	2,365
Kingston upon Thames	70	40	230	110	80	20	90	70	630
Kirklees	60	270	820	410	230	100	90	240	2,055
Knowsley	110	160	510	190	10	20	180	80	1,130
Lambeth	30	280	770	510	110	120	50	280	1,985
Lancashire	150	950	2,550	1,230	160	310	320	770	5,895
Leeds	540	630	1,990	1,010	330	220	800	610	5,425
Leicester	200	450	600	630	270	160	710	430	2,880
Leicestershire	30	330	860	410	40	70	60	180	1,860
Lewisham	30	280	560	460	100	80	80	190	1,645
Lincolnshire	490	380	1,030	430	110	150	570	310	3,030
Liverpool	220	670	1,840	990	270	170	490	500	4,655
Luton	50	130	580	200	50	30	80	90	1,125
Manchester	310	710	1,850	1,030	520	230	590	590	5,240
Medway Towns	20	140	610	250	100	70	80	130	1,295
Merton	10	90	300	90	20	20	10	70	570
Middlesbrough	40	270	750	350	170	50	50	160	1,735
Milton Keynes	40	170	300	240	60	50	100	120	970
Newcastle upon Tyne	100	540	860	650	220	110	500	320	2,890
Newham	0	240	580	310	90	80	10	150	1,380
Norfolk	250	590	1,580	820	520	170	430	360	4,325
North East Lincolnsh	160	150	380	170	40	40	110	80	1,035
North Lincolnshire	20	120	200	120	30	30	10	70	560
North Somerset	100	120	420	170	170	20	20	80	1,050
North Tyneside	20	200	440	260	50	50	70	130	1,120
North Yorkshire	290	250	610	290	70	50	70	210	1,700
Northamptonshire	70	370	600	480	70	160	120	290	1,955
Northumberland	10	220	450	310	70	50	20	130	1,185
Nottingham	430	400	1,090	620	260	130	260	320	3,220
Nottinghamshire	340	570	1,800	820	290	180	270	460	4,365
Oldham	60	250	810	300	40	80	70	140	1,645
Oxfordshire	100	280	790	420	150	70	220	210	2,025
Peterborough	50	180	620	190	40	50	100	180	1,270
Plymouth	170	190	520	260	180	50	420	120	1,640

Poole	50	60	360	60	40	20	50	50	640
Portsmouth	30	210	540	250	80	60	130	150	1,310
Reading	120	160	310	230	60	40	90	100	1,015
Redbridge	20	150	420	230	120	40	10	130	1,050
Redcar and Cleveland	30	180	570	220	20	30	10	120	1,115
Richmond upon Thames	60	70	310	100	140	20	0	60	730
Rochdale	180	220	960	390	160	70	390	200	2,275
Rotherham	70	180	830	280	70	60	50	170	1,600
Rutland	10	20	30	20	0	20	0	20	110
Salford	130	320	710	460	90	120	130	200	1,995
Sandwell	70	240	470	270	80	70	30	120	1,275
Sefton	10	170	800	270	50	50	40	110	1,425
Sheffield	230	370	910	600	170	160	440	380	2,850
Shropshire	80	130	550	150	50	40	10	100	1,055
Slough	40	80	200	120	60	30	30	70	580
Solihull	10	80	320	140	40	30	20	60	660
Somerset	200	200	530	280	190	50	310	150	1,680
South Gloucestershir	30	90	400	90	30	30	10	40	695
South Tyneside	40	190	520	310	190	30	60	100	1,360
Southampton	150	260	430	410	70	120	210	250	1,670
Southend-on-Sea	80	170	420	200	140	40	130	70	1,150
Southwark	140	280	690	510	230	100	200	260	2,180
St Helens	50	140	600	260	40	30	150	120	1,255
Staffordshire	80	420	1,400	600	230	140	280	340	3,180
Stockport	80	200	620	280	40	60	80	170	1,405
Stockton-on-Tees	10	180	560	280	40	50	40	140	1,210
Stoke-on-Trent	60	300	870	580	140	80	140	350	2,275
Suffolk	160	350	1,020	430	100	90	170	250	2,360
Sunderland	20	420	580	530	90	130	70	220	1,915
Surrey	120	380	1,420	450	180	110	210	310	2,920
Sutton	40	110	380	130	120	20	10	80	845
Swindon	130	130	440	120	90	50	120	50	1,045
Tameside	90	180	720	280	150	70	70	150	1,600
Telford & Wrekin	60	100	420	140	80	30	10	60	865

Thurrock	50	110	280	100	90	30	10	70	700
Torbay	40	90	450	140	90	40	140	90	965
Tower Hamlets	100	220	710	370	230	60	120	180	1,840
Trafford	30	120	380	160	70	30	30	120	865
Wakefield	90	280	1,130	400	280	80	50	190	2,380
Walsall	30	200	610	330	110	50	90	150	1,450
Waltham Forest	70	140	600	210	210	40	30	130	1,350
Wandsworth	10	150	710	220	180	50	40	170	1,425
Warrington	30	120	590	150	70	40	170	90	1,130
Warwickshire	90	230	830	270	40	50	60	140	1,610
West Berkshire	30	40	170	70	0	10	20	30	345
West Sussex	110	300	760	350	290	100	330	260	2,205
Westminster	110	90	600	260	260	20	320	110	1,555
Wigan	80	220	830	350	30	60	110	140	1,695
Wiltshire	90	180	520	190	130	80	110	100	1,295
Windsor and Maidenhe	0	60	190	70	0	20	0	30	355
Wirral	70	280	1,380	440	150	50	240	140	2,560
Wokingham	0	40	100	50	0	10	0	20	210
Wolverhampton	90	230	660	320	100	60	160	150	1,615
Worcestershire	130	320	730	450	50	100	80	260	1,950
York	80	100	440	150	60	20	170	90	980

Total	15,570	35,900	104,850	50,160	19,660	11,080	23,230	27,360	262,515
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