Department of Justice, Reducing Offending and Reoffending Strategy Call for Views: Extern's Response

13/08/26

SECTION 2: Understanding Offending, Reoffending & Harm

2a. Which of the following factors do you consider contribute to, or increase the risk of, offending in Northern Ireland today? (Please select all that apply):

Health and Mental Wellbeing difficulties;

Housing insecurity or homelessness; Poor engagement with education, including persistent or risk of exclusion; Unemployment, insecure work or lack of training opportunities; Trauma or adverse childhood experiences; Substance use (drugs/alcohol); Poverty or financial stress; Social isolation or lack of positive support; Inter-generational experiences of offending (long-standing family or community patterns of involvement with the justice system); Community-level safety issues (e.g. persistent disorder, intimidation, violence); Peer influence or harmful social networks; Exposure to domestic abuse or coercive control; Barriers to accessing timely and effective support services; Other (please specify)

Extern would select all of the factors listed. Based on our frontline experience across youth justice, adult criminal justice, education and employment, look after children and care experienced young people, mental health and wellbeing, and harm reduction services, offending and reoffending in Northern Ireland are rarely driven by one issue alone. Risk increases where people experience multiple, overlapping forms of adversity, inequality and unmet need, particularly where support is delayed, fragmented or inaccessible.

In Extern's experience, the strongest risk is cumulative. A young person may be disengaged from school, living with unresolved trauma, affected by domestic abuse, struggling with mental health or neurodiversity, self-medicating through drugs or alcohol, and exposed to harmful peer networks or community intimidation. An adult leaving custody may face homelessness, addiction, poverty, social isolation and a

return to the only relationships or networks available to them. In these circumstances, offending can become part of a wider survival pattern rather than a simple individual choice.

Poor engagement with education, including persistent or risk of exclusion. Education, training and employment are key protective factors and should be treated as central to prevention. Extern's alternative education and youth support work shows that persistent absence, exclusion or risk of exclusion, often sits alongside trauma, instability, poverty, strained relationships with adults in authority and low confidence. Where young people feel labelled or written off, this can reinforce shame, anger and disconnection. Conversely, a clean slate, consistent trusted adults, smaller settings, practical support and pathways into skills, qualifications and work can rebuild trust, raise aspirations and create realistic routes away from offending.

Mental health and wellbeing difficulties, trauma and adverse childhood experiences are also central. Many people who come into contact with Extern services have experienced loss, abuse, neglect, family breakdown, care experience, domestic abuse or coercive control. These experiences can affect emotional regulation, trust, communication, relationships and decision-making. Early, trauma-informed and relationship-based support is therefore essential, particularly for children and young people before behaviours escalate into justice contact.

Substance use, poverty, financial stress, housing insecurity and homelessness commonly compound one another. Limited access to timely support, can make it extremely difficult for individuals to break cycles of substance dependence, offending and criminal justice involvement. Harm reduction services demonstrate the value of flexible, non-judgemental support which meets people where they are, reduces immediate risk and creates opportunities for recovery, stability and reconnection.

Community-level safety issues are particularly important in Northern Ireland. In some communities, young people and adults are exposed to persistent disorder, intimidation, violence, drug debt, coercion, paramilitary influence and the normalisation of harmful or criminal lifestyles. The response must distinguish

between those organising harm and those drawn into it through fear, debt, coercion, exploitation or lack of opportunity.

Peer influence, harmful social networks and inter-generational experiences of offending are significant pathways into offending. Extern staff described peer influence and harmful social networks as a pathways into offending, particularly where young people are growing up in communities where criminality, paramilitary influence, drug dealing or visible displays of wealth can appear normalised, rewarded or even aspirational. Peer influence and harmful social networks can offer belonging, status, protection or income where positive alternatives feel absent. Staff highlighted that some young people are drawn in through peer groups, a desire for belonging, self-medication through drugs, or pressure to access the status and lifestyle they see around them. This was closely linked to inter-generational experiences of offending, where family names, parental imprisonment, domestic violence, community reputations or longstanding patterns of justice-system involvement can shape how young people are viewed by services and how they see themselves. Staff stressed that some young people are actively trying to break away from these inherited expectations, but this is extremely difficult without consistent, trusted relationships and credible alternatives that give them safety, belonging and a different sense of possibility.

Barriers to accessing timely and effective support services are a cross-cutting risk factor. Appointment-based, siloed or short-term provision is often inaccessible to people with multiple and complex needs. Assertive outreach, trauma-aware practice, information sharing and coordinated support across justice, health, housing, education, social care, employability and the voluntary and community sector are more realistic and effective. Community-based services can respond flexibly using tailored packages of support rather than expecting individuals to navigate several disconnected systems.

Other – Based on frontline staff experience of engaging with looked after children and young people, Extern would also specify care experience and transition points as additional factors. Children who are looked after, care-experienced young people, people moving from youth to adult services, and adults leaving custody can be especially vulnerable where independent living skills, family support, housing,

income, treatment and positive relationships are not in place. These transition points can create heightened risk of exploitation, including involvement in low-level drug dealing, cuckooing or offending linked to survival and coercion.

Overall, Extern's view is that the strategy should recognise offending and reoffending as arising from interacting individual, family, community and system factors. Prevention requires early intervention, trusted relationships, practical pathways into education, training and employment, effective mental health and substance use support, safe housing, and coordinated services that are able to respond before crisis or custody. Addressing these factors together will better reduce harm, improve public safety and create better life chances for individuals, families and communities.

2b. Based on factors selected in 2a, which do you believe is the MAIN factor contributing to offending in Northern Ireland today?

Extern believes that one of the main factors contributing to offending in Northern Ireland today are barriers to accessing timely and effective support services. While offending is rarely caused by one issue alone, it is evident from Extern's experience of engaging with individuals across our different services that many people involved in, or at risk of entering, the justice system are experiencing overlapping needs including poor mental health, substance use, trauma, homelessness, poverty, learning disability, social isolation and family breakdown. The key issue is that support is often fragmented, threshold-driven, difficult to navigate and unavailable at the point when people need it most. As a result, people can fall between services, remain unsupported until crisis point, or enter custody because community-based health, housing, addiction, benefits or wellbeing support has not been accessible or coordinated. Addressing these barriers through early, trauma-informed, flexible and properly resourced support would therefore have the greatest impact on preventing offending and reducing further harm.

In relation to children and young people, Extern staff in our youth and family, education and employment, and youth justice support services, have highlighted that peer influence and harmful social networks as another central factor contributing to offending in Northern Ireland today, particularly where these are shaped by community-level pressures, paramilitary influence, drug debt, and the appeal of an illegal

lifestyle. While offending is clearly linked to multiple overlapping issues — including trauma, poverty, poor educational engagement, substance use and lack of support — young people can be drawn or pressured into offending through the people and networks around them. This includes peers normalising offending, criminal or paramilitary groups offering status, money or protection, and vulnerable young people being coerced into activity such as drug running or disorder to repay debts. In many cases, offending is therefore not simply an individual choice, but a product of harmful relationships, community norms and limited positive alternatives.

2c. Please provide examples/references/evidence links from Northern Ireland or elsewhere or through lived experience that supports your views in 2a & 2b.

Extern's view that all listed factors can contribute to offending risk is supported by Northern Ireland evidence. Criminal Justice Inspection Northern Ireland found in 2024 that many children referred to the Youth Justice Agency have complex needs, including trauma, care experience, domestic abuse, neurodiversity and disrupted education, and that child-centred, trauma-informed intervention can prevent children receiving a criminal record (CJINI, 2024). Queen's University Belfast research on adverse childhood experiences in Northern Ireland also links childhood trauma with poorer educational outcomes, chronic health needs, substance use and greater justice-system involvement. (Walsh et al., 2025).

The Department of Justice's Strategic Framework for Youth Justice 2022–2027 provides a clear policy basis for early intervention, diversion and a children-first approach. It recognises that many children who offend have difficult backgrounds and adverse childhood experiences, and sets an outcome that children should be exited from the justice system at the earliest point with appropriate support (DoJ NI, 2022). This aligns with Extern's experience that timely, trusted support around education, family stress, wellbeing and safety is more effective than waiting until behaviour escalates.

Adult reoffending evidence also supports Extern's emphasis on housing, health, employability and coordinated services. The Northern Ireland Audit Office reported that multiple "criminogenic needs" influence reoffending and identified accommodation, employability and health as key desistance pathways requiring

stronger cross-government action (NIAO, 2023). The Northern Ireland Assembly Public Accounts Committee subsequently concluded that a cross-departmental strategy with a stronger focus on action is urgently needed and highlighted the vital role of the voluntary and community sector in rehabilitation (NIA Public Accounts Committee, 2025).

Northern Ireland-specific evidence also supports Extern's concern about community-level safety, coercion and harmful networks. The Safeguarding Board for Northern Ireland identifies paramilitary influence as involving intimidation, coercive control, debt, grooming and criminal activity, particularly affecting children and young people in vulnerable circumstances (SBNI website, accessed 10/08/26). The House of Commons Northern Ireland Affairs Committee similarly described paramilitarism and organised crime as an enduring, intergenerational problem causing harm through coercive control, exploitation and community trauma (NI Affairs Committee Report, 2023-24).

Extern's youth support, harm reduction, mental health and outreach services show the same pattern in practice: people rarely present with one isolated issue. Young people and adults commonly need support with education, housing, family relationships, substance use, mental wellbeing, poverty, social isolation and safety at the same time. Lived experience from Extern's frontline work indicates that the most effective interventions are flexible, relationship-based and practical: one trusted adult, one accessible service door, and coordinated help can create the stability needed to reduce offending risk.

International evidence is consistent with this. The strongest approaches to reducing offending and reoffending are not single-issue responses; they address education, employment, health, substance use, housing, relationships and community safety together. This supports Extern's position that the new strategy should treat the factors in Q2a as interconnected and should invest in early intervention, diversion, harm reduction, trauma-informed practice, safe accommodation, skills pathways and sustained community-based support.

SECTION 3: Preventing First-Time Offending

4a. In your experience, which approaches, support or services do you believe help prevent people coming into contact with, or entering, the criminal justice system for the first time?

Access to safe and secure housing; Mental health or wellbeing support; Support with substance use; Employment, skills or training opportunities (including supported employment); Positive relationships, supportive adult relationships and role models; Addressing harmful peer influence, coercion or exploitation; Early identification of additional support needs (including learning, communication, cognitive or neurodiversity needs); Diversionary approaches with adults (e.g. informal warnings, restorative approaches to address harm caused, and alternatives to prosecution); Targeted youth justice interventions, including early stage diversion; Early help for families; Access to appropriate support within school or alternative education provision; Access to structured post school pathways, including education, training or supported employment for young people with additional or special educational needs (SEN); Access to youth or community programmes; Other (please specify)

Extern would select all of the approaches listed. In our experience, prevention is most effective when it starts early, is relationship-based, and addresses the practical, emotional and social factors that can place children, young people and adults at risk of first contact with the justice system. Safe and secure housing, mental health and wellbeing support, substance-use support, skills and employment pathways, positive adult relationships, early help for families, support in school or alternative education, youth/community programmes, diversionary approaches and targeted youth justice interventions are all essential parts of a prevention system.

Extern’s frontline services show that people rarely need only one form of help. A young person at risk of exclusion may also be experiencing trauma, poor mental health, neurodiversity, family stress, poverty, peer pressure or coercion. An adult at risk of offending may be facing homelessness, addiction, debt, isolation or unmet mental health need.

Prevention should therefore be coordinated around the whole person, rather than delivered through disconnected single-issue services.

For children and young people, Extern believes the strongest prevention approaches are early identification of additional needs, inclusive education, alternative education where needed, structured post-school pathways, trusted adult relationships, family support and targeted youth interventions that divert children away from criminalisation. Schools, EOTAS, youth services, health services, families and communities services, PSNI, the Youth Justice Agency and voluntary/community providers should be able to work together early, before crisis or custody becomes the default response.

For adults, prevention requires equally practical and relational support. Extern would also specify trauma-informed, outreach-based and sustained support as “other” prevention approaches. Short-term or appointment-only provision is often least accessible to those at greatest risk. Prevention works best when support is flexible, persistent and delivered by trusted practitioners who can help people navigate education, training, health, housing, family and justice systems. The strategy should therefore invest in early intervention, diversion, supported transitions and community-based services that remain alongside people for long enough to create real change.

4b. Please provide examples/references/evidence links from Northern Ireland or elsewhere or lived experience that supports your views in 4a.

Northern Ireland policy and inspection evidence supports Extern’s view that prevention should be early, relationship-based and diversionary. The Department of Justice Strategic Framework for Youth Justice 2022–2027 promotes a children-first approach and the aim of exiting children from the justice system at the earliest point with appropriate support ((DoJ NI, 2022). Criminal Justice Inspection Northern Ireland’s inspection of Youth Justice Agency community interventions found practice to be child-centred, solution-focused and trauma-informed, with many children presenting with complex needs including trauma, care experience, disrupted education and neurodiversity (CJINI)

Extern's **Moving Forward Moving On** (MFMO) project provides just one example of the type of relationship-based provision Extern considers essential. The project supports young people aged 16–25 years who are not in education, training or employment and/or have offending histories, including those moving on from alternative education such as Extern's Pathways project. MFMO's strength lies in offering young people a consistent mentor who remain alongside them across transitions, whether they were moving into training, employment, post-16 options, leaving care, involved in offending, or at risk of custody. Evidence from Extern's practice suggests that the presence of one trusted adult — described by staff as a "lighthouse" — can be the stabilising factor that enables a young person to stay engaged, make safer choices and access the support they need.

Extern's **DARE** project in Bangor provides another strong example of early intervention that focuses on building relationships from a young age and maintaining them over time. The model provides a safe, familiar and relationship-based space where practitioners can identify emerging needs, including mental wellbeing, substance use, peer pressure, family stress, disengagement from education and community safety concerns. This type of long-term early help is consistent with the wider Youth Engagement Service (YES) model, which offers confidential advice, health and wellbeing support, outreach and needs-led activities for young people aged 11–25 years. Staff emphasised that DARE has been consistent for almost five years, which has enabled trust to develop in a way that short-term funding cycles often do not allow. The project's value lies in providing a safe, relational space where young people can be supported before difficulties become crisis points. Extern believes that this type of sustained early help should be central to the reducing offending and reoffending strategy, particularly for young people who may not yet be in contact with justice services but are already experiencing the risk factors associated with future offending.

Another example of good practice is Extern's **Keep Safe, Stay Safe** (KSSS) intervention. KSSS was developed in response to young people being drawn into public disorder and community tension, addressing both the immediate behaviours and the underlying causes of that behaviour. The "keep safe" element focussed on practical risk reduction, while the "stay safe" element explored the individual reasons behind involvement, such as peer influence, substance use, identity, fear, anger,

coercion or a sense of cultural threat. The Youth Justice Agency, who worked in partnership with MFMO staff to develop the KSSS intervention, praised the holistic support provided by dedicated staff to help encourage pro-social behaviour and desistence from further offending and described MFMO as an ‘outstanding’ service which effectively advocates for young people with a variety of professionals including GP's, CAIT Team, CAMHS and DAMHS.

James’ story illustrates the lived experience behind these approaches. James was referred to Extern’s Pathways alternative education programme project after a significant incident in school and had experienced instability, care placements, family trauma and the burden of being associated with offending within his wider family identity. Pathways supports young people aged 14–16 who are at risk of exclusion from mainstream education and may also be at risk of offending, entering care or entering custody. Extern staff offered James a clean slate, built a consistent relationship around his strengths and needs, supported him through periods of disengagement, and helped him achieve qualifications. Over time he developed confidence and returned to his previous school environment for a restorative meeting because he wanted to acknowledge what had happened and show he had moved forward. His story demonstrates the importance of time, trust, practical support, restorative practice and adults who listen and act.

Learning from Extern’s **Youth Diversion Projects** (YDPs) in the **Republic of Ireland** further demonstrates the value of early, relationship-based and whole-family intervention. In 2025, across Extern’s YDPs, low repeat Juvenile Liaison Officer referral levels, reductions in assessed risk, improved education and employment engagement, and positive family outcomes suggest that prevention is most effective when it addresses the underlying factors linked to offending — including school disengagement, family instability, lack of positive routines, peer influence and unmet emotional or practical needs. Insight from Extern’s YDP annual reports also shows the importance of engaging children and young people before risks escalate, providing structured pro-social opportunities, and embedding youth justice responses within strong local partnerships involving schools, Gardaí, Tusla, families and community services.

This learning supports a strategy that prioritises early intervention, sustained trusted relationships, family support, education and employment pathways, and coordinated community-based responses as key mechanisms for reducing harm and improving long-term outcomes.

Finally, adult prevention evidence reinforces the same message. The NIAO identified accommodation, employability and health as key desistance pathways for reducing adult reoffending, while the Public Accounts Committee highlighted the need for stronger cross-departmental action and the vital role of voluntary and community sector organisations in rehabilitation (NIAO, 2023; NI Assembly Public Accounts Committee, 2025). This evidence supports Extern's view that preventing first contact with justice, and preventing escalation, requires coordinated support across housing, health, education, employability, family, community safety and justice.

SECTION 4: Reducing Reoffending

5a. Which types of support or services help people to stop reoffending?

Health and wellbeing support; Substance use treatment; Safe and secure housing; Education, skills or employment support; Family or community support Youth justice interventions, including restorative practice; Problem solving approaches for adults, including restorative justice Structured supervision and case management; Accredited or offence-specific programmes; Risk assessment and management interventions Victim awareness or relationship based interventions; Support during key transitions (e.g. leaving custody); Communication accessible support and reasonable adjustments; Other (please specify)

From Extern's perspective, no single intervention is sufficient on its own to stop reoffending. The evidence from an independent evaluation of Extern's **Prisoner Support Project** strongly supports a holistic, trauma-informed and needs-led model which addresses the underlying drivers of offending at the same time as supporting people to build stability, trust, motivation and meaningful connections in the community (Butler et al, 2026). For people serving short sentences, particularly those with complex and overlapping needs, the most effective support is practical,

relational, persistent and available before, during, and after the transition from custody to the community.

Based on Extern's experience from delivering adult criminal justice services, youth justice services, and the findings of the Prisoner Support Project (PSP) evaluation, the following forms of support should be prioritised:

- **Health and wellbeing support:** Many people leaving custody have significant mental and physical health needs, trauma histories, suicidal thoughts, poor emotional regulation and limited access to healthcare. Support to register with a GP, access medication, attend appointments and manage wellbeing is central to stabilisation.
- **Substance use treatment and harm reduction:** Substance use was one of the most common needs within the PSP cohort. Harm-reduction resources and crisis responses are essential, particularly immediately after release when overdose and relapse risks can increase.
- **Safe and secure housing:** Homelessness and unstable accommodation are major barriers to desistance. The PSP evaluation found very high levels of homelessness both on committal and release, and Extern's experience is that people can find it extremely challenging to meaningfully engage with rehabilitation, treatment or supervision if they do not have somewhere safe to live.
- **Education, skills or employment support:** Education, employment and training can support identity change, routine, confidence and financial stability. However, these opportunities must be realistic and sequenced appropriately, as people may first need support with housing, health, addiction and benefits before they can sustain employment or training.
- **Family or community support:** Positive family, peer and community connections can support desistance, while isolation and criminogenic peer networks can increase risk. Extern's relational model demonstrates the importance of consistent, trusted support from workers who maintain engagement even when people disengage temporarily.
- **Youth justice interventions, including restorative practice:** Early, restorative and diversionary responses for children and young people can prevent escalation into repeated justice involvement. These should be trauma-informed,

developmentally appropriate and focused on repair, accountability and support rather than punishment alone.

- **Structured supervision and case management:** People with complex needs often require coordinated case management across justice, health, housing, benefits and community services. The Prisoner Support Project shows the value of a consistent worker who can advocate, accompany, coordinate and re-engage people over time.
- **Relationship-based interventions:** Support that develops empathy, emotional regulation and healthier relationships can contribute to desistance, particularly when delivered in a safe, trauma-informed and non-shaming way.
- **Support during key transitions, including leaving custody:** The transition from prison to community is a critical point. Through-the-gate support, pre-release planning, continuity of worker relationship, immediate post-release contact and help with appointments, accommodation, benefits and health services are essential.
- **Communication-accessible support and reasonable adjustments:** Given the prevalence of learning difficulties, neurodiversity, disability and limited literacy, support and court requirements must be explained in ordinary language and adapted to people's communication needs. Without this, people may be wrongly viewed as non-compliant when they have not understood expectations or cannot access services.
- **Other:** Extern would also emphasise the importance of benefits, poverty reduction, advocacy and practical crisis support. Many people leaving custody require immediate help with identification, income, food, transport, appointments and communication with statutory agencies. These practical supports may appear basic, but they are often the foundation that enables people to engage with rehabilitation and avoid returning to unsafe or offending-related situations.

5b. Please provide examples/references/evidence links from Northern Ireland or elsewhere that supports your views in 5a

The independent evaluation of Extern's Prisoner Support Project (PSP) provides direct Northern Ireland evidence that intensive, flexible and relational through-the-gate support can contribute to reduced reoffending and improved stability among

people serving short custodial sentences with complex needs (Butler et al, 2026). The evaluation found that individuals who engaged with the PSP had exceptionally high levels of addiction, mental ill-health, co-occurring needs, homelessness, previous offending, and previous imprisonment. Despite this, 50% of people committed no offences during engagement with the project, 51% were not returned to custody, and 71% demonstrated a reduction in the frequency and/or seriousness of offending. The project also supported improvements in accommodation, GP registration, access to medication, reduced harms from substance use, and engagement with wider services and activities.

Northern Ireland-wide evidence also supports Extern's position. The Northern Ireland Audit Office report on reducing adult reoffending identifies multiple needs that influence reoffending, highlights the particular challenge of short-term prisoners having limited access to rehabilitation, and points to the need for stronger strategic planning, outcome measurement and cross-government action (NIAO, 2023). The Northern Ireland Assembly Public Accounts Committee has similarly called for an urgent cross-departmental strategy, improved rehabilitation provision for short-term prisoners, viable community alternatives to short custodial sentences, and more sustainable funding certainty for the voluntary and community sector (NI Assembly PAC, 2025)

Criminal Justice Inspection Northern Ireland has also emphasised that resettlement work is key to reducing reoffending and protecting the community, and that work to address the causes of offending should begin when a person enters prison and continue through release into the community (CJINI, 2018). This aligns closely with Extern's through-the-gate model and the evaluation's finding that continuity, advocacy and practical support are especially important for people whose lives are marked by instability and crisis (Butler et al., 2026).

Wider evidence from England and Wales also supports this approach. The Ministry of Justice evidence synthesis on reducing reoffending identifies relevant evidence across accommodation, education, employment, substance misuse, community ties, mentoring, restorative justice, mental health and supervision. It reinforces the importance of addressing practical and social conditions linked to reoffending, rather than relying on punishment or offence-focused programmes alone (MoJ, 2025).

The following anonymised stories from individuals who engaged with Extern's Prisoner Support Project illustrate the barriers people with complex needs can face when leaving custody, and why support to stop reoffending must be coordinated, trauma-informed, accessible and sustained across housing, health, mental wellbeing, substance use, safeguarding and community-based case management.

John's story demonstrates how quickly risk can escalate when someone leaves custody with multiple needs but no single service able to take responsibility for coordinated support. John had a history of learning difficulties, mental health concerns, self-harm, homelessness and repeated tenancy breakdown. These issues increased his vulnerability and made it harder for him to sustain accommodation, attend appointments, manage distress and engage consistently with services.

Although there were clear indicators of need, progress was repeatedly delayed by system barriers. Information about John's learning disability history was inconsistent, records were difficult to access, and there was uncertainty about whether he currently met the threshold for learning disability services. Missed GP appointments prevented referral routes from moving forward, despite the fact that missed appointments were themselves linked to his vulnerability and support needs.

John also had a diagnosis of Emotionally Unstable Personality Disorder, a history of hospital admissions and periods where police were required to respond to concerns for his safety. However, he was not assessed as requiring ongoing community mental health support. An adult safeguarding referral was screened out because he was deemed to have capacity and was not engaging, even though his lack of engagement was closely connected to the very risks that prompted concern.

Housing was the most immediate barrier to stability. Despite four failed tenancies and complex needs, supported accommodation could not be progressed directly by the voluntary sector worker and required statutory referral routes. John was advised that he did not meet the criteria. The result was a cycle in which the absence of safe, supported housing made it harder to stabilise his mental health, reduce risk, engage with services or build the conditions needed to desist from offending.

John's experience shows why reducing reoffending requires structured supervision and case management, communication-accessible support, reasonable adjustments, safe accommodation, mental health input, safeguarding responses that recognise

fluctuating engagement, and trusted practitioners who can keep working alongside individuals through relapse, missed appointments and crisis.

Peter's story highlights the gap experienced by people with both mental health difficulties and substance use needs when leaving custody. Peter had ongoing mental health problems, a history of self-harm and previous attempts to end his life. He found it extremely difficult to present at hospital for assessment, partly because previous attempts to seek help had ended with him being told he did not meet the threshold for support and being sent away.

Peter believed that his alcohol dependency affected how his mental health needs were understood, even when he reported being sober during crisis incidents. With support from Extern's Prisoner Support Project and his allocated worker, he continued to seek mental health support, but the process was difficult and slow. In practice, the absence of a fully integrated dual diagnosis pathway meant he was passed between addiction services and mental health services, without either system clearly meeting the full complexity of his needs.

For Peter, the risk was not simply substance use or mental health in isolation, but the interaction between trauma, distress, alcohol dependency, difficulty accessing assessment, and loss of trust after previous rejection from services. Without persistent advocacy, relationship-based support and coordinated case management, people in this position can quickly return to crisis, homelessness, harmful coping strategies or offending-related situations.

Peter's experience supports Extern's view that support services must include integrated mental health and substance use support, trauma-informed crisis responses, accessible assessment routes, health and wellbeing support, structured case management, and practitioners who can advocate across systems. For people leaving custody, these supports are not optional extras: they are often the difference between stabilisation and reoffending.

SECTION 5: Reducing Harm

Early help, prevention, intervention, and community-based support are all about helping people as early as possible, before problems get worse. Early help means offering support at the first signs of difficulty. Prevention aims to stop problems from happening in the first place. Intervention means providing support when problems have already started. Community based support includes local services and groups that help people feel supported and connected. Reducing harm and vulnerability means making sure people are safer and less at risk of problems like abuse, poor health, or getting into trouble. It also means helping people build strong support networks so they can cope better with challenges.

7a. What types of early help, prevention, intervention or community-based support do you believe are most effective in reducing harm and vulnerability?

The most effective approaches to reducing harm and vulnerability are those that intervene early, are trauma-informed, and are delivered consistently within communities by trusted organisations. Early help should include accessible information, awareness raising and practical training at Tier 1 level, delivered in familiar community settings and tailored to local need. This helps people recognise risks earlier, understand available services, and build informal support networks before problems escalate.

Prevention and intervention are strongest when they combine practical support with therapeutic and relationship-based work. Examples from Extern's mental health and wellbeing and harm reduction services include one-to-one counselling, crisis de-escalation, safety planning, wellbeing activities, peer and group support, substance use education, mental health first aid, family support, and referral pathways into housing, benefits, health, education and employment services. These supports should be flexible enough to step up or down as need changes and should not be artificially time limited where risk, trauma or social isolation remain present.

Community-based support is particularly important in Northern Ireland, where offending and reoffending are often linked to wider issues such as poverty, trauma,

poor mental health, substance use, coercive control, paramilitary influence, family breakdown and exclusion from education or employment. Local services can identify vulnerability earlier than statutory systems alone, support people before crisis point, and provide trusted routes into more specialist help. A cross-departmental approach is therefore essential, with open, non-clinical referral pathways across justice, health, communities, education and employment so that support is based on need rather than departmental silos.

7b. Please provide examples/references/evidence links from Northern Ireland or elsewhere or lived experience that supports your views in 7a.

This Call for Views recognises that reducing offending and reoffending requires a whole-system approach focused on prevention, early intervention, rehabilitation and long-term change. This is supported by Northern Ireland evidence highlighting the need for stronger cross-departmental action, measurable outcomes, improved community alternatives to custody, and greater certainty for the voluntary and community sector. Research from Queen's University Belfast also underlines the importance of trauma-informed, holistic responses, noting the links between childhood adversity, poor health, substance use, educational exclusion and justice system involvement (Walsh et al., 2025).

Extern's experience also shows that generic Tier 1 awareness raising and training delivered within communities can be a highly effective first step in prevention and early help. Services such as the PHA-funded Belfast Drug and Alcohol Coordination Team (BDACT) Connections Service can draw on a broad range of resources and tailor advice, information and training to the specific issues identified by local communities, helping people recognise emerging risks, understand available support and strengthen informal community networks. This broad engagement can then open the door to more focused individual support where concerns are raised, while maintaining ongoing relationships with communities.

Similarly, Extern's mental health teams, particularly in West Belfast, provide a continuum of support including one-to-one counselling, crisis de-escalation, SAFE planning, training, wellbeing activities and group work. These interventions reduce isolation, promote coping strategies and allow support to be stepped up or down as

needs change. The key lesson is that consistency, flexibility and non-time-limited relationships reduce harm and vulnerability; this approach could be developed more widely if open, non-clinical referral pathways were available across Departments and sectors, rather than services being restricted by siloed commissioning arrangements.

Extern's **Communities in Transition** (CiT) programme is a strong example of good practice. Funded through The Executive Office as part of the wider approach to tackling paramilitarism, criminality and organised crime, CiT works in communities affected by paramilitary influence to build resilience, confidence, skills and safer alternatives. The programme supports local people through training, group work, mentoring and practical community activity, including mental health first aid, naloxone awareness, first aid, substance use education, community leadership and signposting. Its Community Champions model is particularly effective because it builds trusted local capacity, reduces isolation, increases access to support, and helps communities respond earlier to harm, intimidation and vulnerability.

Lisa's story. Lisa, aged 26, was referred to Extern's CiT service following a serious suicide attempt and significant vulnerabilities linked to trauma, poor mental health, substance dependency, self-harm, abuse, exploitation and domestic violence. CiT provided sustained, trauma-informed one-to-one and community-based support focused on emotional regulation, relapse prevention, safer coping strategies, confidence, parenting and family contact. Lisa also engaged in wellbeing activities that reduced isolation and rebuilt routine. Over time, she became better able to manage distress before crisis point, reduced reliance on drugs, alcohol and self-harm, improved her confidence and emotional resilience, and began creating a safer home environment. Following continued progress and a negative drug screen, contact with her children moved from supervised to unsupervised visits. Lisa's story shows how early help and community-based intervention can reduce immediate harm while also strengthening recovery, family connection and longer-term protective factors.

SECTION 6: Structure, Measuring Success and Delivering Change

In terms of the new Reducing Offending and Reoffending Strategy, do you agree with the suggested:

8a. Strategic Aim 1 - To reduce offending through prevention and early intervention by: - addressing the underlying drivers of harm, and - supporting people at the earliest possible stage, before they enter the criminal justice system.

Yes

No

Unsure

8b. Strategic Aim 2 - To reduce offending by strengthening deterrence, rehabilitation and resettlement by supporting those who come into the contact with the criminal justice system to: - address offending behaviour, - stabilise their lives, and - move away from further harm.

Yes

No

Unsure

8c. Strategic Vision: A safer, fairer Northern Ireland where opportunity, support and partnership working, prevents harm and reduces offending and reoffending. 'Working together to create better life chances and choices.'

A strategic vision sets out what we to want to achieve to make things better to make better in the future and what changes will help us do that.

Yes

No

Unsure

8d. Themes, outcomes and priorities. The themes, outcomes and priorities of the strategy which can be found on page 13 in the Call for Views document linked here.

Yes

No

Unsure

(Strategic Themes, Outcomes, and Priorities

*1**. Health & Wellbeing** - Improved health, wellbeing and resilience; Earlier intervention to address trauma, adversity, mental ill-health and substance use; Support families, children and young people to build lifelong resilience; Integrated, person-centred support for people with complex or multiple needs.*

***2. Community & Inclusion** – Strengthened community support, cohesion and inclusion; Support safe, stable and inclusive places to live, including secure housing; Increase social connection, particularly for children and young people; Expand trauma-informed, place-based and community-led approaches.*

***3. Education & Employability** – Increased participation of education and employability opportunities; Strengthen inclusive learning and skills pathways from early years through adulthood; Create clear, supported routes into training and sustainable employment, including jobs with apprenticeship opportunities; Expand access to meaningful learning and career development, in custody and the community.*

***4. Justice & Rehabilitation** – Strengthened restorative and rehabilitative justice and accountability for harmful behaviour; Embed restorative and rehabilitative approaches across police, courts, custody and community; Ensure seamless rehabilitation pathways from sentence to reintegration, including housing, health, family support and employability; Modernise justice processes to reduce delay, improve outcomes and reduce harm.*

***Suggested Underpinning Foundation** Collaboration & Partnership – Enhanced collaboration across government and our partners, to plan, monitor (data sharing), problem solve, resource and deliver; Strengthen shared leadership, alignment and*

accountability across government; Improve data-sharing, insight, joint problem-solving and evidence use; Embed partnership-driven, place-based and community-centred delivery models.)

8e. Please provide any further comments or evidence in relation to your response to questions 8a, 8b, 8c & 8d.

Extern agrees with the proposed strategic aims and vision, particularly the emphasis on prevention, early intervention, rehabilitation, resettlement, opportunity, support and partnership working. From Extern's perspective as a community and voluntary service provider working across the island of Ireland and providing services in adult criminal justice, youth justice, harm reduction, education and employment, family and youth, and mental health and wellbeing support, offending and reoffending are rarely driven by one issue alone. People often experience overlapping needs including trauma, poor mental health, substance use, homelessness, poverty, neurodiversity or learning disability, disrupted education, unemployment, social isolation and family breakdown. Therefore, a strategy which seeks to reduce harm must address these drivers together, at the earliest possible stage, rather than responding only once someone has entered crisis or custody.

However, Extern would emphasise that the success of these aims will depend on whether the strategy leads to practical, coordinated and properly resourced change across systems. The themes of health and wellbeing, community and inclusion, education and employability, rehabilitation, collaboration and partnership all reflect the realities of Extern's frontline work, but current systems often remain fragmented and difficult to access. Service users can fall between mental health, addiction, learning disability, housing, benefits and justice services because each service is waiting for another issue to be resolved first, or because thresholds are too high. In practice, the voluntary and community sector is often left coordinating, advocating and providing support across multiple domains without the formal authority, referral routes or resources needed. The strategy should therefore commit not only to collaboration in principle, but to clear accountability, shared pathways, flexible eligibility criteria, sustainable funding and recognition of the expertise of community and voluntary providers.

9a. Which outcomes should we prioritise in the new Strategy to Reduce Offending and Reoffending in Northern Ireland?

Fewer first-time offences; Reduced reoffending Reduced harm to victims and communities Increased support for families; Improved health and wellbeing; Improved identification and support for neurodiversity Improved education and employment outcomes; Stronger community support, cohesion and inclusion Increased public confidence; Other (please specify)

9b. Are there any other outcomes this Strategy should consider including?

9c. Please provide references/links to evidence from Northern Ireland or elsewhere that supports your views in 9a & 9b.

Extern believes the new strategy should prioritise outcomes which reflect both justice-system impact and the stabilising factors that enable people to move away from offending. Fewer first-time offences and reduced reoffending are important, but they should be understood alongside improved health and wellbeing, reduced harm to victims and communities, stronger family and community support, improved identification and support for neurodiversity and learning disability, and improved education, training and employment outcomes. Extern would also recommend explicitly including outcomes on access to safe housing, access to benefits and income, timely access to mental health and substance use support, successful transition from custody to community, and reduced use of custody where community-based support would be more effective. These are not secondary issues; they are often the conditions that make rehabilitation and desistance possible.

Success should be measured through a combination of quantitative and qualitative indicators. While measures such as reoffending rates, first-time entrants, custody returns, education/employment starts, housing status and service engagement are important, they do not fully capture progress for people with complex needs. For many service users, success may begin with smaller but significant changes: attending appointments with support, maintaining contact with a trusted worker, securing identification, accessing benefits, registering with a GP, reducing substance-related harm, stabilising accommodation, re-engaging with family, or moving from crisis to routine. These so-called “soft outcomes” are often the foundations for longer-term reductions in offending. The strategy should therefore

value lived experience, practitioner evidence, case studies and progression measures, not only headline justice statistics. It should also measure where systems fail to respond, for example where unmet mental health, addiction, housing or neurodiversity needs contribute to continued offending or return to custody. QUB's independent evaluation of Extern's Prisoner Support Project provides a good example of how these different types of outcomes can provide a fuller picture of the impact of services for people with complex needs and lives (Butler et al., 2026).

10. How can Government, communities and the voluntary sector work better together to reduce offending and reoffending and deliver change?

Extern welcomes the opportunity to respond to this question as a Community and Voluntary Sector organisation delivering frontline services with children, young people, adults, families and communities affected by trauma, poverty, homelessness, substance use, poor mental health, family breakdown, community violence, paramilitary influence and contact with the justice system. From our experience, reducing offending and reoffending cannot be achieved by the justice system alone. It requires a practical, cross-Executive approach that recognises the complex and interconnected factors that bring people into contact with police, courts, custody and probation, and that invests in prevention, early intervention, rehabilitation and reintegration.

Partnership must move beyond consultation, goodwill and short-term initiatives. Extern believes Government, communities and the voluntary sector should work through a shared delivery model with clear cross-departmental ownership across Justice, Health, Communities, Education, Economy, housing and social care. Many people at risk of offending or reoffending have overlapping needs and do not fit neatly within one departmental boundary. A person may need support with trauma, addiction, mental health, homelessness, benefits, family relationships, exploitation, neurodiversity, employment and community safety at the same time. If the system responds in silos, people are passed between services, retell their story repeatedly, disengage, or only receive help at crisis point.

The new strategy should establish shared outcomes, shared accountability and shared pathways. This should include multidisciplinary hub or single point of

entry models that bring together justice, health, addiction, housing, benefits, education, employment and voluntary sector support around the individual. These models should allow trusted frontline workers to coordinate support quickly, share relevant information safely and lawfully, and trigger appropriate statutory responses before risk escalates. Learning from existing models, such as Complex Lives, should be used honestly: where multi-agency discussion and information sharing work well they should be strengthened, but where progress is limited by lack of statutory capacity, referral routes or accountability, those barriers should be addressed directly.

Government should recognise the voluntary and community sector as a strategic delivery partner, not simply as a low-cost safety net when statutory systems are under pressure. Organisations such as Extern hold trusted relationships, specialist knowledge and frontline evidence about what works with people who are often excluded from mainstream services. To make partnership meaningful, voluntary sector assessments, risk concerns and professional judgement should carry weight in statutory pathways, particularly in relation to housing, mental health, substance use, safeguarding, disability and resettlement. Direct referral routes from trusted providers should be strengthened so that people with complex needs are not required to navigate GP-only, appointment-heavy or highly formal systems before they can access help.

A central requirement is sustainable, multi-year funding. Relationship-based work takes time, particularly where people have experienced trauma, institutional mistrust, addiction, homelessness, family breakdown or repeated exclusion. Short-term and uncertain funding undermines continuity, staff retention, partnership planning and the ability to provide step-up and step-down support as risk changes. The Public Accounts Committee has recognised that the voluntary and community sector plays a vital role in rehabilitation but needs greater funding certainty.(NI Assembly PAC, 2025). Extern also believes strategies in justice, health and substance use must be backed by ring-fenced resources and realistic implementation plans; otherwise, the system continues to pay the higher cost of crisis responses, custody, hospital attendance and family breakdown.

Commissioning should be trauma-informed, flexible and outcome-focused. Rigid eligibility criteria, narrow service specifications, appointment-only models and

short intervention periods do not reflect the realities of people with complex needs. Services should be commissioned to provide outreach, advocacy, persistence, practical support, therapeutic input and reasonable adjustments, with the ability to step support up or down. Outcomes should not be measured only by volumes, throughput or headline reoffending rates. For many people, progress is gradual and should include housing stability, improved health engagement, reduced substance-related harm, safer relationships, family contact, income security, education or employment progress, reduced crisis presentations, improved emotional regulation and increased community connection.

Communities also have a crucial role. Local people, families, schools, youth workers, peer mentors, faith groups, sports clubs and community organisations can identify vulnerability early, build protective relationships and create credible alternatives to harmful behaviour. However, communities cannot be expected to carry risk without support. In Northern Ireland, partnership must also address the impact of paramilitary influence, coercion, intimidation, drug debt, exploitation and the normalisation of illegal economies. Government should invest in trusted, independent and accountable community-based services that give young people and adults safe routes away from coercion and offending, while ensuring that funding structures do not inadvertently legitimise harmful influence.

Information sharing and joint working need to be practical and purposeful. Partners require safe, lawful and proportionate arrangements so that relevant information can follow the person when they move between custody, homelessness services, mental health provision, substance use support, social care, education, probation or community programmes. This should be accompanied by shared case planning and clear accountability for follow-up. Collaboration also needs to be resourced as frontline delivery: attending case discussions, advocating, coordinating referrals, supporting families and following up missed appointments are skilled activities that prevent escalation and should not be treated as unpaid add-ons.

In summary, Government, communities and the voluntary sector can work better together by building a properly resourced partnership model based on trust, shared responsibility and practical pathways. Investment in prevention and

community-based support is not “soft” on offending; it is a realistic and evidence-informed way to reduce harm, improve public safety, support victims and families, and give people credible routes away from offending and reoffending.

SECTION 7: Final Reflections

12. Is there anything else you would like to tell us that should inform the new strategy (including reducing harm and vulnerability)?

Extern’s final reflection is that the new strategy must be grounded in the real lives of people, families and communities, and in the practical experience of the frontline organisations that work alongside them every day. Extern is a community-based organisation engaging with people at every stage of their journey, including:

- children and young people at risk of exclusion;
- families experiencing stress, trauma and vulnerability;
- adults affected by homelessness, substance use, poor mental health and harm;
- and people leaving custody who need support to rebuild stability and reduce the risk of reoffending.

This breadth gives Extern and its staff a distinctive insight into where systems work, where they fail, and what helps people move towards safety, connection and change.

Across the examples referenced in this response, the message is consistent: people are most likely to change when support is early, trusted, trauma-informed, practical and sustained. Extern’s Pathways and Moving Forward Moving On services show the importance of a clean slate, alternative education, mentoring, skills pathways and one consistent adult who stays alongside a young person through setbacks and transitions. The DARE project demonstrates the value of long-term presence in communities, where relationships built over years enable staff to identify emerging risks before they become crises. Keep Safe, Stay Safe shows how youth diversion can respond not only to visible behaviour, but to the fear, peer pressure, identity, substance use, coercion or anger that may sit underneath it. Extern’s CiT programme further

illustrates how community-based work can reduce harm and vulnerability in areas affected by paramilitary influence, intimidation, drug debt, exploitation and social isolation.

The stories included here of some of the individuals who have engaged with Extern's Pathways and CiT programmes show the human impact of this work and the value of sustained one-to-one, trusted support. These types of outcomes may not always be captured fully by headline justice statistics but are central to preventing harm and reducing future offending risk.

For adults leaving custody, Extern's Prisoner Support Project highlights the same lesson at a later stage of the journey. People leaving prison may face homelessness, addiction, poor mental health, trauma, poverty, social isolation, learning or communication needs and difficulty accessing statutory services. The experiences of John and Peter demonstrate that reoffending risk often increases when people fall between housing, mental health, addiction, safeguarding and disability systems. In contrast, through-the-gate support, advocacy, practical help, continuity of relationship and coordinated case management can create the conditions for desistance.

Extern therefore urges Government to design the strategy around the whole journey, not around service silos or single points of crisis. Reducing offending, reoffending, harm and vulnerability requires investment in prevention, early help, youth diversion, family support, community resilience, harm reduction, mental health, substance use support, safe housing, education, employment and resettlement. It also requires Government to value the frontline insight of voluntary and community sector staff, who often see the warning signs earliest, maintain engagement longest, and hold the trust of people who may not approach statutory systems until crisis point.

**Please note: the names of service users and staff referred to in all of the case studies referenced in this response have been changed for purposes of anonymity*

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