



## Leading change: the role of local authorities in supporting women with multiple needs

*You are relying on people moving on from their old lifestyle and going to another one, and that's a massive void. You need to have someone to hold your hand through that period, so you know that if you are letting go of alcohol, drugs or a bloke, there is going to be something there to replace it.*

Alison Jarvis, Merseyside Community Rehabilitation Company volunteer and former offender.

The **Prison Reform Trust** is an independent UK charity working to create a just, humane and effective penal system. We do this by inquiring into the workings of the system; informing prisoners, staff and the wider public; and by influencing Parliament, government and officials towards reform. The Prison Reform Trust provides the secretariat to the All Party Parliamentary Penal Affairs Group and has an advice and information service for people in prison. Our two main objectives are: reducing unnecessary imprisonment and promoting community solutions to crime, and improving treatment and conditions for prisoners and their families:  
<http://www.prisonreformtrust.org.uk/>

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The **Association of Directors of Adults Social Services (ADASS)** is a charity. Our objectives include:

- Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time
- Furthering the interests of those who need social care services regardless of their backgrounds and status, and
- Promoting high standards of social care services.

Our members are current and former directors of adult care or social services and their senior staff: <https://www.adass.org.uk/>

Following the Care Act 2014 and new responsibilities for local authorities concerning adult social care for people in prison, the ADASS Care and Justice Network was established; see Appendix 4 for further details.

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## Executive summary

There are women with multiple needs<sup>1</sup> in contact with, or on the edges of, the criminal justice system in every local authority area. A number of local, regional and national authorities and multi-agency partnerships have overlapping responsibilities for their health and wellbeing – whether as a statutory duty or because supporting vulnerable people is integral to their role. Although examples of good and promising practice exist, many women do not receive the support they need, which, in turn, can contribute towards them coming into contact with the criminal justice system. The daily lives of women with multiple needs are often bleak. They are frequently underserved by health and care services and, in the absence of timely support, the ongoing cost of addressing poor health and wellbeing outcomes, and of crisis intervention, are high.

Most women in contact with criminal justice services have poor mental health, alcohol and/or drug misuse problems, and around half report having been victims of physical, sexual and/or domestic abuse. Between a quarter and almost a third of women who offend have dependent children, and almost two-thirds of women in prison are mothers of children under 18 years of age. The damaging generational impact of parental contact with criminal justice services, and cycles of disadvantage for children, is well evidenced and, sadly, ongoing. Poor prior experience of statutory services can make women reluctant to seek help, while the array of support agencies can be confusing and hard to access.

Reduced budgets have driven a need for greater efficiencies while maintaining outcomes, and a renewed focus on how public services are delivered. Early intervention, co-location of services, and integrating services around the individual are approaches that show promising results for women. Women centred working recognises the particular circumstances of women, and can make it easier for them to engage with services as well as creating opportunities to maximize reduced budgets and shared public sector priorities. Building on women's strengths and increasing their resilience can help them to take charge of their lives and reduce their need for support. Involving women in service design can help to ensure more efficient and effective provision.

Councils are uniquely placed to champion women. By working through existing multi-agency partnerships, and with women with multiple needs, their leadership can ensure strategic oversight and collaboration to develop innovative solutions to transform the lives of women and their families.

This short report is a strategic guide for council officers and locally elected members from councils across England. It sets out the case for change and suggests practical ways in which local authorities can prioritise and address the needs of some of the most vulnerable citizens in their local area.

Work undertaken to produce this report has included a literature review and three seminars with local and regional leaders, and women with direct experience of support services and the criminal justice system (see appendix 1). A number of illustrative studies are used throughout this briefing paper, many of which are drawn from seminars held in Chelmsford and Liverpool.

## Introduction: the case for change

The Prison Reform Trust has long called for a reduction in women's imprisonment and a step change in how the criminal justice system responds to women. Our three year programme, *Transforming Lives*, seeks to reduce the number of women sent to prison, and has a strong emphasis on local practice and engaging with women with first-hand experience of the criminal justice system. (See appendix 3 for further information about *Transforming Lives*.)

Recent political developments suggest new avenues of opportunity. In May 2016, the Queen's Speech set out the government's intention to bring forward a substantial programme of criminal justice reform, with emphasis on local partnerships, to improve life chances and opportunities for all. Places such as Greater Manchester have called for further devolution of criminal justice powers and a greater role for local government in meeting the needs of local populations.

All communities are affected by crime and the harm it causes. There are women in every local authority area who are in contact with, or on the edges of, the criminal justice system, including women returning home from prison. Many have negative experiences of professional health and social care services, often stretching back to their childhood, which can make it hard for them to seek help and for local services to respond positively towards them.

An effective response to women with multiple needs requires professional services to integrate support around the individual, and a focus on prevention and early intervention, which can be hard to deliver. Cultural and organisational factors can militate against joined up working, and it is often only at the point of crisis that services intervene. Consequently, women's needs are frequently overlooked and they are under-represented in care and support provision. This means they often have poor long-term outcomes, which can create substantial costs to local authority budgets, especially where children are involved.

It is well established that most of the solutions to women's offending lie outside the justice system; for example, treatment for addictions and/or mental health problems, protection from domestic violence and coercive relationships, secure housing, money/debt management, skills for employment, and support for families. Women's imprisonment results in an estimated 17,000 children being separated from their mothers, and the immediate and generational impact is often traumatic and costly (Prison Reform Trust, 2014).

While the current context of reduced budgets is challenging, there are opportunities for councils to rethink service provision to ensure vulnerable citizens receive necessary support, and for better coordination of existing arrangements. The Care Act, the Children Act and work with Troubled Families give further momentum for prevention and early support. Councils are uniquely placed to champion women with multiple needs. Their leadership can ensure strategic oversight, collaboration, and coordinated service development. They can work through existing multi-agency partnerships to bring together local organisations, including women's organisations and women with multiple needs, to develop innovative solutions to help transform the lives of women and their families. Lessons learned from supporting women with multiple needs can help to inform the delivery of local services for other vulnerable groups.

## **A profile of women who offend<sup>2</sup>**

Women's offending is often related to coercive and abusive relationships with men and financial pressures. Almost two-fifths of mothers in prison said their offending was driven by 'a need to support their children'. Women are far more likely to be primary carers of children than men; between 24 and 31% of women offenders have one or more child dependents (Ministry of Justice, 2015), and two-thirds of imprisoned women are mothers of children under the age of 18 (Prison Reform Trust, 2015b). Less than one in ten children whose mother is in prison is cared for by their father in her absence (Hansard, 2012), and only 5% of children whose mother is imprisoned stay in their own home.

Almost a third of women who offend spent time in local authority care as a child. Around half of women in prison report having experienced emotional, physical and/or sexual abuse as a child; and almost half (46%) report a history of domestic violence.

Nearly half of women prisoners (48%) report having committed offences to support someone else's drug use (compared to 22% of men), and drug and alcohol misuse and dependency are common and often integrally linked to offending. Around 70% of women entering prison need clinical detoxification (Prison Reform Trust, 2014); and more than half of this group said their drinking was out of control and wished they could stop.

*I was told I could have my kids back when I stopped drinking; but I drank when they took my children from me and then the silence made me want to drink more.*

Former offender, women's seminar: May 2016.

Between half and two-thirds of women prisoners have depression (Department of Health, 2015), and almost half (46%) report having ever attempted suicide. Around 8% of women in prison have an IQ below 70, which means they may need daily living support, and a further 32% have low IQs of between 70 and 80.

In 2015, almost 9,000 women were received into prisons in England. They were mostly imprisoned for non-violent offences, serving sentences of six months or less, and many were on remand. At any given time, women represent around 5% of the prison population,<sup>3</sup> and 15% of people on probation.<sup>4</sup> There are nine women's prisons in England, compared to 107 for men, and the long distance between a woman's home and prison can make family visits difficult to sustain. This adversely affects women's ability to maintain relationships and contact with their families, which can have a negative impact when women return home, especially where children are involved.

A recent study involving women offenders found that many don't have the necessary support networks, social capital, or financial independence to avoid contact with criminal justice services, either as a result of their own actions or as a consequence of someone else's (Liverpool Mental Health Consortium, 2016).

## Costs and benefits

*It makes sense, that if you intervene early to prevent problems, you will save down the line – not only financially but in human terms too; and where there are children involved, it's a no-brainer.* Local/regional leader's seminar: February 2016.

*It's too easy for services to hide behind thresholds and lack of resources, especially when individuals are hard to engage with. Those who are hard to engage with come back again and again and again.* Local/regional leader's seminar: February 2016.

The multiple needs that many women have, some or all of which may fall below individual service thresholds, can make it hard for them to get support. Creating opportunities for prevention, early intervention and help to access support can prevent escalating levels of need throughout women's lives, and subsequent costs to the public purse. For example, every child who has to be looked after by the state because their mother is in prison costs local authorities an estimated £50,000 per year (Women Centred Working, 2016). Research by the Women's Resource Centre (2011) found that, on average, over a five year period, every £1 spent on women's services led to between £5 and £11 of benefits in improved health and independence for women and their families.

More recently, the PSS<sup>5</sup> Women's Turnaround project has been working on a Social Impact Report. This will include a Social Return on Investment (SROI) analysis against a variety of outcomes, including access to housing, reduced reoffending, acquiring employment and skills, and strengthening families. The SROI report will look at these measures and at financial proxies from the Global Value Exchange. Taken together, and applied using the SROI model, the Women's Turnaround project will be able to report their social return on investment ratio. A preliminary cost-benefit analysis has been undertaken, and early results are promising. The full report will be available late 2016: <http://www.psspeople.com/who-we-are/our-impact/impact-reporting>

The 'spending power' of local authorities is estimated to have reduced by 25% from 2010/11 to 2015/16 (National Audit Office, 2015), while other public services such as the police and the NHS are working with increasingly constrained resources in the face of rising demand. This has seen renewed focus on public sector reform, often under the auspices of partnership working to address shared priorities, and devolution deals. Such arrangements, especially a collective focus on prevention and early intervention, create opportunities to deliver greater efficiencies while improving outcomes for services users.

**Costs and benefits:** domestic violence affects almost half of women in contact with the criminal justice system, and impacts four major public services – criminal justice, health, social services and housing – at a cost of £3.4 billion a year, of which almost £500 million relates directly to social services<sup>6</sup> and emergency housing (Walby, 2009). In many local areas Community Safety Partnerships<sup>7</sup> have developed joint strategies and practical interventions targeted at reducing domestic violence, which have produced financial savings, and improved outcomes for victims and their families (Local Government Association, 2013).

Targeted services for women in the criminal justice system can be considered alongside wider support for women's centres, which provide a preventative service for all women with multiple needs, not just for women who offend. There is growing evidence that women centred approaches create opportunities to maximise reduced budgets. Historically, public services have often struggled to support women with multiple needs, and a 'one stop shop' approach that offers wrap-around services can make a huge difference to women and their children (Women Centred Working, 2016).

## The role of local authorities

There are a number of ways in which local authorities can help to ensure that women get improved support. Work undertaken to support this briefing paper has highlighted four main approaches:

1. Identifying women's needs and building upon their strengths
2. Providing, commissioning and convening services
3. Leadership and partnership building
4. Scrutinising and monitoring local services.

### 1. Identifying women's needs and building upon their strengths

*Women in need don't just appear in the criminal justice system from nowhere. We need to get much better at identifying those at risk of offending and intervening early.*  
Local/regional leaders' seminar: February 2016.

#### Identifying needs

Councils can explore the prevalence of women with multiple needs within their Joint Strategic Needs Assessment (JSNA) and ensure that their needs, and those of their families, are addressed in their Joint Health and Wellbeing Strategy (JHWS). Referring specifically to the promotion of good mental health, and recognising the wider determinants that contribute towards poor mental health, such as inadequate housing, drugs and alcohol misuse, poverty, and unemployment, the Mental Health Taskforce (2016) notes that:

*Health and Wellbeing Boards should have plans in place to promote good mental health, prevent problems arising and improve mental health services, based on detailed local data for risk factors, protective factors and levels of unmet need.*

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs and JHWSs, through their local Health and Wellbeing Board.<sup>8</sup> NHS partners contribute to JSNAs and JHWSs, and data from local liaison and diversion services (see page 23), will be useful in developing a shared understanding of the needs of women in contact with criminal justice services, and in exploring joint solutions.

#### Meeting needs

By adopting the approach 'every contact counts', councils can seek to ensure that local services make the most of opportunities to support women with multiple needs. Any contact – whether initiated by the woman herself or as a result of a local service response, such as rent arrears, benefit claims, or contact with liaison and diversion services – can provide opportunities for routine 'investigative enquiry', meaning asking women about a range of factors relevant to their wellbeing. One delegate at our local/regional leaders' seminar said:

*We didn't used to ask about smoking, or how much people drink, but we do now, it's routine, so why not ask about domestic violence? We should be asking, and we should have referral pathways.*

Clear referral pathways can help make the most of women's contact with local services. For example, social workers in Essex can screen clients for depression and, where necessary, refer into primary care and mental health services. For referrals to work, they need to have 'traction'. This requires the person making the referral and the person receiving the referral to ensure that the service user is firmly connected to the opportunity for support. Further help to maintain contact with services can be provided by 'link-workers',<sup>9</sup> as needed.

**Essex County Council** has procured an 'all vulnerabilities' criminal justice care management and navigation service for people with complex and additional needs who are in contact with criminal justice services. The service, **Full Circle**, is provided by Phoenix Futures Group<sup>10</sup> and North Essex Partnership University NHS Trust. It works with local liaison and diversion services, the community rehabilitation company, probation and prison services to actively identify individuals at risk, and to provide them with a named support worker. The support worker helps to address underlying difficulties such as debt, housing and employment, and refers individuals into specialist provision, as needed. Full Circle will support the development of pathways for groups that have historically been underserved within criminal justice, such as people with learning disabilities or difficulties and women. This is the first step in a wider piece of work to develop an integrated system of support for people in contact with criminal justice services, to improve their health and wellbeing, and reduce offending. Contact: Ben.Hughes@essex.gov.uk

By looking beyond the presenting problem, skilled front line professionals and practitioners can begin to recognise and help to identify less obvious or 'hidden' support needs and make referrals accordingly. One delegate from our local/regional leaders seminar described a 'relationship based approach', meaning building stronger relationships with individuals who may not meet the threshold for service provision, but who clearly have support needs. Reflecting the positive benefits of this approach, one delegate from our women's seminar, said:

*People look at your front and think you are ok, but you are not. Sometimes it's nice to be asked, 'how are you?'*

The importance of good local knowledge, multi-agency networking, and front line workers acting on their initiative was highlighted as important during our seminar with local/regional leaders:

*What does seem to work is when [a frontline worker] knows who can help, who they can pick up the phone to locally. To get consistency for that approach is a challenge.*

Effective multi-agency working, especially at an operational level, is often dependent on good working relationships between frontline workers, and can stall easily in the absence of such. Co-location of services, shared priorities and a clear mandate for staff to work across organisational boundaries can help build effective working relationships, and investment in multi-agency team meetings and shared training can yield positive results.

## **Building on strengths**

Meeting women's needs should, however, be complemented by working with them to develop their own strengths and to build resilience – an approach sometimes referred to as 'asset based'. An asset based approach places emphasis on a person's strengths rather than on their 'deficits'. When individuals are supported to develop their own solutions, those solutions are likely to be

more effective in sustaining longer-term wellbeing and resilience. The need to empower women, and help them to take control of their own lives was a recurrent theme throughout our seminars. Reflecting this theme, an evaluation of a project that sought to identify and address unmet need in young women concluded by considering:

*...how many fewer women might be in abusive relationships if young women developed resilience and self-esteem through projects such as this; and how many fewer children would be involved in child protection proceedings or in local authority care if young women were supported in their own right and not just in relation to parenting abilities/capabilities* (Warwick-Booth, et al, 2015).

One delegate from our women's seminar said:

*I didn't know how to build my confidence and self esteem. If I had known about women's centres and stuff like that I wouldn't have got into trouble with the police.*

Rebecca (not her real name) was referred to the **PSS Women's Turnaround Project** by her offender manager when she was released from prison; she was charged alongside her partner for possession with intent to supply drugs. Rebecca lacked confidence and had poor self esteem; was experiencing domestic abuse by her partner; and, due to her daughter's non-attendance at school, was close to being subject to criminal proceedings. Rebecca attended one-to-one sessions that encouraged her to talk about the impact domestic abuse had on her, and the way she viewed herself. She went on to complete a 12 week 'Freedom Programme' looking at the causes and effects of domestic abuse, and joined in group work that helped her to build her confidence and self esteem. Rebecca also participated in family work programmes, including the impact that domestic abuse has on children. When Rebecca felt able to, she was supported in obtaining a restraining order against her partner to protect both herself and her youngest child, in particular, from further risk of harm. A year after being referred to the Project, and no longer subject to probation supervision, Rebecca helps with the 'Outreach Group', demonstrating her increased confidence by being able to speak openly to the Group and in facilitating activities. Rebecca is supporting her daughter to attend school on a regular basis, and has recently been offered a 'Meet and Greet' role in the Women's Turnaround Centre. Contact: Eleanor.Riley@pss.org.uk

The experiences and insight of women can help to inform the kinds of services and support, and ways in which they are delivered, which best meet their needs – in both the immediate and longer term. By developing services with potential service users, and maintaining service user involvement to review delivery and outcomes, the chances of realising appropriate provision, and women's engagement in that provision, is likely to increase.

*We have to shift our approach, to build on people's strengths, wherever that starting point might be, and to create resilience. People know what works best for them in ways that we can't even begin to imagine.* Local/regional leaders' seminar, February 2016.

By building on women's strengths, they can also become involved in championing support, for example, by training as a voluntary health worker or community champion (Improvement and Development Agency, 2010).

**Open Road**<sup>11</sup> provides drug and alcohol services across Essex and Medway, and dedicated Women's Support Services for women in Essex who are on community orders, under supervision or on prison licence. Women's services include: women only environments, drop in advice sessions, help to access local services, support to achieve personal goals, services tailored to women's individual needs, and mentoring support. Open Road values the involvement of volunteers and notes that 'personal experience of substance use may be an asset to volunteering'; former offenders are recruited as volunteers.  
Contact: ali.perrott@openroad.org.uk

## Children

During our seminars, the importance of ensuring timely support for children whose mothers are in contact with criminal justice services was raised. JSNAs can highlight opportunities to prevent children from being put at risk, and intervene early to help reduce future demand on local services. For example, the impact on children of parental involvement in the criminal justice system, especially prison, can be traumatic: they are twice as likely as their peers to have poor mental health (Murray et al, 2009), and are more at risk of poverty, poor health, and insecure housing and finances (Smith et al, 2007). According to one report, children with a parent in prison are frequently exposed to

*...triple jeopardy through break-up of the family, financial hardship, and extremes of stigma and secrecy, which can lead to adverse social and educational repercussions* (University of Huddersfield, 2013).

Parental imprisonment can treble the risk of antisocial behaviour in children, with the cost to the state of imprisoning mothers for non-violent offences estimated at more than £17million over ten years, primarily due to the increased likelihood of their children not being in education, employment or training (New Economics Foundation, 2008).

## 2. Providing, commissioning and convening services

Councils provide, commission and convene a range of services that can help to identify and meet women's needs.

### Adult social care

Duties under the Care Act 2014 require local authorities to

*...ensure provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support.*

Women in contact with criminal justice services, albeit small in number, require a clear preventative approach to avoid problems escalating, especially where children are involved. In thinking about the mix of local services, it is important, therefore, that councils seek to ensure universal access to support, with a low or no qualifying threshold – such as that offered by many women's centres – as well as linking with specialist services such as criminal justice liaison and diversion (see page 23).

As part of their safeguarding duties, local authorities make enquiries if an adult is thought to be subject to neglect or abuse. Councils should be alert to the high numbers of women in contact with, or on the edges of, the criminal justice system who experience domestic abuse. Local partnerships overseeing community safety, suicide, and domestic violence should consider the likelihood that many service users will have multiple needs, and ensure that cross-referral arrangements are in place.

*We have a domestic abuse triage team that does a lot of good work. I'm concerned about the level of domestic abuse against women. There are a lot of coercive and controlling behaviours out there that lead women into drugs and other abuses and offending, and we can't tackle one without the other.*

Local/regional leaders' seminar: February 2016.

**New Multi-Agency Risk Assessment Team:** a single Essex Multi-Agency Risk Assessment Team (MARAT) was launched in July 2016 to replace countywide MARACs<sup>12</sup> and Joint Domestic Abuse Triage Teams. The new MARAT comprises a core team of professionals, co-located at County Hall, involving social care, police, probation services, Clinical Commissioning Groups, substance misuse, housing, and independent domestic violence advisors. The team meets twice daily to develop action plans to safeguard high risk victims of domestic abuse and their families. Following initial triage and local action, cases are reviewed within two weeks of an incident report to ensure effective information sharing and accountability, and coordinated support for victims. In joining together these multi-agency partnerships, and co-locating a core team of professionals, it is expected that information sharing will be enhanced, duplication of activity by different agencies reduced, and outcomes for victims of domestic violence and their families improved.

Contact: [Michelle.Williams@essex.gov.uk](mailto:Michelle.Williams@essex.gov.uk) and [jane.dewitt@essex.pnn.police.uk](mailto:jane.dewitt@essex.pnn.police.uk)

The Transforming Care service model for commissioners of health and social care services highlights people with a learning disability and/or autism whose behaviour places them at risk of contact with the police as a distinct group 'because their specific needs have not always been recognised' (NHS England, ADASS and the Local Government Association, 2015). Limited data exist concerning women with learning disabilities and/or autism, and councils should ensure they are involved in designing local responses that best meet their needs; where appropriate, family members should also be involved.<sup>13</sup>

## Public health and wellbeing

Local authority duties to improve the public health of its citizens<sup>14</sup> can help drive the development of services to reduce health inequalities of women in contact with, or on the edges of the criminal justice system (Department of Health, 2013). A number of indicators across the four domains of the Public Health Outcomes Framework for England (2013) are directly relevant to women with multiple needs, and overlap with other public service priorities. These include:

- domestic abuse
- suicide rate
- self harm

- successful completion of drug treatment
- alcohol related admissions to hospital
- adults with a learning disability and/or in contact with secondary mental health services who live in stable and appropriate accommodation
- employment for people with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services
- first time offenders.

Reflecting the Marmot Review (2010), a particular focus is placed on indicators that can improve the life chances of children and young people, which can work in tandem with support for mothers.

Local authorities have a duty to help ensure integration between health and care services (s3 Care Act 2014). Local authority public health teams are well placed to ensure a joined up approach between NHS services and services provided or commissioned by the local authority, creating further scope for a holistic response to the needs of women and their families. Many local areas are seeking to introduce innovative models of care and support that focus on the needs of particular groups, such as women with multiple needs, and to promote prevention and integration across pathways. For example, local authority duties for public health include the provision of drug and alcohol services, and these are a vital part of the network of support necessary for many women in contact with criminal justice services.

Greater use of non-medical interventions, such as ‘social prescribing’,<sup>15</sup> have the potential to prevent an escalation of need by addressing underlying problems, such as social isolation or money worries (Thomson et al, 2015). Councils can work with health commissioners to set local targets for social prescribing as part of joint commissioning strategies (Friedli, 2009).

At our local/regional leaders’ seminar, the idea of ‘Live well’ hubs, with primary care at the centre and wrap around secondary services, was discussed. The aim of the hub is to address perceived gaps in services and help prevent escalation of need through cross referral partnerships and timely access to support. Live well hubs can provide a community resource for women to ‘drop in’, to access a range of voluntary and mainstream services, as well as providing opportunities for front line workers to identify women at risk. This approach was considered especially important, by seminar delegates, in providing early intervention and support for women with low level mental health conditions, and to help ensure timely access into secondary care, as needed.

**Sutton Women’s Hub** provides a safe space for women offenders and other vulnerable women. It is co-funded by Sutton Public Health, the Safer Sutton Partnership and the London Community Rehabilitation Company MTC NOVO. To keep costs down, the Hub is located in an under-used community lounge in a Sheltered Housing complex. While the Hub seeks to reduce reoffending and breaches of sentence requirements by providing a women-only space where women can meet their Offender Manager, its aspirations in providing tailored support are much broader. For example, women can access support for domestic

violence, mental health, debt and housing; help into employment is provided by the Department of Work and Pensions outreach service and the local voluntary sector; and food bank vouchers are available. Sutton Public Health provides training for offender managers to help women register with a GP, and training for GPs in recognising domestic violence and making referrals to the Hub. Kirsty, a woman with a history of trauma, said of her visit to the Hub: *I feel so relaxed and safe*. Contact: Mary.Alston@londoncrc.org.uk

Violence against women and girls (VAWG) has a huge impact on local services and on the criminal justice system. A new National Statement of Expectations and ‘blueprint for local action’ is being developed to help drive an integrated, whole family approach to addressing and stopping violence and abuse. A commitment of £80 million has been made by government over this spending review period (2016/20) to provide core support for refuges and other accommodation-based services, helping local areas to ensure that no woman is turned away from the support she needs. It will include specific provision for women from black and minority ethnic backgrounds, and services for women with complex needs. The funding will further support a network of national help-lines and rape support centres. In 2017, a VAWG Service Transformation Fund will be launched to support, promote and embed the best local practice and drive major change across all services helping to ensure that early intervention and prevention, not crisis response, is the norm.<sup>16</sup>

## Housing<sup>17</sup>

Safe, decent and secure housing is a significant factor in promoting and maintaining good health and wellbeing. It is critical for women with children, and for women wishing to be reunited with their children on release from prison. Conversely, an absence of adequate housing is a strong predictor of offending behaviour and reoffending, and can compound other problems such as poor mental health, risk of abuse, and substance misuse.

Local authorities in England have a duty to provide accommodation to homeless applicants in priority need (Housing Act 1996). What is considered ‘priority’, however, is open to interpretation of case law and statute (Bradshaw, 2016), and varies in each individual case. A recent report found that 19% of women were not in permanent accommodation before arriving into prison, and that 10% were sleeping rough (St Mungos, 2014); while one local authority considered women being released from prison as having made themselves ‘*intentionally homeless*’ (HM Inspectorate of Prisons, 2015).

Most women leaving prison will receive resettlement support from community rehabilitation companies (CRCs), including help to find somewhere to live; and councils can work with CRCs to help ensure adequate accommodation is in place prior to release. However, due to the growing gap between the need for affordable housing and supply, even when a local authority has a duty to provide accommodation, the reality is that accommodation may only be temporary and away from an individual’s local networks of support.

*Housing is harder to get now and it’s more complicated, especially where thresholds are not met. There are more single homeless women, and we don’t have the capacity.*

Local/regional leaders’ seminar: February 2016.

Local housing authorities have a duty to provide housing advice, and are increasingly directing resources to the prevention of homelessness. While they may have a duty to secure accommodation, this does not apply to everyone who is homeless. It is important, therefore, for local agencies and services supporting women in need of housing, and local housing authorities to work together to identify accommodation options that are relevant for each individual, helping to manage expectations and ensuring that plans are realistic and appropriate. Joint working and support for women, especially those with children, should extend beyond the time when a woman is first housed, as a high proportion of tenancy failure occurs within the first six to twelve months of a new tenancy. Some women will need support throughout their tenancy. This could include, for example, help with managing money, dealing with debt, getting along with neighbours, friendship networks, and protection from domestic abuse.

*If there is a problem [with a tenancy], officials don't go out of their way to find out why, which means they might miss tenants who might need help – and then it's a domino effect; the problem gets worse, the tenant is evicted and her problems suddenly explode.* Local/regional leaders' seminar: February 2016.

**Accommodation workshop:** in response to concerns about a lack of suitable accommodation for ex-offenders, and to explore opportunities for joint working and shared solutions, the Essex Housing Officers Group and the office of the Police and Crime Commissioner for Essex are convening an 'accommodation workshop' involving representatives from: supported housing providers, homelessness officers, private landlords, Langley House Trust,<sup>18</sup> commissioners of health and social care, the National Probation Service, The Essex Community Rehabilitation Company, and HMP & YOI Chelmsford. It is hoped that discussions from the workshop will be used to inform district councils' homelessness strategies and reviews, and improved responses by other agencies, including opportunities for multi-agency collaboration.  
Contact: Paul.gayler@maldon.gov.uk and jane.dewitt@essex.pnn.police.uk

Local housing authorities are required to produce a homelessness strategy for their area no less than every five years, with the support of social services (Homelessness Act 2002 s.1(4) (6)), and councils should ensure that women with multiple needs, and those returning home from prison, are included.

Innovative local approaches to support social housing provision include the use of social impact bonds by the Greater London Authority to address homelessness and rough sleeping, and by the Women's Breakout project, Start Today,<sup>19</sup> which seeks to provide holistic support for women with complex needs, some of whom will be affected by the criminal justice system. The use of personal health budgets can contribute to housing costs, where this meets a health need and is agreed as part of an individual's care and support plan (NHS England, ADASS and the Local Government Association, 2015). Local councils can consider building an evidence base for specialist housing support for women with particular needs.<sup>20</sup>

Notwithstanding the shortage of housing provision, local authorities can make women with multiple needs a strategic housing priority, especially where children are involved. In two-tier authorities this may mean closer planning and delivery of housing alongside social care.

## Employment

It has long been recognised that being an ex-offender is one of the most significant barriers to employment. Less than one in ten women leaving prison has a job to go to, compared to around a quarter of men (Prison Reform Trust, 2015a). Employment has been identified as a crucial factor for women on release from prison to help ensure a successful transition back into the community (Prison Reform Trust, 2011). Employment support is therefore critical for many women to help find and sustain paid work.

Local councils can play an important leadership role by implementing a clear policy to employ ex-offenders, especially women, and a commitment to 'Ban the Box' – see illustrative study, below.

**Business in the Community's Ban the Box campaign** calls on UK employers to create a fair opportunity for ex-offenders to compete for jobs by removing the tick box from application forms and asking about criminal convictions later in the recruitment process. The campaign recognises that women leaving prison 'face multiple barriers – accessing safe and secure accommodation, reuniting with their families... and accessing employment to sustain it all'. In February 2016 prime minister David Cameron announced the government's decision to 'ban the box' for most civil service jobs. So far, 65 employers have joined the campaign. See: [www.bitc.org.uk/banthebox](http://www.bitc.org.uk/banthebox)

Jobcentres have an important role where people are in receipt of benefits. For example, attendance at work-readiness meetings is a compulsory aspect of the benefits system, which means that jobcentre staff are in frequent contact with women who are in receipt of benefits. Jobcentres can provide training, such as preparation for job interviews and writing curriculum vitae, and have access to a Flexible Support Fund that can provide help with travel expenses and clothes for job interviews. Local authorities and jobcentres can explore opportunities for joint working to support women with multiple needs, in a variety of ways, to help prepare individuals for work.

**Department of Work and Pensions, Essex** Jobcentres in Essex have signed up to the SaferPlaces<sup>21</sup> 'J9 initiative', a discreet and innovative support network for victims of domestic abuse that provides a quick and safe way for individuals to get help. Victims can speak to jobcentre staff who put them in touch with professional help; staff have undertaken training on how to identify potential domestic abuse and to support people in need. Contact: [dave.cope@dwp.gsi.gov.uk](mailto:dave.cope@dwp.gsi.gov.uk)

Evidence shows that the most effective form of employment support for people with mental health problems is Individual Placement and Support (IPS).<sup>22</sup> Local authorities can ensure that providers of employment and benefit services are delivering evidence-based support and joining it up with other services, including health and social care. A pilot scheme in the West Midlands is testing the applicability of IPS to people leaving prison in the region, with encouraging early results, and an evaluation is forthcoming.<sup>23</sup>

## Care leavers

While most (94%) looked after children do not get caught up in the criminal justice system, children who have been in local authority care are significantly over represented. Some evidence suggests that looked after girls are more likely than boys to have been physically and emotionally abused, to have self-harmed or attempted suicide, and have experienced a higher number of care placements (Prison Reform Trust, 2016).

The poor outcomes frequently associated with care leavers in contact with criminal justice services is a complex area. Legislation and policy to support care leavers includes the Children and Families Act 2014, the Care Leaver's Strategy, and the Children's Social Care Innovation Programme (Department for Education, 2014). Girls and young women who are in care, are in the process of leaving care, or who have recently left care are readily identifiable; especially, perhaps, girls and young women with particular needs and/or challenging behaviour. In July 2016 the government published new plans to support young people leaving care. These include creating a new care leaver covenant; introducing a new legal duty on local authorities to consult on, and publish information about, services for care leavers; and extending existing entitlements so that all care leavers, up to the age of 25 years, have access to support from a local authority personal adviser (HM Government, 2016). Opportunities exist within these plans for councils to involve care leavers in designing support services, and to ensure the particular needs of girls and young women are addressed.

A recent review and report by Lord Laming, *In Care, Out of Trouble*, on how the life chances of children in care can be transformed makes a series of practical and detailed recommendations, and provides good practice examples (Prison Reform Trust, 2016).

## Working with the voluntary sector

Voluntary organisations make an important contribution to the mix of local service provision, and their particular role was discussed during our seminars. The voluntary sector can bring specific expertise, often targeted towards minority groups, and less formal ways of working that can be more accessible, especially for individuals with negative experiences of statutory services. For example, delegates at our women's seminar said that, as mothers, they were more likely to seek help from voluntary services than they were from the local authority for fear that their children might be taken into care. One woman said that she avoided seeking help from mental health services for fear she might be sectioned. Many voluntary sector organisations, both large and small, contribute to local areas by securing funds from non-statutory sources, such as The Big Lottery Fund, and by providing services, such as the training offered by the Essex CAPI Service for professionals working with children affected by parental imprisonment.<sup>24</sup>

For these and other reasons, councils frequently partner with the voluntary sector, and do so in a number of different ways. For example, by directly commissioning services; by co-commissioning services with strategic partners; by providing grant funding; and by providing 'in kind' support, such as premises for the voluntary organisation or the services it provides.

*We [statutory and non-statutory organisations] need each other. We have different strengths... the voluntary sector is often more approachable, especially if women have had a poor experience of people in authority.*

Local/regional leaders' seminar: February 2016.

### 3. Leadership and partnership working

*Silo working – we have to overcome it; we are all guilty of it, and it is so unhelpful. Unless and until we put the woman [with multiple needs] at the centre of things, it's not going to work.* Local/regional leaders' seminar: February 2016.

*Nobody talks to each other; you spend all day going to different offices and making phone calls nobody answers. I was too exhausted to think, let alone chase half way across town and back again to get help.*

Former offender, women's seminar: May 2016.

Local authorities can play a pivotal role in advocating for women with multiple needs, and are ideally placed to ensure a strategic, multi-agency response. Every local authority is involved in a number of overlapping partnerships relevant to women. These include Health and Wellbeing Boards, Safeguarding Adults Boards, Clinical Commissioning Groups (CCGs), Troubled Families, and Community Safety Partnerships.

Community Safety Partnerships (CSPs) are a statutory partnership of organisations that work together to develop strategies and practical interventions to tackle crime, reduce reoffending, and improve safety. The five 'responsible' authorities that make up the partnership are: local authorities, CCGs, probation services, fire and rescue authorities, and the police – and there is a further requirement for CSPs and police and crime commissioners to work closely together.

In 2015, four **Community Safety Hubs** were piloted in Tendring, Thurrock, Braintree and Uttlesford, the aim being to deliver against local Community Safety Partnership priorities. The Hubs produced promising results in responding to diverse local needs, such as violent crime, gangs, domestic abuse and anti-social behaviour. The Hubs demonstrated stronger working relationships between strategic partners and local groups, and improved information sharing and communication. There are now ten Community Safety Hubs, one in each policing district across Essex. Enhanced multi-agency working and shared safety priorities – agreed by all partners, including the local community – have improved coordination of activity and additional support to 'problem' locations, helping to tackle difficulties before they spiral out of control. Speaking about the work of the Hubs, Superintendent Steve Ditchburn, Head of Local Policing said:

*The ethos of the Community Safety Hubs is for all partners to work together to tackle locally identified problems. We now have higher reporting of domestic violence; women feel able to do that, which means we can help prevent victims and repeat victims. The need for partners to work together has never been so important and our main aim is to improve services to the local community as one team.*

Contact: [Steve.Ditchburn@essex.pnn.police.uk](mailto:Steve.Ditchburn@essex.pnn.police.uk)

CSPs can consider developing an aligned strategy, drawing together shared priorities for women in contact with, or on the edges of, the criminal justice system. This could, for example, include support for victims of domestic violence, and their families; improved access to mental health and drug and alcohol misuse services; women-specific services to build confidence and self esteem; the strengthening of safeguarding services for girls and women at risk; and the development of women centred community safety hubs.

Some local authorities have embraced a ‘whole system approach’, which aims to provide holistic support to women in contact with criminal justice services. This is achieved through greater coherence between policy, commissioning, and service delivery across and between criminal justice, health, social care, children’s and other community services. At an operational level this means more collaboration between local services to ensure women are offered support at the point of arrest, at court and upon their release from prison.

**A whole-system approach:** in Manchester, the Justice and Rehabilitation Executive of the Greater Manchester Combined Authority (GMCA), chaired by the interim Mayor and Police and Crime Commissioner, is overseeing an integrated delivery model for women. It is supported by the Cheshire and Greater Manchester Community Rehabilitation Company (CRC), the Public Service Reform Team, NHS England, and nine women’s centres, located across the ten boroughs of Greater Manchester. The women’s centres take referrals from the police, the CRC, the National Probation Service, and the problem-solving court, which was set up to improve community sentencing. The women’s centres have formed an alliance, which works strategically with local statutory and voluntary services, including community mental health and housing. The interim evaluation found that most service users (79%) had multiple needs, which could best be addressed by a one-stop-shop community women’s centre model. Key to its success is collaboration between all partners, including service users (Kinsella et al, 2015). The Greater Manchester Women Offenders Alliance received seed funding from the GMCA for infrastructure and to establish a consistent service offer across the Greater Manchester area. Since then the Alliance successfully bid for money from the government’s ‘Tampon Tax’ Fund for women. The strength of the alliance has been instrumental in commanding the confidence of the courts and other criminal justice agencies. Latest figures show that 87% of women referred to these women’s centres make positive progress in their lives.  
Contact: Martin Nugent, m.nugent@manchester.gov.uk

## Mental health

*For far too long, people of all ages with mental health problems have been stigmatised and marginalised... Mental health services have been underfunded for decades, and too many people have received no help at all... [The] priorities [of people with mental health problems] were prevention, access, integration, quality and a positive experience of care (Mental Health Taskforce, 2016).*

Years of according low priority to mental health services, relative to physical health services, have led to underinvestment, inadequate provision and worsening outcomes. According to the Mental Health Taskforce (2016), ‘there is now a need to re-energise and improve mental healthcare

across the NHS.’ The same report calls for transparency by Clinical Commissioning Groups (CCGs) on annual investment in mental health services ‘to demonstrate the commitment that commissioners must continue to increase investment.’

While major funding of mental health services comes via the NHS, councils also have an important role to play in promoting mental health and wellbeing in their local areas through joint commissioning and supporting the coordination of health and social care mental health provision. NHS planning guidance (NHS England, 2015) sets out a strategy for improved services, prioritising prevention and early intervention, which will be implemented at a local level in five-year Sustainability and Transformation Plans.<sup>25</sup> These provide an opportunity for local authorities, especially public health functions, to work with NHS and other partners to ensure effective provision of mental health support for women in the community, and join up with work undertaken as part of the local Crisis Care Concordat.<sup>26</sup>

Providing further momentum for prevention and early support, the Mental Health Taskforce (2016) recommends a ‘National Prevention Concordat programme’ to support Health and Wellbeing Boards and CCGs in developing Joint Strategic Needs Assessments (JSNAs) and prevention plans, which should include ‘mental health and co-morbid alcohol and drug misuse, parenting programmes and housing.’ JSNAs and prevention plans can also address the so-called ‘toxic trio’ – a term used to describe the co-existence of mental ill-health, substance misuse, and domestic abuse. While generally used in the context of children’s services, and viewed as indicators of increased risk of harm to children and young people, being alert to a mother’s circumstances is important so that she can be helped, as well as ensuring early intervention and support for children.

Links should also be made with Transforming Care (NHS England, ADASS and the Local Government Association, 2015), to ensure the needs of women with learning disabilities and/or autism with mental health problems are properly met.

Local Transformation Plans for children and young people’s mental health provide an opportunity to ensure that referral pathways and early intervention for girls and young women are developed. These plans should focus on vulnerable groups such as children in care, and children who have been abused (Future in Mind, Department of Health, 2015), and the need for gender specific services for girls’ and young women should be considered.

**Liverpool Mental Health Consortium** is a service user led network. It brings together people with experience of mental distress and professionals and commissioners from the local authority and NHS, on an equal footing, to improve mental health strategy and provision through partnership working. The Consortium’s ‘What Women Want’ group gathers views and experiences from diverse groups of women, who often feel ignored or not listened to and, based on their evidence, makes tailored recommendations to inform policy development for women and families.

Recommendations are followed up to ensure that mental health strategy is directly influenced by service users. Recent examples include the re-commissioning of local women’s refuges and the development of Liverpool’s Parenting Strategy. The Consortium’s role as an independent, impartial forum for discussion, debate and ‘critical friendship’ means it is trusted by all partners to keep ‘lived experience’ at the centre of its work.

Recent reports can be found at [www.liverpoolmentalhealth.org/what-women-want-group](http://www.liverpoolmentalhealth.org/what-women-want-group)

Contact: [claire.stevens@liverpoolmentalhealth.org](mailto:claire.stevens@liverpoolmentalhealth.org)

## **Aligned and pooled budgets**

Local authorities can align or pool budgets to achieve better value for money from different streams of funding. Women's Centres, for example, are often funded in this way. Health and social care commissioners can agree to pool budgets, and legislation provides the opportunity to bring together relevant budgets at an individual level – promoting more choice and control as well as improved use of spend.

Every Clinical Commissioning Group should have a 'local offer'<sup>27</sup> for expanding the use of personal health budgets, which – working together with local statutory and voluntary services – can include a particular focus on women in contact with, or on the edges of, the criminal justice system.

The Pooled Drug Treatment Budget has been absorbed by public health budgets and Police and Crime Commissioners' community safety funds (Roberts, 2013), providing fresh opportunities to tackle drug and alcohol problems. Local authorities can use this money to create partnership funds, bringing together substance misuse support with other services, such as women's centres.

During the seminars that contributed to this briefing paper, the Troubled Families programme was cited as an example of successful partnership working, where local resources are shared and outcomes for families improved. A hallmark of the Troubled Families programme is the family centred approach to providing support and resolving problems, underpinned by an agreed action plan, for which all contributing agencies share responsibility. A family intervention worker ensures the plan is adhered to, both by family members and contributing agencies. The action plan helps to reduce duplication of effort, such as overlapping assessments and services, and ensures that everyone is working towards a common goal. Local authorities have flexibility to decide which families benefit from the Troubled Families programme, and this can include a source of support for mothers with multiple needs, helping to reduce the damaging generational impact of parental contact with criminal justice services (Department for Communities and Local Government, 2015).

## **4. Monitoring and scrutinising progress**

Council members can use their powers of overview and scrutiny to explore how far their local services (including those within the NHS) are meeting people's needs. In Lambeth, for example, the health scrutiny committee carried out a review of the mental health needs of African and Caribbean people in the borough, co-produced with local community organisations (Lambeth Council, 2014). Councillors can investigate how their local policies impact women with different needs; for example, the ways in which housing policies support or hinder mothers, women remanded into custody or serving short sentences, and women preparing to return home after a period of imprisonment.

Local authorities can collect and scrutinise data on outcomes for women in their area, including public health outcomes data, to measure performance of local services and develop an evidence base to inform and improve local provision. This can include setting key performance indicators for local strategies and in contracts for commissioned services. Monitoring and review arrangements, and the setting of key performance indicators, should involve women who use the services under review.

## Promising ways of working

There is growing evidence about the benefits and transformative nature of women centred working, and of early intervention to support women with multiple needs.

*We didn't have a voice before, we were seen as victims by everyone else. This [The Inspire Women project, Oldham] was the space where we became visible, where what happened to us was seen as a strength not a weakness*  
(Women Centred Working, 2016).

### Women-specific services and women centred working

Gendered working, meaning working only with women (or only with men), can help to create services that are more responsive to the needs of a particular client group. Recognition of the importance of women-specific services in the justice system is reflected in section 10 of the Offender Rehabilitation Act 2014.<sup>28</sup> This requires the Secretary of State for Justice to ensure that contracts with supervision and rehabilitation services consider and identify provision that addresses the particular needs of women, in accordance with the equality duty (Prison Reform Trust, 2014). This means that where women-only or women specific services are known to be more effective, they should be provided; for example, support groups for women who have experienced domestic abuse.

Many women in contact with, or on the edges of the criminal justice system, have been abused as children by male relatives and, as adults, are vulnerable to sexual and/or physical abuse and coercive relationships with men. This makes them much less likely to seek help, attend appointments, and participate in services if men are also users of the same provision. Local authorities can consider where women-specific services, or dedicated times when only women can access services, might encourage them to seek help.

*It was like, I was there for anger management and they expected me to sit with a load of blokes, after what I had been through? No.*

Former offender, women's seminar: May 2016.

Women centred ways of working seek to integrate services around women, provide tailored support to meet individual needs, and to build trust between women and professional services, which, in turn, can help get to the root causes of multiple and complex needs. While women centred working may well mean as many different approaches as there are women being supported, the main principles are that services should be:

- Safe, supportive and community based
- Holistic and multi-agency
- Tailored around the needs of individuals
- Co-produced along with service users
- Effective, outcome focused and preventative (Women Centred Working, 2016).

A women centred approach can support public service responses to reduced budgets. Integrated, multi-agency working can help to avoid duplication of local services, achieve

multiple positive outcomes and maximise efficiency – and has been highlighted as a way of improving data sharing and local collaboration (Home Office, 2013). Preventative work, early intervention and women’s empowerment can help to reduce the need for more costly service provision and crisis intervention. Research by the New Economics Foundation (2012) identified estimated savings in one local area of £1.62m from reduced demands on services, including housing and social care, resulting from integrated community-based support for women at low risk of reoffending.

By working with women with multiple needs, and inviting them to contribute their unique experiences and insights, multi-agency services can integrate support around the individual and ensure that local services are designed in a way that best meet women’s needs.

The Way Forward is a project run by WomenCentre Calderdale, which demonstrates how, in being able to access the right help at crucial points in their lives, girls and young women can go on to lead ‘healthy, independent lives as a result of developing confidence and coping strategies’. An independent evaluation estimated savings from working with young women before their needs escalate could include, for example: £59 per hour social worker time; £52,000 for a looked after child; or £15,000 for drug-related health and social care costs. One young woman said of her experience of the project:

*I wasn’t passed from pillar to post like I’d been in the past. Having one person to work alongside you who never gives up on you is what really makes a difference. The engagement worker listens and listens and listens some more and makes me feel like I’ve got a future and have a choice* (Women Centred Working, 2016).

## Prevention and early intervention

*There are a lot of women with low self-esteem and maybe violence issues but who haven’t committed a crime – it should be about prevention too.*

Former offender, women’s seminar: May 2016.

*I watched violence as a kid and got to act as my Mum did.*

Former offender, women’s seminar: May 2016.

The need for pro-active prevention and early intervention services for women with multiple needs, especially when pre-determined thresholds to access services are not met, and girls at risk of harm, was a recurrent theme throughout our seminars.<sup>29</sup> Opportunities for prevention and early intervention begin at a young age, and rely on a range of factors including, recognition of possible need, multi-agency information sharing and timely access to support. Four main areas for prevention and early intervention activity were discussed during our seminars, some of which can be reflected in local JSNAs and JHWSs; these are:

### 1. Working with schools:

- a) to identify and support girls who might be at risk of harm,<sup>30</sup> and/or who are involved in gangs
- b) to include relevant topics in the school curriculum, such as mental health and domestic violence<sup>31</sup>

2. Finding out about and meeting needs at significant moments in the lives of girls and women, including: being excluded from school; entering or leaving care; transition between children's and adult services; contact with the police (as a victim or suspect); leaving prison
3. Local 'drop-in' women's centres for all women, not only women who have offended
4. Early and improved access to support,<sup>32</sup> especially when thresholds are not met, to help prevent escalation of need and possible crisis. For example, it is important that girls involved with gangs are offered support that gives them safe routes out of the gang, is trauma-informed, and provides alternative forms of attachment (Khan, 2013).

*She used to come in and use our service [a women's centre] to wash her clothes and get a hot meal; but then she wasn't allowed, it changed and was just for offenders. And now she is an offender; I'm sure she did it on purpose – and how much did that cost?*

Former offender, women's seminar: May 2016.

**The Greater Essex Joint Commissioning Strategy for Domestic Abuse** has developed a service specification to improve identification of women at risk within health settings. A victim of domestic abuse may visit health services on numerous occasions before reporting an incident to the police, by which time her physical injuries and distress, and costs to healthcare may already be significant. The project will pilot early identification and support in GP surgeries, seek to ensure county-wide hospital based independent domestic violence advisers, and provide a trained network of champions (Joint Commissioning Strategy for Domestic Abuse 2015-20). Contact: [jane.dewitt@essex.pnn.police.uk](mailto:jane.dewitt@essex.pnn.police.uk)

An especially effective form of early intervention is to offer evidence-based parenting programmes to families whose children have behavioural problems. The most severe form of behavioural problem, conduct disorder, is more common among boys than girls, but girls with behavioural problems that start before the age of 12 face a higher risk of involvement in offending, gangs, teenage pregnancy and poor life chances (Centre for Mental Health, 2014). Parenting programmes, such as Triple P and Incredible Years, can help families who are having difficulties managing young children's behaviour, and produce multiple benefits both short and long-term.<sup>33</sup>

**The Tri Borough Family Recovery Programme** operates across the three boroughs of Hammersmith & Fulham, Kensington and Chelsea and Westminster City Council. The programme includes help to access local services and additional, wrap around services for families that need some extra assistance, including, for example, supporting school attendance, addressing criminal and anti-social behaviour, and helping adults into work. [www.westminster.gov.uk/family-recovery-programme](http://www.westminster.gov.uk/family-recovery-programme)

## Liaison and diversion services

*I didn't know about any services and was left to deal with social workers who didn't help me. So it took me getting into trouble with the police to get any help.*

Former offender, women's seminar: May 2016.

Liaison and diversion schemes operate in police custody suites and the criminal courts, and help to identify children and adults with particular needs, including mental health problems, learning

disabilities, autism and substance misuse. A recent evaluation of the National Model<sup>34</sup> for liaison and diversion services found a small but significant increase in the number and proportion of adults referred to services providing support for individuals with learning disabilities, and individuals with financial needs (RAND Europe et al, 2016). The same evaluation found that stakeholders from partner agencies were overwhelmingly positive about liaison and diversion services, citing an increase in information about individuals with vulnerabilities, and closer working between mental health, and other professionals.

Women make up around 15% of adults arrested by the police, and 22% of those seen by liaison and diversion services. Women's contact with liaison and diversion services provides an important opportunity for 'making every contact count' (see page 7), and to ensure necessary support.

Liaison and diversion schemes are required to develop specific referral pathways for women,<sup>35</sup> which, to an extent, are dependent on the availability of, and their relationship with, a range of local services. To work effectively, it is important that partnerships are established between liaison and diversion services and local authorities, and other local services. A shared commissioning strategy can help to create the local infrastructure of services that liaison and diversion schemes can refer to, and this should include women specific provision, as appropriate.

**Supporting children and families:** during the local/regional leaders seminar that helped to inform this report, a conversation between two delegates – from Barnardo's and the South Essex Partnership University NHS Foundation Trust (SEPT) liaison and diversion team – led to the development of a new local partnership to provide early intervention and support for children and young people whose parent is in contact with liaison and diversion services. Run by Barnardo's, Children Affected by Parental Imprisonment (CAPI) supports children and young people when a parent or carer comes into contact with criminal justice services. CAPI teams operate across England and Wales, providing community and prison based support for families of offenders. Individuals seen by SEPT liaison and diversion service are now offered family support by Essex CAPI Services, as needed. This partnership is cost neutral for both organisations, and has potential for liaison and diversion services elsewhere to develop similar arrangements, where local CAPIs exist. Linked to the work of CAPI is an online resource, I-HOP (<https://www.i-hop.org.uk/>), which provides materials for professionals working with children who have a parent in prison.  
Contact: [suzanne.page@barnardos.org.uk](mailto:suzanne.page@barnardos.org.uk) and [Denise.Cook@sept.nhs.uk](mailto:Denise.Cook@sept.nhs.uk)

## Community sentences

Liaison and diversion services can help to increase the take-up of community sentences, including mental health treatment for offenders with mental health problems, as recommended in the recent report by the Mental Health Taskforce (2016). A pilot programme in Milton Keynes has established joint working arrangements with a range of local agencies and members of the judiciary to increase the use of the Mental Health Treatment

Requirement (MHTR).<sup>36</sup> The pilot programme has significantly increased the uptake of the MHTR and demonstrated financial savings to local communities and benefits to individuals concerned (Centre for Mental Health, 2016).

*I was constantly getting into trouble. I wish someone had got to me before that. I didn't find any help until I got my community sentence, and I thought there's help here; but it really would have been better before.* User Voice, review seminar: July 2016.

Community sentences can help to put in place much needed support, and it is important that the courts are made aware of local services available for women. However, relying on contact with criminal justice services as a route into treatment and support is inappropriate, and generates significant financial costs to the public purse, and human costs to the individual concerned, to their families, and to victims of crime.

## Resettlement and rehabilitation

*You do relapse if you don't have the right support.*

Former offender, women's seminar: May 2016.

The Offender Rehabilitation Act 2014 created a 12 months post prison statutory supervision period for offenders serving prison sentences of less than one year. Most women prisoners are classified as 'low risk' and will, therefore, be supervised by community rehabilitation companies (CRCs) on their release from prison, rather than the National Probation Service. During this period, CRCs are required to provide individuals with support, as well as supervision, which may be provided 'in-house' or through contracted partners. This requirement presents opportunities for councils to work with CRCs and other local agencies to coordinate support for women in contact with criminal justice services. For example, support offered by Essex CRC includes drug and alcohol work, including individual sessions, group work and testing; family intervention, including non-violent dispute resolution, and parenting classes; and employment and housing support.

Employed by Essex Community Rehabilitation Company, **partner link workers** support women whose partner or ex-partner has been sentenced to the Building Better Relationships Programme (BBRP), an accredited domestic abuse perpetrator programme, and new partners of the same men, who may not be victims at the point of referral. The role of the partner link worker includes safety planning support, signposting and referrals to agencies that can help with specific needs, such as housing, mental health, drugs and alcohol misuse, and parenting. Partner link workers can support women in their contact with agencies involved in the family, such as women's aid, adult social care, health providers, independent domestic violence advisors, and children's services, such as child protection meetings. Link workers can also work with women offenders whose partner is not on the BBRP, if the offender manager considers her to be at risk, make MARAT<sup>37</sup> referrals, and attend meetings to support and advocate on behalf of the victim, as necessary.

Contact: [michelle.fraser@sodexojustice.scc.gsi.gov.uk](mailto:michelle.fraser@sodexojustice.scc.gsi.gov.uk)

## Key workers, and frontline staff and professionals

*She was amazing, she didn't judge, she listened and gave advice. She understood.*

Former offender, women's seminar: May 2016.

*It can be very overwhelming, especially if you are vulnerable. What might seem easy to us is hard for women who may have learning disabilities or autism, and they need support. Some women don't know how to engage.*

Local/regional leaders' seminar: February 2016.

The importance of a key worker, and an 'effective' response from front line staff and professionals was a recurrent theme throughout our seminars. For women unused to negotiating their way around local services, and who may need help with, for example, daily living, support with parenting, or help moving on from an abusive relationship, an effective key worker – or family intervention worker, as employed by the Troubled Families programme, see page 20 – can make all the difference (Barclay and Pettitt, 2014; Burrows, 2014; Women Centred Working, 2016).

The inclusion of a support worker role in the National Model<sup>38</sup> for liaison and diversion schemes has been described as 'particularly effective' (RAND Europe, et al, 2016). The support worker role provides practical help to liaison and diversion service users, often encouraging and motivating their initial engagement with the local service, or services, to which they have been referred, and acting as advocates with service providers, as needed.

Lulu (not her real name) was referred to **Open Road** by her offender manager. One of the difficulties Lulu had was that she was unable to attend required interventions due to anxiety and panic attacks when travelling on public transport. At the first meeting between Lulu, the Open Road coordinator and the volunteer mentor assigned to Lulu by Open Road, it became clear that Lulu was embarrassed by her difficulties with reading and writing, and this was causing problems in her everyday life. The volunteer mentor, who was also a literacy tutor, offered to help. Lulu explained that she found it hard to read her children's school reports and letters from teachers, but was too embarrassed to ask for help. Lulu and the volunteer mentor agreed to meet twice weekly to work on her literacy skills. The volunteer mentor tailored work to match Lulu's immediate needs, such as dealing with bills, and her aspirations, such as her desire to learn to drive and the need, therefore, to learn about the Highway Code. Lulu and her volunteer mentor devised a filing system to help her to manage her own affairs. Lulu's literacy skills and her confidence have grown; she now goes to swimming lessons with her children and they practice reading together. She is hoping to volunteer in a local charity shop. The Open Road volunteer mentor provides Lulu with regular, reliable, practical support that complements interventions provided by Essex CRC.

Contact: [Ali.Perrott@openroad.org.uk](mailto:Ali.Perrott@openroad.org.uk) and [michelle.fraser@sodexojustice.scc.gsi.gov.uk](mailto:michelle.fraser@sodexojustice.scc.gsi.gov.uk)

## Training and workforce development

The need for training, especially of frontline workers and professionals, was highlighted in our seminars. Two distinct types of training were referred to, and these were joint multi-agency awareness training, and training to help staff to engage with service users and to build trust quickly.

Joint multi-agency awareness training enables staff to learn together about their respective roles and available local services. Joint training can also support information sharing, a better understanding of when and how referrals can be made, and provides opportunities to discuss local challenges and to explore solutions. For example, joint multi-agency training has proved effective for health and criminal justice staff, and members of the judiciary involved in delivering local liaison and diversion services.

Women with poor past experiences of contact with statutory services may be reluctant to seek out and accept support, or find it hard to be forthcoming about their particular situation. For example, women involved in prostitution are often reluctant to disclose this for fear of harsh and judgmental responses. Frontline workers, therefore, need to be able to engage with potential service users and to build trust quickly. Ideally, training should be undertaken by key workers known to be effective in engaging with women with multiple needs and, wherever possible, involve women with direct experience of particular needs and criminal justice services. Women's Centre staff and local voluntary services might be best placed to help develop such training.

*We have one shot at working with vulnerable women, and then we've blown it. What do they [professionals and front line workers] mean when they say, 'they won't engage?' What does that mean, exactly? It means we have failed.*

Local/regional leaders' seminar: February 2016.

## Recommendations: How local authorities can make a difference

Responding to women with multiple needs, and especially those in contact with, or on the edges of, the criminal justice system, is the responsibility of many different local, regional and national authorities, departments within those authorities, and multi-agency partnerships. While each has a role to play, and examples of good and promising practice exist, many women don't receive the necessary support. Local authorities are uniquely placed to work strategically with all stakeholders to ensure that the particular needs of women in their local area are identified and met.

The following recommendations suggest ways in which local authorities can help make a positive difference to the daily lives of women and their children, helping them to go on to lead healthy, fulfilling and productive lives.

### Leadership and partnership

1. A system wide strategy for working with women with multiple needs should sit with the **Health and Wellbeing Board**. The Health and Wellbeing Board should assure itself that the overall strategy and operational activity involves appropriate partners and, in particular, that the involvement of women with multiple needs is embedded in the work and that their experiences and insights inform service provision. This could be done by, for example, allocating the task to an existing relevant partnership, such as the local **Community Safety Partnership**.
2. **Identify a 'champion'**, at a senior level, to advocate for women with multiple needs, including women in contact with criminal justice services, and to promote the principles of women centred working.
3. Ensure engagement in the development of **liaison and diversion services** to facilitate appropriate data sharing and robust referral routes into local service provision.

### Identifying women's needs and building upon their strengths

4. Review your **joint strategic needs assessment, joint health and wellbeing strategy and suicide prevention strategy** to ensure the needs of women in contact with, or on the edges of, the criminal justice system are properly understood and prioritised, especially in relation to mothers and their children. This should include information about the level of need locally, including data from liaison and diversion services, and the current provision available to meet identified need. Consider how other local organisations, including the voluntary sector, can contribute evidence and views.
5. **Ensure that women with multiple needs are involved as equal partners** in developing new and improved responses. Working with women to design and deliver services that meet their needs, and builds upon their strengths, is likely to be more effective and efficient than services designed without the unique insight and experience of service users.

## Providing, commissioning or convening services

6. Funding streams that can be used to **invest in cost-effective prevention and early intervention** for girls and young women should be explored to reduce later risk of multiple needs, and explored for all women to reduce more costly service provision and crisis intervention. Multi-agency working can help to ensure integration of support around the individual and foster information sharing and cross referral partnerships.
7. In response to the particular needs of women, and the high numbers who experience abuse by men, **ensure multi-agency delivery services for women**, such as community hubs and women's centres, and embed the principles of women centred working.
8. Recognise the **expertise and approach of voluntary sector organisations**, especially local women's organisations, in working with vulnerable groups, and ensure their involvement in the mix and development of local service provision.

## Scrutinising and monitoring local services

9. Ensure collection and scrutiny of data on outcomes for women; council members should use their powers of overview and scrutiny to explore how far local services, including those within the NHS, are meeting women's multiple needs, and those of their families.

## Getting started

There are many different approaches that local authorities can take to improve the lives of women. At one of our regional seminars it was suggested that this report should include a 'checklist' of how to begin. Local authorities know and understand their local areas – their strengths, the robustness of particular local partnerships, and where attention needs to be focused. Our recommendation, therefore, is that:

10. **Local authorities should hold a round table seminar of local and regional partners and relevant stakeholders, including local women's organisations**, to seek to better understand the interface between women with multiple needs and the availability and appropriateness of local services, the challenges of local provision and opportunities for collaborative working, and explore what some of the local solutions might be.

The Prison Reform Trust can help with suggesting how such an event might be organised and with providing or suggesting relevant speakers. Contact: [jenny.earle@prisonreformtrust.org.uk](mailto:jenny.earle@prisonreformtrust.org.uk)

# Appendix 1

## Seminar delegates

Work undertaken to inform this report, and to help ensure its content and suggestions for change are rooted in local practice, involved three seminars for local and regional leaders and women with direct experience of mental health and other treatment and support services and the criminal justice system. Seminars were held between February and July 2016 in Chelmsford, Liverpool and London.

Each seminar began with a short introduction, outlining the purpose of the event and of the report, followed by semi-structured discussions. Two of the three seminars were co-chaired by Lord Bradley and James Bullion (ADASS Care and Justice National Network Lead and Director for Adult Operations, Essex County Council), and one was run in partnership with Claire Stevens and the Liverpool Mental Health Consortium. We are grateful to seminar delegates for their contribution to this report.

Seminar delegates were from the following organisations:

- ADASS Care and Justice National Network
- Barnardo's
- Department for Work and Pensions
- Essex Community Rehabilitation Company
- Essex County Council
- Essex Housing Officers Group and Maldon District Council
- Essex JDATT & SET MARAC, Crime and Public Protection Command, Essex Police; Public Service Reform Unit, Essex County Council
- Liverpool Mental Health Consortium
- Magistrates' Association
- Mersey Care NHS Trust, criminal justice liaison team
- Merseyside Community Rehabilitation Company
- Mid-Essex Clinical Commissioning Group
- NHS England
- National Probation Service
- Norfolk County Council
- Office of the Police and Crime Commissioner, Essex
- Open Road
- South Essex Partnership University NHS Foundation Trust
- Suffolk County Council
- Thurrock Council
- User Voice
- We're In! The Mental Health Challenge (elected member representatives)
- Women's Turnaround Project, PSS (UK) Ltd.

## Appendix 2

### Acknowledgements

Many people have helped in the production of this report and the Prison Reform Trust is especially grateful to the following:

- The Rt Hon Lord Bradley; trustee of the Prison Reform Trust and Centre for Mental Health; chair, *Care not Custody* programme
- James Bullion, ADASS Care and Justice National Network Lead and Essex County Council; advisory group member, *Care not Custody* programme
- Caroline Allnutt, volunteer, Prison Reform Trust
- Ian Anderson, ADASS associate, Care and Justice National Network
- Andy Bell, Centre for Mental Health
- Richard Byrne, Home Office
- Denise Cook, South Essex Partnership University NHS Foundation Trust
- Dave Cope, Department for Work and Pensions
- Jane Dewitt, Office of the Police and Crime Commissioner for Essex
- Steve Ditchburn, Essex Police
- Lauren Diggory, Mersey Care NHS Foundation Trust, criminal justice liaison team
- Michelle Fraser, The Essex Community Rehabilitation Company Limited
- Emily Frith, Education Policy Institute
- Paul Gayler, Essex Housing Officers Group and Maldon District Council
- Thomas Guiney, Transforming Lives, Prison Reform Trust
- Ben Hughes, Essex County Council
- Suzanne Page, Essex CAPI Service, Barnardo's
- Ali Perrott, Open Road
- Penny Parker, volunteer, Prison Reform Trust
- Eleanor Riley, Women's Turnaround Project, PSS (UK) Ltd
- Claire Stevens, Liverpool Mental Health Consortium, and the 'What Women Want' group
- Nikki Stickland, Education Policy Institute.

We wish to thank Freshfields Bruckhaus Deringer for providing the venue and catering for our London seminar, in July 2016; and The Big Lottery Fund for generously supporting the Prison Reform Trust programme, *Transforming Lives*, which this report contributes to.

## Appendix 3

### ***Transforming Lives: reducing women's imprisonment***

In October 2015 the Prison Reform Trust commenced a three year UK-wide programme to reduce women's imprisonment, with support from the Big Lottery Fund and in partnership with Families Outside (Scotland), Soroptimist International (UK), User Voice Women's Councils, and Keyring Living Support Networks. The strategy has a strong emphasis on local practice and engaging with local authorities as well as national government to identify and tackle drivers to women's imprisonment and foster greater use of early intervention and community responses to women in contact with the criminal justice system. There is further information and a range of briefings, publications and resource materials available on the website [www.prisonreformtrust.org.uk/women](http://www.prisonreformtrust.org.uk/women)

## Appendix 4

### **ADASS Care and Justice Network**

The ADASS Care and Justice Network was formed in 2015/16 following implementation of new responsibilities for local authorities with regards to prisoners with social care needs (Care Act 2014). The Network has representation from most local authorities that have prisons in their area.

Over the last two years we have worked at a strategic level with the Departments of Health and Justice, the National Offender Management Service and NHS England; with local authorities to help them shape their thinking about how they respond to their new responsibilities and to develop pragmatic interventions; and we have engaged with players in the justice system to help them understand the significance of the social care presence within prisons.

In 2016/17 we will hold a national conference to help build further community capacity in prisons. We will continue to strengthen the relationship between NHS England, prison healthcare providers and social care, and seek to provide the same level of care within the prison system as is expected in the wider community.

We will contribute to the government's prison reform agenda, and respond to the policy issues of resettling offenders. We will help local authorities to recognise and support offenders with dementia and learning disabilities, and advise on how best to support women who offend, ensuring their gender specific needs are identified and addressed.

For further information, see: <https://www.adass.org.uk/invitation-to-join-the-new-adass-care-and-justice-network/>

Contact: [James.Bullion@essex.gov.uk](mailto:James.Bullion@essex.gov.uk) and [ian.anderson@adass.org.uk](mailto:ian.anderson@adass.org.uk)

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## Endnotes

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- 1 The term 'multiple needs' is used to describe women with a range of conditions and/or difficulties, including: mental health problems, learning disabilities, substance misuse, domestic violence, debt, and housing problems (such as with their tenancy, eviction, or homelessness). Most women in contact with, or on the edges of, the criminal justice system have multiple needs.
- 2 Unless otherwise cited, these figures, and further data on women offenders, can be found in Bromley Briefings Prison Factfile, Prison Reform Trust, 2015a.
- 3 There were 3,843 women in prison on 9 September 2016.
- 4 At any one time a Community Rehabilitation Company can expect to manage a mixed caseload of 100 – 200 women on community, custody or licence requirements in a mid-sized metropolitan local authority area. Letter from NOMS to PRT, 12 April 2016.
- 5 Person Shaped Support runs 30 services nationwide, of which Women's Turnaround Projects are one: <http://www.psspeople.com/>
- 6 Only the cost to children's services is included in this calculation.
- 7 Community Safety Partnerships were set up under s5-7 Crime and Disorder Act 1998 to help tackle crime and reduce reoffending. Responsible authorities, which have a duty to participate, are: local authorities, police, probation services (National Probation Service and Community Rehabilitation Companies), Clinical Commissioning Groups, and fire and rescue authorities.
- 8 The Health and Social Care Act 2012 amends the Local Government and Public Involvement in Health Act 2007 ('the 2007 Act') to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.
- 9 Sometimes referred to as an engagement worker, a support worker or a key worker, the roles can be similar and often comprise a named worker who takes a lead role in providing support and advocacy for their clients, linking them to services that will address their needs and help with recovery and resilience; sometimes services are provided 'in-house' and sometimes clients will be supported to access mainstream services.
- 10 The Phoenix Futures Group is a charity and housing association which has been helping people overcome drug and alcohol problems for more than 45 years.
- 11 Open Road further provides mentoring services for Norfolk and Suffolk Community Rehabilitation Company and the National Probation Service, and mentoring to people with substance misuse issues in Southeast and Southwest Essex. [www.openroad.org.uk](http://www.openroad.org.uk)
- 12 MARACs are multi-agency meetings where statutory and voluntary agency representatives share information about high risk victims of domestic abuse in order to produce a coordinated action plan to increase victim safety (Home Office, 2011).
- 13 See also, The Ideas Collective (2016) 'Keeping Out of Trouble: Alternatives to prison or hospital for people with learning disabilities who get into trouble with the law'.
- 14 Duties under section 2B of the NHS Act 2006 as amended by the Health & Social Care Act 2012.
- 15 Social prescribing can be described as 'a mechanism for linking patients with non-medical sources of support within the community. These might include opportunities for arts and creativity, physical activity, new skills, volunteering, mutual aid, befriending and self-help, as well as support with benefits, employment, housing, debt, legal advice or parenting problems' (CentreForum, 2014).
- 16 Personal correspondence with the Home Office, August 2016: publication of the National Statement of Expectations is anticipated during autumn 2016; for further information, see: <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>
- 17 See PRT's briefing paper: Home truths: housing for women in the criminal justice system, <http://www.prisonreformtrust.org.uk/ProjectsResearch/Women>
- 18 Langley House Trust provides resettlement services for ex-offenders.
- 19 <http://www.womensbreakout.org.uk/start-today/>
- 20 See also 'The Five Year Forward View for Mental Health', which recommends building an evidence base for vulnerable people with mental health problems (Mental Health Taskforce 2016).
- 21 Safer Places is an independent charity which provides a comprehensive range of services to adults and children affected by domestic and sexual abuse who live in west Essex, mid Essex, north and east Hertfordshire and Southend: <http://www.saferplaces.co.uk/>
- 22 <https://www.centreformentalhealth.org.uk/individual-placement-and-support>
- 23 Centre for Mental Health: <https://www.centreformentalhealth.org.uk/employment-after-prison>
- 24 CAPI: children affected by parental imprisonment; <http://www.barnardos.org.uk/essex-capi-service/service-view.htm?id=222823335>
- 25 Sustainability and Transformation Plans help ensure that health and care services are built around the needs of local populations (NHS England, 2015).

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26 <http://www.crisiscareconcordat.org.uk/>; accessed 8th July 2016.

NHS Planning Guidance requires every CCG to increase access to personal health budgets. How CCGs seek to achieve this will be included in local NHS Sustainability and Transformation Plans, which should be available by summer 2016: <https://www.england.nhs.uk/healthbudgets/understanding/rollout/>

Section 3(6A) Offender Management Act 2007.

See also, Liverpool Mental Health Consortium (2016).

See also, Burrows (2014).

See for example: <http://www.risk-avert.org/>, and forthcoming module on domestic abuse;

<http://www.5boroughspartnership.nhs.uk/key-stage-3-and-4/>; and the 'Girls Inspired Straight Talking' project, <http://www.barnardos.org.uk/essex-capi-service/service-view.htm?id=222823335>, which is supported by the Essex Police and Crime Commissioner's community safety development fund.

See also, Burrows (2014).

See also: <https://www.centreformentalhealth.org.uk/parenting>

See: <https://www.england.nhs.uk/commissioning/health-just/liason-and-diversion/>

Personal correspondence with NHS England, 21 July 2016.

Court order to access community based treatment.

See page 11

See: <https://www.england.nhs.uk/commissioning/health-just/liason-and-diversion/>



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*In my review into people with mental health problems and learning disabilities in the criminal justice system, it became clear to me that failure to identify need and to provide support at an early stage is the reason why some people offend. Many women in contact with criminal justice services experience domestic violence and have mental health or substance misuse problems. Local councils are uniquely placed to provide leadership to local efforts to prevent women's offending and to improve their life chances, and those of their families.*

The Rt Hon Lord Bradley

*Being attentive to the needs of vulnerable citizens is not an optional extra for local councils, it's fundamental to why we exist. By advocating for women with multiple needs, and working with them to inform service provision, we not only offer women much needed support, but can help break the damaging generational impact of a mother's contact with criminal justice services, and cycles of disadvantage for children. Councils have an important role to play in working strategically with local and regional partners, helping to identify when support is needed and coordinating responses for women with multiple needs.*

James Bullion, ADASS Care and Justice National Network Lead and Director for Adult Operations, Essex County Council.

