



www.revolving-doors.org.uk

The Social Care Needs of Short-Sentence Prisoners

Sarah Anderson

with Claire Cairns

A literature review commissioned by the North-East
Public Health Observatory.

May 2011 (Research completed November 2010)



Foreword

60,000 adults a year are sentenced to custodial sentences of less than 12 months. These offenders commit the majority of crimes and have the highest reoffending rates of any group of offenders: 60% are re-convicted within a year of release costing the country as a whole between £7 and £10 billion a year. They also have the highest rate of suicide related to drug or alcohol misuse within weeks of their release from custody.

Yet while access to support is critical for those offenders with chronic and long-term health problems, particularly mental health, substance misuse, and the homeless or otherwise socially excluded, access to social care services in custody and through release is not available to them as it is to those serving over 12 months.

Individual services targeting this group have begun but were not a high priority. However, recent years have seen more support including in the criminal justice system by police, probation and prisons for repeat offenders first through the Prolific and other Priority Offender (PPO) scheme and later through Integrated Offender Management (IOM) approaches.

Moreover, reports by Baroness Corston (2007) and Lord Bradley (2009) also recommended that custody is inappropriate for some groups of offenders: less-serious women offenders, and many of those with mental health problems or learning disabilities. Both recommended that, wherever possible, diversion should be provided away from custody into support services able to meet the range of the offender's needs.

In the spirit of these recommendations and a commitment to improve the health and social functioning of offenders and reduce reoffending, the North East Public Health Observatory (NEPHO) was commissioned to identify the social care needs of this group of adult offenders, develop and test tools to screen and assess these needs, and develop pathways of care for addressing unmet needs.

The report published here is the first product of this project. Even in the short period since it was commissioned, there have been further developments in national policy. The majority of health care commissioning in the National Health Service will be transferred from primary care trusts to consortia of general practitioners, more local discretion and control of budgets will be given to local authorities, the National Offender Management Service is to be streamlined and police service commissioners will be directly elected locally.

The new Government has also announced a “*rehabilitation revolution*” in the Ministry of Justice (2010a) green paper, *Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders*. Particular emphasis is now placed on offenders with short term sentences so that less serious offenders receive “*more effective and robust community sentences*” (p.58) to keep them out of prison and those for whom a custodial sentence is still necessary receive increased rehabilitative work.

Breaking the Cycle recognises the multiple problems faced by short-sentence prisoners. This is a conclusion supported by the review published here. I commend the review both for the improved understanding it brings to a serious issue and for the potential it contributes to the development of better services and outcomes.

Wendy Balmain
Deputy Regional Director Social Care and Partnerships

Foreword

Ask any police officer, A&E nurse or prison officer and they will tell you about some familiar faces: men and women they see time and time again who have poor mental health and other problems, and who never seem to get the help they need. This group generates hugely disproportionate costs to our communities and the public purse. Their lives are characterised by exclusion, chaos, crime and anti-social behaviour.

Revolving Doors Agency aims to change systems and improve services for people who have multiple problems and are in repeat contact with the criminal justice system. We believe that by understanding and addressing the interrelated needs of this 'revolving doors' group, people's lives can be turned around and crime and the costs to the taxpayer can be significantly reduced.

Since 1993 we have combined practical local partnership work with research and involvement of people with direct experience of the problem, to build up an understanding of the need for reform and to demonstrate potential solutions.

In late 2010 we were commissioned by the North East Public Health Observatory, on behalf of the Directorate of Social Care in the North East, to undertake a literature review into the social care needs of prisoners sentenced to less than twelve months in prison.

Short-sentence prisoners are the archetypal 'revolving doors' group. Our previous research and recent development work in HMP Lewes, HMP Styal and HMP Everthorpe have highlighted their multiple needs. The exceptionally high rate of reoffending among this group is a particular concern of the current coalition Government.

The current climate of dramatic reductions in public spending is likely to have a widespread impact on the ability of services to meet these needs. Nevertheless, we have significant reasons to be optimistic, not least the renewed Government focus on rehabilitation. This group is particularly in the spotlight, with 'payment by results' approaches forming a key component of the proposals to reduce reoffending among this group.

The early findings from our Financial Analysis Model highlight the huge expense to the public purse that this group generates and the potential for real savings to be made through offering better targeted support. However, we believe that only through a comprehensive understanding of the problem can such effective solutions be designed. As such, this review provides an invaluable understanding of what the needs of short-sentence prisoners are, how they are currently identified and the key elements of good practice at meeting these needs.

We hope that increased understanding around these issues will lead to improved responses to this group of prisoners, not only in the North-East, but across all English regions.

Dominic Williamson
Chief Executive, Revolving Doors Agency

CONTENTS

Executive Summary		5
Introduction and background		7
Methodology		7
1 – The social care needs of short-sentence prisoners		9
2 – Screening for social care needs		18
3 – Good practice		21
4 – Next Steps		26
References		27
Appendix I	Draft Screening Tool for social care needs of short-sentence prisoners	31
Appendix II	Rationale for Screening Tool Questions	36
Appendix III	Suggested Care Pathways	45
Appendix IV	Audit of Prison Screening (All prisons)	47
Appendix V	Audit of Prison Screening (HMP Durham) Case Study	49
Appendix VI	Schedule of Regional/ Expert Interviewees	52

Executive Summary

The North East Public Health Observatory, on behalf of the Directorate of Social Care in the North East, commissioned this review of the social care needs of short-sentence prisoners. In addition, tools to identify these needs and good practice at meeting these needs were also reviewed. A three-pronged approach was adopted: a review of the literature, interviews with key stakeholders and a small focus group with former short-sentence prisoners.

1 – Social care needs

This review identified a range of needs among short-sentence prisoners; the presence of multiple needs was common. Needs included:

Accommodation: Homelessness and unstable accommodation were clear issues. Pre-imprisonment homelessness was between 10-21% and accommodation was often lost following imprisonment.

Employment, Training and Education: Unemployment was the norm. One survey suggested almost half had no qualifications and 13% surveyed had never worked. Life skills were also poor.

Finance, Benefit and Debt: The majority of short-sentence prisoners had been on benefits prior to imprisonment; many were concerned about their situation on release and struggled with financial management.

Drugs and Alcohol: Estimates of alcohol problems ranged from 20% - 45%. Drugs were a particular problem; estimates ranged from 40%-50%, with high levels of heroin and cocaine use.

Family, Relationships and Social Networks: Family problems preceded and were exacerbated by imprisonment. Negative peers, unstable family relationships and isolation were all issues.

Emotional Well-being: Emotional needs around bereavement, loss of children, childhood trauma and victimisation were evident, particularly in women, but provision of support was poor.

Mental Health: Short-sentence prisoners exhibited high levels of mental disorder, notably anxiety and depression - particularly amongst women offenders. Almost 2/3 suffered from personality disorder.

Disabilities requiring Social Care: There was evidence of health problems and disability. Although these may inhibit prisoners' mobility and ability to care for themselves, engagement of local authority adult social care departments was poor.

Learning Disabilities and Difficulties: Information specific to short-sentence prisoners was scarce. Levels in the prison population are estimated at 0.5%-1.5%, with many more prisoners on the borderline.

Thinking, Attitudes and Behaviour: Short-sentence prisoners wanted help to address their offending behaviour. Offence patterns suggest problems with impulsivity and anger management. Recidivist short-sentence prisoners demonstrated institutionalisation and fatalism about their ability to change.

2 - Assessing social care needs

All prisoners receive the Grubin healthcare screen on reception. Housing needs are screened by the Housing Needs Initial Assessment form. The review uncovered evidence that considerable screening and assessment of social care needs already takes place; many prisons have developed their own forms

to be completed during Induction. If needs are identified through screening or self-referral, agencies working within the prison often undertake detailed assessments covering a range of social needs. Some short-sentence prisoners will also have had an OASys assessment pre-imprisonment.

A number of problems with current processes were identified. The mental health element of the healthcare screen has been criticised in the literature for being brief. There is also no learning disability element. Prisoners are often disinclined to identify vulnerabilities within the prison environment; staff undertaking screenings can appear rushed and uncaring, and prisoners were concerned around exposing themselves to bullying.

Screening and assessment processes are fragmented. There appear to be limited or inadequate processes for the systematic transfer of information between agencies within the prison if needs are identified that fall outside the scope of the agency undertaking the assessment.

Some promising developments are on the horizon. The National Offender Management Service (NOMS) have developed a Basic Custody Screening Tool that covers a range of needs. In addition, a specific screen for learning disabilities is being piloted. A number of screening tools from other fields are also considered, but difficulties associated with the prison environment render many of these inappropriate as part of a brief screening tool.

3 – Good Practice

The evaluations of a number of successful projects targeting short-sentence prisoners or similar groups were considered. Research into successful interventions and service user views into ‘what works’ were also reviewed. Key themes emerged around how best to meet the needs of this group:

- **Making the best use of the limited time available**
- **Addressing immediate problems and maintaining existing support**
- **Building motivation, self-esteem, confidence and re-engagement**
- **Signposting to external organisations**
- **‘Through the Gate’ support**
- **Brokerage and advocacy**
- **Mentoring**
- **High quality relationships**
- **Holistic support**
- **Case management**
- **Positive Activities**
- **Women only spaces and BME-specific services**

4 – Next Steps

A screening tool has been developed alongside this review to identify social care needs in short-term prisoners. The research reviewed suggests that consideration needs to be given to the following during the implementation phase:

- **Risk of Duplication and Fragmentation**
- **Timing of Screening**
- **Challenges and Risks of Screening for Trauma**
- **Pathways to Support**

Introduction and background

The North East Public Health Observatory, on behalf of the Directorate of Social Care in the North East, commissioned this review of the social care needs of short-sentence prisoners. The terms ‘short-sentence’ or ‘short-term’ prisoner, unless otherwise stated, are used throughout to describe prisoners sentenced to less than 12 months’ imprisonment. Recent evidence (Bradley, 2009; Brooker *et al*, 2009) suggests the short-term nature of their imprisonment makes the provision of support services in custody more challenging. Once released, this group currently receives no statutory supervision by the probation service¹ and has a high rate of re-conviction compared with other groups of prisoners. It is envisaged that these findings will help to illuminate implications for commissioning and service re-design for this group.

The review is set out in four chapters. Chapter 1 outlines the social care needs of short-sentence prisoners that have emerged from the reviewed research, meetings with key stakeholders and those with personal experience of short-term imprisonment. Chapter 2 describes current and potential screening tools for identifying these needs within the prison context. There are currently a wide range of services working to meet the social care needs of this group; Chapter 3 highlights promising practice and service models in meeting these needs, distilling key features of an effective service response. Finally, Chapter 4 presents the proposed screening tool, developed in light of evidence from the review and following consultation with a small group of former short-sentence prisoners.

Methodology

A three-pronged approach was adopted.

- **A literature review:** Cambridge Scientific Abstracts (Social Sciences and Natural Sciences)² was searched systematically for research on the needs of short-term prisoners³. Following this, a wider search was conducted on the needs of all prisoners, using search terms associated with the National Offender Management Service (NOMS) Resettlement Pathways (NOMS, 2004) or needs identified by interviewees. Search terms were also included to identify screening and assessment tools associated with the group.

The list of Prison Service Orders and Prison Service Instructions, and the HMIP Thematic Reviews were searched manually. An internet search for relevant documents was also conducted. Literature recommended by experts within the field was included. Recent research was prioritised and research that was wholly from outside the UK was excluded.

- **Interviews with key stakeholders:** Interviewees were identified by the commissioners, through existing professional contacts and by previous interviewees (see Appendix VI). Interviewees were asked to identify the social care needs of short-term prisoners. Interviewees were also asked for detailed information on current screening processes and good practice.

¹ With the exception of young adult offenders aged 18–21.

² The databases that are included within this can be reviewed at: http://www.csa.com/e_products/databases-collections.php?SID=g4vjfn0gv7v99nbv1o33htonk2

³ Using the terms: “short sentenced”, “short sentence(s)”, “short prison sentence(s)”, “short custodial sentence(s)”, along with “prison*” and “offend*”; also “short term prison sentence(s)”, “short term prisoner(s)”, “short term custodial sentence(s)”, and “short term sentence(s)”.

- **Focus group with former short-term prisoners:** A focus group was conducted with three adult males from Revolving Doors' National Service User Forum, who had personal experiences of short-term imprisonment. It was hoped that the group would include a woman but this was not possible on the day. Similar issues were covered to the stakeholder interviews; in addition detailed discussion into a proposed screening tool took place.
- A number of voluntary organisations working with this group in the North-East were contacted by email for details of their screening processes but no response was received⁴.

The search for research specifically on the needs of short-term prisoners did not yield as much data as envisaged. Consequently, the search was widened to incorporate research on the needs of all prisoners; an approach supported by the interviewees who consistently said that short and longer term prisoners have similar needs. This yielded considerably more literature and it was not possible in the time available to undertake a systematic and comprehensive review of all of this literature.

⁴ These were identified through the Clinks database: <http://www.workingwithoffenders.org/>

I – The social care needs of short-sentence prisoners

Research on short sentence prisoners

The most recent research which comprehensively addresses the needs of this group is the Surveying Prisoner Crime Reduction (SPCR) survey of 1,457 prisoners of which 1,101 were sentenced to less than 12 months imprisonment; the remainder were sentenced to between 12 months and four years (Stewart, 2008). In addition, this review relies heavily on data obtained from large national and local projects targeted at this group; the West Mercia Connect programme (Leary & Thomas, 2007) and the seven Resettlement Pathfinders (Lewis *et al*, 2003; Maguire & Raynor, 2006).

Additionally, a report that cites findings from research into the probation service's voluntary aftercare of this group, in which 105 short-term prisoners were interviewed, has also provided a useful resource (Maguire *et al*, 2000). Several pieces of research from the 1970s were reviewed, although sentencing and welfare practices and post-release supervision arrangements have changed.

It was clear throughout the literature that short-term prisoners had multiple needs including both practical and emotional problems. Prisoners surveyed for the SPCR had an average of three needs (Stewart, 2008), while clients of the pathfinders averaged six problems, four significant (Lewis *et al*, 2003). In most cases, these needs are inter-related so that problems in one area (such as homelessness) impact upon other problem areas (such as drug use and mental health), making it even harder to address problems. However, for ease of analysis these needs are presented broadly under the Resettlement Pathways; this is not to suggest that interventions should treat needs in isolation, an approach refuted by the literature (Harper & Chitty, 2005; Rosengard *et al*, 2007).

Accommodation

Stewart (2008) described the pre-imprisonment housing situation of short-sentence prisoners: 34% were in rented accommodation, 16% were living rent-free, 13% were living in privately owned accommodation, 10% were homeless and 7% were living in a hostel or other temporary accommodation. Short-term prisoners were less likely to be in stable accommodation prior to imprisonment and more likely to have been homeless than prisoners sentenced to between 12 months and four years (this difference was statistically significant). Only 66% of those short-term prisoners who had somewhere to live prior to custody expected to return to the same accommodation on release. 38% of those surveyed wanted help to find accommodation. Similarly, 36% of those interviewed by Maguire *et al* (2000) anticipated accommodation problems on release – the most frequently anticipated problem.

15% of the 7,720 clients on the Connect programme were of no fixed abode and 10% were in short-term or transient accommodation (Leary & Thomas, 2007). Accommodation was most frequently identified as the highest priority problem for clients on the Resettlement Pathfinders (Lewis *et al*, 2003). It was a significant problem for 51% of clients; only 41% expected to be in permanent accommodation on release. Of those participants for which data was available, 25% were in transient accommodation and 21% of no fixed abode prior to imprisonment. Accommodation issues were particularly problematic in prisons in London and the South-East, although over half of clients in HMP Hull and in the women's prison HMP Low Newton experienced significant accommodation problems too.

Pathfinder data suggests higher levels of need than the SPCR; one reason may be that participation was voluntary and in just over a quarter of cases, clients cited getting help with accommodation problems as their primary reason for joining the Pathfinders – the most commonly cited reason.

Homelessness and rough sleeping among short-sentence prisoners is a longstanding feature of this group (Banks & Fairhead, 1976; Fairhead, 1981). Short-sentence prisoners face a number of difficulties finding housing. These include a shortage of affordable accommodation, being found not 'in priority need' for housing by local authorities, or being found intentionally homeless. They are often unable to pay rent in advance or deposits to private landlords (Nacro, 2000; Lewis *et al*, 2003). Many have complex co-existing problems that lead to exclusion from housing, anti-social behaviour and difficulties sustaining tenancies (O'Shea *et al*, 2003). Accommodation need is not simply restricted to finding housing; those with existing accommodation also need support to maintain their home and property while in custody (Everitt & McKeown, 2007).

Employment, training and education

13% of the short-term prisoners surveyed by the SPCR had never been employed; only half had worked in the year prior to custody, less than a third in the four weeks immediately preceding imprisonment (Stewart, 2008). This was significantly⁵ less than proportions for those serving longer sentences (58% and 38% respectively).

In another large-scale prison survey from 2003, only 29% of short-term prisoners had employment, training or education (ETE) arranged on release compared to 34% of those sentenced to between 12 months and 4 years, although only 22% of those sentenced to over 4 years (Niven & Stewart, 2005). 66% of all prisoners with employment arranged were returning to the same job held prior to imprisonment.

Employment was frequently anticipated as a problem on release for the short-sentence prisoners interviewed (32%) by Maguire *et al* (2000) and, where applicable, had frequently been a problem on a previous release (24%). Employment was a significant problem for 40% of the prisoners on the Resettlement pathfinders. This was most common in prisons outside the South-East, particularly in the women's establishment.

Those surveyed as part of the SPCR cited problems with accommodation, drugs and alcohol, lack of skills or qualifications and health problems, as well as their criminal record as reasons for unemployment (Stewart, 2008). School histories were regularly chequered; 58% had been regular truants, 42% permanently excluded (Stewart, 2008). Many had no qualifications with short-sentence prisoners significantly more likely to have no qualifications than longer sentence prisoners; 49% and 40% respectively. 40% wanted help obtaining qualifications, 39% work-related skills, and 22% improving literacy and/or numeracy. Education and training were considered by staff to be a significant problem for 35% of short-term prisoners on the Pathfinders (Lewis *et al*, 2003).

In addition to basic skills, vocational and other qualifications, short-term prisoners need education around 'life skills' (Social Exclusion Unit, SEU, 2002): *"Many prisoners have had disadvantaged family and educational backgrounds which have not helped them to develop the practical skills necessary to sustain a job, relationship and housing, or to manage their finances. The institutionalising effect of prison does not help and can damage what confidence and sense of responsibility they have developed."* (p.86) Similarly, Baroness Corston, in her report on women offenders emphasises that *"Life skills, for example how to live as a family group, how to contribute to the greater good, how to cook a healthy meal, are missing from the experiences of many of the women in modern society who come in contact with the criminal justice system."* (p.7)

⁵ Used throughout to mean statistically significant

Finance, benefit and debt

Stewart (2008) reported that almost two-thirds of short-term prisoners were claiming at least one benefit prior to imprisonment with just over a third claiming job-seekers allowance; even some of those in employment were earning low wages, with 9% of all (< 4 years) working prisoners surveyed earning less than £100 per week.

Maguire *et al* (2000) found that money was a frequently anticipated problem on release by the short-sentence prisoners they interviewed (33%), and along with employment was the most frequently experienced problem on a previous release (24%). Hartfree *et al* (2010) highlight that for prisoners over the age of 24, the discharge grant given to prisoners on release has not increased since 1997. Given the expected 2-week wait for benefits the £46 works out as £3.29 per day; but some prisoners experience much longer delays. Echoing findings from an earlier study (Hagell, Newburn & Rowlingson, 1995) Hartfree *et al* found that all their interviewees (not only short-term prisoners) had spent their discharge grant within days of release; some within a few hours. Crisis loans could help but placed ex-prisoners immediately in debt.

Financial management was a significant problem for 32% of Pathfinder participants (Lewis *et al*, 2003). The *Time is Money* report (Bath & Edgar, 2010) surveyed 144 prisoners (all sentence lengths, of which 47 were interviewed in depth), 24 former prisoners and 29 families of those with convictions. Almost two-thirds of prisoners interviewed had been struggling to pay bills or described themselves as in real financial trouble prior to imprisonment. Just over half of prisoners interviewed had debts – two-thirds owed over £1,000 – with evidence debts worsened during imprisonment. One in three of these prisoners reported owing money for housing; Hartfree *et al* (2010) found that managing costs associated with accommodation was a problem, even for those in employment.

Exclusion of prisoners from mainstream financial products was also a problem. A third of the prisoners surveyed for *Time is Money* did not have a bank account, 31% of which had never one. Half of those interviewed said they were unsure when dealing with banks. More than half of those interviewed had been rejected for a bank loan and 8% of those surveyed had borrowed from a loan shark. The majority of former prisoners described difficulties getting, or high-cost, insurance.

Drugs and alcohol

Stewart (2008) found that daily drinking and heavy drinking pre-imprisonment were more common among prisoners sentenced to less than 12 months (24% and 39%) than those sentenced to between 12 months and four years (13% and 31%); although only 17% wanted help for an alcohol problem. In their Health Needs Assessment in the East Midlands, Brooker *et al* (2009) found that 44.4% of short-term prisoners were at risk of alcohol abuse; five times greater than the proportion of the general population.

Alcohol was rated as a significant problem for 32% of participants on the resettlement pathfinders but only 20% of the participants on the West Mercia Connect Project; particularly male young offenders.

Findings from the SPCR showed that in the year prior to custody, 71% of the short-sentence prisoners had used drugs, with cannabis the most commonly reported (54%)(Stewart, 2008). Use of heroin, non-prescribed methadone or tranquilisers and crack cocaine in the year prior to custody was higher among short-sentence prisoners. 44% of short-term prisoners had used heroin, cocaine or crack cocaine (HCC) in the four weeks prior to custody, compared to only 35% of those serving sentences of between 12 months and four years.

This contrasts with findings from the 2001 Prison Resettlement survey which found that both prevalence and severity of pre-prison drug use did not vary significantly across sentence lengths (although prevalence of pre-prison heroin use was higher among short-term prisoners) (Ramsay *et al*, 2005). 47% of all prisoners exhibited acutely problematic drug use⁶. Nevertheless, the authors expressed concern that short-sentence prisoners were most likely to anticipate having a drug problem on release (25%) but least likely to have received assistance in custody; although funding for prison drug treatment has increased fifteen fold since 1997 (Patel, 2010).

Drug use was a significant problem for 50% of the Pathfinder participants, the highest rated category other than accommodation (Lewis *et al*, 2003). 40% of the participants on the West Mercia Connect programme for short-sentence prisoners were also considered to have a drug problem at the time of enrolment (Leary & Thomas, 2007). Participation on both programmes was voluntary.

Only 16% of those short-term prisoners interviewed by Maguire *et al* (2000) said that either drug or alcohol use had been a problem on a previous release from prison; only 14% anticipated it to be a problem on their upcoming release, although the sample size for this study was much smaller. Stewart, highlighting the disparity between the numbers using substances and the numbers wanting help for this issue suggested an unwillingness to recognise problems around drug and alcohol use.

Looking across all sentence lengths, Stewart found that HCC use in the four weeks prior to custody was higher in female prisoners (52%) than in male (40%). In both resettlement programmes considered for short-sentence prisoners (Connect and the Resettlement Pathfinders), drug use was particularly problematic among women offenders. Both Stewart (2008) and Ramsay *et al* (2005) observed distinct patterns of drug use among younger offenders with greater levels of cannabis and ecstasy use; and cocaine powder (Stewart only). A review of research into the health needs of prisoners pointed to different drug habits among BME prisoner groups, who were more likely to be users of crack cocaine (Harris *et al*, 2006).

There is also some evidence of greater levels of risk-taking behaviour in terms of drug use. The SPCR analysis suggested that 41% of the HCC users subject to short-term sentences injected, compared to only 24% of those subject to longer term sentences (Stewart, 2008). Brooker *et al* (2009) reports higher rates of HIV and hepatitis in offenders than the general population; a higher proportion of short-term prisoners than offenders on probation had been diagnosed with Hepatitis B, although this study had a low response rate.

Family, relationships and social networks

34% of short-term prisoners surveyed for the SPCR had been living with a partner prior to custody, 19% had been living with dependent children, 6% with adult children, 24% with parents or in-laws and 11% with other adult relations (Stewart, 2008). Additionally, 54% of the short-term prisoners had children under the age of 18, including step-children, when they entered custody. This raises a number of issues about those left behind; both their needs and the family-related needs of the prisoner. Although the latter is the focus of this review, research has indicated that successful resettlement is often reliant on the family's ability to provide support; helping to arrange employment and training opportunities (Niven & Stewart, 2005) and providing post-release financial support (Hagell *et al*, 1995; Hartfree *et al*, 2010). This is not to say that the family's needs are not important in their own right.

An evaluation of 'First Night in Custody' services reported that family problems were frequently cited concerns for those arriving in prison, including concerns about arranging care for children or relatives

⁶ Use of cannabis more than once a day or any other drug four times per week or more.

(Jacobson *et al*, 2010). 6% of all prisoners were living with dependent children prior to custody but not a partner (Stewart, 2008). In her report, Baroness Corston emphasised that women are less likely than men to have someone outside who can look after their home and family while they are away (Corston, 2007). A literature review undertaken by HM Inspectorate of Prisons (HMIP; Fossi, 2005) compared two studies; only a ¼ of children of imprisoned mothers were being cared for by their biological or current father, while 90% of children of imprisoned fathers were being cared for by their biological or current mother. Following the imprisonment of a single parent, the child may be placed with another family member, or in some cases may be taken into local authority care (SEU, 2002).

This obstructs successful resettlement on release. The HMIP literature review describes how women cannot focus on resettlement activities until they are reunited with their children (Fossi, 2005). In one study, 10% of female prisoners interviewed did not expect to live with their children on release, despite having done so prior to imprisonment. A large scale prison survey (Niven & Stewart, 2005) found that only 57% of all prisoners who had been living with dependent children prior to imprisonment, expected to do so on release. The SEU (2002) describe the 'Catch 22' situation many women face: *"If they do not have children in their care they are unlikely to be given priority status by housing authorities. However, if they do not have secure accommodation then their children will not be placed back into their care."* (SEU, 2002, p.140).

In many cases family and relationship problems precede imprisonment, with fractious family relationships, poor childhood experiences and the perpetration and experience of domestic violence. Violence in the home is a particular problem for women offenders; Baroness Corston (2007) reports that up to 50% of female prisoners report having experienced violence in the home, compared with a quarter of men.

15% of the Pathfinder participants were assessed by staff to have significant relationship problems (Lewis *et al*, 2003). A study of 129 adult male prisoners (McMurrin *et al*, 2008) used the Personal Concerns inventory (PCI-OA) to establish prisoners' current concerns; the life area 'family, partner and relationships' elicited the third greatest number of concerns. The majority of concerns focused around wanting to increase family coherence, including being a better father, and improving intimate relationships.

Baroness Corston (2007) emphasised the need for women offenders to develop 'emotional literacy' stating that *"Respect for one another, forming and maintaining healthy relationships, developing self-confidence, simply being able to get along with people without conflict must come before numeracy and literacy skills."* (p.7)

Interpersonal skills were a significant problem for 6% of those on the Pathfinders. Moreover, the picture that emerged of short-term prisoners suggested many faced less stable family relationships and increased social isolation than other prisoners. Stewart (2008) found that longer-term prisoners (12 months to four years) were significantly more likely to be married or living with a partner (36%) than short-term prisoners (30%); 19% of short-term prisoners were living alone. Additionally, Niven & Stewart (2005) found that fewer short-sentence prisoners received visits in prison (60%) than those serving longer sentences (80%). The authors identified pre-custody homelessness or residence in temporary accommodation as a factor in lack of visits – a more prevalent phenomenon among short-sentence prisoners.

Qualitative research conducted with 32 short-sentence prisoners, primarily recidivists, found all but one was unmarried. Many described positive aspects of imprisonment when contrasted with the problems they faced on release (Howerton *et al*, 2009). Some appeared to have a social network in prison that they lacked elsewhere.

For those short-term prisoners with a social network, this was not always a supportive influence; lifestyle and associates was a significant problem for 27% of Pathfinder participants (Lewis *et al*, 2003). Female prisoners have sometimes experienced exploitative relationships with coercion into offending behaviour from partners (Corston, 2007). Similarly, the National Audit Office (NAO, 2010) reports findings from the SPCR that 32% of short-term prisoners had another family member who had been to prison.

Emotional well-being

Emotional well-being is related to an individual's mental health but is used here to include a broader range of problems and behaviours than solely clinical diagnoses. Many of these problems are interlinked with other areas of need previously discussed, such as family problems, social isolation and homelessness. Many prisoners with 'emotional problems' will also be suffering from clinically relevant anxiety, depression or other mental health disorders (discussed in the subsequent section).

Emotional problems were a significant problem for 20% of the Pathfinder participants (Lewis *et al*, 2003) and, despite a programme focus on practical problems, few of the participants engaged in counselling. Prison health staff interviewed by Brooker (2009) identified a lack of counselling and other primary care services to support this group. Similarly the NAO (2010) reports that only one in 15 short-sentence prisoners receives help for mental or emotional problems.

In the cases where counselling was required by Pathfinder clients, this was to address the effects of bereavement, relationship breakdown and other emotional problems. In the interviews conducted with key stakeholders, problems related to bereavement were mentioned as an unmet need; this was not simply restricted to bereavement through death, but also other forms of separation from a loved one. In addition they highlighted significant levels of undisclosed sexual abuse in the male estate.

A report by HMIP identifies the lack of support for women in prison with regard to adoption and care proceedings. Currently, the *Inside Outside* project in the women's prisons HMP Low Newton and Styal offers such support and has reported higher than expected numbers of clients⁷. Prisoners can also be affected by separation from a child if the relationship between the child's primary carer and the prisoner has broken down (Barnardos, 2009).

Research into prison mental healthcare (Durcan, 2008), included an audit of case notes of young prisoners who were inpatients in the enhanced healthcare unit of a young offenders institution on three separate days; just over half of those young prisoners had suffered a bereavement of a significant person in their lives by their mid-teens. For several, this appeared to have been associated with first or increased contact with police or the courts, at least in terms of timing. Additionally, in interviews conducted with people convicted of committing 'street crime', bereavement and physical/sexual abuse were frequently cited 'critical moments' in their lives, which had led to the initiation of heroin or crack cocaine use (Allen, 2005). The author suggested these issues had been largely overlooked by criminological researchers.

The NAO (2010) cites findings from the SPCR survey that 29% of short-term prisoners had experienced emotional, physical or sexual abuse. Singleton *et al* (1998) found that between a quarter (female sentenced) and a third (male remand) had been taken into local authority care as a child. Durcan (2008) interviewed 98 prisoners with mental health problems (predominantly male, all sentence lengths) from five West Midlands prisons:

⁷ See <http://www.afteradoption.org.uk/page.asp?section=00010001000700180003> accessed on 17th November, 2010

“Most of the prisoners we spoke to reported at least some traumatic experiences. These included physical and sexual abuse in both their child and adult lives and also torture. Few had received any support in living with the impact of trauma and a number of prisoners reported feeling the effect of these experiences throughout their lives.” (p.21)

Experiences of abuse are particularly common among the female prison population. Corston (2007) reports evidence that one-third of women have experienced sexual abuse compared with just under one-tenth of men. Experiences of abuse can lead to poor mental health, self-harm, problems with self-esteem and relationships; and in men particularly, concerns around masculinity and sexuality (Durcan, 2008; Nelson, 2009). There is some evidence that negative early experiences are less common amongst black and South Asian prisoners than white prisoners (Coid *et al*, 2002b).

The NAO (2010) reports that more than 1,100 short-sentence prisoners harmed themselves in custody during 2008. In the year prior to custody, 8% of the short-sentence prisoners surveyed had attempted suicide, while 6% had self-harmed (Stewart, 2008). The research suggested that self-harm and attempted suicide are more common among female prisoners, and lower among black prisoners than white prisoners (Singleton *et al*, 1998; Coid *et al*, 2002a; Stewart, 2008).

Mental health

Singleton *et al* (1998) remains the most comprehensive study of prisoners' mental health, using clinical interviews with a sample of 3,142 prisoners. 7% of male sentenced and 14% of female prisoners in the sample had experienced functional psychosis; 40% of male sentenced and 63% of female sentenced prisoners in the sample had a neurotic disorder (including anxiety or depression). The authors found that 64% of male sentenced prisoners in the sample and 50% of female prisoners suffered from a personality disorder; anti-social personality disorder was the most frequently occurring (49% male sentenced, 31% female) followed by paranoid personality disorder in male sentenced prisoners and borderline personality disorder in female prisoners (both 20%). Rates were invariably higher among remands. Lower levels of probable psychosis were observed among black prisoners than white prisoners (Coid *et al*, 2002).

The SPCR (Stewart, 2008) used a number of brief screening tools and survey-based measures to assess for likelihood of a mental illness or personality disorder. 10% of the short-sentence prisoners surveyed were likely to have a psychotic disorder. 82% reported experiencing at least one symptom of anxiety or depression, while 34% reported between 6-10 symptoms (the highest bracket). There was little difference in prevalence rates among short or longer-term prisoners (up to four years). However, considering prisoners of all sentence lengths, twice as many women as men were considered likely to have a psychotic disorder (18% v 9%), while almost half of women reported 6-10 symptoms of anxiety or depression compared to just a third of men. Additionally, 62% of the short-sentence prisoners screened positive as having a personality disorder. In this case, a slightly greater number of men screened positive.

5% of female sentenced prisoners and 3% of male sentenced prisoners surveyed by Singleton *et al* (1998) met all the criteria assessed for post-traumatic stress disorder (PTSD), although this finding has been criticised for not including the criteria of 'arousal' in the assessment (Goff *et al*, 2007). A systematic review of the literature, which included international research studies, found evidence of PTSD that were higher than rates in the general population; between 4-10% of the prison population were identified as suffering from PTSD, with evidence that this increased to above 20% when longer time periods for experience of symptoms were included (Goff *et al*, 2007). Additionally, Durcan (2008) identified symptoms of PTSD in some of his interviewees.

Disabilities requiring social care

Stewart (2008) identified musculo skeletal (11%) and respiratory problems (9%) as the most common long-standing health complaints among short-term prisoners surveyed. In some cases, prisoners experience physical health problems which impact upon their ability to move around freely, wash and care for themselves and may put them at increased risk of victimisation from others. The Prison Inspectorate found evidence of under-recording disabilities, with only 5% of all prisoners recorded as disabled, in contrast to 15% who self-reported a disability. In one prison, where an officer had conducted a survey to identify hidden disabilities, identified disabilities increased nearly tenfold (HMIP, 2009). Problems with mobility, self-care and incontinence are particularly problematic for older prisoners, although the Prison Inspectorate (analysing the data available from 15 prisons) found that most male prisoners over the age of 60 were serving sentences of four years or more, with only 2% (10/552) of prisoners serving sentences of less than 12 months imprisonment (HMIP, 2004). The poor involvement of local authority adult social care departments in the assessment and support of these prisoners was repeatedly criticised by the Inspectorate. It was also mentioned by the stakeholders interviewed, who felt that prisoners were not even on the radar of these departments.

Learning Disabilities and Difficulties

Information on the prevalence of learning disabilities and associated needs in the studies on short-term prisoners is conspicuous by its absence. Loucks (2007) found little consensus around the prevalence of learning disabilities in the criminal justice system (placing this at between 1-10%) and almost no literature on the levels of learning disabilities and difficulties among female offenders and BME groups. Singleton *et al* (1998) estimated that 5% of male sentenced prisoners had a learning disability, although this and other studies suggest much higher levels of borderline learning disabilities. Rates of dyslexia within the prison population were around 30%. There was some evidence of other learning difficulties such as dyspraxia, dyscalculia, attention deficit disorder and the milder end of the autism spectrum but on the basis of this review prevalence rates for this were less certain.

A meta-analysis of multinational research suggested 0.5%-1.5% of prisoners had an intellectual disability (Fazel *et al*, 2008), at least as common as in the general population.

Thinking attitudes behaviour

The SEU (2002) highlight the problem of institutionalisation and the need to instil life-skills and support on release to prisoners: *"Prisons have highly institutionalised regimes and one of the biggest problems faced by prisoners on release is that the process of depriving them of their liberty has often also deprived them of any form of positive responsibility and control over their lives"* (p.87) and does not distinguish between the needs of short and long-term prisoners. It discusses specifically how the problem of institutionalisation is intensified by lack of time out of the cells, which the NAO (2010) reports is common among short-term prisoners.

12% of the prisoners interviewed by Maguire *et al* (2000) described problems readjusting to life in the community on their previous release from custody, although only 6% anticipated this as a problem on their upcoming release. In research conducted predominantly with short-term recidivist offenders, Howerton *et al* (2009) found that 42% (of 32) specifically referred to the psychological factors of readjustment with a number of prisoners referring to the lack of routine. The authors suggest that *"given that many prisoners mentioned having significant readjustment anxiety, we might also want to consider re-examining the concept of institutionalisation and its applicability to prisoners with short-term sentences."* (p.457)

Many of the interviewees displayed hopelessness and fatalism about their lives and their capacity to stop re-offending; this was linked to concerns about coping with anticipated obstacles such as homelessness

and substance misuse. This echoes much earlier research on short-term prisoners: “Many men related their offences to other aspects of their lives...generally current circumstances, in the shape of problems, bad friends or drink. The men seemed to feel that they had no control over their behaviour when in the grip of these circumstances and tended to regard their offences as inevitable responses to situations they found themselves in.” (Holburn, 1975, p.75)

Across all the pathfinders, attitudes were considered to be a significant problem for 30% of the short-term prisoners on the programme, thinking skills for 46% and motivation for 9% (Lewis *et al*, 2003). These are likely to be underestimates, since the voluntary-run pathfinders appear to have placed less emphasis on these problems, focusing instead on accommodation and drugs; motivation scores may also have been affected by the voluntary nature of participation on the Pathfinders.

15% of participants reported that they joined the Resettlement Pathfinders specifically for support to stay out of trouble (Lewis *et al*, 2003). Of those surveyed for the SPCR (Stewart, 2008), 34% of short-term prisoners thought they needed help with their offending behaviour. This figure was similar to the proportion of longer-term prisoners who felt they needed this assistance. In a study asking prisoners to identify their current concerns, the ‘self-changes’ life area elicited the greatest number of concerns, particularly increasing self-control or making self-improvements (McMurran *et al*, 2008). However, the NAO (2010) reports that average waiting times are longest in the Attitudes, Thinking and Behaviour pathway and Offending Behaviour Programmes are often too long for short-term prisoners to participate.

Interventions targeted at reducing impulsivity and anger management are likely to be particularly relevant to this group given that short-sentence prisoners are most commonly convicted of theft and handling, and violence against the person (NAO, 2010) although a small proportion of short-sentence prisoners are convicted of sexual offences (1%) and in some cases interventions may be needed to address this behaviour.

Black and Minority Ethnic and Foreign National Prisoners

It is well-documented that Black and minority ethnic (BME) groups are over-represented within the prison system; 27% of the prison population (including foreign nations) are from BME groups, compared to just 11% in the general population; overrepresentation is particularly stark for black groups (Ministry of Justice, 2010b). Prison inspection reports suggest that proportions of BME prisoners are considerably lower in prisons in the North-East (HM Chief Inspector of Prisons, 2009a, 2009b, 2009c); for example, white British prisoners constitute 90% of those surveyed in HMP Durham. Only 18% of the sample of short-sentence prisoners surveyed for the SPCR (Stewart, 2008) was from BME groups (although foreign nationals subject to deportation were excluded from the sample). This suggests BME groups are over-represented among the longer term sentences (12 months to four years). Also, within the women’s prison estate, many foreign national are imprisoned for drug smuggling which carries a long sentence (HMIP, 2006).

A report on a Community Development Programme with BME prisoners and foreign national prisoners at HMPs High Down & Downview highlighted that prior experiences of stigma, and services which demonstrate a lack of cultural sensitivity and understanding of issues affecting BME groups, decreases the willingness of these groups to engage with professionals (Southside Partnership, 2008).

Language difficulties, immigration concerns, distance from home preventing appropriate resettlement work and increasing isolation and access to public funds can be a barrier to the provision of appropriate support to foreign nationals (HMIP, 2006; Southside Partnership, 2008).

2 – Screening for social care needs

Current practice

This review focuses on screening processes within the prison. Nevertheless, Lord Bradley (2009) stressed the importance of the identification of needs at an early stage in the criminal justice system and good information transfer between criminal justice agencies.

Screening processes on reception into prison are predominantly focused around identifying risk to self and others. The short-term prisoner will arrive with their Prisoner Escort Record (including a risk assessment). They receive a Cell Sharing Risk Assessment and the initial healthcare screen, usually conducted by a member of the healthcare team. This is then followed by a full healthcare assessment within a week (NOMS, 2010b).

The healthcare screening tool (Grubin *et al*, 2002) covers physical health needs, medication, previous diagnoses or treatment for mental health issues, self-harm, and drug and alcohol misuse in the four weeks prior to custody. In his review, Lord Bradley (2009) found that: *“Although the general consensus is that it the current screen is an improvement on previous ones, there is concern that it is not being properly implemented, particularly the second part, and so is still not identifying all those with mental health problems. There is also criticism that the screen does not contain a learning disability element, and HM Chief Inspector of Prisons, among others, has called for this to be amended.”* (p.101)

Durcan (2008) observed that reception screening could be a challenge to resource due to a large volume of new receptions. The mental health element is described as ‘minimal’ and prisoners could be unwilling to discuss mental health problems and other issues: *“They described screening interviews as rushed and that sometimes the staff (including healthcare staff) did not appear interested or sympathetic. More often than not the prisoners were tired and hungry...They just wanted to return to the holding cell.”* (p.28) Frequently prisoners said they did not wish to reveal any vulnerability in the prison environment. These views were echoed by those prisoners participating in our focus group.

Prison Service Order 2300 mandates that resettlement needs be assessed as part of the induction process, including maintaining or securing of accommodation and employment on release; maintaining family ties; benefits entitlements and outstanding debts; offering new receptions the Basic Skills Agency screening test; a CARAT assessment for prisoners identified by self, staff or healthcare as having a drug misuse problem and continuity of healthcare (HM Prison Service, 2001) – although it is clear from the National Audit Office prisons survey, discussed below, that this does not happen in all prisons.

The Basic Skills screening test covers literacy and numeracy skills. Potential housing needs are identified by the Housing Needs Initial Assessment used in all local prisons, completed within four working days of arrival⁸ (HM Prison Service, 2005; NOMS, 2009). In addition individual prisons may have developed their own screening tools for this group. In HMP Durham, new receptions receive an immediate needs screening, followed by a more detailed screening when housed on the induction wing (appendix V). Screening is then often followed by detailed assessment from specific organisations working within the prison; for example, the CARAT assessment for those with substance misuse problems which covers a range of social care needs.

In some cases short-term offenders may have an OASys assessment, although currently Offender Managers are only required to conduct these for prisoners sentenced to 12 months or more (Ministry

⁸ Although prisons can use variations on the form.

of Justice, 2009). This detailed assessment covers the range of social care needs that we have identified although its focus is only on needs that are offending-related, to assess likelihood of re-offending and risk of serious harm. It should also be undertaken by a trained professional and is resource intensive. However, there is a tick-box self-assessment that accompanies this.

In their report on short-term prisoners, the NAO (2010) found that: *“Most prisons have screening tools to gather information about incoming prisoners’ immediate and longer-term needs. Assessments vary in terms of the breadth and depth of information sought and are almost always repeated when prisoners move to another prison. In addition, they are often repeated by different professionals working within prisons.”* (p.19) Stakeholders highlighted that frequent repeat short-term prisoners were subject to the same assessments on every new sentence.

The NAO surveyed 98 prisons, achieving 91 responses; these 91 prisons hold around 90% of the short-sentence prisoner population. The results suggest that in over 80% of prisons, the vast majority (at least 90%) of short-sentence prisoners are surveyed for drug or alcohol addiction, physical health needs, mental health needs, accommodation, employment, literacy/numeracy and poor English⁹. Additionally, in over two-thirds of prisons, at least 90% of short-sentence prisoners are assessed for benefits (77% of prisons), debt and other finances (67%), academic/vocational skills (79%), learning difficulties (69%) and relationships, family and children (67%). However, only 42% of prisons survey the vast majority (at least 90%) of short-sentence prisoners for needs around attitudes, thinking and behaviour, and only 30% for gambling addiction, although this did not emerge as an issue in this review.

Screening and assessment must be meaningful and followed by sentence planning. Prisoners interviewed by the NAO commonly expressed the view that assessment was not being translated into action, while Ofsted (2009) were concerned that Basic Skills Assessments were being undertaken to meet prison service targets and not to inform prisoners’ learning. Additionally, the stakeholders interviewed as part of this review explained that although social care needs might be identified as part of the CARATs assessment, there was not always a systematic mechanism for support to be accessed.

Horizon scanning

NOMS has developed an electronic Basic Custody Screening Tool as part of Layered Offender Management which covers needs associated with the reoffending pathways and will follow the prisoner as he/she moves between prisons. It was due to go live in Yorkshire and Humberside in April 2010 (NAO, 2010) but as far as we are currently aware from our programme of interviews, introduction of this tool is not imminent in the North-East.

The Learning Disability Screening Questionnaire developed by MacKenzie & Paxton (2006) is currently being piloted by Offender Health in three prisons, including HMP Durham. This easy-to-use tool has seven components: Ability to tell the time; read; write; whether the prisoner is living independently; has a job; has had previous contact with learning disability services; has had special schooling. This tool has produced results in the ‘expected range’ and Offender Health has expressed the intention to extend the use of this tool (Freeman, 2009). However, Loucks (2007) highlighted the danger of identifying needs in this area without the facilities to address them.

Potential screening tools

A number of self-report screening tools could be used to better identify depression and anxiety in prison populations, with both the General Health Questionnaire-12 (GHQ-12; Goldberg & Hillier,

⁹ This does not mean that in 80% of prisons all of these are surveyed, rather than in each case 80% of prisons survey the vast majority of short-sentence prisoners for these needs.

1979) and the Hospital Anxiety and Depression Scales (HADS; Zigmond & Snaith, 1983) being used with prison populations. A recent study conducted at HMP Wandsworth suggested that (when compared with GHQ-12) HADS was effective in identifying emotional distress in male prisoners (Krespi-Boothby, 2010). Additionally, the Standard Assessment of Personality – Abbreviated Scale (SAPAS; Moran *et al*, 2003) was used by Stewart (2008) to screen prisoners for possible personality disorder. Although there is an argument for including a more detailed screen for mental health problems within the healthcare assessment, including these is outside the scope of our social care needs assessment tool.

There are also a number of brief assessment tools designed for use in the field of mental health (particularly with adults with severe and enduring mental illnesses) to assess social care needs. For example, the Camberwell Assessment of Need Short Appraisal (CANSAS; Slade *et al*, 1999) assesses 22 domains of health and social needs, including accommodation, company, money and benefits. However, to work most effectively these needs should be assessed by both the client and those who have considerable knowledge of their home situation. Even following adaptation, this is unlikely to be successful in a prison context.

The Manchester Short Assessment of Quality of Life (MANSA; Priebe *et al*, 1999) is used to assess the quality of life in patients with mental illness. It asks the client to rate their satisfaction with a number of highly relevant life areas; overall, employment, financial situation, friendships; leisure activities; accommodation; personal safety; living situation; sex life; relationship with family; health and mental health. Some of the questions might be adapted for use with this group.

Other screening tools are available to identify specific needs (e.g. the Herth Hope Index; Herth, 1992). However, detailed screening for each need individually would make the resulting process untenably long. Screening tools also require the client to engage in the process honestly, something which may not be possible given the aforementioned problems with screening in the prison environment.

3 - Good practice

As part of this review into good practice at meeting the identified needs, the evaluations of a number of successful projects have been considered to determine key themes emerging across the projects. Included were projects that target short-term prisoners (Lewis *et al*, 2003; Maguire & Raynor, 2006; PA Consulting Group & Ipsos MORI, 2007; Accendo, 2010; LCJB, 2010), as well as those working with offenders more generally (Skodbo *et al*, 2007; Hedderman *et al*, 2008; Park & Ward, 2009; Schinkel, 2009; Together Women, 2009; Jacobson *et al*, 2010) and people with multiple support needs (Cattell *et al*, 2009).

In addition, research to determine successful¹⁰ interventions have been included (Harper & Chitty, 2005; Barefoot, 2007; Everitt & McKeown, 2007; Joliffe & Farrington, 2007; Rosengard *et al*, 2007; Allen, 2008; Hughes, 2010), as well as a number of previous studies by Revolving Doors in which offenders with multiple needs discuss what they want from a service (Braithwaite & Revolving Doors' National Service User Forum, 2009; Moore & Nicoll, 2009; Revolving Doors, 2010). Finally, reviews of provision for short-sentence prisoners within prisons in England and Wales have also been considered (Ofsted, 2009; NAO, 2010). Additionally, other research considered within this review is referenced where relevant.

A number of key themes emerged around how best to meet the social care needs of this group:

Making the best use of the time available

Given the limited period for which many short-sentence prisoners are in custody; much of the guidance and good practice examples demonstrate opportunities for making the optimal use of imprisonment. Early assessment of needs, attempts to engage the prisoner and sentence planning are all key; one short-sentence prisoner participating in an action research project at HMP Everthorpe emphasised that “they’ve got to get you before your eyes shut” (Moore & Nicoll, 2009, p.18).

The NAO recommended streamlining processes to allocate prisoners to education, work and other activities, while Ofsted highlighted the need for meaningful individual personal development plans for short-sentence prisoners and the provision of intensive courses in basic-skills and life-skills (Ofsted, 2009; NAO, 2010).

Addressing immediate problems and maintaining existing support

First night services, as well as providing emotional support, can provide an invaluable resource at meeting immediate practical needs; letting family members know where the prisoner is and liaising with families over more complex issues (Jacobson *et al*, 2010). They could also provide a similar function, where necessary in liaising with an employer.

This should be followed by referral to appropriate services within the prison who can meet other pressing needs; for example, research around the London Resettlement Pilot (PA Consulting Group & Ipsos MORI, 2007) highlighted that accommodation issues need to be addressed early in prison. Similarly, closing and re-starting benefits and addressing debt also require early intervention; the NAO (2010) highlight a scheme where prisoners are enabled to make regular repayments to their housing debt, but this takes 13 weeks to complete and so must be started early. Achieving any of this requires the provision of effective and adequately resourced housing, employment and education and financial

¹⁰ For the most part defined as a reduction in re-offending

advice services within the prison, which take into account the high levels of need (Ofsted, 2009; NAO, 2010).

The prison should make considerable efforts to maintain family contact, such as family days in child-friendly environments which encourage meaningful contact between parent, partner and child (Barefoot, 2007). HMP Low Newton has also commissioned a family worker post.

Motivation, self-esteem, confidence and re-engagement

The research suggests that addressing immediate practical problems is likely to be inadequate in isolation for many short-term prisoners. In his review of successful interventions with short-term recidivist prisoners to reduce re-offending, Allen (2008) highlights the lessons of the Resettlement Pathfinders and the desistance literature (Lewis *et al*, 2003; Maguire & Raynor, 2006), emphasising the importance of addressing motivation in custody to increase capacity and willingness to make and sustain practical changes.

The 'FOR- A Change' programme, developed as part of the Resettlement Pathfinders, has a clear base in motivational interviewing (Miller & Rollnick, 2002). This aimed to improve prisoners' motivation by helping them to set clear goals. Although it is not possible to separate the affects of the programme from other aspects of support given, those Pathfinders that delivered the programme in most cases achieved significantly higher levels of positive change in attitudes, beliefs and self-reported life problems, as well as higher levels of continuity of contact (Maguire & Raynor, 2006). This motivational work should not be restricted to custody; Allen concludes that "*evidence supports a three stage motivational model comprising motivational contact while in prison, action planning for release and intensive support in the community*" (p.1) This highlights the importance of 'through the gate' support (see below).

Other forms of intervention appear to have the potential to engage prisoners (provided the duration of imprisonment is sufficient to complete the programme). A comprehensive literature review of the evidence-base around arts interventions in the criminal justice system, conducted by the Unit for the Arts and Offenders, Centre for Applied Theatre Research (Hughes, 2010) found that, despite the paucity of much of the available research, there was still evidence that arts-based interventions in custodial settings (such as drama and dance programmes) can enhance motivation, change attitudes to offending, improve thinking skills, self-esteem and self-confidence. Given the long waits for offending behaviour programmes (NAO, 2010) these may offer a way to intervene in a limited time-period.

Arts-based interventions also offer the potential to reengage offenders in learning, particularly where courses included basic skills qualifications or other forms of accreditation such as the *Getting Our Act Together* pilot, which involved drama-based approaches to improving literacy skills. Other interventions develop particular life-skills such as Safe Ground's drama-based parenting programme. Arts-based interventions can also decrease social isolation by helping prisoners learn new activities, develop new friendships and improve their ability to form relationships.

Signposting to external organisations

Where interventions to meet needs cannot be started or completed in custody, contact needs to be made with community-based organisations for release. This requires the prison and organisations working within it to have good knowledge of and relationships with external organisations; for example, local employment opportunities (Ofsted, 2007).

Good quality information about other services should also be provided to prisoners. The FOR – A Change programme involved a marketplace of outside organisations that could help the short-term

prisoners on release “in accordance with the long-standing observation that the appointments most likely to be kept on release are those arranged before release” (Maguire & Raynor, 2006, p.30).

This should not be restricted to meeting practical needs; community organisations that offer support around bereavement, loss to adoption, rape, domestic violence and childhood sexual abuse should be identified and prisoners helped to access these services where need has emerged. Registration with a GP is likely to be crucial if more complex counselling needs are to be met and is vital for continuity in healthcare; Lord Bradley (2009) highlights a local practice in Hull which accepts referrals from the prison and has good links with substance misuse services.

‘Through the Gate’ support

Continuity of care across the prison and community boundary and immediate support on release from prison repeatedly emerged as crucial features for supporting short-term prisoners. The Drugs Interventions Programme (DIP) focuses on continuity of care throughout the criminal justice system by ensuring provision is linked from arrest, to imprisonment and back into the community (Skodbo *et al*, 2007).

St Giles Trust’s ‘Through the Gates’ service aims to visit and assess clients pre-release in custody, meet them on the day of release (often at the prison gate) and offers support in subsequent weeks (Park & Ward, 2009). Similarly, in New Hall prison, a Together Women Project (TWP) worker is based full-time within the prison to address needs pre-release and increase engagement post-release (Hedderman *et al*, 2008; Together Women, 2009). However, one stakeholder highlighted that although many such services were available in the North-East, short-term funding could mean that the service ended just at the point when it was operating effectively.

Brokerage and advocacy

Support services on release can play a vital role in advocating on behalf of the client and brokering access to other services. St Giles Trust’s ‘Through the gate’ support workers offer intensive support around access to benefits and housing, achieving impressive outcomes in both areas (Park & Ward, 2009). The recruitment of a private sector procurement worker was considered an important contribution to the housing outcomes.

Again, a good knowledge of and relationship with other organisations is crucial. The evaluation of the Adults Facing Chronic Exclusion pilots described how a successful three-way relationship had to be developed between the client, the support worker and other external organisations. Successful services were able to advocate on behalf of clients without appearing critical of external organisations (Cattell *et al*, 2009).

Mentoring

Allen (2008) concludes that high levels of pre-release contact (addressing both practical and motivational issues) should be followed by post-release mentoring that offers pro-social modelling. Mentoring has shown great popularity in work with offenders and considerable promise, although some of the research studies with the most robust methodologies do not demonstrate the same reductions in re-offending as other studies (Jolliffe & Farrington, 2007).

Mentoring offers the ex-prisoner a positive role model, as well as someone to provide support and encouragement when faced with inevitable setbacks. Several projects notably St Giles Trust’s ‘Through the Gate’ project and the Scottish, Routes Out Of Prison (ROOP) project offer a peer-led model, with both employing ex-offenders as support workers/‘life coaches’ (Schinkel *et al*, 2009). This aspect of the services was commonly appreciated by their clients.

High quality relationships

Throughout all the research, the key to successful interventions appeared to be a trusting, positive relationship between the client and the support worker. This was emphasised by service staff where interviewed, and was a common feature of what service users wanted and respected from a service (Braithwaite & Revolving Doors' National Service User Forum, 2009; Moore & Nicoll, 2009; Revolving Doors, 2010). Maguire & Raynor (2006) stress the importance of this in maintaining motivation, highlighting the increased responsibility that people feel towards delivering on promises made to someone with which they have an established relationship.

Holistic support

A common problem voiced by people with multiple needs is that they receive a fragmented response from services characterised by interventions targeted at isolated needs, poor inter-agency communication and signposting (Rosengard *et al*, 2007). A review of what works in corrections undertaken by the Home Office, describes an “*emerging consensus that a multi-modal approach to interventions is likely to be the most effective way of treating offenders*” (Harper & Chitty, 2005, p. xi).

The Together Women project offers an excellent example of this, offering a one-stop-shop addressing both practical and emotional needs (Together Women, 2009). This includes help with housing, employment, benefits and life skills, childcare facilities and assistance with transport; but also counselling services, mentors and a focus on empowerment.

Case management

For short-term offenders with complex needs clear case management, both in prison and in the community, was vital. Not having an active Offender Manager, it often appears that no one takes responsibility for a client's care and for co-ordinating the response of a number of agencies. The Lewes2Brighton service provides support to the most entrenched short-term prisoners, with long histories of substance abuse, rough sleeping and offending (Accendo, 2010). The Project Coordinator adopted the lead agency role initially, sometimes leading on multi-agency meetings and engaging extensively with a range of services and the client. Ultimately the lead agency role is handed over to an appropriate agency in the community, although in some cases following extensive post-release involvement. Similarly, the Diamond Initiative, providing support to short-term prisoners from high-offending boroughs, operates a case management model, with some evidence of success (LCJB, 2010).

Positive Activities

When asked how they would spend a ‘personal budget’ in a way that would make the most difference to them, the short-term prisoners interviewed at HMP Everthorpe suggested a variety of work-related activities such as driving lessons and training in trades such as plumbing (Moore & Nicoll, 2009).

Social activities are also important; in addition to the other services that it provides, the Together Women project (Together Women, 2009) offers a number of social activities, such as breakfast clubs, and an opportunity for social interaction between both ‘offenders’ and women who have not offended. In the focus group held as part of this review, the male prisoners stressed how they would like a similar facility, which offered them a chance to make new friendships, keep busy and provide each other with support.

Women only spaces and BME-specific services

Finally, all those interviewed for the Together Women evaluation (Hedderman, 2008) – stakeholders, staff and the women themselves – highlighted the importance of a women-only space given the histories of many of the women, which include abuse, rape, domestic violence and prostitution.

For BME prisoners, research identified the need for culturally-sensitive services (Southside Partnership, 2008) and to “ensure that there is an appropriate range of resettlement services available to reflect the ethnic and religious composition of the prison population” (PA Consulting Group & Ipsos MORI, 2007, p.40). Additionally, provision of information in other languages and the use of translation services is an important factor in meeting the needs of foreign national prisoners (HMIP, 2006).

4 - Next Steps

Following this review, a tool to screen for the identified social care needs has been developed (appendix I). It is designed for use by all prison staff. Detailed notes on the thinking which informed its development are available in appendix II. The following areas will need to be considered as part of the next steps of the implementation process.

Risk of Duplication and Fragmentation

Short-sentence prisoners already undergo a range of screening and assessment processes, as evidenced by the review and through stakeholder interviews. Appendix IV illustrates that whilst each of these addresses a specific area of need, no single screening process addresses the full range of health and social care needs. The implementation phase will need to consider how the use of the tool can avoid duplication and also the fragmentation of screening and assessment across a range of processes.

Timing of Screening

Our review suggests that prison reception processes can be rushed and or characterised by busy stretched staff and tired, anxious arriving prisoners. The implementation phase will need to consider whether reception is the most appropriate time to screen for social care needs or whether screening should be completed once the reception and induction process has been completed and the prisoner is more settled within the prison.

Challenges and Risks of Screening for Trauma

The literature and ex-prisoners described an understandable reluctance to expose vulnerability in the prison environment and raised strong concerns about the efficacy of screening processes to identify 'vulnerabilities' in the prisoner. Ex-prisoners also identified clear risks associated with asking questions around past experiences of trauma in a screening process following which the prisoner is immediately taken to their cell. Consequently, some of the need areas identified in the review are not covered within the screening tool (although some proxy indicators are used). Both the literature and ex-prisoners expressed a preference for this information to be gathered as part of a subsequent assessment in the context of a trusting staff-client relationship. The implementation phase will need to consider how and if this important information could be safely and effectively captured within the prison context.

Pathways to Support

The literature revealed a rich range of services offering support to short-sentence prisoners and potential pathways to support (Appendix III). There is however, considerable variation in the availability of non mandated services within individual prisons. The next phase of the work will need to consider how pathways to address needs can be addressed within individual prisons including the brokering of links with a range of community services who may be able to provide appropriate support.

References

- Accendo (forthcoming, 2010) *Evaluation of the Lewes to Brighton Project*. London: Revolving Doors
- Allen, C. (2005) 'The Links Between Heroin, Crack Cocaine and Crime: Where Does Street Crime Fit In?', in *The British Journal of Criminology*, Vol 45, pp. 355 – 372
- Allen, R. (2008) *LCJB Neighbourhood Pathways Project: Potential Interventions*. London: Criminal Justice Board
- Barefoot Research and Evaluation (2007) *Keeping prisoners and their families together*. Newcastle: Northern Rock Foundation
- Banks, C. & Fairhead, S. (1976) *The petty short-term prisoner*. London: Barry Rose Publishers in association with the Howard League for Penal Reform
- Bath, C. & Edgar, K. (2010) *Time is money: financial responsibility after prison*. London: Prison Reform Trust and Unlock
- Bradley, K. (2009) *Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. London: Department of Health
- Braithwaite, T. & Revolving Doors' National Service User Forum (2009) *Multiple Needs' Service Users' Perspectives*. London: Revolving Doors Agency
- Brooker, C. Fox, C. & Callinan, C. (2009) *Health Needs Assessment of Short Sentence Prisoners*. Lincoln: University of Lincoln
- Clancy, A. Hudson, K. Maguire, M. Peake, R. Raynor, P. Vanston, M. & Kynch, J. (2006) *Getting Out and Staying Out: Results of the Prisoner Resettlement Pathfinders*. Bristol: Policy Press
- Coid, J. Petruckevitch, A. Bebbington, P. Brugha, T. Bhugra, D. Jenkins, R. Farrell, M. Lewis, G. & Singleton, N. (2002a) 'Ethnic differences in prisoners 1: Criminality and psychiatric morbidity', in *The British Journal of Psychiatry* 2002 181: 473-480
- Coid, J. Petruckevitch, A. Bebbington, P. Brugha, T. Bhugra, D. Jenkins, R. Farrell, M. Lewis, G. & Singleton, N. (2002b) 'Ethnic differences in prisoners 2: risk factors and psychiatric service use', in *The British Journal of Psychiatry* 2002 181: 481-487
- Corston, J. (2007) *The Corston report: a report by Baroness Jean Corston of a review of women with particular vulnerabilities in the criminal justice system*. London: Home Office
- Durcan, G. (2008) *From the inside: Experiences of prison mental health care*. London: Sainsbury Centre for Mental Health
- Dye, S. & Isaacs, C. (1991) 'Intravenous drug misuse among prison inmates: implications for spread of HIV', in *British Medical Journal*, Vol 302, p. 1506
- Everitt, G. & McKeown, S. (2007) *Housing and related support for short-sentenced prisoners*, Good practice: report – Time to change. London: Shelter
- Eysenck, S.B.G. Pearson, P.R. Easting, G. & Allsopp, J.F. (1985) 'Age norms for impulsiveness, venturesomeness and empathy in adults', in *Personality and Individual Differences*, Vol 6 (5), pp. 613-619
- Fairhead (1981) *Persistent petty offenders*, Home Office Research Study No. 66. London: HMSO
- Fazel, S. Xenitidis, K. & Powell, J. (2008) 'The prevalence of intellectual disabilities among 12,000 prisoners – A systematic review', in *International Journal of Law and Psychiatry*, Vol 31, pp. 369-373
- Fossi, J. (2005) *Women in Prison: A Literature Review*, available at http://www.justice.gov.uk/inspectors/hmi-prisons/docs/women_in_prison2-rps.pdf (accessed 19th November 2010)
- Freeman, M. (2009) *Policy into Practice: Offender Health – A New Challenge: A Presentation by Mark Freeman, Offender Health*, available at [www.debramooreassociates](http://www.debramooreassociates.com) (accessed 19th November 2010)

- Goff, A. Rose, E. Rose, S. & Purves, D. (2007) 'Does PTSD occur in sentenced prison populations? A systematic literature review', in *Criminal Behaviour and Mental Health*, Vol 17, pp. 152-162
- Goldberg, D.P. & Hillier, V.F. (1979) 'A scaled version of the General Health Questionnaire', in *Psychol Med*, Vol 9, pp.139-145
- Grubin, D. Carson, D. & Parsons, S. (2002) *Report on New Reception Health Screening Arrangements: The Result of a Pilot Study in 10 Prisons*. London: Department of Health
- Hagell, A. Newburn, T. & Rowlingson, K. (1995) *Financial Difficulties on Release from Prison*. London: Policy Studies Institute
- Harper, G. & Chitty, C. (2005) *The impact of corrections on re-offending: a review of 'what works'*, Third edition, Home Office Research Study 291. London: Home Office
- Harris, F. Hek, G. & Condon, L. (2006) 'Health needs of prisoners in England and Wales: the implications for prison healthcare of gender, age and ethnicity', in *Health and Social Care in the Community*, Vol 15 (1), pp. 56–66
- Hartfree, Y. Dearden, C. & Pound, E. (2010) 'Plugging the Prisoner Finance Gap: A Critical Analysis of Financial Support for Newly-Released Prisoners', in *The Howard Journal of Criminal Justice*, Vol 49 (1), pp. 31-41
- Hedderman, C. Palmer, E. Hollin, C. with Gunby, C. Shelton, N. & Askari, M.(2008) *Implementing services for women offenders and those 'at risk' of offending: action research with Together Women*, Ministry of Justice Research Series 12/08. London: Ministry of Justice
- Herth, K. (1992) 'Abbreviated instrument to measure hope: development and psychometric evaluation', in *Journal of Advanced Nursing*, Vol 17, pp. 1251-1259
- Holburn, J. (1975) 'Casework with Short-Term Prisoners', in *Some Male Offenders' Problems*, Home Office Research Studies. London: Her Majesty's Stationary Office
- Home Office & Ministry of Justice (2009) *Integrated Offender Management: Government Policy Statement*. London: Home Office & Ministry of Justice
- Howerton, A. Burnett, R. Byng, R. & Campbell, J. (2009) 'The Consolations of Going Back to Prison: What 'Revolving Door' Prisoners Think of Their Prospects' in *Journal of Offender Rehabilitation*, Vol 48, pp. 439-461
- HM Chief Inspector of Prisons (2009a) *Report on an unannounced full follow-up inspection of HMP Durham*. London: HMIP
- HM Chief Inspector of Prisons (2009b) *Report on an unannounced short follow-up inspection of HMP Holme House*. London: HMIP
- HM Chief Inspector of Prisons (2009c) *Report on an unannounced short follow-up inspection of HMP Low Newton*. London: HMIP
- HM Inspectorate of Prisons (2004) *'No problems – old and quiet': Older prisoners in England and Wales, A thematic review by HM Chief Inspector of Prisons*. London: HMIP
- HM Inspectorate of Prisons (2006) *Foreign national prisoners: a thematic review*. London: HMIP
- HM Inspectorate of Prisons (2009) *Disabled prisoners: A short thematic review on the care and support of prisoners with a disability*. London: HMIP
- HM Prison Service (2001) *Prison Service Order 2300: Resettlement*. London: HM Prison Service
- HM Prison Service (2005) *Prison Service Order 2350: Housing Needs Assessment Document*. London: HM Prison Service
- Hughes, J. (2010) *Doing the Arts Justice: A Review of Research Literature, Practice and Theory*. Manchester: Centre for Applied Theatre Research.
- Jacobson, J. Edgar, K. with Loucks, N. (2010) *There when you need them most: pact's first night in custody services*. London: Prison Reform Trust
- Jolliffe, D. & Farrington, D. (2007) *A rapid evidence assessment of the impact of mentoring on re-offending: a summary*. London: Home Office

- Krespi-Boothby, M. R. Cases, A. Carrington, K. Mulholland, I. & Bolger, T. (2010) 'The accuracy of HADS in detecting emotional distress in male prisoners', in *Procedia – Social and Behavioral Sciences*, Vol 5, pp. 95-98
- Leary, R. M. & Thomas, J. (2007) *West Midlands ROM Commissioning Plan*. West Midlands: Forensic Pathways & West Mercia Probation
- Lewis, S. Vennard, J. Maguire, M. Raynor, P. Vanstone, M. Raybould, S. & Rix, A. (2003) *The resettlement of short-term prisoners: an evaluation of seven Pathfinders*, RDS Occasional Paper No. 83. London: Home Office
- London Criminal Justice Partnership Board (LCJB) (2010) *An evaluation of the Diamond Initiative: year one findings*. London: LCJB
- Loucks, N. (2007) *No One Knows: offenders with learning difficulties and learning disabilities – review of prevalence and associated needs*, London: Prison Reform Trust
- MacKenzie, K. & Paxton, D. (2006) 'Promoting access to services: the development of a new screening tool', in *Learning Disability Practice*, Vol 9 (6), pp. 17-21
- Maguire, M. & Raynor, P. (2006) 'How the resettlement of prisoners promotes desistance from crime: Or does it?', in *Criminology and Criminal Justice*, Vol 6 (1), pp. 19-38
- Maguire, M. Raynor, P. Vanstone, M. Kynch, J. (2000) 'Voluntary After-Care and the Probation Service: A Case of Diminishing Responsibility', in *The Howard Journal of Criminal Justice*, Vol 39 (3), pp. 234-248
- McMurrin, M. Theodosi, E. Sweeney, A. Sellen, J. (2008) 'What do prisoners want? Current concerns of adult male prisoners', in *Psychology, Law and Crime*, Vol 14 (3), pp. 267-274
- Miller, W. & Rollnick, S. (2002) *Motivational Interviewing: Preparing People for Change*, 2nd edition. New York: Guilford Press
- Ministry of Justice (2009) *A compendium of research and analysis on the Offender Assessment System (OASys)*, Ministry of Justice Research Series 16/09. London: Ministry of Justice
- Ministry of Justice (2010a) *Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders*. Norwich: Her Majesty's Stationary Office
- Ministry of Justice (2010b) *Statistics on Race and the Criminal Justice System 2008/09*. London: Ministry of Justice
- Moore, D. & Nicoll, T. (2009) *Getting a Blue Life: Personalisation and the Criminal Justice System*. Yorkshire & Humber Improvement Partnership
- Moran, P. Leese, M. Lee, T. Walters, P. Thornicroft, G. & Mann, A. (2003) 'Standard Assessment of Personality – Abbreviated Scale (SAPAS): preliminary validation of a brief screen for personality disorder', in *British Journal of Psychiatry*, Vol 183, pp. 228-232
- Mottram, P. & Lancaster, R. (2006) *HMPs Liverpool, Styal and Hindley YOI: Preliminary Results*. Cumbria and Lancashire: NHS Specialised Services Commissioning Team.
- Nacro (2000) *The forgotten majority: the resettlement of short-term prisoners*. London: Nacro
- National Audit Office (2010) *Managing offenders on short custodial sentences*. London: The Stationary Office
- National Offender Management Service (NOMS) (2004) *National Reducing Re-offending Action Plan*. London: Home Office
- National Offender Management Service (NOMS) (2009) *Prison Service Instruction 30/2009: Amendments to PSO 2350 Housing Needs and Assessment*. London: Ministry of Justice
- National Offender Management Service (NOMS) (2010a) *Prison Population & Accommodation Briefing For – 24th December 2010*, available at <http://www.hmprisonerservice.gov.uk/resourcecentre/publicationsdocuments/index.asp?cat=85> (accessed 31st January 2010)
- National Offender Management Service (NOMS) (2010b) *Prison Service Instruction 52/2010: Early Days in Custody*. London: Ministry of Justice

- Nelson, S. (2009) *Care and Support Needs of Men Who Survived Childhood Sexual Abuse*. Edinburgh: The University of Edinburgh and Health in Mind
- Niven, S. & Stewart, D. (2005) *Resettlement outcomes on release from prison in 2003*. London: Home Office
- Ofsted (2009) *Learning and skills for offenders serving short custodial sentences*. London: Ofsted
- O'Shea, N. Moran, I. & Bergin, S. (2003) *Snakes and Ladders: Findings from the Revolving Doors Agency Link Worker Scheme*. London: Revolving Doors Agency
- PA Consulting Group & Ipsos MORI (2007) *Action Research into the London Resettlement Pilot*, Ministry of Justice Research Series 9/07. London: Ministry of Justice
- Park, G. & Ward, S. (2009) *Through the Gates – improving the effectiveness of prison discharge: first half-year evaluation*, available at <http://www.stgilestrust.org.uk/s/stats-and-info/p518/evaluation-reports-on-st-giles-trust-services.html>
- Patel, Lord (2010) *The Patel Report: Reducing drug-related crime and rehabilitating offenders*. London: Department of Health
- Priebe, S. Huxley, P. Knight, S. & Evans, S. (1999) 'Application and Results of the Manchester Short Assessment of Quality of Life', in *International Journal of Social Psychiatry*, Vol 45, pp.17-20
- Ramsay, M. Bullock, T. & Niven, S. (2005) 'The Prison Service Drug Strategy: The Extent to which Prisoners Need and Receive Treatment', in *The Howard Journal of Criminal Justice*, Vol 44 (3), pp. 269-285
- Revolving Doors Agency (2010) *Aiming Higher: A good practice guide*. London: Revolving Doors Agency
- Rosengard, A. Laing, I. Ridley, J. & Hunter, S. (2007) *A Literature Review on Multiple and Complex Needs*, Edinburgh: Scottish Executive, available at <http://www.scotland.gov.uk/Publications/2007/01/18133419/0>
- Schinkel, M. Jardine, C. Curran, J. Whyte B. (2009) *Routes out of Prison – evaluation report*. Edinburgh: CJSWDC
- Singleton, N. Meltzer, H. Gatward, R. with Coid, J. Deasy, D. (1998) *Psychiatric morbidity among prisoners: Summary Report*. London: HMSO
- Skodbo, S. Brown, G. Deacon, S. Cooper, A. Hall, A. Millar, T. Smith, J. & Whitham, K. (2007) *The Drug Interventions Programme (DIP): addressing drug use and offending through 'Tough Choices'*, Research Report 2, Key Implications. London: Home Office
- Social Exclusion Unit (SEU) (2002) *Reducing re-offending by ex-prisoners*. London: Office of the Deputy Prime Minister
- Southside Partnership and Surrey & Borders Partnership NHS Trust (2008) *Community Development Programme , BME & Foreign Nationals Prison Project, HMP Downview, HMP High Down & The Josephine Butler Unit*. London: Southside Partnership and Surrey & Borders Partnership NHS Trust
- Slade, M. Thornicroft, G. & Loftus, L. (1999) *CAN: Camberwell Assessment of Need*. London: Gaskell
- Stewart, D. (2008) *The problems and needs of newly sentenced prisoners: results from a national survey*, Ministry of Justice Research Series 16/08. London: Ministry of Justice
- Taylor, A. Champion, J. & Fleming, a. (2006) *The Role of methadone Maintenance in Scottish Prisons: Prisoners' Perspectives*. Glasgow: Scottish Prison Service
- Together Women (2009) *Together Women Project: Key lessons learned to date*, at <http://fhg693.demonweb.co.uk/TWP/news.html>
- Zigmond, A. S. & Snaith, R. P. (1983) 'The Hospital Anxiety and Depression Scale', in *Acta Psychiatrica Scandinavica*, Vol 67, pp. 361 -370.

Appendix I

Draft Screening Tool for social care needs of short-sentence prisoners

1.	Name		
2.	Prison Number		
3.	Do you have problems understanding spoken English?	Y	N
4.	Have you been in prison before?	Y	N

ACCOMMODATION NEEDS – some of this is covered within the HNIA			
5.	What type of accommodation did you have prior to coming into prison? (Please tick)	No Fixed Abode (go to 11) Staying with friends Staying with relatives Hostel Council Housing Association Privately rented Owner Occupier Other	
6.	Can you return to this accommodation on release?	Y	N
7.	If N, do you have other accommodation for your release? (Go to 11)	Y	N
8.	If Y, are you responsible for paying the rent on this accommodation?	Y	N
9.	Is rent being charged on this accommodation at present?	Y	N
10.	Do you receive housing benefit for the property?	Y	N
11.	Is the property occupied at the present? By who?	Y	N
12.	Are there any issues about the property's security?	Y	N
13.	Do your belongings need securing?	Y	N

Appendix I

Draft Screening Tool for social care needs of short-sentence prisoners

14.	Do you currently have rent arrears?	Y	N
15.	Is there any information that the prisoner needs to tell Housing Staff that he has not already told them? (If 'Y' then contact Housing Officer and note below.)	Y	N
Comments Accommodation Needs:			

EMPLOYMENT, ENTERPRISE, LEARNING AND SKILLS			
16.	Prior to coming into prison were you in employment? If 'N' go to question 17.	Y	N
17.	Will you be able to keep your job while in prison?	Y	N
18.	Do you need contact to be made with your employer?	Y	N
19.	Would you like advice on looking for a job?	Y	N
20.	Do you feel that you need help with reading or writing?	Y	N
21.	Would you like to undertake any learning or skills training either in prison, or in the community?	Y	N
22.	When did you last cook yourself a dinner?		
Comments Employment, Enterprise, Learning and Skills:			

Appendix I

Draft Screening Tool for social care needs of short-sentence prisoners

FINANCE			
23.	Do you need any help or have any problems with any of the following benefits? (Explain further in the 'Comments' section below.)	Jobseekers allowance	
		Income Support	
		Incapacity Benefit	
		Pension	
		Working Families Tax Credit	
		Child Benefit	
		Other	
24.	Do you have a bank account?	Y	N
25.	Do you have problems budgeting your money?	Y	N
26.	Were you struggling with money problems prior to prison?	Y	N
27.	Are you concerned about your money situation on release?	Y	N
28.	Is there any information that the prisoner needs to tell Benefits Staff that he has not already told them? (If 'Y' then contact the Benefits Staff and note below.)	Y	N
Comments: 			

Appendix I

Draft Screening Tool for social care needs of short-sentence prisoners

THINKING SKILLS AND OFFENDING BEHAVIOUR				
29.	Are any of these a problem for you?	Understanding other people's feelings	Y	N
		Keeping to my plans	Y	N
		Dealing with people in authority	Y	N
		Being bored	Y	N
		Losing my temper	Y	N
		Doing things on the spur of the moment	Y	N
		Repeating the same mistakes	Y	N
		Getting violent when annoyed	Y	N
		Making good decisions	Y	N
		Mixing with bad company	Y	N

FAMILY, SOCIAL SUPPORT AND EMOTIONAL WELL-BEING					
30.	Do your family know that you are here?			Y	N
31.	If N, do you want them contacted to know that you are here?			Y	N
32.	Were you caring for any children before you came to prison?			Y	N
33.	If Y, who is looking after them now?				
34.	Is there anyone you would like a visitor's information pack to be sent to?				

Appendix I

Draft Screening Tool for social care needs of short-sentence prisoners

35.	Do you need help to maintain contact with your family or friends?	Y	N
36.	Is your contact with your children restricted by a Court Order?	Y	N
37.	Are any of your children in the care of social services or the council?	Y	N
38.	Do you have relationship or family problems that you would like support with?	Y	N
39.	Have the police been called to your house in the last year because of a fight?	Y	N
40.	Are you happy with your social life?	Y	N
41.	Were you in local authority care as a child?	Y	N
42.	Were you excluded from school as a child?	Y	N
43.	Did you attend a special school?	Y	N
44.	Have you ever been in the armed forces, including the army, navy, RAF or Royal Marines?	Y	N
45.	Are any of these a problem for you prior to custody or now? (Tick if yes in the main box)	Prior	Now
		Worrying about things	
		Feeling depressed	
		Feeling stressed	
		Being lonely	
Not having a partner			

Appendix II

Rationale for Screening Tool Questions

Broad area of need	Specific area of need		Questions	Source	Comments
		3	Do you have problems understanding spoken English?		
	Increased information and support re. prison	4	Have you been in prison before?		
Accommodation	Background	5	What type of accommodation did you have prior to coming into prison?	Questions adapted from the former HMP Durham First Night, Induction and Initial Assessment (now replaced with a less comprehensive tool); some supplementary questions have been added on the basis of identified need areas.	Questions related to accommodation, ETE, finance and some family questions were created on the basis of the needs identified in the review. A former screening tool used by HMP Durham (now replaced) covered many of the needs areas and consequently many questions have been taken from this, although supplementary questions have been added where appropriate. These were trialed with the former short-term prisoners.
	Expected release situation	6	Can you return to this accommodation on release?		
	Homelessness	7	If N, do you have other accommodation for your release?		
	Maintaining housing	8	If Y, are you responsible for paying the rent on this accommodation?		
	Maintaining housing	9	Is rent being charged on this accommodation at present?		
	Maintaining housing	10	Do you receive housing benefit for the property?		
	Maintaining housing / security	11	Is the property occupied at the present? By who?		
	Loss of belongings	12	Are there any issues about the property's security?		
	Loss of belongings	13	Do your belongings need securing?		
	Vulnerability to eviction / difficulties re-	14	Do you currently have rent arrears?		

Appendix II

Rationale for Screening Tool Questions

	housing		Is there any information that the prisoner needs to tell Housing Staff that he has not already told them? (If 'Y' then contact Housing Officer and note below.)		
		15			
Employment, Education and Training		16	Prior to coming into prison were you in employment?	Questions adapted from the former HMP Durham First Night, Induction and Initial Assessment (now replaced with a less comprehensive tool); some supplementary questions have been added on the basis of identified need areas.	
	Maintaining employment	17	Will you be able to keep your job while in prison?		
	Maintaining employment	18	Do you need contact to be made with your employer?		
	Finding employment	19	Would you like advice on looking for a job?		
	Literacy / numeracy	20	Do you feel that you need help with reading or writing?		
	Education and training	21	Would you like to undertake any learning or skills training either in prison, or in the community?		
	Life skills	22	When did you last cook yourself a dinner?		
Finance		23	Do you need any help or have any problems with any of the following benefits?	Questions adapted from the former HMP Durham First Night, Induction and Initial Assessment (now replaced with a less	
	Benefits				
	Financial exclusion	24	Do you have a bank account?		
	Budgeting	25	Do you have problems		

Appendix II

Rationale for Screening Tool Questions

			budgeting your money?	comprehensive tool); some supplementary questions have been added on the basis of identified need areas.	
		26	Were you struggling with money problems prior to prison?		
	Money worries	27	Are you concerned about your money situation on release?		
		28	Is there any information that the prisoner needs to tell Benefits Staff that he has not already told them?		
Thinking Skills and Offending Behaviour		29	<p>Are any of these a problem for you? -</p> <ul style="list-style-type: none"> - Understanding other people's feelings - Keeping to my plans - Dealing with people in authority - Being bored - Losing my temper - Doing things on the spur of the moment - Repeating the same mistakes - Getting violent when annoyed - Making good decisions 	Questions extracted from the OASys self-assessment	The self-assessment form is intended to supplement and contrast with the extensive OASys assessment that is conducted by the Offender Manager in order to add to information regarding risk of harm and re-offending. This is an unvalidated extension of its use which raises a number of concerns around: (a) offender self-insight - although there has been some evidence from the review that, at least in some cases, offenders can recognise the need to improve their thinking skills and change their offending behaviour

Appendix II

Rationale for Screening Tool Questions

				<p>(Maguire <i>et al</i>, 2000; Lewis <i>et al</i>, 2003; McMurrans <i>et al</i>, 2008); (b) efficacy of a 'tick-box' style assessment - this concern was particularly expressed by the former short-sentence prisoners interviewed for the review who said that the eagerness of both the staff member and prisoner to complete the screening quickly was not conducive to accurate results. This is supported by evidence from Durcan (2008). However, this is likely to be an issue for all screening tools. Finally, although there are specific scales to screen for say, impulsiveness (Eysenck <i>et al</i>, 1985), at all times we have had to find a balance between rigorous and onerous assessment. In this context, it is not appropriate to undertake detailed screenings for every possible social care need.</p>
--	--	--	--	---

Appendix II

Rationale for Screening Tool Questions

Family, Social Support and Emotional Well-being		30	Do your family know that you are here?	Questions adapted from the former HMP Durham First Night, Induction and Initial Assessment (now replaced with a less comprehensive tool); some supplementary questions have been added on the basis of identified need areas.	
		31	If N, do you want them contacted to know that you are here?		
	Childcare	32	Were you caring for any children before you came to prison?		
	Childcare	33	If Y, who is looking after them now?		
	Maintaining family contact	34	Is there anyone you would like a visitor's information pack to be sent to?		
	Maintaining family contact	35	Do you need help to maintain contact with your family or friends?		
	Child protection	36	Is your contact with your children restricted by a Court Order?		
	Support around adoption / care proceedings / reunification	37	Are any of your children in the care of social services or the council?		
	Family / reln problems	38	Do you have relationship or family problems that you would like support with?		
	Domestic violence	39	Have the police been called to your house in the last year because of a fight?		
	Social isolation	40	Are you happy with your social life?	Question from CANSAS	Need area identified in review - relevant questions extracted from CANSAS

Appendix II

Rationale for Screening Tool Questions

	Childhood difficulties	41	Were you in local authority care as a child?		Although the review identified a number of specific needs around past traumatic events, there were considerable concerns about incorporating these into a screening tool: (a) efficacy - again, Durcan (2008) and the former short-term prisoners interviewed suggest reluctance from the prisoners to expose vulnerabilities in a prison context where there is a need to appear 'tough'. It was also clear that the reception (cont. next page)
	Childhood difficulties	42	Were you excluded from school as a child?		
		43			
	Childhood difficulties		Did you attend a special school?		
Family, Social Support and Emotional Well-being (cont.)	Possible trauma	44	Have you ever been in the armed forces, including the army, navy, RAF or Royal Marines?		(cont. from previous page) environment was particularly unsuitable for these questions; (b) risk - the short-term prisoners interviewed were clear that it was not appropriate to raise traumatic incidents from their past in a brief screening and then sending them back to their cell. It was absolutely clear that disclosures about traumatic incidents were most likely within

Appendix II

Rationale for Screening Tool Questions

					<p>the context of a trusting relationship. These issues should therefore be covered in a more detailed assessment at a later time, following the development of a high quality staff-client relationship. Nevertheless, we have included a number of proxy indicators that could be used to indicate that there may be needs in this area; for the most part, bereavement is not covered.</p>
	<p>General picture of emotional well-being: Social isolation, anxiety, depression</p>	<p>45</p>	<p>Are any of these a problem for you prior to custody or now?- Being lonely - Not having a partner - Worrying about things - Feeling depressed - Feeling stressed</p>	<p>Questions extracted from the OASys self-assessment</p>	<p>A number of questions related to emotional well-being are extracted from the OASys self-assessment, to give a broader picture than is currently gleaned from the Grubin healthcare screening - although see mental health section for recommendations regarding the healthcare screening process. These questions have been adapted following the focus group with short-sentence prisoners who emphasised the</p>

Appendix II

Rationale for Screening Tool Questions

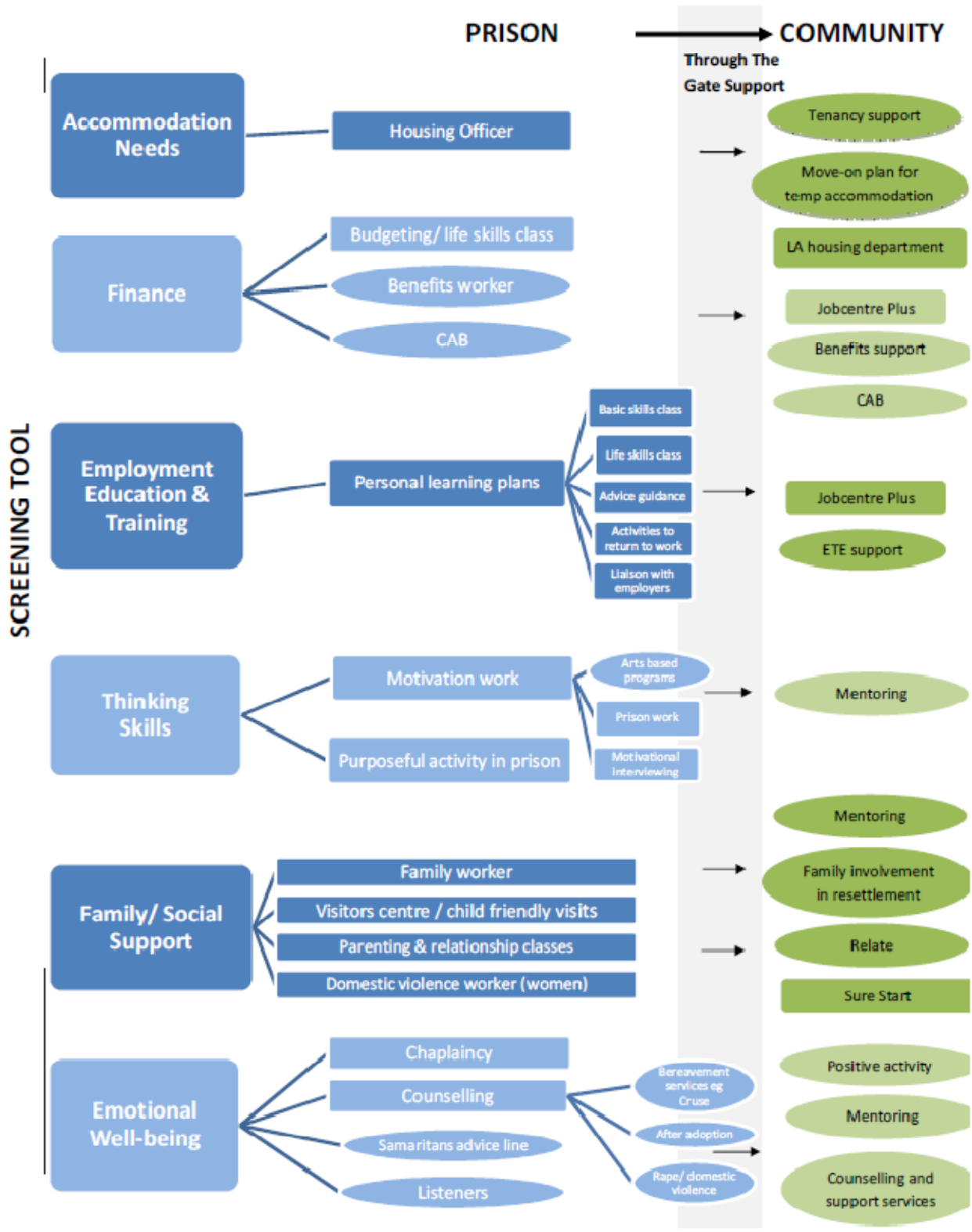
					distinction between emotional problems prior to imprisonment and feeling of anxiety or worry as a result of imprisonment. These may require distinct interventions.
Learning Disability			Not included		Learning Disability Screening Questionnaire currently being piloted looks promising
Mental Health			Not included other than extended self - report questions around emotional well-being		Mental health screening on reception is limited, and researchers participating in the screening process established that by asking some additional questions, a lot can be revealed (Durcan, 2008). We therefore suggest that greater consideration is given to asking about current mental health state, or the use of a specific screening tool such as HADS (Zigmond & Snaith, 1983).
Physical Health			Not included		Recommend detailed social care assessment following

Appendix II

Rationale for Screening Tool Questions

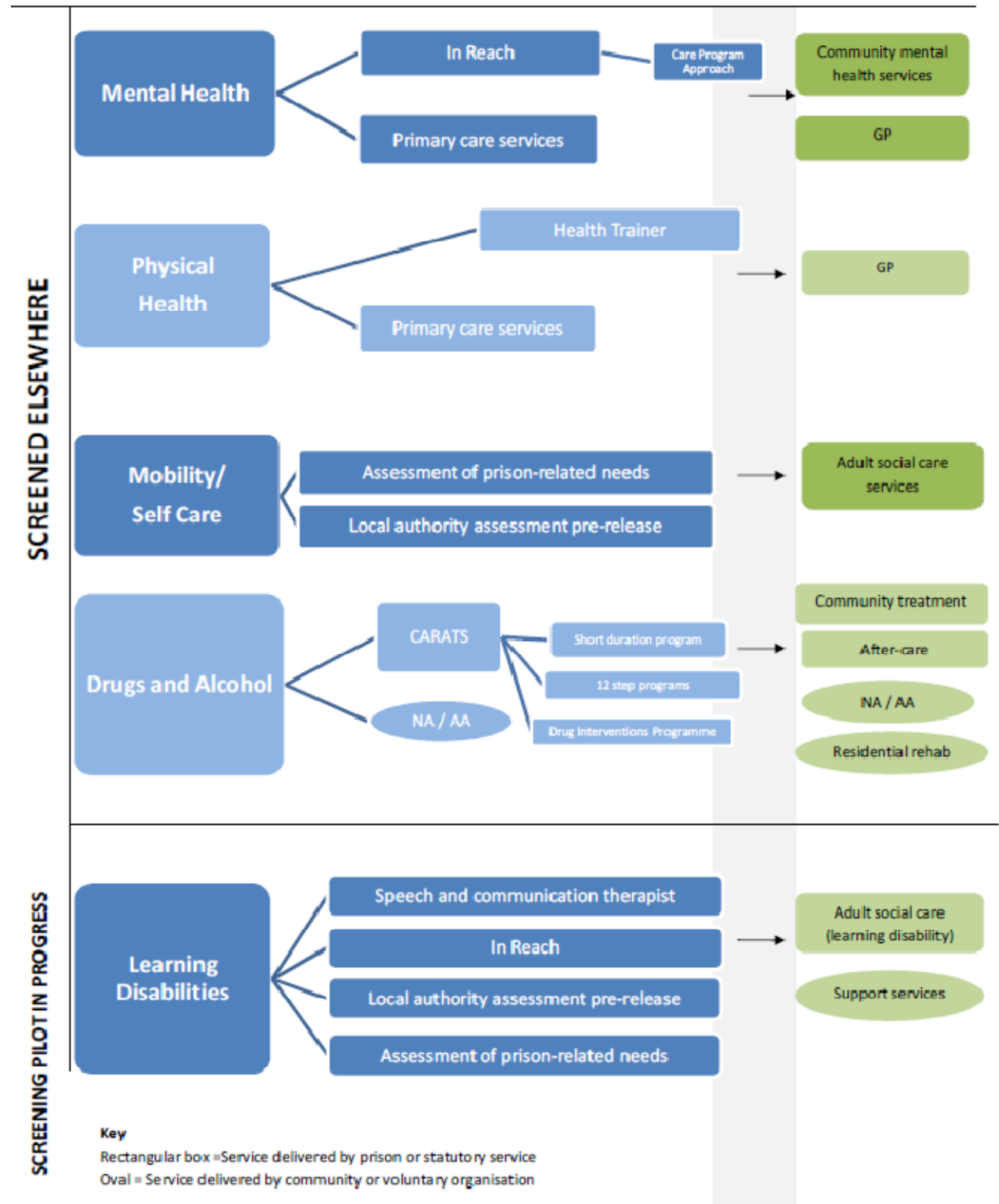
					disclosure or observation of social care needs related to health conditions, particularly where identified as elderly or disabled in healthcare screening.
Drug and alcohol			Not included - screened in Grubin <i>et al</i> (2002) and followed by detailed CARATs assessment / DIR		

Appendix III
Suggested Care Pathways



Appendix III

Suggested Care Pathways



Appendix IV

Audit of Prison Screening (All prisons)

Pathway	Need	All Prisons Screening				
		Grubin 1	HNIA	Basic Skills Agency Screening Test (PSO 2300)	Grubin 2 General Health Assessment	DIR (Assessment)
Source		Grubin <i>et al</i> 2002	PSO2350	PSO2300	Grubin'02	NTA
	Prisoners covered	All	All (Local)	Voluntary	Some	Some
Accommodation	Homelessness	Notes history	Y		N	Y
	Sustaining existing home	N	Y		N	Y
	Rent Arrears	N	N		N	Y
	Securing belongings	N	Y		N	Y
ETE	No Employment	N	N	N	N	Y
	Preserve current empl.	N	N	N	N	Free text
	No qualifications	N	N	N	N	N
	Learning difficulty	N	N	?	N	N
	Low literacy	N	N	Y	N	N
	Low numeracy	N	N	Y	N	N
Finance, benefits & debt	Financial exclusion	N			N	Vague question
	Low Income	N			N	Vague question
	Benefits application	N	HB only		N	Vague question
	Debt	N			N	Vague question
	Financial management	N			N	Vague question
	Finance gap on release	N			N	Vague question
Thinking / attitudes / behaviour	Self efficacy/agency	N			N	N
	Motivation	N			N	N
	Impulsivity	N			N	N
	Anger management	N			N	N
	Other offending behaviour needs	N			N	N
Families	Childcare needs	N			N	Y
	Relationship maintenance	N			N	N
	Family problems	N			N	N
	Social Isolation	N			N	N
	Negative peers	N			N	N
	DV perpetration	N			N	N
Emotional Wellbeing		N			N	N
	Bereavement	N			N	N
	Childhood abuse	N			N	N

Appendix IV

Audit of Prison Screening (All prisons)

	Hopelessness / fatalism	N			N	N
	Institutionalisation	N			N	N
Health						
Mental health	Immediate risk to self	Y			N	Y
	Severe mental illness	Y			N	vague
	Other mental health problems	Y if diagnosed			N	vague
Physical health		Y			Y	Y
	Long Term conditions	Y			Reg. Disabled	Y
	Health advice	N			Y	
	Social care needs e.g. Mobility	N			Y	Y
	Learning Disability	N			Disability/ special needs	Disability/ special needs
Substance misuse						
Drugs	Problematic use	Y			N	Y
	Intravenous drug use	Y			N	Y
	Non-problematic use	Only methadone, benzodiazepines & amphetamines			N	Y
	Related health problems	Y			Offered screen	Y
Alcohol	Alcohol	Y			N	Y
Other						
	Armed forces	N			N	N
Women's pathways	Childhood victimisation	N				
	Domestic violence	N				
	Sexual violence	N				
	Exploitative relationships	N				
	Pregnancy	Y				

Appendix V

Audit of Prison Screening (HMP Durham) Case Study

Pathway	Need	Example - HMP Durham					First Night, Induction and Initial Assessment	Immediate needs assessment	Custody Plan Initial Assessment (no longer used)
		HMP Durham - adapted Grubin 1	HMP-adapted Grubin 2	HNIA	Basic Skills Agency Screening Test (PSO 2300)	DIR (Assessment)			
Source		Stakeholder interviews	Stakeholder interviews	PSO 2350	PSO 2300	NTA	Stakeholders	Stakeholders	Stakeholders
Accommodation	Homelessness	Notes history	N	As previously	As previously	As previously	N	Y	Y
	Sustaining existing home	N	N				N	Y	Y
	Rent Arrears	N	N				N	N	Potentially covered under debt
	Securing belongings	N	N				N	Y	Y
ETE	No Employment	N	N				N	Y	Y
	Preserve current empl.	N	N				N	Y	Y
	No qualifications	N	N				N	N	N
	Learning difficulty	Requests decl.	N				N	N	N
	Low literacy	N	N				Y	N	Requests decl
	Low numeracy	N	N				N	N	Requests decl
Finance, benefits & debt	Financial exclusion	N	N				N	N	N
	Low Income	N	N				N	N	Not specifically
	Benefits application	N	N				N	HB only	Y
	Debt	N	N				N	N	Y
	Financial management	N	N				N	N	Y
	Finance gap on release	N	N				N	N	N
Thinking / attitudes / behaviour	Self efficacy/agency	N	N				N	N	N

Appendix V

Audit of Prison Screening (HMP Durham) Case Study

Drugs	Problematic use	Y	N				N	vague	vague
	Intravenous drug use	Y	N				N	N	N
	Non-problematic use	Y	N				N	vague	vague
	Related health problems	Y	Offered screen				N	N	N
Alcohol	Alcohol	Y	N				N	vague	vague
Other	Armed forces	N	N				Y	N	N

Appendix VI

Schedule of Regional/ Expert Interviewees

Interviews were conducted with the following key stakeholders:

- Wendy Balmain - Government Office North-East
- Dr Brian Docherty - Medical Director, Durham Cluster of Prisons
- Rachel Tones - Healthcare Team, HMP Durham
- Tracey Smith - Mental Health Team, HMP Durham
- Elaine Hunneysett - Head of Offender Management , HMP Holme House
- Julie Dhuny - Regional Commissioner for Offender Health
- Melanie Earlam - Regional IDTS Lead, National Treatment Agency
- Paul Alderton - Prison Governor secondee, Regional team
- Steven Wells - Resettlement Manager, HMP Durham
- Bronia Banecki - Head of Resettlement, HMP Low Newton
- Professor Rob Allen – Criminologist and Associate, International Centre for Prison Studies, Kings College (conversation regarding key reading)