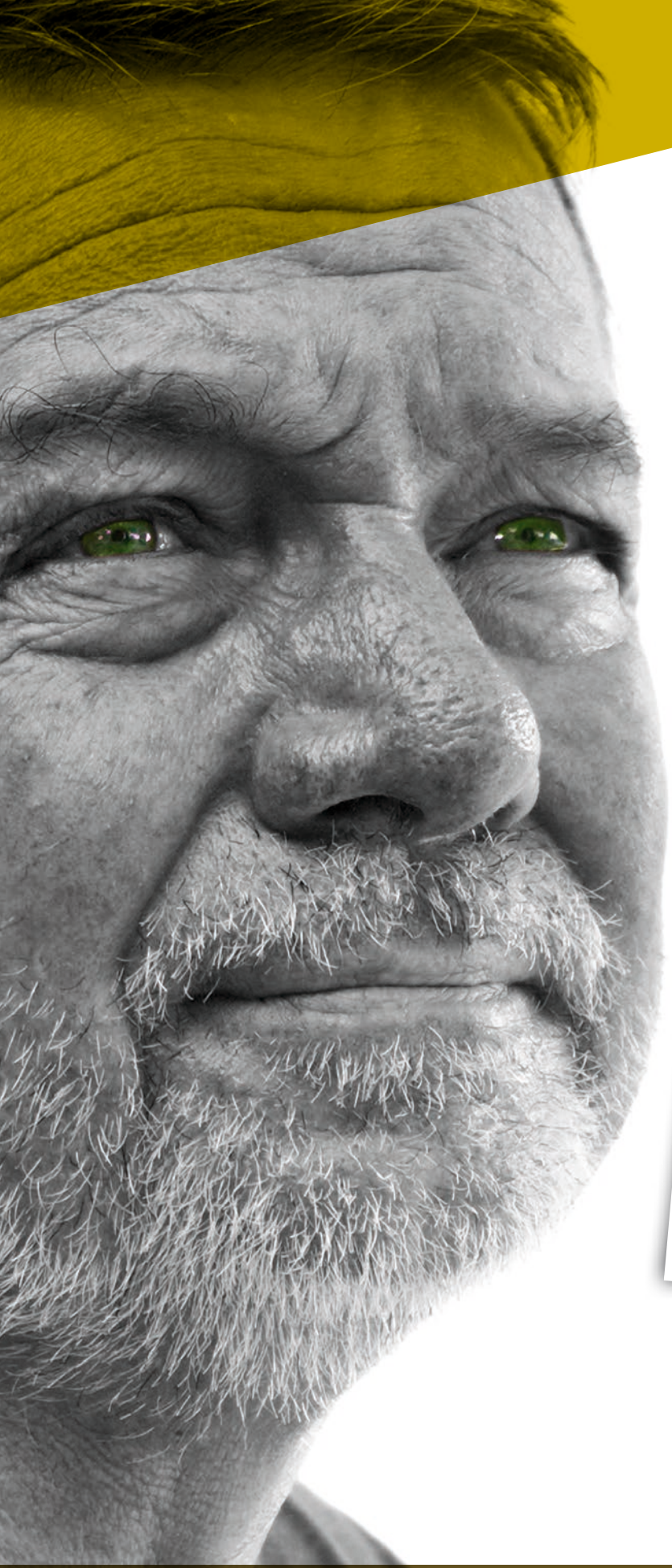


HOPE INSIDE

MENTAL HEALTH PROJECTS IN THE CRIMINAL JUSTICE SYSTEM

A report for Trusthouse Charitable Foundation

REVOLVING DOORS AGENCY

ACKNOWLEDGEMENTS

> *“There but for the grace of God, you know? People are a product of environments and circumstances ... I’ve met so many people in prisons over the years that I’ve thought, if I’d walked a mile in your shoes, I’d be sat in your cell. We’ve never ever thought that we counsellors know best, or we are in some way better than you because your circumstances are this – it’s just that we were fortunate. Our circumstances are different.”*

We wish to thank all of the projects – staff and beneficiaries – for participating in this research, especially all those who gave interviews and were brave enough to talk about their experiences to complete strangers. We also wish to thank the Trusthouse Charitable Foundation for funding this research, thereby giving us the resources to examine how far mental health support can assist those going through the criminal justice system – which hopefully can be used to develop services that support better long-term outcomes for them.

Finally, we wish to express both our gratitude for and pride in the work that the peer researchers have undertaken on this project. What they have achieved is no small task, and the insight and humanity that they have brought to this research project has undoubtedly enhanced our understanding of the complex interaction between offenders with mental health support needs and the criminal justice system.

The Revolving Doors peer researchers were: The Revolving Doors peer researchers were: Daniel Coriat, Corine Davidson, Martin Evans, Brett Hawksley and Candice Picou.

Published by Revolving Doors Agency

FOREWORD

Aristotle said that a nation is judged by how it treats its most vulnerable citizens. In the UK, 70% of offenders have a mental health problem, yet the help that is available is limited and difficult to access until crisis has not only come but already brought disaster, and mental health issues remain high on the list of social stigmas.

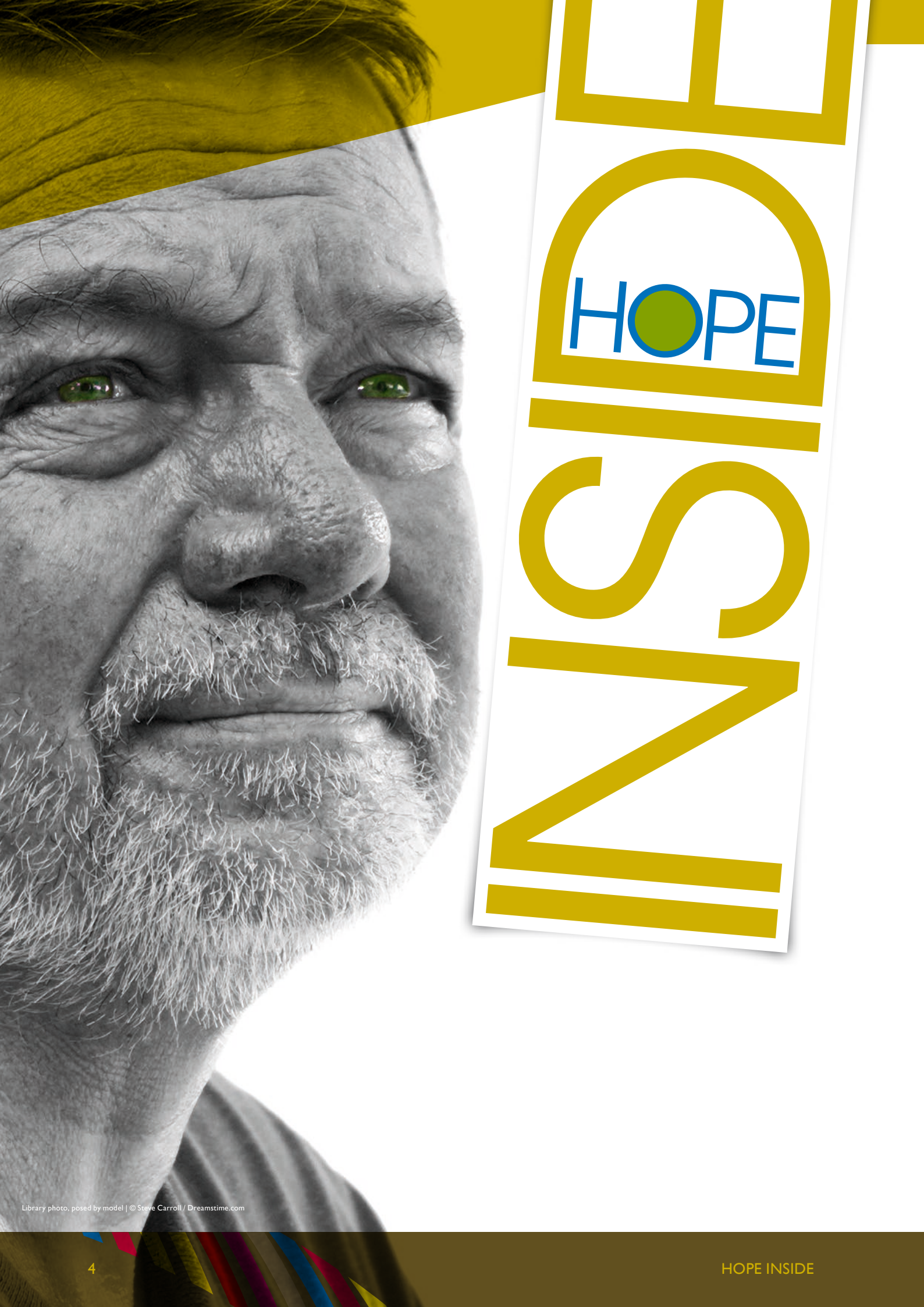
It was these statistics, combined with the awareness that timely and appropriate intervention can break the cycle of re-offending (another alarming statistic at 80%), which made the trustees of the Trusthouse Charitable Foundation decide to launch a three year programme in 2009 to make grants to organisations which provide just that essential intervention.

The urgency of the need was clear as soon as Trusthouse started to receive applications. The projects were a fascinating mixture of the tried and tested, the innovative and imaginative. It was quickly obvious how relatively simple and low cost projects could make a difference which had an impact of significant and lasting importance to some of the most vulnerable citizens in the nation.

From the start of this programme, Trusthouse wanted to enable the supported projects to have a wider platform to share their experience and knowledge. The Trustees of Trusthouse are extremely pleased to have been able to work with Revolving Doors and its peer forum to produce this report and to hold the Hope Inside conference.

Trusthouse expresses its warmest thanks to the people who took part in the peer review of the supported projects, and especially to the men and women whose voices speak powerfully and eloquently from the pages of the report.

Lady Balfour of Burleigh CBE
Chairman of the Grants Committee
Trusthouse Charitable Foundation



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EXECUTIVE SUMMARY

In 2009, the Trusthouse Charitable Foundation funded ten projects across the UK under its themed grant programme of mental health projects in the criminal justice system. In 2011 Revolving Doors Agency[1] was commissioned to undertake research with the beneficiaries of five of the projects[2] – to extract learning from those projects and increase understanding of the dynamic between common mental health problems, social exclusion and offending through first-hand accounts. As a result of this work, we are able to deepen our knowledge of how activities focused on improving mental health may have a wide range of positive outcomes for participants.

The five projects examined were:

- Throughcare Project run by HOPE, Glasgow
- Outlook Project run by New Pathways in Merthyr Tydfil
- Bridge the Gap Project run by Plymouth and District Mind, Channings Wood Prison
- Community Link Project run by Wish, London and Essex
- Get into Reading Project run by the Reader Organisation, Greater Manchester.

The research entailed six key strands of work that supported the successful completion of peer researcher interviewing across the five projects:

- Peer researcher interview skills training
- Visits and information gathering from the projects
- Collection of questionnaire responses from project beneficiaries
- Focus groups with project beneficiaries
- Individual interviews with project beneficiaries
- Peer researcher supervision and collection of feedback.

The Trusthouse Charitable Foundation funding for this project was crucial to developing the role of peer researchers, and has resulted in findings that are critical to deepening our understanding of this client group. Along with the substantial help received from all the project staff and beneficiaries, the peer researchers brought a depth of insight and humanity to this research project that has helped to enhance understanding of the complex issues facing offenders with mental health support needs within the criminal justice system.

This research has been undertaken against a backdrop of widespread reform of public services relating to health, criminal justice and social exclusion, which all have significant implications for this client group. Underlying all these changes is the deficit reduction programme – with funding cuts being delivered across all public services, at both national and local level. Many commentators have expressed fears that the availability of services supporting excluded groups (including people with mental health problems) will be reduced – diminishing opportunities for early intervention which could prevent future involvement with the criminal justice system. Thus, this research is extremely timely in enabling us to consider some of the potential implications of these changes to the public sector landscape.

1. A charity working to change systems and improve services for people with multiple problems (including poor mental health) who are in contact with the criminal justice system.
2. The Second Chance project in Belfast was excluded because the client group for that project is outside the remit of Revolving Doors.

KEY LEARNING FROM THE RESEARCH

THE DYNAMIC BETWEEN MENTAL HEALTH PROBLEMS AND OFFENDING

The beneficiaries of these projects commonly experience not only mental health problems, but also a cluster of other support needs, including: physical health problems, housing difficulties, poverty, substance misuse, self-harming, aggressive behaviour and suicidal ideation. Each difficulty may interact with the others, creating a harmful dynamic that escalates levels of stress, anxiety, isolation and depression. Many among this group live chaotic lives and have experienced relationship breakdown, meaning that they have no one to turn to for either emotional support or practical help. As a result, they are vulnerable when a crisis arises. Some will have been involved in antisocial behaviour and low-level offending since their childhoods and are stuck in a cycle of offending, imprisonment, release and re-offending. Their support needs are often ignored in the community, or responded to in only a superficial way.

While for many the criminal justice system might provide the first opportunity for formal identification and assessment of support needs, often it has insufficient resources to provide adequate assistance for individuals with mental health needs. Indeed, prisoners in particular are likely to face heightened levels of anxiety and stress, especially where experiencing relationship breakdown, job loss, homelessness, increased isolation and loss of support networks. Calls for help may be interpreted as an attempt to 'work the system'.

The prison system can create a vicious cycle of exacerbating mental health difficulties, providing an inadequate service response, and result in further deterioration of mental health. In particular, the prison service response to disclosure of suicidal ideation can be problematic – with prisoners removed from their cell, held in isolation, losing association with other prisoners, deprived of activities to pass the time, identifiable by prisoners and staff alike as being 'vulnerable', undergoing hourly monitoring and consequential sleep deprivation. As a result, despite desperately needing support and understanding, prisoners are generally reluctant to disclose information about their mental health due to the fear that they may experience a much harsher prison regime if thought to be at risk of harming themselves.

Resource constraints mean that the probation service is often unable to provide prisoners with ongoing support throughout their sentence – only becoming involved shortly before their release back into the community. Insufficient resettlement planning and a lack of through-care can mean that ex-offenders often leave prison homeless or facing very poor accommodation and little or nothing in terms of family or social support networks to turn to. Without regular provision of practical and emotional support, access to appropriate accommodation, and opportunities for positive activities, they often find themselves back in prison within a short period of time.

THE IMPACT OF THE TCF FUNDED MENTAL HEALTH PROJECTS

The holistic, in-depth and tailored nature of the support provided by Community Link, Bridge the Gap and Throughcare made a very positive impact on the clients interviewed for this research. The combination of practical and emotional support was extremely valued – helping to build confidence and self-esteem, boost feelings of self-efficacy and develop hopes and aspirations for the future. Similarly, Outlook's provision of in-depth counselling for victims of sexual abuse was also highly valued for the lasting impact of addressing the traumatic experiences at the root of their clients' difficulties.

These four projects had several aspects of service provision in common that clients found particularly helpful. These included: out of hours assistance, advocacy support and help to access accommodation. But it was the way in which the services were delivered that made the real impact: responding to their clients' individual needs – 'working with' them, rather than 'doing interventions to' them. As a result, project workers were able to build trusting relationships with clients and provide them with a sense of security that support was available for them.

By understanding each individual, showing empathy and helping them to develop insight into their own feelings and behaviours, these projects were able to help alleviate some of the mental anguish experienced by their clients.

Through-care was also identified as a highly important feature of these projects: maximising initial engagement with clients; building a trusting client relationships and helping to develop positive resettlement plans. Given the damaging impact of imprisonment upon offenders' mental health, the support offered by these projects working within the prison environment is essential.

However, the project that did not seek to work holistically with clients and did not work within the prison environment (Get Into Reading) was also a huge success. The substantial positive impacts reported by the beneficiaries of this project included: improving literacy, alleviating boredom and providing a source of relaxation (which is highly valued in the stressful environment of probation hostels). The opportunity to share views and build positive relationships, combined with the introduction of some structure into lives that were often dominated by the frustration of having to deal with multiple agencies, was a real benefit to hostel residents. The project allowed participants to feel a sense of achievement, and to begin to establish a routine and a sense of stability in otherwise largely unstructured lives. It helped residents to develop better working relationships with hostel staff and encouraged engagement in education. The development of communication skills and the experience of building positive relationships are life skills that can benefit the hostel residents for the rest of their lives.

What these projects all shared was an attempt to help ex-offenders to envisage their lives in a more positive way. By helping them to build a sense of optimism for the future, the projects were motivating beneficiaries to change negative patterns of behaviour. Key to achieving this was the quality and dedication of the project staff. Only by listening to what clients say, empathising with them, consistently providing reassurance and repeatedly proving their reliability, can project workers begin to build the strong trusting relationships with clients that are critical for effectiveness. By helping beneficiaries to develop their emotional literacy and learn coping strategies – especially how to manage negative feelings, reduce stress and maximise mental health and well-being – these projects have made a huge positive impact upon their client group.

THE WIDER POSITIVE OUTCOMES OF MENTAL HEALTH SUPPORT

While this client group disclosed experiencing multiple support needs, interviewees reported that these five TCF projects were helping them to move to a position where they could better envisage leading happy and fulfilling lives in the community. However, without long-term follow-up, it is impossible to know whether these aspirations are actually realised.

Referrals into and advocacy support with other agencies were highly positive aspects of the projects' work. In many cases this also involved project workers modelling and teaching clients how to communicate more effectively, how to control their emotions and manage their anger. In this way the projects are building clients' confidence levels and thereby improving their ability to access the services that they desperately need, a personal resource that will stand them in good stead for the future, not only in dealing with agencies, but also in their personal relationships and in seeking training or employment.

The benefits of other agencies being able to work more constructively with, and achieve better outcomes for this client group are substantial. Clients will be better served and there will be a substantial reduction in the resource demands repeatedly made upon crisis management services (especially those responding to health emergencies such as alcohol/drug overdose and suicide attempts). Reducing the constant cycle of offending, imprisonment, release and reoffending can potentially deliver savings by reducing involvement with the criminal justice system.

CONCLUSIONS

The criminal justice system is currently struggling to cope with a huge client group, many of whom have multiple, intensive support needs that are not being met due to the lack of suitable community mental health provision. The five Trusthouse Charitable Foundation funded projects under study here are all highly valuable projects and many more people in the criminal justice system would benefit from the approaches they employ.

The provision of support on a temporary, project basis can result in services that disappear as quickly as they are set up. As a result, prisoners feel abandoned and let down, and can be left in very vulnerable states of mind. Even where supportive interventions exist over the longer term, they generally sit outside the prison structure, and as a result are not able to inform and influence prison/criminal justice responses to individual prisoners.

In recent years there has been a growth in the provision of advocacy support, aiming to help those with multiple support needs in accessing the range of services that they require. Often this is because the skills and resources needed to work with this client group do not exist among generic frontline staff. In these times of economic constraints, there is also a need to maximise the efficiency of public services. There are high costs to society for providing insufficient access to support for individuals with multiple and complex support needs – whose experience of 'silo' services only serves to heighten feelings of powerlessness and exclusion. Action to address this – whether achieved through each public service investing in the development of a team of frontline staff who have the skills and resources to be able to work productively with clients with complex needs, or by providing specialist support workers whose role explicitly includes advocacy with service providers – is required.

HOPE INSIDE

CONTENTS

INTRODUCTION

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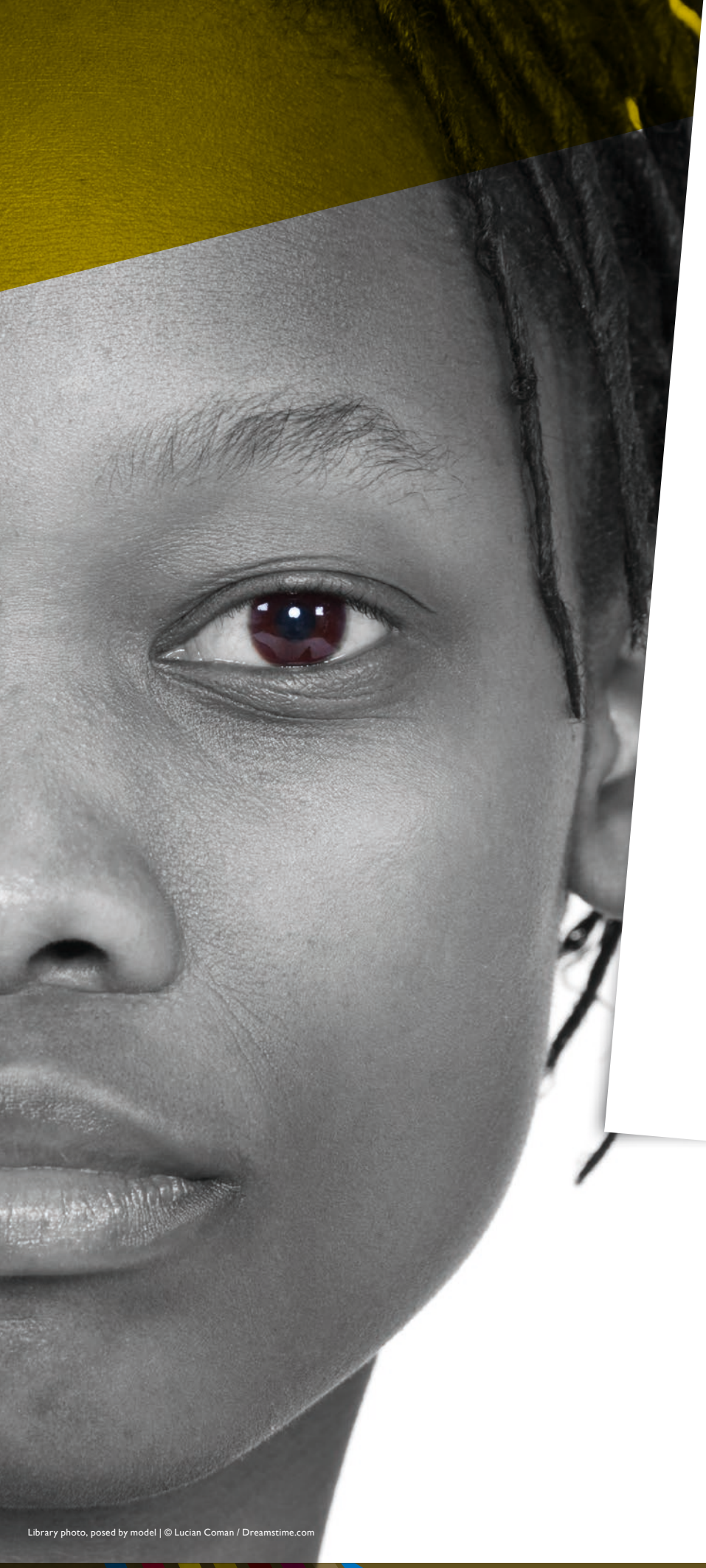

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In 2009, the Trusthouse Charitable Foundation funded ten projects across the UK under its themed grant programme of mental health projects in the criminal justice system. In 2011 Revolving Doors Agency[3] was commissioned to undertake research with the beneficiaries of five of these projects – to extract learning and increase understanding of the dynamic between common mental health problems, social exclusion and offending through first-hand accounts.

The five projects examined in this research were:

- **Throughcare Project | Glasgow**
Provision of a seamless transition from prison to the community for offenders with mental health problems leaving Barlinnie Prison (a category B local prison).

- **Outlook Project | Merthyr Tydfil**
Counselling and support for offenders in custody and on release who have been affected by rape, sexual abuse and trauma (and their families).

- **Bridge the Gap Project | Channings Wood Prison**
A prison-based service addressing the needs of offenders that will enhance integration back into the community. This includes counselling and liaison work inside the prison, and referrals onto outside agencies if appropriate.

- **Community Link Project (Wish) | London and Essex**
Support for women discharged from prison and secure units to build confidence, skills to get education, training and employment.

- **Get into Reading Project | Greater Manchester**
Provision of weekly reading groups across seven probation hostels and training for Resident Support Officers to run reading groups.

As well as increasing understanding of the dynamic between mental health, social exclusion and offending, this research has also deepened our knowledge on how activities aimed at improving mental health can achieve other positive outcomes for participants. This is discussed in Section 5.

1.1 BACKGROUND TO THE RESEARCH

This research has been undertaken against a backdrop of widespread reform of public services which have significant implications for the users of the projects examined. Developments relating to health, criminal justice and social exclusion are outlined below.

1.1.1 CRIMINAL JUSTICE LIAISON AND DIVERSION SERVICES

Of most significance to this research is the government's commitment to development of criminal justice liaison and diversion services in all police custody suites and courts by 2014. These aim to identify the mental health and learning disability needs of offenders, enabling the police and courts to make informed decisions about charging, sentencing and facilitating access to support services.

Following the recommendations of the 2009 Bradley Report, the government has committed to roll out liaison and diversion services across the country by 2014.[4] The national programme of work received £3 million funding in 2011/12 for investment in adult services and £2 million towards youth sites for diversion. In 2012/13 the programme will receive £19.4 million.[5] The programme will include measures to address the transfer of health commissioning responsibility in police custody suites to the NHS and the development of treatment alternatives for those diverted.

3. A charity working to change systems and improve services for people with multiple problems (including poor mental health) who are in contact with the criminal justice system.
4. HM Government (2010) Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders http://www.justice.gov.uk/downloads/consultations/breaking-the-cycle.pdf
5. Hansard, 12 Jan 2012: Column 22WS

1.1.2 STRUCTURAL REFORMS IN THE NHS

Since coming to power in 2010, the coalition government has embarked on a major reorganisation of the NHS. Primary Care Trusts and Strategic Health Authorities are being abolished, with commissioning responsibilities transferred to clusters of GP practices known as Clinical Commissioning Groups. Following the passing of the Health and Social Care Act 2012, these will be accountable to a new national NHS Commissioning Board. The commissioning of most local health services, including mental health services, will be delegated to Clinical Commissioning Groups, with the Commissioning Board retaining responsibility for services deemed most efficiently provided at a national or a regional level. This will include responsibility for commissioning offender health services in prisons and police custody and criminal justice liaison and diversion services.

Responsibility for public health is to be transferred from the NHS to local authorities, funded by a ring-fenced public health budget. This will include a transfer of responsibility for substance misuse services. All upper-tier local authorities will be responsible for setting up statutory Health and Wellbeing Boards, formed of the director of public health, locally elected councillors and representatives of local Clinical Commissioning Groups, children's services, adult social services and local HealthWatch (a new independent organisation representing the views of the public). Local authorities can invite additional members to join the board, although there is no obligation to widen membership.

The aim of Health and Wellbeing Boards is to improve outcomes in health, care and wellbeing. Improving mental health will be a key component of this responsibility. Each Health and Wellbeing Board will be responsible for the development of the local Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy. Health and Wellbeing Boards will also have a key role in joining up commissioning across health and social care, although their agenda will extend to wider issues impacting on health such as housing, education and the environment.[6]

The Health and Social Care Act paves the way for increased competition in health services. It enables private sector companies and charities to compete with public sector to provide NHS services, enabling patients to receive treatment from "any qualified provider".

1.1.3 REFORMS IN CRIMINAL JUSTICE AND POLICING

The government's public service reform agenda extends beyond health and social care, and includes the criminal justice system. The Legal Aid, Sentencing and Punishment of Offenders Act (2012), as well as reducing the availability of legal aid, introduces a range of measures aimed at toughening community sentences, increasing public confidence in non-custodial sentences and reducing demand for prison spaces. The government is also focused on improving confidence in community sentences (in order to reduce demand on the prison system), having completed a consultation on proposals to reform non-custodial sentences in June 2012. This consultation took place alongside a review of probation services which suggested a reduction in the number of probation trusts and a transfer of commissioning responsibility from central government to trusts.

Policing is also facing radical change. In November 2012, elections will be held across England and Wales for directly-elected Police and Crime Commissioners, following the passing of the Police Reform and Social Responsibility Act in September 2011 and aim to provide stronger and more transparent accountability of the police. Police and Crime Commissioners will cover current police force areas and will hold office for four years. Their responsibilities will include appointing the Chief Constable and holding them to account for the running of their force, determining local policing priorities, producing a five year Police and Crime Plan and setting the annual police force budget.[7] They will also be responsible for funding community safety activity to tackle crime and disorder with the Community Safety Fund transferred to them from 2013/14. In England, Police and Crime Commissioners will also receive funding for services to address violence against women and girls and a proportion of Drug Interventions Programme Funding, with the remainder going to new Health and Wellbeing Boards.[8]

6. Local Government Group (2011) New partnerships, new opportunities: A resource to assist setting up and running health and wellbeing boards – Executive summary http://www.wmpho.org.uk/lfph/docs/L11-480_new_partnership_new_opportunities_final.pdf
7. Police authorities, which currently hold police forces to account, will be abolished from November 2012
8. Clinks (2011) Safer Future Communities: Policy Briefing No. 1: 1st December 2011, http://www.clinks.org/assets/files/PDFs/SFC/SFC%20Policy%20Briefing%20No%201%20(01.12.2011).pdf

Criminal justice, like other public service areas, has seen an increased drive towards outcome-based payment structures. The Coalition Agreement promised "we will introduce a 'rehabilitation revolution' that will pay independent providers to reduce re-offending, paid for by the savings this new approach will generate within the criminal justice system."[9] This has since been put into practice in a number of experimental approaches including "payment by results" pilots at a number of prisons including HMP Doncaster, drug and alcohol recovery pilots and a social impact bond at HMP Peterborough, where bond investors will receive a return on their investment if services provided by voluntary sector providers achieve a reduction in reoffending of 7.5% or more.[10]

Finally, in reform of the court estate, the government has undertaken to improve court facilities, make more efficient use of court time and reduce running costs. In response to a 2010 consultation, 93 magistrates' courts and 49 county courts were closed by July 2012. This includes 10 magistrates' and six county courts in the north east.[11]

1.1.4 REFORM OF THE BENEFITS SYSTEM

Following the passing of the Welfare Reform Act in March 2012, the government is moving ahead with significant reforms to the benefits system. The Act introduces Universal Credit, which combines means-tested working age benefits and tax credits into one household allowance. It also applies a cap on total household benefits and introduces increased conditionality and sanctions if benefit conditions are not adhered to. The Welfare Reform Act abolishes community care grants and crisis loans for living expenses. The budgets for these will be added, un-ringfenced to government grants to local authorities with social service responsibilities. Local authorities will be expected to make local arrangements to meet needs currently met by community care grants and crisis loans through their existing powers. Finally, housing benefit has seen cuts, with Local Housing Allowance rates reduced from 50th to 30th percentile of local rents. From January 2012, the shared accommodation rate restriction for single people has been extended from under 25 to under 35.

1.1.5 DEFICIT REDUCTION

Underlying all these changes is the deficit reduction programme. Cuts are being seen across all public services, at a national and local level. The removal of the ring-fence on Supporting People funding alongside a cut to local authority funding has resulted in some areas diverting funding away from client groups for whom there is no statutory responsibility. The £20m Homelessness Transition Fund, launched in July 2011 aims to support a smooth transition for existing homelessness services to sustainable funding arrangements following the removal of the ring-fence. However, some commentators have expressed fears that availability of services supporting excluded groups such as single homeless people will be reduced. This has an implication for excluded groups including people with mental health problems, as support from these services can often act as an early intervention, preventing later contact with the criminal justice system.

1.2 STRUCTURE OF THE REPORT

The next section of this report describes the design of the research. After that, the report concentrates on describing the research findings – which incorporate both the results of the data collection across the five projects, along with learning from the training and experience of the peer researchers. Reporting of the research findings is structured in the following way:

- **Section 3 | Understanding the client group and their need for support**
- **Section 4 | Project findings**
- **Section 5 | Overarching findings and conclusions**

9. HM Government (2010) Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders http://www.justice.gov.uk/downloads/consultations/breaking-the-cycle.pdf
10. Social Finance (2010) Social Finance launches first Social Impact Bond. Online: http://www.socialfinance.org.uk/downloads/Social%20Impact%20Bond%20March%2018_FINAL%20(2).pdf
11. For details of court closures see: http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/documents/digitalasset/dg_193170.pdf

RESEARCH DESIGN

2

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2.1 INTRODUCTION

This was a small-scale, largely qualitative research project using peer researchers to interview participants of five mental health focused projects operating in the criminal justice system. Supported by the Revolving Doors director of service user involvement, and with training from an experienced research practitioner, five peer researchers interviewed 53 project beneficiaries across the UK. Both focus groups and semi-structured individual interviews were conducted, recorded and transcribed for analysis.
Throughout the research, the following key questions informed the data collection:

1. What participants think are the links between mental health problems and other difficulties that they experience?
2. What interventions (if any) they have previously experienced?
3. How the work of the project compares to any previous interventions?
4. What impact the project is having upon participants?
5. What aspects of the project in particular have helped?
6. What long-term impacts do participants think that the project will have?

Research tools were designed to elicit information from participants via questionnaire, individual and focus group interview. Further questionnaires were developed to collect background information about the projects, and informal visits and discussions with project staff and managers also provided insight into their work. These tools are included as appendices to this report.

2.2 KEY WORK STRANDS

In addition to the provision of training to the peer researchers, the research entailed five main strands of work:

1. Information gathering – collecting information about the aims and interventions from the five projects.
2. Beneficiary questionnaire – used to capture basic demographic and experiential data from project beneficiaries participating in the research.
3. Focus groups – led by pairs of RDA peer researchers, these focus groups were undertaken at each project in order to develop a richer understanding of participants' experiences before, during and after their engagement with the project.
4. Individual interviews – undertaken by peer researchers at each project, these interviews explored in greater depth the experiences of people receiving project interventions.
5. Peer researcher supervision and feedback – both after the training and after the interviews themselves, the peer researchers were asked to give their feedback of the whole data gathering process and to discuss the positive and challenging aspects of the work they had undertaken.

While the research team accessed a broad range of participants for involvement in the focus groups and interviews in order to maximise the representativeness of the sample, this was reliant upon project throughput, gatekeeper access (project staff putting participants forward for interview) and individual willingness to participate. As a result, the research cannot claim to have accessed a representative sample of beneficiaries across the projects – but has nevertheless gained insight from a wide range of individuals. The profile of the research participants is discussed in section 3.2.

2.2.1 ANALYSIS AND REPORTING

Where possible, all interviews were audio recorded and transcribed for analysis using NVIVO software – a qualitative data analysis software package that allows for the coding of interview material at "nodes" in a hierarchical tree structure. Respondents' key characteristics (such as gender, ethnicity, age group) and other content relevant to the main themes of the research can be built into this analytical structure – allowing analysis to compare and contrast findings among sub-groups of participants and test hypotheses about connections between particular issues.

2.2.2 KEY RESEARCH CONSIDERATIONS AND LIMITATIONS

As with the majority of research projects focusing on vulnerable client groups, this research had to rely on project workers identifying and encouraging participation by their service users. Without their help it would have been very difficult to for us to access service users and to gain their trust and co-operation. As a result, the sample cannot be described as either randomly sampled, or more generally representative of the beneficiary group. However, the interviews were undertaken in such a way as to guarantee the anonymity of those taking part, in order to encourage frank and forthright discussion of their experiences.[12] It is evident in the transcripts of the interviews that the shared experiences that the peer researchers had with the interviewees and their ability to empathise with them enhanced the insight gained through this research.

2.2.3 DEVELOPING THE ROLE OF PEER RESEARCHERS

A central element of this research project was the use of peer researchers as a means of gathering detailed insight into the lives of (ex-) offenders with mental health problems. Revolving Doors works to change systems and improve services for people with multiple problems, including poor mental health, who are in repeat contact with the criminal justice system. Men and women in this 'revolving doors' group are among the most excluded in our society, experiencing a downward spiral that can lead to homelessness, substance misuse, family breakdown and poverty. They struggle to get help from mainstream health or other services. Revolving Doors has a National Service User Forum of members who have experienced these issues. Five members of the Forum were recruited to undertake this research. Three had previous experience of facilitating focus groups and conducting individual interviews and two did not. They worked in pairs so that the inexperienced researchers worked with the experienced ones.

2.2.4 TRAINING PEER RESEARCHERS

In May 2011, the peer researchers had a day of training to develop their interview skills – including practising with draft interview tools and discussing how to improve them.

In order to make the peer research successful, it was important that the researchers felt confident with the research tools – and that the questions being asked were broad enough to allow for a wide range of interviewee experiences to be tapped into, while using easily accessible language that both the researchers and their interviewees understood and felt were relevant to them. Seven people participated in the training day, all taking turns at being interviewers and interviewees in role play exercises. This was very helpful in terms of building their confidence and interviewing skills, and also in developing the questions on the interview schedules in a more grounded way. A follow up day of training was delivered to test out and finalise the interview schedule and focus group topic guide.

In all research, but particularly in projects conducted with vulnerable groups or relating to sensitive issues, it is critical that researchers pay close attention to issues of confidentiality and ethics. Being peers, it was quite apparent during the training day that this group of researchers was probably more in tune with the sensitivities and concerns of the potential interviewees than many academic researchers would be.

12. Although in some cases interviewees asked project stakeholders to sit in on the interviews with them

2.2.5 THE FIELDWORK EXPERIENCE

Liaison with the projects was undertaken by Revolving Doors who also made all fieldwork arrangements and ensured that everything was in place for the interviews to proceed as planned. Partly due to some of the interviews taking place in prisons, prior to conducting any fieldwork the peer researchers were required to get CRB (Criminal Records Bureau) clearance. Revolving Doors then provided ongoing support and supervision for the peer researchers during the course of this project.

Feedback about the fieldwork experience was sought from the interviewers after completing their interviewing. This evidenced the clear need for immediate support post-interview and feedback in relation to any fieldwork problems. In most cases, peer researchers just needed reassurance that any fieldwork problems they had experienced are also encountered by highly skilled researchers, and not to feel guilty or upset about it. However, the stress of listening to interviewees' personal stories – especially experiences of childhood abuse were traumatic for one interviewer. Although their immediate reaction was one of short-term elation in managing to complete the interview (considered to be 'confronting one's fears'), this was followed by a gradual decline into depression. These issues are discussed in more detail in section 5.4.

2.3 SUMMARY

The transcripts of the interviews revealed that the peer researchers brought a new level of empathy to the fieldwork. Their shared experiences with the interviewees meant that they had much greater insight into their thinking than the average researcher, and this enabled them to pursue some lines of enquiry that would otherwise have been missed. However, to the extent that some issues were implicitly understood, they were therefore not discussed in detail during the interview – meaning that unless an experienced analyst works with the data – one with detailed knowledge of the criminal justice system and understanding of the terminology and 'shorthand' discussion often used by offenders – much of the useful material would be lost.

It was also apparent that many of the interviewees welcomed the research as an opportunity to discuss their experiences, and express their gratitude to the project staff – as indicated in this comment on the research from one of the projects:

> *"The interviews and focus group were welcomed by the residents and staff alike. Comments indicated that it had been useful to direct thinking about the benefits of the groups in this way."*

UNDERSTANDING THE CLIENT GROUP AND THEIR SUPPORT NEEDS

3

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3.1 INTRODUCTION

This section of the report describes the group of people who participated in the research – largely using their responses to the questionnaire to describe their profile, and adding greater detail from the interview transcripts in order to further examine their support needs. In the main we describe them as one group, although where relevant we consider site-specific issues.

3.2 PROFILE OF THE GROUP

In total, 46 project beneficiaries completed questionnaires for this research:[13] 12 from Get Into Reading (Manchester); 11 from Community Link (London); nine from Bridge the Gap (Channings Wood); seven from Hope Throughcare (Glasgow), and seven from Outlook (Merthyr Tydfil). It is from these completed questionnaires that details about the profile of the group are drawn.

One person declined to disclose their gender on the questionnaire, but among the others there were 29 men, 15 women and one transgendered individual. Among the projects, only Outlook and Bridge the Gap had mixed sex beneficiaries who participated in the research. Community Link is women-only and the other two projects had only male clients taking part in the interviews. The average age of respondents was 36 years (ranging from 20 to 67 years). For both Hope Throughcare and Outlook all of those reporting their ethnicity were White British,[14] but respondents from the other three projects had a more diverse ethnic background:

TABLE 1 | ETHNIC ORIGIN OF RESEARCH PARTICIPANTS FROM THREE PROJECTS

Ethnic origin	Get Into Reading	Community Link[15]	Bridge the Gap
White British	10	3	8
White Other	1	2	-
Mixed	1	2	1
Black African	-	1	-
Black Caribbean	-	1	-

As a whole, the group had been involved with their local project for an average of 46 weeks – although there was huge variation in this, with participation ranging from two weeks to five years. The range in length of time of participation across the individual projects is shown in the table below:

TABLE 2 | AVERAGE LENGTH OF TIME ENGAGED WITH THE PROJECT (WEEKS)

Get Into Reading	Community Link	Bridge the Gap	Hope Throughcare	Outlook
10.1 weeks (range: 9-40 weeks)	100 weeks (range: 4-260 weeks)	27.6 weeks (range: 2-130 weeks)	40.6 weeks (range: 8-104 weeks)	37.7 weeks (range: 12-104 weeks)

13. Although 53 individuals participated in the interviews across all 5 sites, only 46 returned completed questionnaires. The additional interviewees came from the Get Into Reading project (n=4) and from Hope (n=3).
14. One individual from Throughcare did not report their ethnicity.
15. Two Community Link respondents did not give their ethnic origin in the questionnaire.

Typically the beneficiaries spent between one and two hours with the project each week, although there was some variation across them, as shown below:

TABLE 3 | AVERAGE WEEKLY PROJECT PARTICIPATION (HOURS)

Get Into Reading	Community Link	Bridge the Gap	Hope Throughcare	Outlook
2.4 hours (range: 1-8)	2.8 hours (range: 1-7)	0.9 hours (range: 0.5-1)	1.1 hours (range: 1-2)	1.2 hours (range: 1-2)

3.3 SELF-REPORTED SUPPORT NEEDS

Respondents to the questionnaire were asked to describe the difficulties that they had experienced in their lives. The difficulties (listed in the table below) exist in addition to offending behaviours – as every individual participant had accessed their project as a consequence of having been involved in the criminal justice.

While only a small sample, the profile of this group reveals the commonality of multiple support needs among them – with 64% reporting poor mental health; 45% disclosing physical health problems; 36% experiencing poor housing; 36% living in poverty (i.e. with no benefits); and 34% having been homeless. Less common problems (which were still reported by over one in five of them) were having a diagnosed personality disorder (30%); problem drinking (30%); drug/substance use (28%); mild learning difficulties (26%) and disability (19%).

One of the things that the table below tells us is that in addition to involvement in the criminal justice system, this group of people had an average of at least three other difficulties – most commonly poor mental health, but also physical health problems, poor housing, poverty and homelessness. Only one person reported not currently having any of the above listed experiences.

TABLE 4 | RESPONDENT SELF-REPORTED EXPERIENCES OF DIFFICULTIES

	Get into Reading, Manchester (n=12)	Community Link, London (n=11)	Bridge the Gap Channings Wood (n=9)	Hope Throughcare, Glasgow (n=7)	Outlook, Merthyr Tydfil (n=7)	Total (n=46)
Poor mental health	4	7	6	7	6	30
Physical health issues	6	5	5	2	3	21
Poor housing	1	5	2	5	4	17
Poverty (i.e. no benefits)	2	3	3	4	5	17
Homelessness	3	3	1	4	5	16
Diagnosed personality disorder	1	6	1	3	3	14
Problem drinking	2	3	2	5	2	14
Substance use	1	2	4	3	3	13
Mild learning difficulties	3		4	5	0	12
Disability	3	2	2	1	1	9
Average number (and range) of difficulties reported per person	2.1 (0-7)	3.3 (1-7)	3.3 (1-7)	5.6 (3-7)	4.6 (3-6)	3.5 (0-7)

Disabilities included both physical (e.g. hip, bad heart, degeneration of the spine, sciatica, eye problems, arthritis, heart problems, mobility difficulty) and mental or learning disabilities (e.g. autism, dyslexia and short-term memory problems).

While the above table reveals the scale of support need among this client group, it is only the verbatim quotes that give insight into the traumas that they had commonly experienced in their lives, and the severity and complexity of their multiple support needs. The difficulties that this client group have to deal with include the experience of physical and sexual abuse, homelessness, coping difficulties and substance misuse.

Many interviewees had experienced traumatic childhoods that had resulted in destructive behaviours and a vulnerability to mental health problems:

> *"From the abuse when I was young, I, it sort of manifested itself, like the way of my control, like dealing with it, like an OCD[16] problem, but which could turn to self-harm in scrubbing. I couldn't control the pain inside so I tried to control everything outside. But I wasn't doing it very well. Then I got onto like alcohol. And, um, which then gradually progressed towards Class A drugs. Ended up with me sort of being very promiscuous and then in that, I ended up putting myself in very dangerous situations and I ended up getting raped and in violent relationships with very controlling people. And, basically, my whole life was just a fucking mess."*

> *"I was abused by my step-brother. That went on for, as I say, for about a couple of years. At the age of ten, and even younger than that, I was setting fire to things, I was a very disruptive little boy with a very bad temper. And, I was referred to a child psychologist. I used to sit in that room, and my mother would be there, and I was never given a chance to air what I wanted. My mother always shaded over the top of me. 'He's never blah! Little bastard! Blah, blah, blah... He's a wrong one. He's this, he's that'. I was at an assessment centre for six weeks. Come out of there: 'There's nothing wrong with him, he's alright.' After that, then I was in like care [from the] age of 16. I was on a full care order until I was 18."*

> *"I was tortured by my brothers, shot and abused by their mates, sexually, things like that, so, it fucked me head up a little bit. Um, teens, glue sniff, took drugs and then, I met a girl and, like everything changed. ... we have just recently broke up, that's why I'm in here. ... She didn't want me back and this and that, so I had another breakdown, tried to commit suicide, doused myself with petrol, drunk some petrol as well and asked her to light me up."*

Interviewees discussed the difficulties of recognising the impact that childhood abuse had upon them and how it coloured their behaviour and relationships in adult life.

> *"I wouldn't have identified it as mental health issues at the, uh, at the time. Now, yes, clearly there, there were mental health issues. You know, I spent a large part of my life being pretty messed up in the head. [...]I've been fortunate in many ways that... for most of my life I've had people around me who have cared and supported me and enabled me to, you know, to live a pretty normal life. I was well into my 50s when as I say, I began to really systematically almost, dismantle everything."*

> *"I was abused, when I was a child... all my life I thought it was my fault, I let it happen. My uncle was doing it, every Friday he'd be doing it to me because we'd go to my aunty's and he'd take me up to the bedroom and he'd do stuff to me and this was from when I was like six to nine, I think. When I was nine I realised that it was wrong so I stopped going down there. [...] I just went downhill from the age of nine, I started smoking drugs. I met this girl and when I was 16 I told her and my whole world changed then because she made me realise it wasn't my fault and,*

16. Obsessive Compulsive Disorder

uh, I used to get in trouble because I didn't even realise. I was always trying to block it out. I used to take drugs and it made me forget about it. But it didn't in the long run because it made it worse. I come out of jail one day and I was on probation. She said 'Is something wrong? Something you need to tell me, like?' And I told her I had been abused, so she said 'I know someone in New Pathways. You need to do this before you can get off the drugs'. So she referred me up here."

"I spent a lifetime in and out of care institutions and prisons, in that time I went through abuse, I went through loss in my family, people who were dear to me, I lost a son, I lost my father, I lost a brother, and ... I didn't know how to cope with it. I didn't have them coping strategies or anything to actually deal with these situations."

Until recently, some individuals had never spoken to anyone about their difficulties:

"I think I have a few things going on in my head which over the years I've never really got to speak to anyone or to help sort them out. [...] I think I suffer from depression. [...] I've never really queried it, or never had any help over the years with anything to do with that."

"I've never accessed anything like this before, because to be quite truthful, I always classed myself as a bit of a boy, you know? And it was more of a pride thing. I wouldn't sort of like want to go see a psychiatrist or sommatt. I was abused as, uh, as a child – which pretty much dominated my, my mindset as a child. When I grew up I think I had relatively successfully managed to put it away and just got on with my life – pretty conventional sort of life. Until some health issues forced me to stop working, and finding myself questioning my purpose and all of that sort of stuff."

One interviewee described the difficulty of getting mental health problems recognised if you are holding down a job – especially a professional one:

"... because I held a job, because I would normally walk around in a shirt and tie. I always had this façade as such. [...] I am very serious, hard working person, so for the mental health teams: 'Nothing wrong with you'. You know, 'Go away'."

Some interviewees described how they had become dependent upon drugs and/or alcohol to numb psychological distress:

"It was my way of dealing with things, you know, because of the abuse and because of me losing my brother, and my son and my father, you know, I started taking drugs when I was 33 years old! One thing led to another and I just got caught in that rut. Once I was in it, I couldn't get out of it. [...] I was sort of like a drug addict. I was just doing anything I could to get money. You know? And I wasn't bothered what sort of people that was hurt in the process of it."

In the long-run, substance misuse may induce or exacerbate mental health problems and cause severe difficulties such as homelessness:

"Drugs, uh, made me paranoid. I wouldn't go out of the house. I would leave through the back door at night, dress in dark clothes. If I see people I was in school with walking down the street I'd turn Isolated myself from everyone. Just took me downhill really. I was on the streets for about a year. [...] Homeless, yeah... I had nowhere to go. And for six months of that I held a job down. I was sleeping in someone's shed I was, yeah. And, my boss said he would pick me up by the speed camera. I'd jump over the wall before they'd see me. I was in that shed for a couple weeks."

Despite some efforts to refrain from misusing alcohol or drugs, other personal setbacks can result in extreme distress:

> *"Alcohol was a big issue. I cut everything out with my alcohol on me own because I knew I wouldn't get my family back if I drunk. But that didn't work anyway, so, to be honest, I felt useless, you know what I mean? I wasn't worth living. . . . well, as a kid well, I weren't wanted then and I'm still not wanted now, and I just felt rejected. ... We split up. ... She won't let me see me kids or nothing. And like... that kills me that. Thinking about them just really does my head in, yeah?"*

The difficulties of trying to stop using alcohol or drugs as an escape from reality and face up to the damage that has been done to their lives can make individuals feel very isolated:

> *"You don't know where you belong, once you've been on drugs for a time ... so when I am not on drugs I expect to be looking after my kids. I'm not doing that now, so I feel like, I don't belong nowhere, I can't bother with mates and go out with their kids and take them out because I haven't got mine and it upsets me. Um, I can't bother with people who have never taken drugs because they probably are very anti-, very anti-use. There's nowhere to belong, it is horrible."*

Some interviewees continue to live with the negative consequences of years of substance abuse and the terrible impact that has had upon family life:

> *"They're [my children] getting back in my life. And, you know, I want them home. They are not home just yet. But I've got to prove that, you know ... like, my personal skills and things, because I've got a lot to prove."*

The compounded effect of multiple traumatic experiences can change people's personalities and result in mental health problems:

> *"I was a bubbly person going back eight years ago, but through things, you know, losing my children and this and that, and going to jail, I was just like really self-reclusive and depressed and didn't bother with nobody."*

Experience of abuse and violence in particular can leave individuals struggling to maintain personal relationships with partners, children and other family members:

> *"I used to like, I sort of gauge how much somebody cared about me by how hard they hit me. I could never hug my children, or my family. I couldn't understand how somebody would want to be with me for just me."*

The chaotic lives of this client group – experiencing multiple criminal justice interventions and repeated prison sentences – gave them little chance to reflect upon what their problems were, or to consider accessing the support that was desperately needed:

> *"It was hard, I was in such a bad place, I was using and my prescription, you know, and, I had been on and off a while, you know, I was with them [the probation service], they'd check me off here, I'd go to jail, come back out, I'd go back on them again."*

> *"When I got out last time, I'd done three years hard time and I got out and I was homeless. And basically, they just put me in a hostel miles away from anybody that I knew – like any support. And within a matter of weeks, I was like using again and just straight down that road of dealing and being dragged back into that lifestyle. And again, basically, abusing myself, if you can understand? I was never offered any help. It was only this time when I got out that the probation officer I was working with at the time gave me the chance."*

Interviewees spoke of needing an intensive level of support that is often unavailable:

> *"[From an accident] I've got short term memory loss ... so, basically, trying to readjust and learn how to do the simple things everyone takes for granted. It was a nightmare and I slipped through the system. And it was very hard to concentrate, remember appointments and having the system which is meant to help people with mental health problems, I mean, the psychiatrist, they didn't know where to place me. The social workers, because I wasn't dribbling out the side of my mouth, they didn't know how to help me... and eventually I kind of had a nervous breakdown, last year, and that's how I got transferred onto Wish, and they kind of saved my life."*

Without support, sudden imprisonment (and the consequent failure to pay rent) can result in losing your home:

> *"When I got charged on my last offence I got remanded straight away so I might have lost my house. [...] It's made me worry all through this sentence – wondering if I'm going to end up homeless when I get out at the end of my sentence."*

This can leave ex-offenders homeless when they leave prison, or housed in unsuitable areas and/or unstable, temporary accommodation where it is only too easy to get back into reoffending:

> *"I've not been able to get re-housed and there are no hostels... they've all shut down."*

> *"I just don't like where I've been put up here... I want to try and help with a house and things like that. [...] I'd like to get permanent accommodation, in a reasonable area."*

> *"I say to them for the last two years, don't keep putting me in these places like hostels and bed and breakfasts, 'cause I'll end up in jail again and again – right? [...] I'd already been jailed about three times since then, and I've been jailed that many times that I didn't even know what I was going up for. ... I'm expecting to come out of jail with nothing, but on the street again."*

In addition to dealing with the difficulties caused by homelessness or living in unsuitable accommodation, the stress of responding to the multiple demands placed on people coming out of prison can be extensive:

> *"When I came out of prison last year I was about eight months pregnant. I had to be going running around to all these meetings, conferences, child protection this, this-that-and-the-other, and I had about four or five appointments to go to every day after I came out of prison. And, although I told them: 'You know what, just leave me for a week, leave me for two weeks, let me relax you know?' they had me running around like a headless chicken, you know? And still they took away my child, you know? ... It was winter, you know, I didn't have much money, I was with my partner, both of us had come out of prison. We were living on fifty pounds a week and they never had a care in the world for how I felt."*

It is easy to understand how difficult it is for this client group to cope with the demands of life. They suffer with mental and physical health issues, and often face housing problems and many other difficulties that arise from being poor. Many have experienced abuse – either as a child or an adult. Often their experiences of seeking help for any of their problems are negative, and they are continuously involved in a criminal justice system that is unable to meet their support needs. The next section examines these issues in more detail.

3.4 PREVIOUS EXPERIENCE OF SUPPORT SERVICE

Survey respondents were asked to describe their previous experiences of a wide range of services and the table below summarises the involvement that they reported with these services:

TABLE 5 | PARTICIPANT USE OF SERVICES IN THE PREVIOUS TWO YEARS

	Get into Reading, Manchester (n=12)	Community Link, London (n=11)	Bridge the Gap Channings Wood (n=9)	Hope Throughcare, Glasgow (n=7)	Outlook, Merthyr Tydfil (n=7)	Total (n=46)
Prison	12	8	9	7	6	42
GP	8	7	7	7	7	36
Probation	12	6	3	3	7	31
Accident and Emergency	2	6	5	7	5	25
Hostels	11	1	1	4	4	21
Housing Advice	4	6	2	3	4	19
Job centres / employment support	5	2	2	3	7	19
Community Mental Health Team (CMHT)	3	6	2	3	5	19
Mental health hospitals	1	5	1	4	0	11
Mental health day services	1	3	0	5	1	10
Floating support	0	4	1	4	1	10
Link workers	2	5	0	2	0	10
Physical health hospital	0	2	3	2	2	9
Community Drug Team	1	2	0	4	2	9
Community sentence	1	3	0	3	2	9
Day centres	1	4	0	3	0	8
Residential detox/rehab	0	0	1	3	0	4
Other	0	1 (Social Worker)	1 (Private therapy)	0	0	2
Average number (and range) of services used by respondents	5.4 (2-11)	6.3 (1-11)	4.2 (2-7)	9.3 (6-17)	7.6 (6-9)	6.3 (1-17)

On average, the individuals within this client group had been involved with over six agencies in the two years prior to interview. The agencies/sources of support listed in the left hand column are ranked in terms of frequency that they were mentioned in the questionnaires – thus, prison was the most frequently experienced organisation for this group. As well as experiencing the probation service, there is quite high usage of GP and Accident and Emergency services among the group. In contrast, there is relatively low incidence of community sentences within the past two years for this group. Nine of the 13 respondents who reported drug misuse had been in contact with a community drug team.

Information gained through the interviews gives insight into the experiences of this client group in trying to access support and working with statutory services. This section uses verbatim excerpts from the interviews to illustrate key experiences of the group.

While the experience of abuse as a child caused them severe ongoing difficulties, for some interviewees, the pain and humiliation that they felt meant that for many years they did not disclose it to anyone:

> *"I've never been asked or told them the real problem."*

> *"Every probation officer that I had hasn't spotted the problems that I got."*

One interviewee described how as a child, although the physical evidence of abuse was plain to see, and his teachers did try to seek help on his behalf, Social Services was unable to identify the abuse taking place and ultimately left him at home:

> *"My teachers, I remember, used to see some of the marks and bruises, especially on me, and called Social Services department. After a few weeks of this young lady from Social Services coming, writes up the report, 'Everything is okay, nothing to worry about'."*

As an adult, attempts to get help can be frustrating and unsuccessful – with little or no help available for people who are not exhibiting extreme signs of mental health difficulties:

> *"My experience of seeking help, it was very negative. I had actually sought help in a number of directions but, basically just didn't get it. [...] I wasn't really being listened to."*

> *"Nothing. Didn't know where to go. Didn't know where to get it from, who to talk to. And I did try to go to my doctor once and tell them my problems, they think I'm alright."*

> *"If you're lucky to access anything through the NHS, you're limited to six sessions where in many cases here we do meet longer, much longer. I know in my case, I'm, I'm looking at another six months, year, minimal, to try and sort myself out. You just can't do it."*

The very high threshold for accessing Community Mental Health support means that it is out of reach for many people in desperate need of support:

> *"Community mental health – great if I was um, roaming the streets with a shotgun in my hand, yeah. You know, a threat to society or the community, but, for a personal type of issue, you know. The last time I went there, uh, they said, they wrote to my doctor and said increase her antidepressants."*

> *"You got no criminal background, you don't have alcohol issues. The suggestion was that I go away, smash a window, get arrested and I fall into the system. Weird suggestion."*

Despite evident multiple support needs, several interviewees related how they had not received any support services whatsoever, while others made use of the emergency services in times of crisis. This is often a result of a lack of community support services, which means that problems build up to crises which require admittance to hospital:

> *"I usually end up in A&E in a heap. You know, trying to get help, trying to be heard, you know? Things go around in a circle in the system, from one person to the next."*

> *"You just end up in hospital. Or, end up self-harming yourself because you couldn't cope anymore. So, you just have to, you know, self-harm to end up in a hospital."*

Often, either the immediate symptoms of psychological distress (anxiety, depression and eating disorders), or their physical consequences are responded to, but without exploration of what problems might be underlying the current crisis:

> *"I felt that I was just getting pushed from one particular expert, or whatever, to another, and nothing was getting done. They were just giving me antidepressants all the time. So you know, they referred me to community mental health team. They said they couldn't help me. I went on courses and things ... mental health, you know stress, you know, [but it wasn't helpful] not at all. [...] It felt like just going around in circles. You'd ask for referral and, I think I went through 40 peers. [...] The year before I spent, I think it was, about 10 days in hospital. I stopped eating, so I was admitted with malnutrition, dehydration and all that. [...] I got sick of going from doctor to doctor, the stress, the anxiety. Even to the occupational health system in work. It just seemed like nobody was taking any notice. So anyway, I came out of hospital, I had no counselling, no referrals, basically they sort of patched me up – put plasters on, as they say. And said: 'Right, okay, you've got stomach problems, obviously, because you haven't eaten for four months, or whatever'. So they referred me to gastro clinic and that was it. So, there was no more sort of help or anything after that – until I crashed the car."*

There were many examples of individuals being prescribed antidepressants, with no attempt to identify the cause of depression or provide alternative, non-pharmaceutical responses:

> *"When my wife was really ill, um, I went and saw somebody then, but even then, after two sessions, he turned around and said: 'Oh I don't think there's anything more I can do for you that you're not doing for yourself.' And he just banged me on some antidepressants that six months later they pickled my head they did."*

Even when explicit requests were made to try to access counselling, professionals could put barriers in the way:

> *"I said 'I need counselling' and she [the doctor] said 'What for, the depression, the alcohol, what for?' . . . I did, at one stage, pay for a counsellor. I thought that was the only way to go! [...] It was the, um, receptionist in the surgery where I was at the time that actually gave me the phone number."*

A lack of immediate, relevant assistance is a problem for people struggling with their mental health. Many of the interviewees who had experience of Community Mental Health Teams described them as not providing a sufficiently intensive level of support, focusing too single-mindedly on mental health problems alone, and not interacting sufficiently with the other support services that they had to engage with:

> *"I been to the community of mental health team...half an hour and they send you away with a pair of leaflets! What good is that to you when you're feeling suicidal? You don't want to pick up the phone and sit back – 'Excuse me, hello?' You know? And then he'd be: 'Oh, let me look for an appointment for next week, come and see us next week'. Next week will be too late!"*

> *"When I talk to you [community mental health team] about my benefits and the problems I'm having, you left me to end up fighting my corner and I was put through the hoops. Sometimes I thought I want to admit myself to [local psychiatric hospital], because I had to fight, I had to fight."*

> *"I was predominately with the Community Mental Health Team – an outreach team – and, on occasions they have been very helpful as well, but they don't actually commit as far as Wish does, or you don't feel the personal care as much. They are very much more sort of at a distance."*

> *"I been placed with mental health teams for quite a few years but they only supportive to a certain degree really. [...] The whole system really stinks at times. There's a lack of communication. You seem to have to fight your way through hell when you're really ill. And, you know, communication is pretty bad."*

In particular, there is a lack of more specialist mental health support – such as that needed to support individuals with personality disorder:

> *"When you've got this personality disorder, even these so called professionals don't know how to treat or to even cope with the diagnosis. I've never received much help for the actual problem. I was turned down by two of the places that cater for this personality disorder, and they wrote back and said they didn't find that I was appropriate. So it leaves you feeling well where do you fit in? You know? I've also been diagnosed with, when I was in prison, with Bipolar II well, where do you fit in? [...] If I'm not getting the treatment I'm not getting better. Just left basically with very, very little support. And, my coping skills are very bad. You know? And it's been a fight really just to get some help."*

As well as Community Mental Health services, interviewees also felt that other community services do not provide support on a regular enough basis:

> *"I was engaging with [a drop-in support centre] for about seven years maybe. I was using [drugs] at the time and I was homeless certain times. I was pregnant... they just like give condoms and on the street and food and whatever, you know? That was the lowest ever in my life really. [...] The only thing about [the drop-in centre] is it's only once a week, which is not enough. [...] I think they should have more drop-in services available, not just one exclusive day and that's it."*

Substance misuse interventions are often felt to only deal with the symptomatic problems, resulting in an endless cycle of relapse, re-offending and imprisonment:

> *"I find them [substance misuse service] helpful by like getting you a script I had a worker obviously, and I would go and see him and, you know, go home and you'd be left, I'd feel good and then I'd go right, go back to my life, you know?"*

> *"With Drug Intervention Programme (DIP), you only get a certain amount of time on the methadone, and they bring you down slowly. So every time my methadone was going up, then going down, then back in jail. So, when it stopped I ended up back in jail and they'd give you methadone again, so back in DIP again."*

The lack of opportunities to get into training and/or employment can also be difficult to deal with:

> *"But there is nothing there to assist in making me feel useful. In fact, I saw someone from Careers Wales, who is meant to help you with voluntary work or doing something. Took one look at me and went, 'Well you've had a criminal record, realistically forget it, don't bother'. And, I never saw them since."*

> *"[If had been able to access help earlier on in life] I think that things may have been a little bit different. You know, I could have got myself into some sort of course or work placement and done some good out of it. But I never had them chances."*

Without sufficient intensity of support, clients can be left in severe distress with no one to help. This individual described how the experience of accessing group 'support' was so painful that it led to a crisis itself:

> *"They made me stand up and talk about my children – knowing that I couldn't see them, my missus won't let me see them. That made me worse! And this, the same day, I went off and done what I did. [Offending that resulted in a prison sentence]"*

Numerous examples of experiencing poor services were reported – including counter-productive counselling, waiting lists for substance misuse treatment and the perceived failure of employment support to provide any assistance:

> *"They told me there was bereavement counselling [in prison] so I went on it, but it didn't make it any easier for me... you talk to people about stuff and, just left me 10 times worse than when I went in there."*

> *"I had a drug problem once and I found myself on the verge of committing crime again, and I had been doing well – apart from the taking drugs. And I went to this drug place to try and get some treatment, substitute for the drug that I was taken. And I was told there was a three month waiting list. And I said if you don't give me some help within the next couple weeks, I'm going to be committing crime and be back inside, and I was basically – in a couple of months. So for me, that service was absolutely shite, you know? [...] Just really unhelpful."*

> *"I found one in prison, 'Working Links' they were – for getting back into work. After quite a quick chat with them, it was basically: 'I wouldn't bother'. You know, and that was her feedback. She's a specialist in finding employment for ex-offenders and her advice to most people was: 'I wouldn't bother looking'."*

Clients are often left with a feeling of not being listened to:

> *"I find it unhelpful when the people who are in charge of your care are not listening. And you're kind of fobbed off. You go around in a circle. You know, I find that you really have to fight to get anywhere, you know? I have found some social workers helpful, but some of them just don't know what to do with you, or how to help you."*

Experiences of constantly being referred on to other services were common:

> *"It's been pretty hard through social work departments, criminal justice, everything...I tried to get support, they turned around and said "There's this" or "There's that". Every time I'd try to get an appointment they would say 'Go away and see someone else', or they'll go "Do you have an appointment today?"... Especially the council, they were pretty hard."*

... as were experiences of information and advice being given in such an inaccessible manner that it was unintelligible:

> *"My experience of other services [is that] they give you a number like, or ... you walk in and you sit down and it's almost as if the it's like a recorded message, it's just 'Boom, boom, boom, boom, boom, boom, boom' – it's all just kind of spiel, spiel, spiel, and then you go."*

The high number of services that individuals had to engage with on a separate basis made life very complicated:

> *"... all these services... they're not co-ordinated, they're working their own here in that corner, inside prison... one's here, one's there, ones there – but there's no connection – if they could all be connected..."*

For individuals with poor or no literacy, attempting to engage with services can be especially difficult:

> *"Well they probably throw a form to me, you know, make your name in different places for starts. Do you know what I mean? It does your head in. You know, I can't read and write, I go a place for help and they throw me out this form about that flipping thick saying 'Fill that in and bring it back to us'. The reason I'm there in the first place is I can't read and write. Do you know what I mean? It's like going to the SS [Social Security] you haven't a clue what they just gave me. So I've got to bring somebody else to fill it in for me."*

Unsurprisingly then, individuals with mental health problems experience many difficulties in accessing support – including (in common with most other people), the challenge of being able to stay calm and communicate clearly when they feel that agencies are failing to respond to their needs:

> *"If someone says the wrong thing to me or don't address me in the right way or something, you're going to get it, I don't care who you are. when it comes to like meetings or mental health, or housing and things like that, you know, and people speak to you in a way that make you feel like you're some kind of degenerate, you know what I'm saying?"*

> *"Really it's my anger and, you know, if a professional, like I say, says something to me the wrong way, don't choose their words correctly, don't act professional to me, try to provoke a reaction from me, I'm going to give it to you. Simple as that, I don't care you know? And that's probably one thing that I would like to change about myself and I would hope that someone can try and change that for me."*

Feelings of mistrust and frustration arise as a result of multiple unsuccessful attempts to access support:

> *"Usually it's hospital, which in my case, only aggravates the situation. [...] It takes such a long time to try and get people to actually try to... help that, you know, it does make you aggressive. Some of the help obviously I found helpful, but, um, it's usually the hospital so it's really short-term. [...] It just drives you totally off your head to try and access the support, you know?"*

> *"I used to find that I had to be very verbally aggressive, to the point where I would say if you can't do your job I want to speak to your manager. Used to be a constant you have to go over everybody's head just to get the point across and then you'd find that they would try and make you feel guilty because you used your brain. Because you instinctively know they are wrong. So, it was a lot of that. It was very time consuming and very emotionally distressing."*

Some interviewees recognised that their challenging behaviour had restricted their access to support – sometimes reducing it to nothing:

> *"When I come back home, you should see the state of me, I was out of my head and drunk. I was dying you know what I mean? They give me three drug tests, you know what I mean? So... ten days to go and after that I was in there for another five weeks in the hospital, right... and because of being barred out of everywhere in Glasgow nowhere would deal with me, they couldn't put me anywhere... there's nowhere to put me."*

> *"Who's going to help me? Because I burned all my bridges [with] everybody. [Previous support workers have] taught me how to pay bills, taught me [but I've] burned all my bridges again, I stole money, I smashed windows, hold knives up to my support workers, err I thought it was useful aye, I never listened."*

There is a substantial difficulty in keeping positive working relationships between agencies and challenging clients – especially when clients feel that they are being judged harshly and that those judgements are used against them:

> *"They were very helpful in the first instance, but ... when the Social Services asked them for like, um, a character reference of what I was like and that, they spoke all sorts of negative things about me. And, at one stage they didn't want to work with me and things like that, because of my drug abuse, etcetera. But when I became clean they still referred to Social Services saying that she'll never be clean, she's only clean for three months and that's it. They spoke all negative stuff about me, so it was really hard to, um, get, you know, help from anywhere else because I was homeless at the time as well. ... obviously they are only going to tell the truth and that, so I respect them for that, but I hadn't been engaging with them for about 11 or 12 months and they still won't ask you. I never saw them for 12 months."*

Due to the complex care pathways and multiple agencies involved in working with this client group, agencies do not always communicate well with each other:

> *"The thing I don't find helpful is this lack of communication that goes on with these professionals, like, it seems to me that people are fighting to talk to one another, you know? There's such a lot of lack of communication that goes on with people that are involved in your care."*

3.4.1 EXPERIENCE OF THE CRIMINAL JUSTICE SYSTEM

As the interviewee below describes, for some clients, it was only once they had offended and become involved in the criminal justice system that they were able to access the support they so desperately needed.

> *"I was involved with the Community Mental Health team. I had a social worker, but I find that they don't really help much, especially with the diagnosis of personality disorder. I find that many people don't really know how to help that kind of a diagnosis. That's quite problematic. And I found I wasn't getting enough support, and I ended up causing an offence – arson – which led me to prison and I found I got more help in the prison system basically."*

For others, being labelled as a criminal meant that there was only one criminal justice response to their behaviour:

> *"I've tried to explain to probation and the courts the difficulties, but nothing ever really got done about it. The answer really was: 'You're going down.' That was it."*

> *Never found it easy [to get help]. Never had nowhere to go. [...] There were services out there, but, as I say, from a young age, getting into crime and doing things that I shouldn't have been doing... You know, there's no one. Probation didn't bother in them days... they weren't interested years ago."*

This results in the feeling that they are no longer viewed as an individual, but seen merely in terms of an offence that needs preventing:

> *"I remember, coming into their mental health team. They sat me down and the first thing is: 'We've got a report that you've committed a crime, what was the crime?' 'Property offence.' 'How did the offence affect you?' And I'm thinking, 'Pardon?!' And at that point I just shut off. They've maybe wanted to give me some form of treatment...*

or some form of assistance, but all they succeeded in doing is making me step backwards. Because I have no confidence in them that they see me as a human being... they see me as an offence."

Many interviewees described that in their experience, the probation service was unable to provide the intensive support that they had needed:

"The probation officer – last time I got out... they'd written out the next appointment before I walked into the room. And, it was like, 'Well here you are, I'll see you next week'."

"Probation was useless. Useless. I just go there, she would say 'Oh everything's fine, you can go now'. That was it. I needed help with my housing: 'Oh you know that you can go to the, um, go to the job centre and apply for a budgeting loan and see what they can do'."

"No help with any of the issues at all. It was just basically as long as you turned up for your weekly appointment at probation. [...] I had asked for, was there any services when I got out last time, and she basically said that there was a waiting list... they were talking like 18-months waiting list, so it was like, by that time, I was back in prison."

This absence of sufficiently intensive involvement with the probation service, and a lack of continuity with the same worker, means that sensitive issues have to be continuously re-told:

"The probation are not really helpful, you know? I think I seen my probation officer about four times on this new order... what good is that? And my CRI worker, which is part of my alcohol treatment requirement, I was with her three weeks and she left. Then I had somebody totally different so you've got to go through it all again..."

Sometimes probation resources are so stretched that they are unable to fulfil the basic requirements of supervising (ex-) offenders:

"It's an Intensive Alternative to Custody Order. I'm supposed to have one hour, one on one with my probation officer. I'm lucky if I get 10 minutes. Same with my CRI[17]: it's supposed to be one hour, one on one – my alcohol treatment requirement. I am not getting that. That wasn't mentioned when I was at court yesterday! [...] I should have brought up the fact that I'm not getting my one hour, twice a week."

"I have weeks where nobody knew who was managing my case! And then I'm trying to chase when's my next appointment. The judge can turn around and say, 'Well he's not towing the line, you know, he missed an appointment, he's missed this and that one.' [...] Because when you're on a probation order or a license, if you breach your order you're sent back to prison."

Thus, in some instances, the probation service is unable to provide access to the support required by the conditions attached to an individual's release from prison ('the licence') – and the other acknowledged forms of support that people need to desist from offending (such as appropriate accommodation and positive activities to occupy their time) are also absent:

"You're meant to work with a CPN... Did the forensic team or probation office do anything? No. You're not meant to live in a city. Where do they put you? In a city. You're meant to feel useful, yeah, that would help you overcome your fears and self-esteem, so you've got something to work on. Again, nothing. So, can somebody please tell me why they do all of this? [...] Like probation department, um, either due to lack of resources, or maybe it

17. Crime Reduction Initiative – substance misuse intervention

might take too much time, they actually breach the license conditions themselves. [...] How come they can breach it and without any form of penalty? If they know that they can't do it, then why make it a part of the licence anyway?"

The pause in the chaos of offending that prison imposed, sometimes removing them from highly distressful lives in the community, gave some individuals the opportunity to examine their lives and consider their support needs. Sometimes this was supported by the prison service, and perhaps even the probation service upon the individual's release back into the community:

"I was arrested in the middle of trying to do myself in at the time so that's why they put me in and said well you need to go and do courses now... before you do your 'You've been a naughty boy course' you need to do a 'let's get you together course'."

"It was a three and a half year sentence. And as I say, that gave me the opportunity to start really examining maybe what's hiding. [...] When I came out of out of prison had lots of discussions with my probation officer and she made the suggestion of seeing someone from New Pathways [Outlook]."

However, for those who had been accessing mental health services in the community, imprisonment may terminate this one source of assistance, without any assessment of whether and how such support could be provided within the prison setting:

"As soon as you got into prison it was like: 'Well, you know that help you were getting before?' Bang, that's gone. That's part of your punishment."

Reports of how mental health problems were dealt with within the prison service were generally negative:

"...somebody wanted to speak to a Listener[18], feeling very down because their wife has left him etcetera, and the senior officer's response to him was, 'You're in prison now, it's time you took responsibility for a few of your actions, so you're just going to have to learn to live with it'. [...] Instead of I care about you. I care about how you're feeling. It was: you need to learn to deal with this. And it was very much dismissed. And the guy was feeling very down and it doesn't matter about history, the guy was feeling down, needed some support, some help, and it was a case of, almost like, stop being a child and grow up, deal with it. And it's that kind of attitude."

"The whole approach to depression is not taken seriously. It's not seen as a disease. It's not seen as any kind of serious illness. Any officer says 'Yeah, yeah, he's trying to screw you, he's trying to get something for nothing, trying to pull a fast one'... that's throughout the prison system: (a) they don't care, and (b) it's just seen as a skive."

"I think they see it as a minor form of denial – you're trying to shake responsibility for who you are or what you've done or where, you know, that kind of stuff."

"I was someone that came into prison having attempted suicide twice. [...] I spent a week in intensive care, and the first thing they said is 'Oh I see you tried to commit suicide. Feeling alright now?' That was the question! [...] THAT was the support."

"Outside of prison – depression has still got, got a stigma and it's still only now getting some attention. [...] In prison, it's almost like the Dark Ages. It doesn't exist: [...] 'Oh they're just a bit down'."

18. A peer support scheme whereby prisoners are trained to listen in complete confidence to their fellow prisoners

Similar to the position described in the community, in prison there is often little or no mental health support for those who were not in immediate crisis:

> *"Since I've come into prison, I haven't come across anything useful, because effectively I haven't come across anything... [that is] available for people who are not, literally, stabbing themselves in the eyes with broken glass."*

> *"My life was in a bit of mess at that point in time [upon return to prison], so I gave them quite a reasonable description of just everything that had gone on. I think that in any other place, in any other part of the world, anywhere, if somebody had disclosed what I disclosed at the point of arrest, I would have been put in a fucking institution, and, you know, or at least given some form of intervention. And because it was such a shock to get here, it didn't really register with me until several weeks, several months after I had been arrested and put in prison. And I thought to myself, hang on a minute, when I came in here, I told you this, this, this, this, this, this, and this. And at no point have you actually said 'Well do you need someone to talk to about it then?'"*

The offer of antidepressants was often the main response:

> *"I've been in prison for nearly five years so it's not got any easier, and to a large extent it's harder. Trying to get some help for that within the prison system is quite tough. Doctors will say, and they have done, 'Take a few antidepressants or a few sleeping tablets, that will do, off you go.' And that's pretty much the help you get."*

> *"I was sort of an hour from liver collapse, and the only reason to continue and start eating and drinking again was because they promised me some help. When I finally got back into the prison that help was: 'Go and see the doctor.' And the doctor said 'I'll give you some antidepressants.' And that was the total, and if I'd have known that previously, I just wouldn't have bothered. [...] It's not real help, it's just get you past this bit."*

> *"You go to speak to the health care and there's a couple of paracetamol or a few antidepressants for a little while and that's it. There is nothing else."*

Some experienced a reluctance to consider alternative approaches to dealing with mental health problems, or to modify an initial prescription that the prisoner felt unhappy with:

> *"Shrugging shoulder syndrome exists here, and that pass the buck and everything. Now I've got various difficulties, mental health, eating disorders, so on and so forth like that, and I can't get no assistance with any of it. No medication or nothing. I was on medication over a year ago and then, um, I said, 'Look I'm getting fed up with taking this medication, I'm walking around in the clouds all the time, you know, can I change to something different?' 'Well, no, if you want to change you'll have to stop taking it'. So I did. I stopped taking and then I had a proper wobble. Went right over. And then there was no back up for me then either. And this place was, 'Well, it was your choice'. You know? And we're left to that decision. We're out the door, we're done. And then we're damned if we do or we don't. You know what I mean? It's just, just tough shit for us."*

One interviewee described the vicious circle of feeling that you have been pointed out as someone with mental health support needs and, as a result feeling even more isolated and distressed:

> *"I mean the system is geared up, isn't it, to deal with the norm? [As a prisoner with mental health problems] You feel excluded and that's self-perpetuating because it makes you feel worse, you don't want to get involved because you get yelled at, or you get looked down upon or whatever. And you go through that same loop of getting worse and worse."*

Interviewee's previous attempts at accessing help within prison reveal a general lack of resources available to deal with mental health difficulties among prisoners:

> *"When I first got in, I was suicidal. [...] I talked to the doctor and I was referred to mental health team but the doctor said there is nothing we can do, there is no money for it, and the mental health team said well we don't offer counselling or anything and there's nothing we can do."*

While there were some positive experiences of having accessed mental health support within prison:

> *"When I first came into prison, back in 2004, I was aiming to access bereavement counselling and I met this fantastic counsellor and she stuck with me for about nine months... her husband became a prison visitor to visit me when I was in [another named prison]... and they want to be part of my sentence support when I get out. So that's going to be an ongoing thing, and it's, people like that are rare, you know what I mean?"*

However the instability of such external sources of support – that sit outside the prison infrastructure and can therefore suddenly cease to exist – can cause problems. Such projects can struggle to sustain the support they offer which can have a very negative impact:

> *"I think that makes it destructive, doesn't it? if you speak to people who [say they] will give you support, then it doesn't happen, that actually takes you back, not to step zero, to step minus three. You know, you build your hopes up, going to get some help, oh no, okay, right. So you start a bit lower."*

> *"I went through the eight weeks in prison counselling. By about week six or week seven, she'd opened a complete can of worms, funding had stopped. [...] Around a week later I'd actually taken an overdose in prison, because I didn't know how to deal with this anymore. I couldn't go forward, there was nothing to go forward with. You know? And, um, there was a complete mess, yeah, that was all chucked up in the air, how do I catch it all?"*

In many cases, these interventions, provided by external organisations outside of the prison system, cannot inform or influence the prison – such that prisoners feel that the work they are doing is not really achieving anything for them in the long-run, and is not used by the probation service as part of their resettlement plan:

> *"I started going to see him [counsellor] weekly for an hour at a time, and for the first time there was somebody who understood depression and would listen to what I was trying to cope with. And, after twelve months with him, it did help me a lot. Then, what I found, which was the saddest thing of all, he had no platform, no teeth whatsoever. Everything we discussed for the past 12 months was just put into a dustbin. There was none of the psychological department or the medical team wanted to know anything he had to say. And yet he was the one person that knew me better than anybody. The only person... having spent a year or a year and half, who knew me and my background and my life, quite intimately by then – was never once asked for any comments. I had a one hour meeting with my internal probation officer who summed up everything in three quarter of an hour meeting."*

> *"I always find it amazing that the psychology department here, who's supposed to give you assessments on your character and everything else, don't find the need to want to talk with people who have had much closer dealings with you."*

One interviewee described how his attempt to access cognitive behavioural therapy from outside the prison was thwarted:

> *"[With a counsellor] We tried for me to have private medical help – CBT – that I was happy to pay for. Every stage of it was blocked. Absolutely blocked. Oh, doctor, no, no, you couldn't do that, couldn't do that. So we talked to solicitors and they said yes you can, you're entitled to any National Health Service while you're in prison. So the doctor then passed the buck to the head of psychology, and she passed the buck to somebody else, she passed the buck to somebody else, and that passed the buck back to doctor. And after being around it three times, [...] the reason, I think, they wouldn't do it is, not only because they wouldn't accept depression as a problem anyway, um, if I was to see somebody independent of the prison, they might have different conclusions about me than they want to present themselves."*

For those on longer sentences, probation officers may only start visiting as release approaches, which means that prisoners do not receive ongoing support during their sentence – leaving some of them feeling that it is too late for a positive working relationship to be developed in order to make an effective resettlement plan for them:

> *"I've been in here two years now and it's only really to the end of my sentence that I've got to see people. So, like, I'd say, really for a good 16 months of my sentence, I was on my own. It's like, now probation want to know me, probation want to meet me and speak to me and that. And I think it's all a bit too [late]. Because they haven't got time for you. Nobody's got time for you. I think it's just the way the process is. I've got two and a half weeks of my sentence now and out of that two years I've seen my probation officer once. She doesn't know me. I think she's judging on paperwork. What the courts have said in the past and stuff. And so I'm going to see her on Monday to discuss my license conditions."*

Long-term prisoners can become institutionalised – whereby the routine and relative security of the prison environment is of more comfort to them than the thought of the chaos and lack of support in the community. One prisoner describes unintentionally sabotaging their parole opportunity due to the anxiety caused by the thought of changing environment:

> *"I get really kind of anxious over things and it stops me from sleeping and it stops me from doing things that I want to do – but I kind of get anxious about it. [...] I had a parole hearing earlier on in the year and, you know obviously it was a big thing for me. I've been in a long time now, and it was my first ever one and I didn't know what to expect, and you know, obviously my anxiety kind of went through the roof... and in the end I kind of sabotaged myself on the board. As soon as I knew that I wasn't getting my parole, I was going to be staying here, I felt okay again. So, I just, sabotaged any chances of me getting a progressive move or getting out or whatever, so that, you know, I could just kind of be normal again."*

Some interviewees were left feeling that prison fails to provide any real rehabilitative support, but rather just contains them and provides the minimal level of care that prevents the risk of future litigation:

> *"I know that the prison tick boxes to cover things, but that's all it is – they're not really bothered."*

> *"The prison system... it's nothing about reform. It's simply bang out and litigation. Cover our arses so we don't get done for anything in the future."*

The lack of joined up services between prison and community services within the criminal justice system, means that even when support needs have been identified in prison, there is no access to support upon return to the community:

> *"Before I ended up being in prison, I was in [a psychiatric] hospital for evaluation and in there it actually states very clear that I... needed desperately, um, long term counselling. Nothing further came of it. I then went through all of these things in prison, you know, really doing more tests, mental health tests and I could probably know all of the forms backwards by now. As I said, a part of my licence was to interact on a weekly basis with a CPN. Nothing happened. [...] Eventually I had to refer myself here [to Outlook]."*

> *"No one to turn to. No one to speak to. The first I spoke to anyone about it was, actually when I was in prison. The worst part about it was ... they did some stupid mental health check on me that took about three days, put me through sheer hell and realised that, apparently, I am meant to be some emotional wreck. But when I came out, there was no mental health person there to deal with it, none – even though it was a part of the license condition."*

> *"My mood took a really violent swing and, man, I went really, down. I had a nurse come to my cell, tick boxes for me, yeah? 'How do you feel, you know, what is your mood one to ten? How do you feel about your mental health? I got my appeal and I got out... nothing from that since. So, what was the point in me filling that form in if that wasn't going to help me refer to the community mental health team, again, when I came out (which has never happened)."*

In one instance, this led to one interviewee being prevented from returning to the community – because of a lack of services that could support them on the outside:

> *"I was in altogether prison and detention for almost four years and, um, my daughter was taken away when she was two. So when I was in detention due to my mental health, there was no mental health team to support me. [...] I was just on medication and the medication wasn't working for me anymore. I wasn't able to see the psychiatric doctors or anything. So I was just there. So, every time I go for [release] to get out, they always tell me no because they need an organisation that, you know, I can be going to or any organisation that can help me, that will volunteer and say [that] they will support my mental health and everything. And that's how Wish came into my life, so [my] solicitors was able to call Wish and they was able to come in and write a support letter to the judge and say they will help me."*

Especially for those who had experienced abuse as a child, assistance to deal with their trauma was generally not available, and support that failed to deal explicitly with this issue was not particularly helpful:

> *"Probation had always been aware of my background but they never directed me towards anything like this. I had done rehab in prison, which, I mean, did sort of not really deal with any of the like abuse... not in a way that was of any help really."*

The criminal justice system can be experienced as a trauma – having to repeatedly discuss very personal and distressing details in front of groups of strangers:

> *"I don't want to go down that route again. I had to speak about it in court. I had to speak about it with the forensic medicine people, the prison mental health teams. It's like do I really need to go there again?"*

> *"You've got to mention and go over things that you don't really want to go over that you've already gone over – but it is hard, when you are going over these things again and again and again and not going nowhere."*

The complexity of needs among this client group is often such that involvement in the criminal justice system can exacerbate mental health needs – undermining support that is provided:

"In my mental health records, as I said, it states that I really shouldn't be with a huge amount of people, lots of noise otherwise I just barricade myself in the house. [...] Probation Service South Wales, they stick me in Cardiff, um, yeah, really, in Cardiff! Yeah, I actually feel sorry for some ways for [Outlook worker], because [Outlook worker] keeps me going but, he keeps me going since yesterday. I then go back here today and everything that we've been working on one day, by Monday it's unravelled again because of the fights, the banging on doors, the, uh, it's like, 'Go away people'. You know? So no one, as you said, no one speaks to each other."

"If you take someone from prison, throw them back out on the streets and don't give them any hope, the probability is that they are going to get themselves back into trouble again. So, if you release them from prison, put them into a reasonable place that they can live, yeah, and give them a job that gives them self-respect, the probability is that they won't get themselves into trouble. And after a few years they'll be quite useful people again."

"... We don't do that here. They seem to throw you out, you know, maybe if you're lucky you get somewhere that they call suitable, but, you know, you've got the plaster falling off the walls and... if you don't have self-pride and self-respect, then how can you respect others? If I can't actually love myself how can you love someone else? And, I'm sorry, that's the most important thing, and that's the thing that organisations are failing completely on. Yet, actually giving the ability to people who's been through hell, made mistakes, but giving them the ability to respect themselves, you know? And, that's the basis of everything. A little bit of self-respect, a little bit of self-esteem and at that point I think there might be a little bit less problems."

3.5 SUMMARY

The breadth of difficulties reported among this group (with each individual typically experiencing at least three difficulties in addition to involvement in the criminal justice system) reveals the range and complexity of their often interacting support needs. Most of these support needs include some combination of poor mental health, physical health problems, poor housing, poverty and homelessness as well as offending and experience of the criminal justice system.

In terms of their experiences of services, prison was the most frequently experienced organisation for these respondents. As well as engagement in the probation service, quite high usage of GP and accident and emergency services was reported among the group. In contrast, there is relatively low incidence of community sentences within the past two years for this group. Nine of the 13 self-reported drug misusers had been in contact with a community drug team.

While covering a huge range of different experiences, the comments made both in the questionnaire and during interviews illustrate that this client group typically find holistic support (particularly that combining both emotional and practical assistance) to be especially helpful. The provision of services 'in silo' (i.e. 'narrow' medical responses), access to housing with no support to maintain tenancies, strict probation requirements that take no account of difficulties faced in adhering to rigid timetables, and drug treatment delivered by workers perceived to have little shared experience/understanding of addiction) do not sufficiently support this client group.

Interviewees also describe both structural barriers (such as waiting times, inefficient bureaucracy and insufficient service delivery time) and service providers' negative attitudes towards them as being very unhelpful. Given their previous experiences, this client group is likely to be extremely sensitive to others' negative attitudes towards them. While their perceptions may be at odds with the service deliverers'

intentions, it is crucial that those providing services to them make extra effort to make them feel welcome and accepted – and to be seen to attempt to minimise the organisational barriers – some of which may well be outside of their control.

The common experience of the criminal justice system in general, and prison in particular is of a system with insufficient resources and a consequent lack of support structure for individuals with mental health needs. The criminal justice system tends to exacerbate anxiety, stress and trauma for offenders – not only the prospect of having one's fate in the hands of the judiciary, but also being required to repeatedly discuss highly personal issues in front of numerous strangers. This results in a vicious cycle of mental health support need, inadequate prison response, and further deterioration of mental health among prisoners.

PROJECT FINDINGS

4

Library photo, posed by model | © Warren Goldswain / iStockphoto.com

4.1 INTRODUCTION

This section of the report presents the key research findings. Taking each project in turn, we provide a brief overview of the services delivered, and then use information from the questionnaires and interviews that beneficiaries underwent to provide more detailed insight into their experiences of the support provided to them.

4.2 HOPE THROUGHCARE PROJECT, GLASGOW

4.2.1 PROJECT OVERVIEW

Hope's Throughcare project aims to provide a seamless transition from prison to the community for offenders with mental health problems leaving Barlinnie Prison (a category B local prison). The project provides support to clients who would otherwise have no such assistance and has managed to form positive links with various services within Barlinnie prison. The project has one member of staff: a full-time project coordinator who works alongside prison staff to identify and assess prisoners with mental health problems before release. Referrals are accepted from a variety of sources, including families, friends, self-referrals, prison staff and other agencies. Support is also provided in the community – including practical and emotional support, advocacy and befriending that links ex-prisoners into a supportive social network as a means of facilitating independent living. Thus, in addition to supporting clients, the Throughcare project helps to relieve some of the demands facing those services that work with this complex client group.

Over a period of three years, the Throughcare project has worked with approximately 100 people, focusing on prisoners in Barlinnie who:

1. Are nearing the end of their sentence, or have recently been released.
2. Live within the Glasgow area.
3. Have a mental health issue.
4. Are not receiving support from any other agencies.

While in prison, clients receive an hour of support on average on four occasions prior to release. In the community, the time spent with each individual varies – dependent on their specific needs. Some clients receive one hour of support weekly, while others may require more extensive support over a short period (typically involving spending a day or two to help with resettlement after release). Clients have also been supported to exercise their right to emergency accommodation, helped to access the benefits system, and supported to prepare for employment or further education.

The project manager reports that along with the cooperation of community agencies, the goodwill of the management and staff of Barlinnie prison has been key in enabling the project to work within a very controlled environment. Like other resettlement projects, Throughcare has experienced problems due to limited funding, difficulties in accessing adequate accommodation (due to overloaded homelessness and housing services), the bureaucratic benefits system, and a lack of employment opportunities for ex-offenders. However, the project has been able to partly overcome these barriers by extending its network of housing providers – particularly among private letting agents.[19]

The project has not managed to get further funding for when the Trusthouse Charitable Foundation funding ceases. However, its Lloyds TSB funding package spending deadline was extended for a further 6-month period, and HOPE was given permission to change the purposes for which its £3,000 Lloyds TSB grant was used – which enabled them to provide a more comprehensive level of support to clients.

19. Who provide private rented accommodation to clients without the need for a deposit, or advance rent payment

4.2.2 CLIENT EXPERIENCE

From the interviewees' accounts, most beneficiaries were referred into the Throughcare project due to prison officers' concerns about their well-being:

> *"I went to prison and I wasn't getting any visitors and I was depressed, I self-harmed myself and a prison officer put me onto HOPE [Throughcare], and I started getting visits from HOPE [Throughcare]."*

> *"It was prison that assigned me ... I had a wee bit of a mental breakdown and I think it was just through drugs over the years and I was more less sent over to HOPE to talk like to [named Project Worker] ... for somewhere to get sorted when I got out."*

The project provided them with a range of support that helped them to plan for and achieve a smoother resettlement back into the community:

> *"The project supports me with housing, bills, in-prison support, drug treatment, appointments, day-to-day general support."*

> *"Talk about courses, drinking, general advice... get busy, motivated, interacting."*

Interviewees identified many helpful aspects of the project – including the provision of emotional and social support for prisoners receiving no family visits, and supporting them to access other services that they will need when they return to the community:

> *"I get visits from HOPE [Throughcare] in prison and [Throughcare Project Worker] comes out and sees me every week to make sure I'm ok and things like that. It helps me, he takes me to housing and things like that to put down for a permanent flat. [...] They offer good support to people. If you're in a prison and you have no family they offer volunteer workers from outside to come in and visit you on like a family visit. Good support if you're staying in different places for accommodation, they come out and meet up with you once a week or once every two weeks. They can still make sure you're ok; see how you're getting on."*
>
> **Throughcare Interviewee 1**

> *"I've got a few kids that don't like being here [in prison] and through [Throughcare Project Worker] he can get approach the social work departments and that [to help maintain contact with children]... that's what he'll do for me."*
>
> **Throughcare Interviewee 7**

The provision of practical assistance with all the issues that need sorting out for effective resettlement back in the community was mentioned by many interviewees – including money management, referral to alcohol/drug treatment, help finding accommodation, and opportunities for positive activities:

> *"[They] make sure I get some help outside. Just generally help me get support. And if I get into trouble, just assume that he's [Throughcare Project worker] going to be there for me again. Make sure I pay my bills and that 'cause I'm not particularly good at budgeting myself.[...] It makes a very big difference, I find myself in debt and that, and I always end up giving them things at the end of the day just to get money and I end up... basically re-offending."*
>
> **Throughcare Interviewee 8**

> *"It's somebody to talk to and trust in. I think it's good that way, and it isn't just, [Throughcare Project Worker] doesn't say something you... he suggests things with you and then... he goes a stage further, he sees you get help with your problems... he's going to get me into [Residential Rehabilitation], so when I get out of here I won't want*

to get a bottle of Jack Daniels and then get pissed. Hopefully when I get out of here I'll go into a hostel and get it sorted. That's what I did a month ago, I came into here and opted for him to come and see me."

Throughcare Interviewee 6

"I can't cope with myself when I'm outside prison man, and [named Throughcare Project Worker] helps me and all that... and [named Throughcare Project Worker]'s helped to – with appointments he's set up for us and... hopefully [Throughcare Project Worker] can help me get into something man. I need help man, with my drink."

Throughcare Interviewee 7

"Help me with support when I get out, get me somewhere decent to stay for a start, instead of ending up back in here, if I end up in a homeless unit it's not too good to be honest. Err but [Throughcare Project Worker] helped me get somewhere with support stuff like that, so I didn't end up just (inaudible) getting into trouble again using drugs, eh got me a house benefit as well. [Throughcare Project Worker] usually comes and speaks to you at least once a week and makes sure I'm alright and helps me... it's just general support and things like that – somebody to talk to."

Throughcare Interviewee 8

"I'm getting opportunities to do things that I wanted to do – attend other projects like day centres. [...] I've been getting asked by my support worker would I like to attend places – to fill my time out, to fill my day in, instead of just sitting in. [...] It's just meeting other people, communicating with other people. [...] it's giving me an opportunity to do something with my life, instead of sitting about. [...] I'm not being told, I mean I'm being given the option by being asked to do things."

Throughcare Interviewee 1

Emotional support, reassurance and confidence-building were also key benefits that most interviewees discussed:

"I don't really know how to cope myself... I've no experience like in, err, hostel or anything or 'owt like that, so... basically I'm kind of... quite naive, so when [Throughcare Project Worker] starts showing up, it's like kinda like they... they help, they give me a wee bit of reassurance and a wee bit of confidence and support and such. So when I get released it doesn't seem so daunting."

Throughcare Interviewee 9

"They've helped to restore my self-esteem. [...] Actually... I've never really had a very high opinion of myself anyway. So when I talk to them... they say 'Oh don't run yourself down, do you know at times everybody makes mistakes'... Very reassuring individuals."

Throughcare Interviewee 9

The provision of support on a 24/7 basis in the community was particularly valued:

"I've got a number for [Throughcare Project Worker] and everything else, I'd give him a phone and say "Look I've done this" and at night time I can phone him and say 'What could I do?'"

Throughcare Interviewee 2

... as was the help provided in accessing accommodation, thinking about education and training opportunities, making contact with family members, and supporting clients in engaging with the other services that they need:

"Well I'm here and that's through [Throughcare Project Worker] going about trying to get me something to stay and it's through Throughcare that I'm here. I'm staying in this place where I'm at just now. [...] It's helped me get my life back together. I'm out working and that and I'm away from drugs and it's helped me stabilise my life, it's

helped me get back in an environment... I work at... a community environment, it's helped me I've just been here three weeks, it's still early but so far it's been so good you know? ... I'm out working and that; I weren't working and that before. It wasn't for [Throughcare Project Worker] getting me here in a hostel I'd, erm, probably [be] smacked out of my head on heroin just now, but I'm not."

Throughcare Interviewee 3

> *"[Throughcare Project Worker] helps me to look at the bigger picture, college courses, tells me about work, tells me about other choices that I have. [...] [Throughcare Project Worker] helps me to look, where the other ones don't listen. I know someday I can talk to him and I like to."*

Throughcare Interviewee 4

> *"[Throughcare Project Worker]'s helped me keep in contact with my family, he's contacted them himself and gave them what I'm doing, what's happening and that."*

Throughcare Interviewee 5

> *"I think that [Throughcare Project Worker]'s alright aye he's done him good for it aye. He gets us appointments and that. ... [Throughcare Project Worker] books appointments and all that helps 'cause it's helped me in here, it's got me letters for court and I had been put on an alcohol courses in here, aye I've even got that [Residential Rehab] and all that and talked to the doctor and get this thing working aye, 'cause of the appointments he's gotten me."*

Throughcare Interviewee 7

The continuity of support between prison and the community was highly valued:

> *"He's going to keep working with me when I get out, access and all that. My mental health team and stuff like that."*

... and the need for ongoing support – which is threatened by the lack of ongoing funding – was acknowledged by several interviewees:

> *"To be there, so I can phone up and get somebody to see me when finally I move on."*

Throughcare Interviewee 5

> *"[I'm] doing not bad now, but I still look forward to seeing HOPE [Throughcare]."*

Throughcare Interviewee 9

> *"They can stick with you, and help you where you need it if you ask for whatever ...I like to be independent, I mean I've never had anyone... always did it for myself you know what I mean? So basically just to be there ... when you need them."*

Throughcare Interviewee 10

Throughcare was described as being particularly good at listening to and understanding clients' needs. Rather than offering a rigid service that required clients to accept organisational boundaries or limitations, Throughcare responded to clients' needs and endeavoured to provide the specific support that they were asking for. They also provided advocacy – seeking to help clients who were trying (often unsuccessfully) to negotiate some aspect of service provision with other agencies:

> *"I told him what my past was like and I said I've had problems with my family in the past and ... disability and everything like that. I've got epilepsy. He said well we can help you and then I got offered an interview with [accommodation provider]. My [Throughcare] worker, he set up an interview with them and I got accepted to stay here."*

Throughcare Interviewee 2

> *"I got a licence issued and my social worker was trying to force me to go back to Paisley and I don't want to go back to Paisley 'cause I've got people who wanna kill me, people who wanna hurt me and I don't want to get into trouble, and HOPE, [named Throughcare Project Worker] tried to ask my social worker to move me to [another area]."*
>
> **Throughcare Interviewee 4**

Clients were unanimous in their praise for the support that they were receiving from the Throughcare project:

> *"It's been positive, everything's been positive so far."*
>
> **Throughcare Interviewee 3**

4.2.3 IMPACT AND SUGGESTIONS FOR FURTHER DEVELOPMENT

When asked about the support that had made the most positive impact upon them, interviewees talked about the strong feelings of trust that they have developed towards the Throughcare project worker, and how this enables them to plan for the future:

> *"[Throughcare Project Worker]: He's a good worker, I trust him more than what I have the other workers in the past. [Throughcare is] It's probably the best place that I've been to... and you can meet up with the staff, and meet up with different people, customers and services like yourself."*
>
> **Throughcare Interviewee 2**

> *"Somebody that you can go away and talk to if you're struggling... [Named Throughcare Project Worker] goes out of his way to help people."*
>
> **Throughcare Interviewee 8**

> *"It gives you hope, it gives you an aim and a target and then if you realise that has actually... people out there who are willing to help you having a go ... it's quite uplifting sometimes aye."*
>
> **Throughcare Interviewee 9**

With previous experience of the pathways to reoffending (e.g. unsuitable, temporary accommodation, and substance misuse), project beneficiaries were clear that accessing good accommodation and receiving support from the Throughcare project were key to ceasing offending:

> *"Got me into accommodation – if I was not in here I'd probably be back on the drink and breaking into shops back into prison for next month."*
>
> **Throughcare Interviewee 2**

> *"It's [Throughcare Project Worker] getting me in here, it's been the best thing, getting me into the community so I can start helping myself, so far that's...instead of going into a hostel and going back to a life of drugs, so it's been helpful coming here where I'm at, at the moment. ... [The Throughcare Project Worker]'s brilliant, been very, very helpful, been very helpful – he come and got me out of prison and brought me out. Aye he's been very helpful with me... He's gone out of his way for me put it that way,... and he's got a job to do..."*
>
> **Throughcare Interviewee 3**

> *"The housing part as well – getting me somewhere decent to sign up when I get out... in a situation where I'm not going to start using drugs again. [...] It's a very good project... and they've helped me a lot."*
>
> **Throughcare Interviewee 9**

Interviewees were also asked about their hopes for the future – what they think the project will help them to achieve:

> *"Stop drinking alcohol, have a job or go to volunteer work and regain my life back again and start a family."*
>
> **Throughcare Interviewee 2**

> *"Change my life hopefully, and start my life."*
>
> **Throughcare Interviewee 6**

> *"Hopefully it will help me get a job, help me get a college course, and just help me get on in life, instead of being in here [prison] all my life."*
>
> **Throughcare Interviewee 4**

> *"It's still quite early. [...] I plan to settle into the community, get them to settle back into the community and hopefully through this I can get experience about moving on and working and all that, maybe resettling myself back sometime you know building hope maybe building my own future you know, but it's been helpful, so far it's got me where I'm at, so now I'm having to do my wee bit."*
>
> **Throughcare Interviewee 3**

When asked what further developments they would like to see the project make to increase its effectiveness, several interviewees could not think of anything that needed changing about the project:

> *"Not really to be honest, 'cause the support you get off HOPE [Throughcare] is quite good to be quite honest."*
>
> **Throughcare Interviewee 8**

However other interviewees were keen to increase the frequency with which they met the Throughcare project worker, and to feel assured that they could access support whenever they needed it, day or night:

> *"[The Throughcare Project Worker] can only come to you so many times 'cause he's got so many times 'cause he's got a lot of other guys to see you know."*
>
> **Throughcare Interviewee 3**

> *"Just to see them on a little more regular basis. I see them maybe once a fortnight or some... maybe once a week."*
>
> **Throughcare Interviewee 5**

> *"This guy here, works 9-5 you know what I mean, but I want 24/7. [...] So that's one thing, they should have people on 24hr call."*
>
> **Throughcare Interviewee 10**

Another interviewee wanted the option of peer support – feeling that people who shared similar experiences to him would understand him better:

> *"I would like to see people who'd been in jail, who'd been in the same place I've been, who've had the same experiences I have in my life... 'cause sometimes people [with] the same experience I have, they can relate to me... know what you're going through."*
>
> **Throughcare Interviewee 4**

It was also suggested that combining the support from Throughcare with day release visits to access community services would aid resettlement enormously:

> *"If the prison would let you go to see them [services in the community], yeah, 'cause it's dead hard... you don't do any day release."*
>
> ***Throughcare Interviewee 6***

4.3 OUTLOOK PROJECT IN MERTHYR TYDFIL

4.3.1 PROJECT OVERVIEW

Outlook provides in-custody and post-release counselling and advocacy support to women and men who are in the criminal justice system (or who are in danger of being in the criminal justice system) who have been affected by any kind of trauma. The project specialises in dealing with the aftermath of rape and sexual abuse, and most clients have these experiences. Outlook also helps support their families if requested.

During its second year of funding, Outlook provided approximately 1,800 counselling sessions to more than 100 people. The advocacy work varies greatly in terms of frequency and duration, and Outlook also offers weekly one-hour counselling sessions for clients. These sessions are not time-bound, however on average each client receives approximately 18 counselling sessions. While receiving referrals from a wide range of sources, the project has more recently been developing close working links with Bridgend Probation Office and is also currently discussing developing the provision of counselling for serving prisoners in Parc Prison.

4.3.2 CLIENT EXPERIENCE

Interviewees discussed the value of in-depth emotional support that helps them to address the long-standing trauma of abuse – the cause of their problems, rather than just the symptoms:

> *"It's much more personal, it's much more in-depth. It's much more tailored to the individual needs. [...] This project tends to deal more with the problem that's created the issues."*
>
> ***Outlook Interviewee 1***

> *"They [Outlook] are best at understanding they don't look down their noses at you. [...] Where other people cut you off like, and try and tell you what you're going to say. But they listen and they let you speak. They let you voice your opinion and how you feel. So, in my eyes that's a positive."*
>
> ***Outlook Interviewee***

They also described having confidence that Outlook would allow them to proceed at their own pace and continue to access support for as long as possible – which helps people to avert the most desperate of potential outcomes:

> *"What this has done is, is given me the possibility of working through things slowly. If necessary, going back again. If necessary, skipping a bit out. You know, until I'm ready with it. But always giving me the feeling at the end of the session, or, uh, a few hours after the session, when I've had time to digest it, that there is a reason. There is a tomorrow. Sometimes it goes wrong during the week, I will admit. But at least I know that the following Thursday, I can still continue. You know, so, that's what this organisation has given me. You know? So I know that over the past year, if I hadn't been here, or been working with these guys, it's quite more than probable I wouldn't be, well, [...] maybe I'd gone to sleep here and really not woken up. So, they've done quite a good job, they've kept me going."*
>
> ***Outlook Interviewee***

> *"You can't fault the service and its counselling. You know, I knew it was going to be no quick fix... but few years down the line, I'm still here, still seeing him, and I'm a lot better person for it. And, it has given me, I suppose, to look forward rather than backwards."*
>
> **Outlook Interviewee**

> *"The other thing that I like about this [project] is they give you time. They don't try to rush you. They let you go through it in some ways at your own speed. There is an understanding there from the staff, in my opinion. I don't actually know how I would have dealt with it if it was some of the people that I've met in the NHS. They tell me how I feel 'You're thinking, or you're feeling like this'. I'm thinking 'How do they know?' They don't – which only gets me angry and gets me irate. And it causes me actually to shut up. Um, so, yeah, the caring side of it, and the understanding side of it. But the other thing I find important is time. I've noticed here that the staff are willing to invest their time, which makes me feel more at ease. And knowing that I've got continuation of the same people, that I don't need to go over things and explain it all again... which is a really horrible thing, or at least I find it that, because I've been through it. I've had the one stopped, then had to start again, and all you do is opening/closing, opening/closing. I'm sorry, but for me that was just horrible. But here I don't need to do that."*

In helping clients to make sense of their past and begin to bring some order into their lives, Outlook has been able to help alleviate symptoms of anxiety and depression:

> *"Sometimes I come in here and I am in a mess, and I just, just babble on. Sometimes I walk in and I find it hard to breathe and my whole body gets all really uptight. It affects me really physically. After I've been here, I can walk out and at least I can breathe again."*
>
> **Outlook Interviewee 2**

Interviewees described their feelings of hopefulness that they were beginning to retrieve positive aspects of their personality that had been damaged by trauma:

> *"I started to like feel the bubbliness coming back and life is out there and you know, it's nice to feel that now."*
>
> **Outlook Interviewee 3**

> *"It's entirely helpful. [...] I mean it's hard to quantify really how it's helped. But, it's just a sense that, it's something I've needed to do and, as I say, discussed things that I just hadn't done before. I just feel that that has helped me an awful lot."*
>
> **Outlook Interviewee**

In contrast to community mental health services, Outlook is seen as providing a continuous source of support and care that can achieve a lot more than services where clients are passed from one worker to another:

> *"My last interaction with them [Community Mental Health Team] was quite simple: 'What was your offence?' It wasn't a case of what is your history? Even though I had been working all of my life, even [though] I ended up, as I said, three times in a mental health hospital for complete and utter breakdowns. [...] All it is, it's your pieces of paper, you're made to sit there, you're made to answer all of these questions, they put you through two or three days of hell, and then it goes nowhere. You know, you are just passed from one person to another and do it again. With Outlook I've had the same person all the time. Apart from leave, they are always there and, we are working through it slowly. Which for me, they have managed to achieve more in, in this one year than what I have had for several years of being passed, bounced around because, when you're getting bounced around it doesn't make you feel better. It just puts you under more stress, more strain, and if you already suffering from stress and fear and, yeah, they are only making the problem worse rather than better."*
>
> **Outlook Interviewee**

One interviewee expressed unadulterated gratitude for the ongoing support and compassion shown by the project:

> *"When I went to court in March [the Outlook Counsellor] wrote me a letter, right? Personally dropped it off at the court for me. [...] I read that letter and, nobody had ever said anything nice about me, and I've still got a copy of that letter in my house. That will never go nowhere. Because I open it and it reminds me that there is somebody out there that gives a toss. [...] He didn't go into my circumstances, but just about the counselling I'd been going through and how I was coming along and I was an inspiration for him. I actually cried in the waiting room, I cried reading that letter, because it was the nicest thing anyone had ever said to me."*

Another described their positive feelings that arise from their engagement with Outlook, which stay with them even outside of direct contact with the counsellor:

> *"I've had nothing but positive things coming from here and it doesn't stay here. Like usually when I go in a building, I would speak to my probation officer and they'd be talking all this and that, and I'd feel it, and I'd be like strong-willed and leave the building and just think, eh. All that, all that would stay there. But when I have a session, I go out the door and it doesn't stay. It comes with me and I talk to my partner about it, and I'm doing the counselling now."*
>
> **Outlook Interviewee 3**

For one interviewee, Outlook is the only service with which they felt comfortable enough to venture outside of their house:

> *"This is the first time I've been out of my house in three years, you know which is, I'm sorry to say, is quite some time actually. Yet, the only place I go is from the house, to [Outlook counsellor], and back again. And then lock the door and then if [Outlook counsellor]'s not there, you have two weeks, or three weeks because he's on annual leave. Well, I don't go out for two weeks or three weeks. You know?"*
>
> **Outlook Interviewee**

Another interviewee was clear about how much he valued the service:

> *"If I had a lot of money, if I won the lottery, I'd give them a lot of money. [...] If I had money from the lottery that's where I'd be sending it, you know? Because mobile services are good. Get out there, let people know what you're about."*

In terms of future hopes and aspirations, for some interviewees, being able to consider a positive future was still some way away:

> *"The future? At the moment I'm trying to get the present out of the way, I suppose. I need to learn, I suppose, how to relax and that's what I want to actually learn. I've got to stop, I suppose, trying to take responsibility for everything and everyone. You know, which is a horrible habit, you know, that I learnt from childhood. By doing that I might then be able to actually accept me, rather than trying to be something that I'm not."*
>
> **Outlook Interviewee**

For others however, concrete plans were in place to achieve their dreams:

> *"University, next year and alcohol free by January... Because I've got the tools now to go on and do that. I am no longer living in the past."*
>
> **Outlook Interviewee**

4.3.3 IMPACT AND SUGGESTIONS FOR FURTHER DEVELOPMENT

Interviewees who completed questionnaires for the research described how Outlook was helping them:
To help me in dealing with past and day-to-day issues.

> *"Being able to talk though my concerns and understanding of my actions."*

> *"Help me with issues and self-esteem."*

> *"It has taught me to let go of things and to live my life to my full capability."*

However, the project manager described how client outcomes were highly variable depending on their individual circumstances: the nature and level of trauma experienced, the adoption of negative coping strategies (such as alcohol and substance misuse, offending, aggression or anti-social behaviour, withdrawal, self-harm etc.); suicidal ideation, and potential police investigation of their abuse history. Yet, for the vast majority of clients, positive outcomes are significant and sustained, including:

- Cessation of offending
- Reduction in or abstinence from using alcohol/drugs to cope
- Gaining qualifications and/or employment
- Having the courage to face their abuser in court
- Re-engaging with their family
- Being able to offer help and support to others with similar experiences.

Initially the project underestimated the level of need for their service due to the unknown prevalence of people in the criminal justice system who have experienced sexual abuse. However, it has been able to achieve effective service delivery for a significant number of clients.

The project team uses a process of continuous collaborative assessment to learn about clients' needs and identify areas where the service can be improved.[20] It is clear that gaining the client's trust is paramount to achieving positive outcomes and sustainable change. However, this requires perserverence with clients who may initially view services with some suspicion. Often, well-intentioned projects can provide ineffective services because they do not develop a collaborative approach to service development.

> *"We feel that the key to the success of this project is to listen to what our clients want and need and not to provide services that we think they want and need."*
>
> ***Project Manager***

Outlook has also benefited other local services by providing indirect resource and financial benefits for those organisations who otherwise would have had (increased) contact with this client group (e.g. health departments, police, courts, drug and alcohol agencies etc.) Although new projects can often experience some difficulty in getting established and getting accepted by potential referring agencies, Outlook has been able to overcome such barriers:

> *"Fortunately our organization is well established and has a good reputation with both voluntary and statutory agencies. [...] Our experience is that they are more than willing to assist with venues, make referrals, offer letters of support for funding etc."*
>
> ***Project Manager***

20. The recent introduction of the Core System (Clinical Outcomes in Routine Evaluation) to Outlook's monitoring and assessment processes has also highlighted areas where for further development of the service for some clients (e.g. people with learning disabilities, BME clients and Welsh speaking clients)

However, the project has not managed to get further funding for when the Trusthouse Charitable Foundation funding ceases and resourcing the project is an ongoing challenge particularly in the current economic climate.

Among Outlook's client group, the main suggestion for enhancing the project was about increasing its scale of delivery and advertising its availability so that more people could access its services:

> *"There should be more people... and also, I think that publicity wise, you know, you need a bit more sort of recognition for what you do because half the GPs I've seen have never heard of [Outlook]. [...] Something this important, something this deep, something this powerful, should really have a much higher profile than that."*
>
> **Outlook Interviewee 1**

> *"Raise awareness of where to go – who to see about it really, because people who don't know where – like, some have no family no friends – professional people like. Where, where do you go like? There's nowhere to go is there?"*
>
> **Outlook Interviewee 6**

Given the common experience of resources for services coming to an end, and support being withdrawn, it is not surprising that clients were concerned about the longevity of Outlook:

> *"It took so long to get that support... there's a slight sort of, not fear, but an apprehension of it being taken away should anything happen to [Outlook counsellor], what would go, you know, what would happen then?"*
>
> **Outlook Interviewee 1**

Interviewees were clear about the need for support to be available over the long-term:

> *"Just sustain the support really. I mean, nobody's life goes smooth. Things will happen in the future. And, until basically, you're out of the woods, as they say there, it's nice to have that support there. Knowing that you can use that support if you need to. And I think with other issues as well, emotional issues are never fully resolved. You know? There will be something that will kick something off."*
>
> **Outlook Interviewee**

Given the degree of trust and confidence that clients have built with Outlook (and often the degree of anxiety that they have in accessing other services), it could be useful for Outlook to provide support for them in beginning to engage with other professionals who could provide a broad range of services:

> *"The only thing I wish that, in some ways, New Pathways [Outlook] could do, is that they might have developed links with other organisations because we've all got additional issues. [...] There isn't an organisation that actually can inter-link you with multiple departments. But, not departments really where you've got to explain everything all the time."*
>
> **Outlook Interviewee**

In particular, support in accessing education, training and employment that would give clients a productive way of spending their time:

> *"This is doing my mental health good, but there is still nothing there to help with some of the other issues. [...] I need to feel useful. That's the only thing that gives me any formal stability. But [Outlook] can't do anything there. I'm walking into brick walls – although I would love to do something."*
>
> **Outlook Interviewee**

> *"I suppose, if, for example, an organisation like this one was actually to have a slightly, a more extended, um, scope of works. You know, to ... maybe to help it extend it so that they could, for example, find out companies that might work with, employ maybe ex-offenders."*
>
> **Outlook Interviewee**

Because Outlook covers a large geographical area, one of the problems is that of providing a location that is easily accessible. Thus, one client interviewed for the research, when asked what they would change about the service, responded:

> *"The location... I see [Outlook counsellor] in Cardiff and it's actually in the probation office. Now, I'm not on license, I'd like to get away from the environment, yeah, and, um, also especially on Thursdays there's a huge amount of people there It can sometimes get quite rowdy and for myself, yeah, that makes me sit literally in the corner, yeah? It's like, all, more nervous than anything else sometimes, so, yeah, it would be nicer to have a slightly different location. It's unbelievable sometimes Cardiff probation. I went in there the other week and there was a kerfuffle with the receptionist because someone had shat on the floor."*

While Outlook is able to provide services in a Cardiff hospital a couple of evenings a week, its limited staff resources, combined with a large (partly rural) geography to cover mean that clients can be required to travel long distances to access the service. Indeed, project staff report that some clients travel up to two hours each way – which is impossible for people with caring responsibilities. This has led to the consideration of developing online counselling (using webcams) for people who cannot travel long distances, or developing a mobile therapy unit (using a converted motor home with two counselling rooms) – particularly as the facilities in Cardiff are not great, and there is concern that the waiting area is unsuitable:

> *"In Cardiff, it's a nightmare. It's never the same room twice, very often there are problems. I've seen [Outlook Counsellor] actually having to hang around and wait 20 minutes just to get file stuff. [...] You've got clients who are, that might feel uncomfortable or do feel uncomfortable maybe with, because you just get piled into the same waiting room as everyone else. And if something is suddenly going wrong in there ... you're probably suicidal by the time you get to your counsellor. [...] That happens a lot, people get into the room and you have to spend the first 10 minutes talking them down from the waiting room experience."*

Some beneficiaries attended the Outlook counselling in probation service offices:

> *"My appointments were generally arranged to coincide or to, um, fall in with my probation appointments or when I was there anyway."*

This could cause some difficulties as they were reluctant to allow themselves to get upset during a session because they would have to walk through the waiting area:

> *"I never wanted to get upset in there because I'd have to walk back into the waiting room. And I don't want, when you're on probation – I know it's stupid, really – but you don't want to ever have idiots see you upset when you're walking in."*

This problem also arises when trying to access counselling in prison because prisoners have to go back on the landing and it makes counselling quite difficult because they've got to remain in control. It's very difficult balance that counsellors need to consider, because otherwise, when evidently upset:

> *"The prisoners are seen as weak and then picked on."*

Some prison officers are sensitive to this and take steps to minimise any negative consequences:

> *"I was quite fortunate, because the prison officers always used to take me straight back to my cell, yeah, after I had my two hours counselling session. So, they were all out at work and I would have half an hour in the cell on my own just to let it all out. And then they would send me back to work sort of thing."*

4.4 BRIDGE THE GAP PROJECT, CHANNINGS WOOD PRISON

4.4.1 PROJECT OVERVIEW

Bridge the Gap provides support for people to access primary care and other (mental) healthcare services both in prison and in the community. The aim is to provide a service based on the needs of people in prison that will enhance integration back into the community. The service has been delivered to approximately 30-35 people who have either a mental health problem, or poor coping strategies that are causing distress and concern. Each individual receives six to eight individual meetings of approximately 45 minutes duration. Work is delivered in a short term, goal focused way. This is an approach that works effectively for the majority, although there are some prisoners who would benefit from some longer term support.

The project has not managed to get further funding for when the Trusthouse Charitable Foundation funding ceases, although Plymouth Mind is committed to exploring other sources of funding to continue the work of Bridge the Gap.

4.4.2 CLIENT EXPERIENCE

Interviewees described how they had come to access the project, often via prison doctors, psychiatrists and chaplains:

> *"It's taken me a long time to get to see Mind, you know with the way the prisons are. I did get a bit of help from obviously the Chaplain to push it forward."*

> *"I was intending to take my life. I was at that point. From that point of seeing the doctor, refusing food and liquid, and him saying [Bridge the Gap] can help you, it must have been probably seven or eight weeks – which is not a lot, but at the point where you're actually intending to end your life..."*

> *"I found out from an inmate. I mean, none of the officers mentioned anything to me and then the doctor did eventually, but one of the inmates said to me about Mind. None of the other officers ever said anything to me about Mind at all."*

> *"Once I done the TC [Therapeutic Community], I actually spoke to one of the TC workers and said that I wanted to maybe be able to go speak to a counsellor or somebody from Mind, so I came down to see the psychiatrist woman and put all the abuse as a child and about the deaths in my family and that I hadn't actually dealt with any of them. And that's when I was referred to [Bridge the Gap]."*

> *"It's only because I said to me doctor 'I need some sleeping tablets, everything is coming back, I been coping well, but now my kids are in my head again and I've had no sleep, And like, he says it's to do with mental health issues and things like that, I want you to see [Bridge the Gap]. So he gave me tablets and then I started to see [named project worker]."*

A few interviewees had experienced difficulties in getting access to the project:

> *"In here, you bring in apps [applications] and sometimes I mean they get thrown away – stopped – and if you pester them too much, you know, they threaten you with a nicking. And, like, then you tend to shut your mouth. So it's very hard."*

Some individuals were unsure what their problems were, or that support was available for how they were feeling:

> *"I didn't even know that it was anxiety that I felt, you know. It was my supervisor that kind of suggested Mind and stuff, you know, and I put in the application and, you know, since I've been working with [Bridge the Gap]."*

> *"I have quite a lot of problems living with what I've done, what I've caused. [...] I didn't know about Mind and that sort of help until it came up as part of one of the discussions... but it was to try and get some help from somebody else who could look at it objectively, um, to try and help me learn to live with that, to deal with that. [...] There doesn't seem to be any other place or any other service within the prison that will help you with that."*

> *"I've never really kind of put myself forward for anything, at least until now really. Because it was only when I kind of ruined any chances of getting out that I had to, that it kind of given me a kick up the arse and said, 'You know, you've got to deal with it or accept the fact that you're never going to get out'. [...] I didn't even really know what it was that I was feeling, I just kind of thought this is what happens to me when something big is coming up and I either deal with it or I don't. So, just knowing what it was and kind of getting the information about how to deal with it and stuff was what kind of opened the door for me to then go on to be able to deal with it and start kind of putting together strategies of, you know, controlling it and stuff... without it, I'd still be where I was like, you know? [...] Without her, I wouldn't have been able to go anywhere really. You know what I mean?"*

Responses to the questionnaires gave brief insight into how interviewees were working with the Bridge the Gap project:

> *"I work with [named project worker] on anxiety issues that I have that have caused problems for me in the past."*

> *"Talk about some of my ongoing issues from childhood – bereavement and plans for the future."*

> *"Discuss personal/mental issues in relation to dealing with offences and associated issues in an attempt to 'live with them'."*

> *"Talk about my situation to develop coping strategies for dealing with incarceration and concerns regarding the future."*

> *"Cover a broken and smashed life."*

Interviewees identified numerous benefits that they were deriving from their involvement with Bridge the Gap – with one important aspect being the opportunity to learn about how widespread mental health problems are, the variety of ways in which they manifest themselves, and ways of managing them. This is the start of people being able to question and change previous negative behaviour patterns:

> *"It's just the kind of information, and the talking about what it is, and kind of recognising that actually I'm not the only person that has it [anxiety] – a lot of people have it and stuff, you know. It's a big kind of eye opener for me and just that in itself, you know, helped me kind of deal with it because I know what it is, rather than*

just think, 'Oh this is something that I have, it's just one of them things, it's something that I have to live with' – realising that it's not and there are ways in which you can control it and, and overcome it, you know, helps in itself. [...] I'm learning to control it and when I do get anxious, I can, I can kind of lower it to a level where it's workable, you know, work with it, rather than it taking over everything and making me ill, you know?"

"A lot of my teenage years were spent in crime and... my adult life was a bit dodgy in places... but it's got to the point already where I've wanted to change it and with, with this [Bridge the Gap] it feels like it's bringing me out of my situation. With someone else I can stand outside that situation and look in and think, 'Well, this is where I could be going wrong here'."

"It's relieving now to have the human contact to actually be able to express the difficulties I'm going through at the moment and... it's about having some relevant feedback on that: a non-judgemental sort of perspective where you're offered other options that you might not be seeing yourself. So that sort of non-judgemental, objective opinion counts and helps you steer in a different direction."

Many interviewees had never accessed any support, and had very little knowledge about mental health, stress management and coping strategies:

"I suppose the foundation of kind of everything that I've done with [named project worker] is the information. She's given me a lot of information, not only kind of when we've been talking through things, but she's given me booklets to read through on anxiety and things, just kind of understanding it and kind of knowing more about it has enabled me to kind of move on."

"I can talk to someone on a weekly basis. I can let some of it out, and then can see where I am sort of thing in my life and they can try and help me with them things, or give me some feedback on different ways I can achieve them things. [...] They can understand and try to give you some support back in ways to go about them things."

Interviewees described how important it was to receive understanding, empathy and help to develop insight into their behaviour patterns:

"So you can talk to [named project worker]. It does give you the opportunity to get things out in the open and to try and get some real feedback from someone who's got experience. But just that avenue of somebody that will not dismiss you, will listen to what you're saying and will try and help, at this stage is enough, because there's nowhere else to go. And that may give me enough and give me some clues about how I can live with what I've caused. [...] That [support] isn't anywhere else in the prison."

"An intelligent conversation... on a level basis. You weren't being looked down on or criticised, which is again something that's common in prison."

"I find it helpful working with [named project worker] when I am able to come down to see her and actually be able to express what my week's been like and if I've had any problems or anything. To be able to put it over to her and get that little bit of feedback from her, you know, how to actually deal with it better and it has worked for me because, prison is a very stressful place. Especially like when you're on your own through the night and it does get you down. [...] Being able to come and see [named project worker] and express this to her, it sort of sends me away and eases it for three or four days."

Accessing such objective insight into their family histories, upbringing and past behaviour, was a welcome relief from interactions with other professionals who just treated them like offenders:

> *"She's the only person that's been interested in my past... And, it was just that sort of step back and look at myself... I didn't think things through, because I was so angry with the world, and angry with myself for being like I was – I would take it out on anyone. I didn't care. Because I thought well if I take it out on them, that's someone else hurting like me."*

> *"To be able to talk to somebody... I actually felt that I was talking for myself, not just talking as a criminal, which was really positive. Hopefully that it is confidential and that you can talk a bit more realistically and genuinely because it's not, 'Oh God where's it going to go, who's going to find out what I'm saying?' Those are useful things – and because it's hopefully compassion led. As in, it's about the interest is in curing, not in tripping you up."*

> *"I found that it's been extremely positive... It's nice to have someone from the outside go actually, no, [your offending upbringing] it's not the norm – but I can see why you think it was. Instead of straight out dismissing it as like you're a bad person."*

Many prisoners feel very isolated and have no one to speak to and even those who do have others they can talk to are very wary about the information that they share:

> *"One of the worst things about being in here is it's not even just that you don't feel there's anyone to talk to, it's just that even if there was somebody to talk to, you no longer feel safe discussing anything with anyone because you're too aware on how it might impact on your sentence, how it might impact on how you're viewed, even your license agreement when you get out. Everything is such a massive concern, that you just don't feel like you can openly and honestly discuss stuff. I've noticed several times that I've made statements about myself and the person I was talking to then twists that around and goes well that's because you're this and, you know, they use what you're saying against you... because you're branded as a criminal and so every behaviour you have is a criminal behaviour. You're no longer allowed to just be a human being who has once been criminal."*

Interviewees described their need for in-depth counselling with a trusted, skilled professional who is independent from the prison service:

> *"I do need to talk, because if I don't talk about it, it will build up in my head and then it will explode again – like my last charge was for assault on a police officer – because I exploded."*

> *"You really want someone to understand how you feel, because sometimes it's, like I said, you're at that point and there is no one, apart from the Listeners, who don't solve problems, they will listen."*

The focus group participants in Channings Wood prison discussed their substantial concerns about the limits to client confidentiality that could realistically be expected from any counselling service within prison. The prisoners' need for trusted support could sometimes be in conflict with the professionals' obligation to disclose suicide threats:

> *"You might end up on ACCTs[21] and end up getting punished further. [...] If you say to them out of obligation that you're up to a point here where life's just not worth it and you really think that it's pointless – that will go to the officers and you'll get ACCT put on you, which is open for several weeks."*

21. The Assessment, Care in Custody and Teamwork (ACCT) procedures – as laid out in PSO 2700 (October 2007) – provide an individualised care planning approach for prisoners at risk of suicide or self-harm. These procedures can include improved cross agency information flows, integrated local Safer Custody Teams, peer supporters (Listeners and Insiders) and working with outside organisations such as the Samaritans. A revised safer custody policy is due in 2012.

This issue of confidentiality was discussed by the Bridge the Gap project worker, and explicit agreements about potential reasons for disclosure were put in place:

> *"I've signed over a waiver for [named project worker] to actually be able to disclose certain relevant pieces of information over to my Offender Supervisor, because I'm due out next year and stuff, and I need to show evidence of the fact that I'm being able to deal with these issues and what I'm putting in place."*

So some interviewees did not have any concerns about confidentiality:

> *"I been quite open with [named project worker]. You know. And I felt she's been okay about it. Put it this way, I've never been called in the office or anything, you know what I mean? [...] It's good being able to come down here and unload what I'm feeling to [named project worker]."*

> *"I found I could bring up anything I wanted, I mean, I've told her stuff that I've never told another human being before. I've got full trust that, you know, she won't go and say anything to anyone. But, at first, I had the same feeling of, is it going to get back to the staff. But, from my personal experience it's been extremely good."*

Others, while they understood the professional responsibility to report any disclosure of suicidal ideation to the prison authorities, felt that this would have very negative repercussions for them. They questioned how open and frank they should be with the worker:

> *"The only negative that I have at the moment is this whole thing about the obligation to tell the prison. That's the only thing – you do reach a point of, 'Shall I say this? Well maybe I shouldn't'."*

> *"If you are feeling suicidal, it's not necessarily you're going to do something, but if you're at that point where you do feel that way, (which I do a lot) ... she almost has a duty to tell the prison... if you say, I really want, to not end it all, but I'm getting to that point where there's just no point continuing, forget it. There's a fear, or a concern, that that then goes back to the, to the prison officers... and then that whole process of ACCTs and everything else – which I find almost punishment to a certain extent."*

Prisoners are extremely careful about whom they disclose their feelings to – due to the negative consequences that they face if 'put on the ACCT':

> *"If you get put on what they call 'The ACCT', basically, what they do is they take away everything that makes it worth living, in order to keep you alive. So you end up in a situation where things are much worse... it's absolutely the opposite of what you need in the situation of crisis. [...] There's this deep fear of what you discuss with whom."*

> *"When I was first in... because I was, I was actually suicidal, they took away my TV, they wouldn't let me have books or newspapers, they kept me locked up for 23 hours a day – because I couldn't go on normal associations and everything else. And the brilliant thing is that they, they check on you every hour, so you can't sleep at night because every fucking hour somebody comes along and turns your fucking light on! That's good for your wellbeing!"*

There is a difficult balance to be achieved, in terms of assuring a confidential service and enabling prisoners to have control over how much information is shared with prison staff, while sharing sufficient information to reduce risk:

> *"You should have the ability to say, or sign something that says, if I discuss self-harm, I understand this is going to be disclosed or I am happy for this to be disclosed, or I do not wish this to be disclosed, I wish to be able to discuss anything in confidence."*

"On my second session with [named Bridge the Gap worker], she had some paperwork there, that: 'Would you mind if I shared some of this information with X, Y and Z?' So, I said, 'Well, no to that one, not that one, but this one, yes'."

"I want to be able to discuss anything with you, so I don't want you to tell anyone and if that means signing something to cover her, great. [...] At the minute, if you said that, 'You know, I'm really at this point now where I could do something tonight'. She's obligated to tell the prison and that's almost a stop point for you to say I won't go there."

4.4.3 IMPACT AND SUGGESTIONS FOR FURTHER DEVELOPMENT

"It would appear that having a therapeutic intervention provided by non-prison staff is very helpful and supportive for prisoners."

Project worker

The project lead is clear that Bridge the Gap has given prisoners extra support within a prison service that does not have the resources to enable it to give one-to-one support, thereby complementing (but not duplicating) the work of the healthcare staff. From the perspective of the project staff, key success factors for Bridge the Gap include:

1. Collaborative working with the whole health team (Devon Partnership Trust) within Channings Wood.
2. Promoting the project positively throughout the prison.
3. Networking with other services provided within Channings Wood so as to provide an individual package of support for prisoners.

In the interviews, prisoners were extremely positive about the impact that Bridge the Gap was having upon them, the depth of exploration of their problems, and the possibility of looking to the future in a positive way:

"Every time I've seen [named project worker], to be honest, I feel 101%, instead of the 10% that I've been feeling. After I've left there, I feel great. I just wish a lot more people were like her, to be honest. She knows what she's doing, and I think the organisation knows what they're doing. [...] She knows how to dig deeper without hurting you."

"It's helped me. Instead of looking back at my crap life and what I had, and then like when I was younger and what have you, looking forward. The things that I've got to move on to."

"When I come in [to the counselling session] I don't want to go back out. There's nothing out there for me. And now I can't wait, you know, doing something. And I've only had two sessions with her, to be honest, so I'm looking forward to the next."

"Every time I've done a prison sentence, I've been sort of like, involved more... in like the drug using, constantly. But on this sentence I decided, look enough's enough. And, you know, I came down here to try and change my life around and it's been going really well. I work outside the prison now. I'm on LB6[22]. I haven't used in two and a half years. I had a home leave last week, I went home to my kids for four days, didn't use nothing. You know what I mean? And, you know, that's how intense it is really. It's been difficult."

22. A small, minimal security accommodation unit within the prison for category D inmates and super-enhanced category C prisoners

Interviewees wanted to see an extension of the service the project provides:

> *"Accessibility, the length of sessions, you know, 45 minutes isn't really long enough – six sessions definitely ain't long enough. None of our issues are going to be resolved magically on the sixth session. [...] If we could have more workers in or more volunteers, that would be fantastic, because more could keep up, you know, more sessions would be better."*

> *"... if there was more people because then even if like [named project worker] moves on now it's going to be kind of like, swapping one for one again, so that person's got to learn the job all again or kind of get her head around it. . . If you've got 10 people doing it, you're never going to change all ten and bring in a whole new 10, you know. You can integrate people in and people can help them and, while they are waiting to get new people, other people can pick up the slack so like people are not waiting a long time and left without sessions."*

This request for more staff resources was not only to ensure greater consistency of support over the long-run, but also to expand the service particularly by increasing the number of referrals from the prison doctors and widening the client base:

> *"Get more staff and time to see as many people as you can. Pump it into the doctor's heads because it's them that refer you."*

Some interviewees voiced concern over the project's limits to the number of counselling sessions available and their length and frequency:

> *"I've only had the first session and I'm already apprehensive about the fact that I know I've only got six sessions. So I'm really apprehensive about how much I can get done, I just think, for me, there needs to be more."*

> *"Give us more sessions because there's a lot you can't talk about in the first instance because you're busy opening up. It's only a natural process. You can't just go "Bleh" because it's all going to come out gobbledygook, isn't it?"*

> *"Once a fortnight isn't often enough... you could end up covering the same ground since it was two weeks ago when you last had the discussion."*

> *"I don't think one hour a week is enough because, a prison this size, maybe to get not just one person for mental health in, maybe a couple working, you know. And actually getting around the wings to actually see the lads a bit more."*

Interviewees wanted the support to continue once they had returned to the community.

> *"I'd like to carry on, you know, seeing people, and being able to talk to people. See where that can help me in different ways, yeah, I'd like that. [...] I think... this time in my life is important to me now. I know I need to change my ways and to sort myself out. I know I can't do that on my own. You know? That's where I just feel so strongly about I need a little bit of encouragement. A little bit of support now. Just to get myself there."*

> *"A three month course where you do it like every day or sommatt, ... for the Mind people to do that course. You know, where you've got your class and then maybe you can relate to each other a bit better... coping strategies and that, but working together but with somebody like [named project worker] and maybe somebody else working with them in a team."*

They were fearful of how they would cope without support in the community:

> *"As soon as I walk out of that gate I'm going to be on my own, aren't I? [...] While I've been in here I can look at the picture a bit more wider, you know, and take on board what [named project worker] says to me. But... I'm not going to be getting that help when I get released which, you know, is a shame really, because when you been sort of like, around police and around probation all your life and received prison sentences there's not a lot of trust there. But with sort of like a key worker such as [named project worker], I can put that little bit more of a trust there."*

> *"To sort of like carry on in the community and not be sort of like, pushed aside to, like probation officers and stuff who don't know you from Adam... just to go to somebody who knows absolutely nothing about you except from a file that's sort of like put together from the police and the prison, you know, it doesn't seem right. I think, if you're working with Mind, and you've got underlying issues, right, which you're working on, I think that should be carried on when you get in the community."*

Further developments that were suggested for Bridge the Gap included the introduction of systematic assessment of support need for every prisoner coming into prison:

> *"Obviously there's a lot of people that need help, not everyone can get it, but there needs to be more time to look at people and think, 'Well, is this guy actually trying or is this guy just trying to go underneath the radar, like?'"*

There was also the suggestion that better links be made between the Bridge the Gap counselling service and the prison mental health team so that Bridge the Gap could be officially recognised as part of the medical team with appropriate status within the prison. Without this, while the counselling sessions are useful, their importance can be lost as this interviewee had experienced under previous counselling:

> *"It doesn't come to anything. Nothing. The information or the discussions we had, ended up in a bin. Now I would have liked to have seen all his findings transmitted to the psychology department and the medical department."*

4.5 COMMUNITY LINK PROJECT, (WISH) LONDON AND ESSEX

4.5.1 PROJECT OVERVIEW

The Community Link project provides support to women in London and Essex who have been discharged from prison and secure units. It aims to build confidence and develop skills to enable access to education, training and employment. The project works with vulnerable women aged over 18 years who are:

- At risk of entering the Mental Health or Criminal Justice system, in terms of prevention and early intervention
- Detained in secure settings, to establish a link and build relationships with women to provide support when they are released from these settings
- On release or step down to provide support to women to sustain their re-integration into community settings.

The project takes self-referrals and referrals from a range of professionals including social workers, probation staff, and other third sector agencies. It has strengthened its working relationships with West London Mental Health Court, and London probation service, and has developed new links with WIP (Women in Prison), Red Kite, Hillcroft College, and Camden MIND.

Community Link builds long-term, sustainable relationships with women who have intense and on-going support needs. There are no time limits for client involvement, the women can use the project to fit their needs, and the project moves from supporting intensively to supporting personal development and education, training and employment. According to the project manager, the key success factor for the project is thought to be the intensity of support provided to women:

> *"Most organisations do not work at this level of intensity and over longer periods of time with women, and do not get the same outcomes."*

HMP Holloway recently ceased funding all voluntary and community sector organisations, although Community Link has continued its work unfunded with a reduced service. Wish is also expanding its Community Link provision into Downview and Send prisons and funding for a new project worker (for the peer support ex-offender project – STEPs) has been won.

4.5.2 CLIENT EXPERIENCE

Community Link clients all had a wide variety of support needs, and were commonly referred to the Project by the prison service especially as a response to homelessness due to a lack of female hostels:

> *"I was homeless and I was in prison and although they couldn't help me get housing, they could only support me [named Community Link project worker] used to come on Friday and I used to look forward to it. [...] Someone to talk to, tell me what's going on outside, giving me advice for when you leave, be willing to meet you at the gate after, and that kind of support really: just befriending."*

> *"When you don't have money and you have a shitty environment, you're very, very depressed. [...] I do feel sorry for people who just come out of prison, they sit in a shitty hostel, they've got no money, they've got fifty pound that they've been given and it's probably blown already. [...] You're looking at this shitty one little room that reminds you of prison anyway... it can be depressing, you know?"*

The project also provided offers of voluntary employment as a means of diverting women away from offending:

> *"I met them [Community Link] while I was in Burnsfield Prison. And, when I came out, I had nothing to do, so they offered me voluntary work so I wouldn't have to go back to doing the stuff that led me to Burnsfield in the first place."*

Starting with support provided to them in prison, women could begin at this stage to make plans for their futures:

> *"I just think that it's good that they go to prison and visit them once a week and it gives people hope and it gives them an incentive to think that there is a better future out there and that they're not just going out back to drugs or alcohol or to prostitution and things like that. Maybe there is a different way of me living and getting by."*

> *"It's already helped me. To me, it's, it's given me so much opportunities that I never thought I would have before. Over time it's made me more confident. I've done a lot of courses that I wouldn't have done. It's just, it's just made me want bigger things."*

Interviewees described many positive aspects of the Community Link project, including holistic support, in-depth understanding of mental health support needs, a positive desire to help, tolerance of challenging client behaviour, and listening to what their clients are saying:

> *"They supported me while I was in prison. I was homeless as well for a time and since being out, they've been more help to me than my social worker, you know? They help a lot with my benefits. And [they] have supported me out of hours as well, which is really helpful. It's a really good service."*

> *"Wish is a very understanding organisation and they are very supportive. They have experience with people with mental health difficulties, so maybe you might want to shout and swear and they, they don't really get their backs up. They kind of like talk you through problems that you have and ask, 'Why you doing this? Why you saying this sort of thing?' You know, where other organisations, they don't want to know. They put the phone down on you or they refuse to see you again and say that you're aggressive and they want to call security and all that."*

> *"Out of all the organisations and the agencies I've been in contact with and used in the past, Wish is the one that comes closest to understanding me as a person, and my needs, be it mental health or otherwise, more closely than anybody else."*

> *"With Wish I find that they do listen, you know? They've got a different approach and, I just find Wish more useful really, in a lot of ways."*

One interviewee described her experience of the single-minded medical approach to mental health problems, which they felt fell short of the more supportive and understanding approach taken by Community Link:

> *"I remember when I needed support and nobody was able to help me. Instead of them helping me they just restrained me or sent me to the hospital or give me an injection. Not knowing how to help myself. But when I came through Wish, they were able to understand. If I need to get something and I don't know how to go about it due to my mental health, I will call [named Community Link project worker] and she's able to help me."*

The Community Link Project is able to maintain women in the community and reduce the need for hospitalisation:

> *"The Community Mental Health people was useful to some extent, however, I found myself ending up in hospital every now and again, and I feel strongly that my mental health condition can safely be treated in the community and I don't have to come to hospital at all. And they couldn't actually prevent it – where Wish now can prevent it."*

The out-of-hours support provided by the project was particularly valuable to the women:

> *"I find that Wish have been more help to me than the Community Mental Health team in the way that, you know, they have been quite good out of hours. [...] I need very intense support, and I find that, um, you know, just when you're not being able to speak to somebody there, and I find that Wish has a different approach. I feel with the Community Mental Health team, they are seeing you as somebody that they just don't want to help or can't help or whatever. Whereas Wish, they see past that and they give you more help. [...] They just listen more and they advise more. Um, I think they've got more time to spare as well."*

> *"It is the out of hours support – because you know, when the Community Mental Health teams are closed it's very difficult. I'm extremely struggling and it's been good that Wish have supported me out of hours too."*

> *"I just wish a lot of organisations were like Wish. [...] Being able to meet [named Wish project worker] on a Saturday or a Sunday, or even for her to, um, go to meetings with me and things like that, and tell me to calm down if I'm getting a bit irate and whatever, that's it really."*

The women-only aspect of the service was also thought to be beneficial and some women were travelling long distances to access Community Link.

> *"I think because they are geared to women, and it's only women here, um, I think that's very helpful. [...] A lot of the services they link you in to are geared towards women anyway. And then they have, uh, they specialise in handling women and their problems."*

> *"I suppose because they are more specialised, that helps full stop. They are going to know what angles to look at and sort of what other places to access. I found other places unhelpful. Maybe they turn you away, they don't have enough time for you. But here they always seem to have time for you."*

> *"I would travel all the way up here [to Community Link] because at least up here there was sympathetic care."*

There was a feeling that Community Link offered unconditional support and understanding, rather than patronising clients:

> *"With other agencies I always had the feeling there was "us" and "them" – us being the outcast, kind of thing. Yes they will help us but we are different, and therefore, we can't be taken 100% seriously. And with Wish I don't have that feeling. I mean we get taken for who we are and what we are, and we're all individuals and we all have our capabilities and gifts to give. And Wish accepts that and treats us accordingly."*

> *"I find that Wish treat you more as a human being. They don't, you know, they don't kind of pigeon-hole you and I think they try and see through like your mental health and stuff and see you as a person, which you don't always get from other people, you know?"*

> *"It's friendly as well, and it makes you feel comfortable – that it's okay to, you know, have mental health, it's okay, we're all equal. It doesn't matter whether you're having mental health or you're having other problem, we're all the same... we all get along."*

4.5.3 IMPACT AND SUGGESTIONS FOR FURTHER DEVELOPMENT

Women were asked what the most impactful aspect of the Community Link project had been for them. Practical support was high in the list of benefits, including assistance with homelessness and holistic support:

> *"I suppose chasing up things that need to be done, like appointments, them coming along and supporting me in my appointments – and helping me move along in terms of just everyday life."*

> *"When I was going crazy, this needs, that needs, da da da da da, they prioritise everything. They got me to put my paperwork together, they got me on the phone, they calm me down, they actually did some talking. They actually got rid of some of that emotional baggage that I've been carrying for the last like 20 years."*

> *"They have just moved me on tremendously in my own personal life. I mean, professionally and personally, they've just moved me along, where I might have been left behind had it not been for them."*

> *"I came [to Community Link] basically for two reasons. One was homelessness and the other was being in prison. And [named Community Link project worker] has been a tremendous help through all this. I've known her for over five years and she has gone out of her way to do things for me and to support me. That includes beyond working hours. And she has achieved, or the project itself, has achieved quite a lot for me, and substantial changes have been made in my life as a result of them being there for me."*

Equally important was the provision of advocacy support that could help to prevent other agencies from making poor decisions (perhaps based on negative stereotypes of women with mental health problems):

> *"[Named Community Link project worker]'s been with me to the hospital when I was pregnant last year and, she stopped the doctors and mid-wives, uh, separating me and my child. If she wasn't there they would have put him into neonatal unit, because of my mental illness and my drug abuse in the past. But I've been clean 18 months. But they don't seem to acknowledge that. They still wanted to separate me from my son, even though my partner was there. She's given me support from when they removed my son from my care after he, he came out of hospital."*

> *"With Wish, I'm really happy. They have really helped me in everything to do with my daughter, my mental health and everything, so I am very happy."*

The out-of-hours support and immediate accessibility of support provided a sense of security and reassurance for women:

> *"[Named Community Link project worker] She's been there Saturdays and Sundays as well, not only Monday to Friday. She's always been at hand to give me support after office hours... they've been tremendous support for me this past year really."*

> *"They've got time to speak to you. Especially out of hours, you know? Because sometimes you've got like your social workers that start from 9 'til 5 and that's it. [...] Like I said, [two named Community Link workers] are very understanding people. Although sometimes I wish that I wasn't just their client, that's how close we are at times, you know? Yeah, it's very helpful when someone can answer the phone at 9:00 at night or 11:00 at night, you know? It's very helpful that way."*

> *"They've been very helpful because I was able to call them at any time, especially when I have an appointment and I don't want to go by myself because I don't feel confident enough to speak to the people so I call them and they always welcome to come with me or to go to the appointment."*

This wide-ranging support gave women a feeling of being understood and as a result, they were more motivated to improve lifestyles:

> *"It was really refreshing that I find I could actually speak and they can actually understand and it started to build up my self-confidence, my self-esteem and it helped me to motivate myself and, you know, start going, right, I can do this now because I've got the answers to the situation that I'm in. It's when you're, when you're in that dark tunnel and you can see that pivot of light and you can't get to it and then you've got these little angels that help you along the way. That's what I love about Wish. They just motivate you, encourage you, to be the best that you can be as a woman."*

> *"They've helped me emotionally. They've given me a lot of emotional support. I feel that they treat me more as a person than just somebody with a mental health issue or somebody that's been involved with the criminal justice system."*

The high quality of staff input was identified as making a substantial difference to the effectiveness of the project:

> *"No one here judges you when you speak to them, or they're not sitting there in an expensive suit pretending that they really love what's happening, and they don't. So, to me, the best thing about Community Link Project is the staff."*

> *"The effort that they do for the women, it's not that they are filling out paperwork, they are actually doing it because they care. You can reach them anytime you wanted... It goes a long way because I couldn't cope in there, out there, without the support that I'm getting."*

Strong relationships between project beneficiaries and staff gave the women the reassurance of being able to rely on the workers for support:

> *"Being able to come here every day to get support to get help. Being able to call them on the phone anytime when I need their help, and they were able to come into court with me, anytime I fall into my crisis, they are able to be there for me to help me and support me."*

> *"Treating you like a human being. Being there for you when you need the support."*

Not only does Community Link provide women with referrals into, and support to engage with services:

> *"By using the service I found that, um, they link you in with other organisations outside, um, they offer sort of talking therapies and, and they help you organise your time and your diary. They come with you to appointments."*

... it also recognises the need to help women learn how to deal with agencies in a more productive manner:

> *"With [previous project], they didn't really try to give me, like, another approach, try to teach me another approach or dealing with professionals. You know, they never said 'Oh, do it this way, do it that way.' Where here, at Wish, [Community Link project worker] will say 'Oh take a deep breath or think of something nice while they are speaking to you when you don't like'.*

Several women mentioned how helpful this support from Community Link was, enabling them to feel more confident and in control of their emotions and develop the skills to relate to others (especially professionals) in a more productive way:

> *"I'm hoping that it will give me more confidence, be more grounded. Just feel more, kind of, contained and supported really."*

> *"To calm down a lot, you know? I'm not a very rational person but Wish seems to keep me a bit more calm."*

> *"Being able to calm down in situations and not get too irate quickly and um, step back and think about the problem before you act, and some things like that, that sort of thing – patience."*

Equally, being able to develop more positive emotional responses towards family (especially children) was highly appreciated:

> *"To be able to be more confident and trust people. Helping me to be a better mother."*

... as was the development of skills that could help them both in the community and perhaps with future employment:

> *"They [Community Link] have actually helped me a lot with gaining personal insight into myself, into my sort of ego and what, you know, to make my life easier, and I can transfer these skills that I've learnt through them into my everyday life. [...] I've become a more rounded person as a result of being in touch with them. And that is good*

to apply in the community with any other agency or any job, future job that might come along or whatever. I mean, that's quite easy to use these skills and they helped me to realise that."

Suggestions about future developments for the project included having more resources that would enable it to be able to respond to women's problems immediately, and provide increased out of hours support – including 24-hour telephone support and accommodation:

> *"I would add on a phone for 24-hours. And one other thing that I would like to see is that we try to get housing so we have a little place because we have a lot of the women that haven't got nowhere to go. We're picking them up, bringing them to the council, they say 'No'. Having to leave them, it's horrible. So if we could get the funding to get a house, it will work so much better."*

> *"I think that we should expand in housing and the phone, if we get the funding and it's something that I would like to see Wish do. Because we've got so much potential. We're doing so much already and that would be a bigger boost where we can reach out to more women and go into more prisons. Because I've think the services that we're offering is one of the best."*

The lack of personal support networks available to some of the women is apparent in this next quote, which reveals the extremely demanding support needs that some clients have:

> *"What I found particularly helpful is that you can reach Wish out of hours, in particular [named Community Link project worker] and I can reach her on a Saturday sometimes or on a Sunday even when I feel lonely or I have a problem. I would like one person to have out of hours and on-call, that you can get through to a person out of hours at all times, so they could kind of change the shifts and have one person being on-call out of hours. That I would find even more helpful."*

The downside of providing such in-depth support was that one woman experienced some of the intimate discussions as intrusive:

> *"Sometimes I felt, um, the service could be quite prying. Like, they ask too many personal questions and too many questions in general about your life and what you're doing. It's almost like Big Brother."*

> *"The unhelpful thing is what I said earlier about it feeling that it's quite intrusive, um, too many questions about what you're doing. It's not nice thinking that there's a file on you. [...] That they have all this information on you, where you study, where you live, who your friends are. It's a bit much sometimes. But what I find helpful is, um, like I said earlier, them linking you in with other organisations and groups that can help you, um, coming with you to interviews, um, that's about it really."*

Another suggestion was that Wish develop or train other organisations and agencies, particularly the criminal justice system, to work in a more effective way with people with multiple and complex needs:

> *"To learn how to start treating people with respect and learn how to help people that needs the help, not to abandon people due to their mental health or anything... to be there for people and support them."*

> *"So if Wish is around, then they can be there to help prosecution to sign up to the defence of women with, you know, mental health problems... an organisation like Wish, gets the judge to give more leniency or applies more pressure for prosecution to charge other women's boyfriends with assault. [...] You look at them, and they are looking at you and, if they see like, 'Oh my word, SHE WAS VIOLENT! She actually defended herself when her*

boyfriend attacked her? Right, we're going to put you inside'. There are some judges as well, like you know, they know your mental health issue and they still don't, they can't be bothered."

"Rather than just sending people to prison for little crimes, I think it would be nice for them to just refer them to Wish. A lot of people in prison for petty things and for minor things that they can just refer them here. I think that would be a good thing, rather than them complaining that the prison is full and wasting the money and cutting off a lot of, cutting back on a lot of things. You know? It doesn't make sense... prisons don't really rehabilitate do they? They don't prepare you for anything."

As with other agencies, the difficulty of maintaining positive supportive relationships with clients who are demonstrating some very challenging behaviours, and perhaps are experiencing the more punitive aspects of agency intervention is clear. One woman, although recognising the need for Community Link to be professional in its dealings with other agencies on her behalf, also felt disappointed by this approach:

"What did I find unhelpful, sometimes I found that [Community Link project worker] wasn't speaking up for me sometimes in interviews but then she has to know her place and I supposed she has to be as professional as possible, so even though she might know me personally, maybe she couldn't really stick up for me personally because it was a professional meeting, but I sometimes felt let down by that."

However several of the women participating in the research could think of nothing that they wanted to change about the Community Link project:

"There's nothing you can change about them because I mean, they put a smile on my face and it was hard to find people like this, and being able to find them, I'm happy, so... I haven't found any bad things or anything, exactly, yeah, so everything is, you know? For me to be able to come two hours, because I live like two hours away, to come all the way here, I am always looking forward to the Tuesdays that I come in, so yeah, there's nothing to change."

4.6 GET INTO READING PROJECT, GREATER MANCHESTER

4.6.1 PROJECT OVERVIEW

This project provides weekly facilitated reading groups across seven hostels within the Greater Manchester Probation Trust and trains Resident Support Officers to run shared reading groups. The 'Reader-in-residence' spent time in each hostel developing awareness and promoting the shared reading groups, and hostel staff signpost the sessions to those residents they think will be interested or will benefit.

Approximately 140 people have participated in the shared reading groups; they are open to any resident in the seven participating Approved Premises and attendance is voluntary. There is no fixed period for attendance – residents may take part for as long as they are at the hostel. In addition, when they leave the hostel those who wish may return to continue attending the group sessions.

Project staff perceive that the shared reading groups have helped hostel residents to feel better about themselves, becoming more confident, more able to interact socially, more ready to listen to the views of others, better able to articulate their own values and responsibilities, better able to concentrate, and more disciplined about their use of time (through the practice of making themselves available for the weekly sessions). In addition, staff running the groups have also commented that they have found the running of the groups to be a strong and valuable component of their own personal and professional development.

The project manager considers that, despite some early staff scepticism, the key success factor for the project has been the dedication of the project workers to instil enthusiasm in the residents and establish a culture of reading in the hostels, combined with the readiness of hostel managers to support the project and the willingness of staff to complete the training and run the groups.

However, it is recognised that the staff's shift system in the hostels sometimes makes it difficult for trained staff to deliver a weekly session at a regular time. Nevertheless, peripatetic staff who have completed the training have been able to run groups, and although staff absence at one hostel meant that training could not be delivered, it will shortly be completed.

Unfortunately the project has not managed to attract further funding for when the Trusthouse Charitable Foundation funding ceases.

4.6.2 CLIENT EXPERIENCE

When asked to describe what they did on the Get into Reading project, respondents to the questionnaire gave the following descriptions:

> *"Reading and discussing short stories in a small group of other hostel residents."*

> *"Read, listen to somebody else read. Read books, poetry, short stories. Discuss what we've read, how it made you feel, how you could relate to what was being read. Learn others' points of view and how they felt."*

> *"Read short stories, poetry. Have discussion about what we have read."*

Attitudes towards the project were solely positive:

> *"I have found the Get Into Reading project to be very interesting and look forward to the weekly session."*

> *"I think that reading group is a very good idea and the hostel staff do a lot to support it."*

More detail about the benefits and impact of the Get into Reading group came out of the interviews conducted with hostel residents. One of the clear benefits of this project that was discussed by the group is its work developing literacy skills for those who are not confident readers or who cannot read:

> *"I've found this group helpful for me because I couldn't read or write or... through jail I learned to read."*

> *"I find it helpful because it helps me read. Because I haven't read for so long from being in jail and that, it just helps."*

Although the project was equally valued by those who are keen readers, who benefit from the social side of the group more:

> *"I find that, I read a lot myself anyway, so I find that they help with just having something different to do and the social side of it."*

Indeed, there were many aspects to the project (aside from the reading itself), that participants felt benefited them including it being a source of relaxation, and a means of reducing boredom in the hostel environment where most residents are isolated from family and friends and with little to occupy their time:

> *"The main difficulty most people have, I suppose, in here because they're away from their families and their friends and also not working most of the time, it's a thing of boredom and having somewhere, like the other said, to chill out and relax and do something a bit constructive."*

For others the opportunity to communicate and understand others' perceptions was valuable and helped to build relationships between members of the group:

> *"I just like to sit and it gives everybody a chance to communicate and I quite enjoy it."*

> *"Understanding different people. Um, if there's a story that's been read out, everybody has a different point of view and a different thing on that story. Getting feedback off other people, you know? Bouncing off each other. What they get, what they see in this particular story."*

> *"I think you get to meet different people and a different way of thinking, people who think differently, you listen to people views and it's totally different to yours."*

Other benefits included helping residents to develop a routine – a sense of stability – and giving them something to look forward to every week:

> *"It's all about getting that routine back as well, isn't it? Because inside you've got a routine, a daily routine, and when you come out, you're trying to sort everything out. You're trying to get your own routine together. And with having that there, it's getting a bit of stability again."*

> *"We know that every Friday morning at half past eleven is Reading Group. And that's something that you can plan for throughout the week. Right, I can organise me day around that, because we get that involved with it."*

> *"It's just nice to do something a bit different and have it at the end of the week and just something to look forward to, so, yeah, I could read it on my own but I prefer to come and, you know, with the lads."*

For some residents, the shared reading group has provided a more direct focus to their lives, encouraging their return to education:

> *"For me, it gave me a sense of direction after 18 wasted years of being in and out of jail, it give me a focus, and I'm back in mainstream college now doing ICT Systems Support."*

And several others described the sense of achievement that they derived from participating in the group, and feeling encouraged to start doing new activities and move away from previous ways of behaving:

> *"You feel like you've achieved something, don't you? Done something for today. You sat here, listened to the story, you try to imagine the story. ... You take something away from it, don't you?"*

> *"I think it's good for people to decide to choose to do something different as well, rather than go on as they have done all their lives, and getting into the same thing. It's something completely different for most people and it's good to, you know, to do that."*

Given the largely negative experiences and lifestyles that ex-offenders commonly share, being able to participate in a positive activity and enjoy it can be a huge step forward:

> *"The time I'm in here, I enjoy it."*

Being able to access the project easily within the hostel and being able to rely on its regular provision was an important feature for several interviewees. This was in contrast to their common experiences of waiting lists, the cost of travel, and the disappointment of projects ceasing to exist that many interviewees had been through in trying to access other services:

> *"A lot of things that people try to access, there's no funding for. [...] Or it's hard to get in, or it's hard, the waiting time. Obviously, if you want to come in and read, you don't have worry about it, you just come on a Friday. To access another service, you've got to wait in a queue, or you might not be eligible to get access."*

> *"There's not many other services within the hostel environment. This is somewhere you don't have to move out of the hostel to access. A lot of people have money worries where they might not have their own funds to fund to go to projects that they want to go into. So, you know, I think if people haven't got the funds, you know, people might have to get say two buses somewhere – and that becomes a problem because they, you know, they're on benefits, they can't really afford that once a week, twice a week, you know?"*

4.6.3 IMPACT AND SUGGESTIONS FOR FURTHER DEVELOPMENT

When asked what impact the project was having upon them, interviewees gave a wide variety of responses including providing the opportunity to relax, developing communication skills, and helping to build positive relationships between hostel residents:

> *"It keeps you calm. It's something to do, just for that hour or so, you know. It just takes your mind off everything else, you relax. I think it's good for people to come in and read stuff, mentally I think it's good. Even if you're stressed out, it keeps your mind off things."*

> *"Your mind is more relaxed and you feel more relaxed and more, you know, the tension goes out of you, when you're in reading group and that. But it's such a chilled environment, when it finishes you sort of take a deep breath and you know, you relax a bit more."*

> *"I think it will help for better communication for all of us because doing the discussion at the end, we're all learning to discuss and to communicate with each other, and from here it helps to communicate when any of us goes for a job and stuff like that."*

> *"It's something that we all do together. Even though we're living here in the same environment, we don't always do things together. The Reading Group brings us all together and gives us that one thing that we can all do together. It's nice to have something a bit different as well, because you can go a week or two where you just see your probation officer, someone at the job centre and that's pretty much it, so you know, it's nice to have something different, a bit a fun, organised get together. Where you're not talking about probation or licenses or, you know, stuff which does your head in all week. Yeah, chill out and relax. Something a bit different."*

Given the amount of stress that most residents are under, and the behavioural problems that many experience, hostels can be a very tense environment, and the shared reading group made a substantial positive impact upon reducing friction and improving relationships between them:

> *"The environment in there [the hostel] gets forgotten at the door, we sit here, we chill."*

> *"It gives you a chance to get to know the others – other peoples' point of view – in the same environment as you."*

This can be a positive step in helping new residents to settle in and a positive way of interacting with staff:

> *"It's a good thing, it's an ice breaker for someone who has just arrived, because, you know, especially in this place, where if you've just arrived from prison, you're quite bewildered. Your maybe not in the mood for going out, you know, so it's a nice environment for someone like that to come in and, you know, just meet a few people in quiet, chilled environment, so, I think that's where it's most valuable."*

> *"It's kind of nice to have it with the staff because, just, it's informal. Whereas most of the time they are there doing stuff. Helps you communicate with them, you know what I mean?"*

Indeed, feeling that the hostel staff supported the shared reading group was very well received:

> *"I think it's well supported in here, I mean, only a couple weeks ago the hostel manager and her family cooked loads of cakes for everyone and made food, and you know, it's great that they want to support it as well as, you know, the lads that come in here. So, I think, that makes a big difference."*

However, given the prevalence of literacy problems among ex-prisoners, it is not surprising that one interviewee occasionally felt uncomfortable in the group:

> *"I don't like, like sometimes people make a mistake or do you know what I mean? [...] Put on the spot kind of thing, you know what I mean?*

There was however awareness of the courage that it took to attend the group as an individual with poor literacy skills and sensitivity towards different residents' ways of dealing with it:

> *"[Named resident] He admits, he says he can't read, he can't write. That takes, excuse me, but that takes some bollocks to do that. [...] Some people won't come in because... they think 'I can't read, they're going to take the piss out of me.' [...] Well, it's not like that, and that's what, as I say, that's why you should come in and experience it for themselves."*

This may be caused by associations with the word 'reading' as in shared reading groups the facilitator reads aloud while others listen and there is no expectation that anyone will read aloud unless they choose to. There was, however, awareness of the courage that it took to attend the group as an individual with poor literacy skills and sensitivity towards different residents' ways of dealing with it:

> *"We don't assume. There's only seven or eight of us, not all can read or write, some are shy, some can't be arsed. We're all different."*

There were several suggestions about how the project could be further developed some of which were already in the process of being instigated.

> *"It could be held a bit earlier in the morning... you're talking about twelve, half past twelve, aren't you? I could be out for the day, I've got to go and look for somewhere to live. [...] I've got to go through Oldham, and I've got to be back here for four. So, if it were earlier, it would be a lot better."*

Given the number of agencies that many residents had to engage with, demands on their time could be quite substantial. Residents were often only able to participate in the shared reading group if they had no other appointments to attend to:

> *"You see but because it's voluntary and also, other appointments have precedence... we try to do it as early in the morning as possible. [...] But I think it's going good because we have, every week we have never yet NOT had a reading group, so that's a positive."*

Those trying to access employment were also aware that this might mean them giving up the shared reading group:

> *"I need to push on in my job search and whatever, so obviously if a job come up then I wouldn't be able to do anything like this.*

There were several organisational limitations that restricted how the project could be delivered: one being that the individuals who had been trained to run the shared reading groups (the Residential Service Officers), only worked until mid-afternoon, and so the shared reading groups had to be delivered early on in the day. However, Residential Social Workers (who work from mid-afternoon through the night) were gradually being involved which meant that the groups could be run in the evening when more people could participate.

There was also discussion about whether participation in the shared reading group should be encouraged more formally to get those residents who would decline to take part to at least try it, because they could well benefit from the service:

> *"I think maybe if it was made more official... Because as it is, you know, people don't really have to come here. If they've got the option, most of them are just going to, you know, reject it and do other things. But if it's part of this hostel while you're being here, it's part of their rule, then, you probably get more people coming down and more people enjoying it."*

Although there was concern that making participation obligatory might lead to disruption from those who did not wish to attend.

Another suggestion about developing the project was to start reading whole books, rather than short stories, although the irregular attendance of many residents may make that difficult to manage:

> *"I think it would be better to do a full book, but the only problem is, because people come and go, that's probably an unhelpful thing you could never solve isn't it? It's that, you don't get the same people every week, because for example someone may have an appointment at probation and can't come, or simply that someone has left and can't come. So it's hard to get a full book because everyone is coming and going and so now they do the short stories."*

Other participants wanted the group to meet more regularly, if possible at the weekend and perhaps to include visits to the local library:

> *"More times a week or maybe at weekend, if they could do it at weekend that would be a big help, because I miss it because of appointments and going here and there because it's just fallen on that day, so if it could be done on the weekends I think that would help keep that, you know, the same people coming."*

> *"I think personally, me, I would have it more than once a week. [...] Maybe two, three times a week. Maybe not just here, maybe once a week go to Oldham Library or something."*

This may be very beneficial in getting residents to access community resources and could perhaps be linked into supporting job searches:

> *"I think the idea about the library for some might be helpful because a lot will go to the library and just use the computer, you know, introducing people to resources, might be another useful next step. Not every week but maybe once every couple of months to offer taster sessions to show people where to get something at the library, you know."*

One interviewee described how the group was considering extending its activity to include participants writing short stories and suggested that the group could perhaps be used as a vehicle for providing more intensive literacy support for those who had reading difficulties:

> *"There's a few things that we're throwing about at the moment because we're thinking in terms of each individual writing a short story and then bringing it in and having it read out in the group, so, yeah, there's a few things. What would benefit [named participant], for one, maybe is like the Toe-By-Toe thing[23], whereby he could get a reading mentor."*

4.7 SUMMARY

Each of the five projects under study was described in glowing terms by their beneficiaries. While some suggestions were made about further developing the projects, in the main this related to expanding the service on offer. The lack of alternative sources of support for both prisoners and many of those living in the community makes it apparent how essential these projects are – not only to provide practical assistance, but also the emotional support that so many among this client group need. These projects show clear evidence of the substantial support needs faced by people with mental health problems caught up in the criminal justice system, and also of the very positive impacts that these Trusthouse Charitable Foundation funded projects have had.

23. Toe By Toe – devised by primary school teacher Keda Cowling – is a programme where more advanced readers spend time each day helping the less able on a one to one basis. A highly structured manual is used, so that no teaching training or previous experience is necessary. This has now been introduced by the Shannon Trust into over 90% of prisons.

KEY FINDINGS AND CONCLUSIONS

5

Library photo, posed by model | © Chantal Ringuette / Dreamstime.com

5.1 INTRODUCTION

In this section we consider the key findings emanating from the five individual projects, and what they tell us about the dynamic between common mental health problems, social exclusion and offending. We also examine the full breadth of positive outcomes that interventions to improve mental health may have for potential clients. This broad overview of some of the key themes arising from the beneficiary interviews expands our understanding of the complex interactions between mental health issues and involvement in the criminal justice system, and what potential there is for supportive interventions to impact positively upon this vicious circle.

5.2 UNDERSTANDING THE DYNAMIC BETWEEN MENTAL HEALTH PROBLEMS, SOCIAL EXCLUSION AND OFFENDING

> *"I don't think we should keep going on about ourselves as having mental illness. I think we're just people trying to cope, and that actually coping in itself – especially when you're in prison – is very difficult. That's not an illness, it's simply a reality."*
>
> ***Bridge the Gap interviewee***

As the profile of the interviewees reveals, individuals within this client group commonly experience not only mental health problems, but also a cluster of other support needs, including: physical health problems, housing difficulties, poverty and substance misuse. A cycle develops of: poor health, deprivation, stressful living situations, substance misuse and the absence of emotional support. Each difficulty interacts with the overall dynamic, increasing feelings of stress, anxiety and depression. This is particularly true where substance misuse is a factor as it can substantially exacerbate mental health problems and vice versa. As a result of all these factors, many individuals among this client group live chaotic and isolated lives – with no one to turn to for emotional support or practical help, no friends or family to assist them, and no formal support networks to fall back on.

The number of (ex-) offenders who have suffered childhood abuse or other trauma is unknown – although the experience of the Outlook project suggests that it is relatively high. For some, this early trauma has resulted in self-destructive and offending behaviours. For others, some crisis taking place in adulthood has similar effects – including substance misuse, self-harming, aggressive/violent behaviour, and suicidal ideation. Many have experience of relationship breakdown and family dysfunction, resulting in poor support networks which leave them vulnerable to disastrous consequences should crisis occur.

Given the level of trauma, chaos and stress taking place in their lives, it is difficult for them to desist from substance misuse, anti-social behaviour, acquisitive crime and/or violence. Many among this client group will have been involved in antisocial behaviour and low-level offending since their childhoods. They have not had the opportunity to learn different ways of behaving or living their lives, and are stuck in a cycle of offending, imprisonment, release and re-offending. One interviewee said:

> *"Criminal behaviour should be seen as a manifestation of emotional or mental illness."*
>
> ***Bridge the Gap interviewee***

However, the need for support is not addressed until they become involved in the criminal justice system. If they have tried to seek help for themselves, prescriptions for antidepressants are often the only response offered. For this client group, imprisonment might be the first opportunity to have their problems formally identified and their support needs assessed – although often, unless the prisoner is threatening suicide or behaving in an overtly distressed manner, they can still remain overlooked:

> *"That's part of your punishment. [...] Coming to the prison, it feels like it's part of your sentence to be ignored."*
> **Bridge the Gap interviewee**

Prison sometimes provides a lull in chaotic and damaging behaviour patterns, with structured days facilitating contemplation of past mistakes. But involvement in the criminal justice system also frequently increases the risk factors associated with mental health problems – including creating highly stressful situations that can lead to relationship breakdown, job loss and further deterioration of support networks. Imprisonment in particular can have a highly damaging impact upon an individual's mental health – with the isolation, stressful environment, risk of family breakdown and threat of homelessness all potentially exacerbating pre-existing mental health problems:

> *"For the first six months in prison, I found it very difficult to cope. Saw the doctor and his attitude was, 'Yeah, everybody gets a bit down when they're in prison'."*
> **Bridge the Gap interviewee**

This is not necessarily the impact of a particular prison, but rather the effect of isolation and confinement that result from having your liberty taken away:

> *"If you take a person and put them in a hotel two thousand miles from everyone they know and tell them they are not allowed to leave, you know they will suffer because they cannot see their wife and children."*
> **Bridge the Gap interviewee**

Often, prison staff do not respond effectively to prisoners' mental health problems, and sometimes interpret calls for help as an attempt to 'work the system':

> *"The senior officer there told me she didn't believe I had depression: 'You don't look like you're depressed, you're just trying to manipulate the system'."*
> **Bridge the Gap interviewee**

Little assistance is offered unless there is an evident crisis, and often medical responses (prescriptions for antidepressants) are the only option offered. The prison service suffers from a lack of mental health resources – especially in relation to the provision of trained counsellors. The problem in prison is a dual one: firstly the situation itself creates an enormous amount of stress and anxiety; and secondly, it is difficult to be able to trust anyone.

Prisoners are extremely concerned about the confidentiality of any counselling, and the potential negative impact of being identified as someone at risk of harming themselves. As a result, they want to control their personal information – as a means of limiting the potential to use it against them – and are wary of how open they can be. Their experience of the prison response to disclosure of suicidal ideation is negative – being removed from their cell, being in isolation for the majority of the day, loss of association with other prisoners, being deprived of their usual sources of comfort/distraction (such as the TV or radio, newspapers and attendance at the gym), all prisoners and staff knowing that they are vulnerable, and hourly monitoring (and consequential experience of sleep deprivation).

Yet the need for more support felt by many prisoners, the desire to experience some understanding, empathy and assistance to develop insight into their lives is clear:

> *"One of the biggest problems here is not having someone to talk to. I've had a pretty awful background, and I think that partly, people often end up here through an inability to cope not because they are deep down evil, horrible people who want to do bad things to people, but because life hurts and they don't know how to deal with that. And, actually, if that was understood better, we might have a more compassionate prison service. This sort of thing, I think, is absolutely desperately needed."*
> **Bridge the Gap interviewee**

Where support is provided, this is often on a temporary, insecure basis – resulting in projects with short-term funding that establish themselves and then are frequently forced to close down when resources come to an end. As a result, prisoners feel abandoned and let down, and can be left in very vulnerable states of mind. Even where supportive interventions exist over the longer term, it generally sits outside the prison structure, and as a result is not able to inform and influence prison/criminal justice responses to individual prisoners.

Resource constraints mean that the probation service can often only become involved towards the end of a prisoner's sentence – having no capacity to provide ongoing support or to work towards building a trusting working relationship with an ex-offender before release. Many prisoners are anxious about release into the community when they have had little or no contact with the outside world for long periods of time.

Insufficient levels of resettlement planning and a lack of through-care mean that ex-offenders often leave prison with no/poor accommodation and no family or other support networks to turn to. They feel isolated and believe that no one cares about them. Without regular provision of practical and emotional support, access to appropriate accommodation, and opportunities for positive activities, it is often only a matter of time before they are returned to prison:

> *"I've got to go to hostel when I leave here. [...] I'm 36 years of age now. From a younger age this could have been dealt with. I've done some courses while I've been in prison but, you know, when I get released from prison, I don't think much has changed to be different on the outside... this time, I'm not going to just jump through the hoops when they say. I want to be honest with them, but I feel me being honest is me going to end up back in here... I think me being honest with probation will just be a case of that piece of paper will be put to one side and then she'll make an excuse to recall me because 'I'm trying to be awkward'."*
>
> ***Bridge the Gap interviewee***

The criminal justice system in general (and the prison service in particular) has insufficient resources to support individuals with mental health needs. Indeed, the criminal justice system can exacerbate anxiety, stress and trauma for prisoners, resulting in a vicious cycle of mental health support need, inadequate or damaging prison response, and further deterioration of mental health. As this interviewee describes, the criminal justice system is, to an extent, suffering from the deficit in the provision of community mental health services:

> *"A lot of the mental places [community care homes] outside now have all shut down and this is where they throw them – into prisons, you know. And it seems a bit unfair because there's just no help for them. You know what I mean? There really isn't."*

5.3 KEY LEARNING ABOUT THE IMPACT OF THE TRUSTHOUSE CHARITABLE FOUNDATION FUNDED MENTAL HEALTH PROJECTS

The value of all five projects funded by the Trusthouse Charitable Foundation is quite apparent – all of the clients interviewed for this research were overwhelmingly positive about their experiences, and the most common suggestion for change was that their services be expanded – to work with more clients, or provide support on a more regular basis. This section of the report examines two specific questions:

- What aspects of the projects were the most effective for the beneficiaries?
- What wider positive outcomes exist – both for the beneficiaries, and for the community as a whole?

5.3.1 MAXIMISING THE EFFECTIVENESS OF PROJECTS FOR CLIENTS

The holistic, in-depth and tailored nature of the support provided by Community Link (provided by Wish), Bridge the Gap (provided by Plymouth and District Mind) and Throughcare (provided by HOPE) were consistently mentioned as the crucial factors that made most impact upon the clients. It is the combination of practical and emotional support that is most useful to clients – enabling them to feel that they were being treated as an individual, and not just 'an offender' or someone with mental health problems. This helped them to build up their confidence and self-esteem, boost their feelings of self-efficacy, and develop hopes and aspirations about what they could achieve in the future.

The New Pathways provision of in-depth counselling for victims of sexual abuse and trauma through the Outlook project was also highly valued. Clients welcomed the opportunity to work at their own pace, and described the lasting impact of counselling that focused on the traumatic experiences at the root of their difficulties, rather than the more recent symptoms of distress.

These four projects all provided several common aspects of service that clients found particularly helpful: out of hours assistance, advocacy support for dealing with other agencies and help in accessing accommodation. But it was the way in which those services were delivered that made the real impact: listening carefully and responding to client's individual needs, and 'working with' them, rather than 'doing interventions to' them. As a result, project workers were able to build trusting relationships with the beneficiaries, and provide them with a sense of security that ongoing support was available for them. Through understanding, showing empathy and providing help for clients to develop insight into their own feelings and behaviours, these projects were able to help alleviate some of the mental anguish experienced by their clients.

Through-care was also identified as a highly important feature of these projects – not only as a logistical benefit (it is much easier to initially engage with clients in prison where they are quite literally 'a captive audience'), but it also provides a means of building up a trusting relationship and helping to develop a positive resettlement plan for when the client is released back into the community.

The support offered by those projects working within the prison environment is desperately needed. However, this support/counselling could be even more impactful if it could be better linked into the prison infrastructure – enabling the service to inform ways of working with those prisoners, and hopefully making the provision more sustainable and secure.

The project that did not seek to work holistically with clients and did not work within the prison environment – Get Into Reading (provided by the Reader Organisation) – was also a huge success, with beneficiaries describing substantial positive impact upon them. There were many benefits, including: improving literacy; alleviating boredom, and providing a source of relaxation – the latter being highly valued in the stressful environment of probation hostels. The opportunity to discuss books, share views and build relationships, combined with the introduction of some positive structure into lives that were otherwise dominated by the frustration of having to deal with multiple agencies was a real benefit to hostel residents. The project allowed participants to feel a sense of achievement, and to begin to establish a routine and a sense of stability in otherwise unstructured lives. It helped residents to develop more positive relationships with hostel staff, and encouraged engagement in education. Thus, the project is much more than a group of men reading short stories. The development of communication skills and experience of building positive relationships are life skills that will benefit the hostel residents for the rest of their lives.

What these projects all shared was an attempt to help ex-offenders to look to the future in a more positive way. By helping them to build a sense of optimism for the future, the projects were motivating beneficiaries to change

perhaps ingrained patterns of behaviour. Key to achieving this is the quality and dedication of the project staff – only by consistently providing reassurance, by listening to what clients say and truly empathising with them, by repeatedly proving their reliability, can project workers begin to build the strong trusting relationships with clients that are key to effectiveness. In addition, projects that focus on helping clients to develop their emotional literacy and learn coping strategies – especially how to manage negative feelings, reduce stress and maximise mental health and well-being – can feel confident that they are making a huge positive impact on their client group. Emotional literacy is undoubtedly linked to the ability to reflect upon one's life and change the negative aspects of one's behaviour for the future.

5.3.2 COMPARING TRUSTHOUSE CHARITABLE FOUNDATION FUNDED PROJECTS WITH OTHER INTERVENTIONS

The interviewees for this research had typically been involved with over six agencies – including the probation and prison services, GPs and Accident and Emergency services. Managing simultaneous working relationships with a range of agencies can be extremely complex and difficult for clients to manage – and the lack of information sharing between agencies and absence of any coordination makes this challenge even worse. Such delivery of services 'in silo' can leave clients feeling that they are not being listened to, but merely referred on at the first opportunity. Holistic services that include emotional support were much more valued, but the common client experience was one of a lack of access to support, often due to the high threshold of Community Mental Health services, and medical responses without any offer of counselling.

Even where services are accessed, the help that they offer is insufficiently intensive and clients experience other service barriers, such as: waiting lists, bureaucratic demands, inflexible provision, and superficial crisis management. In addition, certain characteristics that are common among this client group make it even more difficult to access effective help, including:

- Low literacy levels
- Difficulties in remaining calm and communicating effectively in stressful situations
- Mistrust and frustration (especially when agencies have shared negative information about them with other professionals)
- Aggression and a lack of anger management skills.

Given both the lack of support services, and the difficulties in accessing those that do exist, the criminal justice system may provide the first real opportunity to identify support needs – but equally, being labelled as offender may restrict responses down to one: imprisonment. Involvement in the criminal justice system is often traumatic and damaging to mental health support needs. The probation service is overstretched and often struggles to provide (ex-) offenders with the support that they need – sometimes unable even to access the support requirements that form their licence conditions.

When asked to make suggestions to improve the projects, beneficiaries' comments related to expanding the support on offer to them, requesting the provision of more intensive support, greater sustainability of work, and through-care into the community:

- Increased scale of delivery (especially 24/7 telephone support; access to suitable accommodation and more intensive, sustainable support – perhaps with peer mentors)
- Through-care support from prison (including day-release from prison to access community support before being released)
- Better coordination and clearer care pathways – such that clients are linked into other services through effective advocacy support and access to education, training and employment

- Training to both service deliverers and the criminal justice system to promote greater understanding of the issues facing this client group, and skill development to improve working relationships.

Imprisonment can sometimes be an opportunity for offenders to escape from the chaos of life in the community and have their support needs assessed – but even where there is support that can be accessed, prisoners feel anxious about being identified as having difficulties in coping in case other prisoners and prison officers see them as weak. Effective through-care support from prison into the community remains rare – and so release into the community often merely signals the start of the cycle of reoffending again.

5.3.3 THE WIDER POSITIVE OUTCOMES OF MENTAL HEALTH SUPPORT

Given the multiple support needs among this client group, what long-term impacts can realistically be achieved by the projects? Interviewees felt that they were being helped to move to a position where they could better envisage leading happy and fulfilling lives in the community, but without long-term follow-up, we do not know if this is realised. However, interviewees were clear about the lasting positive impact of in-depth counselling upon them – particularly that which focuses on early traumatic experiences, rather than the more recent symptoms of distress.

Referrals into and advocacy support with other agencies were highly positive aspects of the projects' work. In many cases this also involved project workers modelling and sometimes explicitly teaching clients how to communicate more effectively, how to control their emotions and manage their anger, and how to access the support that they need. By explicitly teaching clients how to communicate effectively, these projects are improving their ability to access the services that they desperately need. Interviewees report improvements in their confidence levels as a direct result of feeling in better control of their emotions and being able to communicate more effectively – whether in personal relationships, dealing with agencies, or seeking training or employment opportunities. As the Reading Group shows, simply enabling participants to develop their communication skills and build positive relationships means that they can begin to establish a sense of stability in otherwise unstructured lives.

The benefits for other agencies in being able to work more constructively with, and achieve better outcomes for this client group are significant. Not only will clients be better served, but there will be a substantial reduction in the resource demands made upon services (especially the emergency services and substance misuse services) by reducing the need for repeated crisis management (especially responding to health emergencies such as alcohol/drug overdose and suicide attempts). Reducing the constant cycle of offending, imprisonment, release and reoffending could potentially deliver sizeable savings by reducing involvement with the criminal justice system. It would be unrealistic to expect that all of the challenges of maintaining long-term positive working relationships with this client group are solved immediately, but there is no doubt that substantial progress can be made.

In recent years there has been a growth in the provision of advocacy support, aiming to help those with multiple support needs in accessing the range of services that they require. Often this is because the skills needed to work with this client group either do not exist among generic frontline staff – or if they do, the time is not available to spend explaining in detail how 'the system' works and what this means for each individual client. Brief appointments with often stressed staff only serves to heighten clients' feelings of discrimination and social exclusion – leading to frustration, distress, further mental health problems and challenging behaviours.

One question remains about which is the most cost-effective approach: (1) for each service to invest in developing a team of frontline staff who have the skills and resources to be able to work productively with clients with complex needs, or (2) whether it is better to have specialist support workers whose role explicitly includes advocacy with other agencies.

5.4 DEVELOPING THE ROLE OF PEER RESEARCHERS

A central element of this research project was the use of peer researchers as a means of gathering detailed insight into the lives of (ex-) offenders with mental health problems. As described earlier in the report, some of the peer researchers had worked on previous projects, and all received at least two days of training for this work. Post-fieldwork discussions revealed that they had found the following aspects of training to be particularly useful:

- The development of active listening and probing skills
- Practising with the interview tools – which was important to develop confidence with the research questions
- The opportunity to revise and further develop draft questions to ensure that they are easily understood and cover all the required issues
- Practice in dealing with difficult or offensive interviewees in a group situation.

The arrangements for carrying out the interviews were all made by Revolving Doors, and the peer researchers were supported in the fieldwork planning that is required for conducting research in distant sites – especially those interviews taking place within prison. However, as with all field researchers, numerous challenges were faced by the peer interviewers, including:

- Feeling nervous prior to interview – which was thought perhaps to be necessary to focus the mind for a good interview
- The need for building/housekeeping information in order to make interviewees feel at home and manage the interviews successfully
- Having to make decisions when interviewees wanted staff to sit in on the interview, or where student observers were present[24]
- Some interviewees were clearly under a degree of stress and needed a calming influence. Using pairs of peer interviewers with different (complementary) personality types worked particularly well in these instances
- Anxiety about keeping to time limits and the interview not over-running.

Immediate support post-interview and feedback in relation to any fieldwork problems were therefore essential. Peer researchers may need reassurance that the fieldwork problems they encountered are also experienced by seasoned researchers, and not to feel guilty or upset about them. In particular, methods of dealing with the stress of listening to interviewees' traumatic personal stories (especially experiences of childhood abuse) also needs considering. Trainers and supervisors need to be sensitive to interviewers' possible reactions and remember that in their keenness to undertake research, interviewers may minimise their concerns prior to the fieldwork. Although their immediate reaction may appear fine – perhaps exhibiting the elation of completing a successful interview – researchers may need to be supported over the following weeks, to ensure that they are taking care of their own mental health sufficiently, and that experiences of depression, anger and distress are responded to.

While plans may be in place to provide supervision post-interview, interviewers in states of distress may avoid communication and attempt to manage their anguish themselves. Firm arrangements for post interview supervision/debrief, to be delivered by a known and trusted supervisor who the interviewer will respond to no matter how distressed they are, need to be agreed prior to fieldwork – and the importance of keeping to these arrangements must be stressed to all interviewers.

24. In those few circumstances where interviewees asked for staff to be present (or where interviewers thought it most appropriate for them to be present), the staff provided helpful reassurance to the interviewee and did not curtail discussion in any way

Aside from these challenges – which are likely to be experienced by all field researchers, there are many benefits to be gained from peer interviewers conducting research. These include:

- Identification as a peer can speed up the development of trust between interviewee and interviewer, as sharing personal experiences encourages interviewees to open up more and results in more frank disclosure
- Peer interviewers can provide important role models for offenders who see them as living examples of the possibility of positive futures
- Peer interviewers themselves can find it helpful to expand their knowledge and understanding of mental health issues through the mutual learning that takes place in the interview process.

As a result of the experience of conducting this peer research project, the interviewers had some key recommendations for the key ingredients of training/support for new peer researchers. These included:

- Discussions on research ethics and confidentiality
- Support for the bureaucracy involved in self-employment and submitting tax returns
- Discussion about overseeing fieldwork logistics, interview time management and the etiquette of dealing with project staff when visiting the project 'home'
- Maximising the interviewing practice and recommended reading to enhance interviewing skills
- Firm arrangements being in place for a timely debrief post-fieldwork, with supervision ongoing if required.

5.5 CONCLUSION

The five Trusthouse Charitable Foundation funded projects under study here are all highly valuable projects. The approaches they employ could benefit many (ex-) offenders.

The criminal justice system is currently experiencing cuts to budgets and rapid reform. Prisons have many people with multiple, intensive support needs that are not being met due to the deficits in community mental health provision. Criminologists have commented on this as the 'criminalisation' of approaches to social policy – with access to welfare resources only made available to those in need once they have entered the criminal justice system. Where support is provided, this is often on a temporary, insecure basis – projects with short-term charitable or pilot funding that are frequently forced to cease existence. Where supportive interventions exist over the longer term, they generally sit outside the prison structure, and as a result are not able to inform and influence prison/criminal justice responses to individual prisoners. The projects funded by the Trusthouse foundation show how holistic approaches to the complex and multiple needs of (ex-) offenders can work and the positive impact they have on this excluded group. If some of the lessons learned from these projects could be mainstreamed within the criminal justice system the benefits to these individuals and to the wider community could be substantial.

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