Summing Up:

Revolving Doors Agency's key learning 2000-2009

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Revolving Doors Agency is a national charity working across England.

Our vision is that by 2025 there is an end to the revolving door of crisis and crime, when anyone facing multiple problems and poor mental health is supported to reach their potential, with fewer victims and safer communities as a result.

Our mission is to demonstrate and share evidence of effective interventions and to promote reform of public services through partnerships with political leaders, policymakers, commissioners and other experts and by involving people with direct experience of the problem in all our work.

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Foreword

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

Since 1993 we have combined practical local partnership work with research and involvement of people with direct experience of

the problem, to build up an understanding of the need for reform and to demonstrate potential solutions. During that period we have published a dozens of research reports.

This briefing, aptly named *Summing Up*, distils the findings from a series of research reports that focused on our experimental Link Worker projects that ran between 1997 and 2006. These include research conducted with women prisoners in HMP Holloway and HMP Styal, peer research conducted by members of our National Service User Forum and two further reports looking at issues relating to families and financial exclusion.

We wanted to know: What did we learn from this research? How strong is the evidence? What are the gaps?

Alongside *Summing Up* we are publishing two documents that extract the key lessons from our National Development Programme that ran from 2007 to 2010: a briefing called *Thinking Local*, and an independent evaluation of the programme[1].

Together these reports set out the state of our knowledge. They will inform the thinking for our vision paper that we will publish in autumn 2011 setting out our view of a comprehensive policy framework to ensure that anyone facing multiple needs gets the help they require.

Along with our economic cost benefit model and the insight of our service user forum, we hope that the learning from *Summing Up* will make the case for change even more compelling and help us achieve lasting change.

Dominic Williamson

Chief Executive

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[1] *Revolving Doors Agency (2010) & Kenny & King (2010),* respectively

Introduction

This briefing attempts to outline the findings from research conducted by the Revolving Doors Agency over the past 10 years. The research has focused on what we call the revolving doors group; women and men who have multiple problems, including poor mental health, and who are in repeat contact with the criminal justice system. They are a group that consistently falls through the gaps in service provision.

There is a problem around identifying a group for research that are, in part, defined by their failure to be linked in with services. Many of the reports produced by Revolving Doors utilised data from our Link Worker schemes, particularly those running between 1997 and 2003. Link Worker clients were usually referred to the service from the police (although prison referrals were also included after 2000), based on officers' identification of unmet mental health need and vulnerabilities.

Several reports reuse the same data or use different sub-samples of the Link Worker clients. A table of data sources can be found in appendix 2. It should be acknowledged that the Link Worker evaluations were conducted in the context of trying to secure continuation funding.

The revolving doors group is not a homogenous group in terms of levels of offending, need and complexity. Some studies use prison-based samples and these are likely to be more entrenched in terms of offending, for example, than police-based studies. In other studies, participants have been picked on the basis of 'multiple needs' with less emphasis placed on an offending history.

The revolving doors group may not in fact be 'one group' at all, but a collection of distinct groups that share similar features and whose members may, with time, pass from one group to another. There are also likely to be differences based on demographic features such as gender or ethnicity

A thought to bear in mind:

A number of important policy changes have taken place during the period covered by the studies considered in this briefing. These will inevitably impact on the types and levels of need experienced by the group. Notable changes include the introduction of the Drug Interventions Programme in 2003, and in particular arrest referral schemes and an 'end-to-end' approach to the care of prisoners[2]. Also introduced in 2003, the Supporting People programme and its needs assessment approach was intended to identify and close gaps in provision[3]. There has also been a concerted effort to address rough sleeping, culminating in the 2008 strategy *No One Left Out*[4], and improving the 'accommodation pathway' for offenders was incorporated within the National Reducing Reoffending Action Plan[5].

The rule allowing housing benefit to continue to be paid for up to 13 weeks for sentenced prisoners remains but has been clarified.

Within mental healthcare - and particularly relevant for our client group – is the 2003 policy paper *Personality Disorder: No Longer a Diagnosis for Exclusion*[6] and more recently, the 2009 cross-government mental health strategy[7] which saw a move away from silo thinking and promised "socially and culturally competent

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[2] http://webarchive.nationalarchives.gov.uk/20100419081707/drugs.homeoffice.gov.uk/drug-interventions-programme/

[3] *Office of the Deputy Prime Minister(2004)*

[4] *Department for Communities and Local Government (2008)*

[5] *NOMS (2004)*

[6] *National Institute for Mental Health (2003)*

[7] *HM Government (2009)*

services based on people's needs rather than their diagnostic category".

This promise was an incarnation of the previous government's 'personalisation agenda' and the transformation of health and social care. What impact these changes have had on the experiences of the revolving doors group remains to be seen. Nevertheless, the Revolving Doors research discussed here should be considered in conjunction with more recent studies.

Multiple, interrelated needs

The research has shown clearly that a group exists that has multiple unmet interrelated needs, including:

- **Health:** Poor mental health, substance misuse, learning disabilities

- **Behavioural needs:** Offending, lack of positive coping skills

- **Practical needs:** Poor housing and homelessness, poverty and difficulties accessing welfare benefits

- **Emotional needs:** Suicide risk and self-harm, coping with childhood abuse and neglect, social isolation, fragile family relationships

- **Victimisation:** Domestic violence, exploitative relationships, participation in sex work, current victimisation

- **Education, skill and employment based needs:** Illiteracy, unemployment, low educational attainment.

Mental health: Link Worker clients: 38% showed symptoms of affective disorder, 15% psychosis and 29% personality disorder[8]. This mental health profile is unlike that of the general population and also unlike that of

recipients of community mental health services. High levels of mental health problems could be seen in first-time female prisoners who had not been selected on the basis of common mental health problems.[9]

Offending: The first evaluation found that there was a greater proportion of arrests for drunkenness among Link Worker clients and a lower proportion of arrests for shoplifting than in the general offending population. Drug misusers were more likely to commit acquisitive crimes, whereas alcohol misusers were more likely to commit crimes related to drinking and be considered a risk of harm to others.[10] The second evaluation indicated higher levels of drug use (potentially explained by the inclusion of prison referrals).[11] The most common offence was found to be stealing from shops or stalls; acquisitive crime was 44% of the total.[12]

Between them, 177 offences were recorded for a group of 82 long-term clients in the three years prior to intervention, a mean of 2.2 offences per person[13]. However there is no information on the range of values (the number of offences committed by any one person), nor is there information on self-reported offending (likely to be higher than official figures). A Revolving Doors study involving female prisoners with common mental health problems found that 77% of the 40 women interviewed had a 'repeated pattern of offending', with three women having nearly 30 previous convictions each.[14]

The needs identified within the Link Worker-based reports will be influenced by the questions asked by the Link Workers during assessments and by the type of interventions

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[8] *Finn et al. (2000) p.38*

[9] *Revolving Doors Agency (2004) p.17*

[10] *Finn et al. (2000) p.34*

[11] *O'Shea et al. (2003) p.25*

[12] *Ibid p.49/50*

[13] *Ibid p.49*

[14] *Hamilton & Fitzpatrick (2006) p.5*

that they undertake and feel the most comfortable undertaking. As a result, there is considerable information about substance misuse and practical needs although other needs areas are explored in less detail; some may remain unidentified or unexplored altogether.

Substance abuse: High levels of substance abuse are seen across most of the studies, in particular high levels of substance misuse were reported by those with multiple needs in prison.[15] Alcohol and drug users had distinct offending profiles (outlined above), although similar mental health profiles.

Practical needs: High levels of housing and homelessness problems were observed throughout the studies, with high levels of rough sleeping and poor housing. Many experienced problems accessing welfare benefits. In one detailed study into poverty and financial exclusion, the majority of interviewees were unable to afford even bare essentials.[16]

Childhood experiences: Experience of physical and sexual abuse and neglect were common among Link Worker clients. Two-fifths of a sub-sample of 70 adult clients had been in care as children, while the majority of clients of the young people's schemes had been in care.[17] 62% of a sample of 40 female prisoners with common mental health problems interviewed for one study had experienced childhood neglect or abuse.[18]

Specialist needs: Specific groups such as women, black and minority ethnic (BME) groups and young people are likely to have specialist needs in addition to the ones identified. For example, Revolving Doors studies have identified needs

around motherhood. Female Link Worker clients were more likely to have dependent children than men and 62% of first-time female prisoners interviewed had children[19]. However another study with 40 multiple-needs female prisoners found that 64% had children but that 70% of the mothers had had children removed from them.[20] The Young People Link Worker schemes described high levels of emotional and behavioural problems and a number of problems across the transition to adulthood.[21] There is little information on specific needs of BME groups.

Multiplicity of needs: Almost half of Link Worker clients needed help from between 6-10 services, with a further 10% requiring help from 11 services or above.[22] The participants of a more recent study experienced an average of four needs and again reported using a large number of services.[23] In particular, the studies saw high levels of dual diagnosis of mental health problems and substance abuse (57% in the first Link Worker evaluation[24]). Multiple needs were evident among female prisoners, even where the sample had not been selected on this basis.[25]

Revolving Doors' studies suggest a number of ways in which these needs exacerbate and reinforce one another. This conclusion of the interrelation of needs is supported by a large body of external research, although the causal direction is often unclear. See, for example, Keene's (2001) discussion on the interaction of needs and argument that an approach that seeks

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[15] *Hamilton & Fitzpatrick (2006) p.4; Revolving Doors Agency (2001) p.22/23 – although there is evidence of under-reporting in Revolving Doors Agency (2004) p.31*

[16] *Pratt & Jones (2009)*

[17] *O'Shea et al. (2003) p.67; Solomon (2005) p.14*

[18] *Hamilton & Fitzpatrick (2006) p.8*

[19] *Revolving Doors Agency (2004) p.29/30*

[20] *Hamilton & Fitzpatrick (2006) p.8*

[21] *Solomon (2005)*

[22] *O'Shea et al. (2003) p.63*

[23] *Braithwaite & Revolving Doors' National Service User Forum (2009) p.8*

[24] *Finn et al. (2000) p.38*

[25] *Revolving Doors Agency (2004)*

to identify and treat the 'primary cause' can be unhelpful for this group[26].

Childhood abuse and neglect are linked with emotional and mental health problems later in life.[27] Clients suffering from emotional and mental health problems were often considered by Link Workers to be 'self-medicating' with illicit drugs and alcohol.[28]

Although a review of the literature conducted by Rethink does not find evidence that illicit substances are used to alleviate specific symptoms of severe and enduring psychiatric disorders, there is support for the 'alleviation of dysphoria' theory in which illicit substances are used to alleviate depression and anxiety (again, common among our group).[29]

Dual diagnosis of mental health and substance misuse excluded clients from much of the limited housing available and of the prison-based clients, drug users experienced poorer housing outcomes.[30] Despite a number of measures intended to improve housing outcomes for problem drug users, the National Audit Office (2010) reported that "the shortage of suitable housing and support in local authorities remains a significant constraint to reintegrating drug users" with 100,000 problem drug users experiencing housing problems[31].

As well as tenancy management, dual diagnosis was seen to make financial management more difficult, and in turn, financial and housing difficulties were said to exacerbate mental distress.[32] The link between acquisitive crime and drug use (predominantly heroin and crack),

as well as between alcohol and aggression is also supported by the research evidence.

The interrelation of needs suggests that addressing one need in isolation may not necessarily result in a sustained improvement.[33] For example, addressing substance abuse that is being used to alleviate symptoms of underlying depression, without also addressing the depression, is unlikely to be successful. In turn this may mean addressing other issues such as social isolation. Similarly, addressing underlying issues is likely to be particularly hard if the person is sleeping rough.

Multiple needs clients need a range of support from different services; as will be discussed later, service users express the wish for this to be delivered in a comprehensive package of care.[34]

Failure to meet these needs

Not being connected with services was part of the criteria for becoming a Link Worker client. It remains a cause for concern that services are failing to adequately meet the needs of such a high-need group.

A case note review found evidence that 11% of clients with clear mental health need had been rejected by statutory mental health services.[35] Similarly, Link Workers found evidence of unmet need that was an immediate risk to mental or physical health.[36]

A particular issue was not being registered with a GP (34%), which then prevented access to other services (such as housing or secondary

[26] *Keene (2001)*

[27] *Solomon (2005); Hamilton & Fitzpatrick (2006);* also, see for example *National Institute of Mental Health (2001)*

[28] *O'Shea et al. (2003) p.26*

[29] *Afuwape (2003)*

[30] *Revolving Doors Agency (2001) p.25*

[31] *National Audit Office (2010) p.8*

[32] *Pratt & Jones (2009) p.4; Revolving Doors Agency (2001) p.28*

[33] *O'Shea et al. (2003) p.58; see also Keene (2001)*

[34] *Braithwaite & Revolving Doors' National Service User Forum (2009)*

[35] *Finn et al. (2000) p.38*

[36] *O'Shea et al. (2003) p.60/61*

healthcare) and inappropriate use of crisis services.[37]

Our research suggests a number of reasons for this:

(1) Service rejection

Service criteria: Excludes multiple needs (notably, housing provision[38]), thresholds too high (over half of clients were not deemed 'ill enough' to meet the thresholds for Community Mental Health Team support[39]), invalid referral routes, inappropriate paperwork (particularly lack of proof of identification), lack of diagnosis (only half of Link Worker clients had a diagnosis prior to engagement with the scheme[40]).

Client behaviour: Difficulty keeping appointments and challenging behaviour, and, particularly for young clients, an inability to grasp what a service expects from them and dysfunctional coping mechanisms [41].

(2) Failure to access services

Client willingness: Distrust of support services, feeling of powerlessness negotiating bureaucracy, under-reporting of issues[42], feeling that mainstream services are 'not for people like us' (in relation to accessing specialist financial support services[43]).

Client ability: Difficulty navigating complex systems and poor understanding.

Practical issues: y obtaining appointments, physical access issues in rural areas (evident in South Buckinghamshire Link Worker scheme[44]).

Failure by other services: Poor signposting by other services (a recurring theme and a particular cause of frustration for service users[45]) and poor information flow between services, particularly across prison-community boundaries (this was exacerbated by practitioner uncertainty about what information they were allowed to share; service users were frustrated with the presumption that they would not want their information shared with people who could help them[46]).

(3) Systemic barriers

Short prison sentences: [47] Our research supported the finding that short term prison sentences can be detrimental to housing and financial situations, as well as mental health.

Of 101 prison-based Link Worker Clients, 37% saw their housing situation deteriorate entering into prison while none improved[48]; 43% of the first-time female prisoners entering HMP Holloway had current housing issues[49], and 61% of the 40 female prisoners with common mental health issues interviewed at HMP Styal expected to be homeless on release or were unsure if their tenancy had been lost[50].

Problems include the '13-week housing benefit rule', which can lead to rent arrears and a loss of housing for those serving over 13 weeks. 4-6 week notice periods mean that rent arrears cannot even be avoided by relinquishing tenancies. Additionally, the difficulty of contacting landlords means that properties can often appear abandoned and the person's remaining property destroyed.

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[37] *Ibid p.41*

[38] *O'Shea et al. (2003); Revolving Doors Agency (2001)*

[39] *O'Shea et al. (2003)*

[40] *Finn et al. (2000)p.40*

[41] *Solomon (2005)*

[42] See in particular *Revolving Doors Agency (2004)*

[43] *Pratt & Jones (2009)*

[44] *O'Shea et al. (2003)*

[45] *Braithwaite & Revolving Doors' National Service User Forum (2009)*

[46] *Herlitz & Jones (2009)*

[47] See in particular: *Hamilton & Fitzpatrick (2006); Revolving Doors Agency (2001); Revolving Doors Agency (2004)*

[48] *Revolving Doors Agency (2001) p.17/18*

[49] *Revolving Doors Agency (2004) p.26*

[50] *Hamilton & Fitzpatrick (2006) p.7*

The interruption to benefits, the difficulty getting these re-started and the inadequate level of the prison discharge grant, designed to aid resettlement, all resulted in financial difficulties.[51] Additionally, the lack of support provided to short-sentenced prisoners on release was identified as a problem by those service users who participated in *'Multiple Needs' Service Users' Perspectives*.[52]

The benefits system and other financial support: Prior to Link Worker intervention, 46% of clients were receiving no benefits at all, despite 99% unemployment among the group.[53]

The reports created a picture of an overly complicated system involving excessive paperwork and characterised by delays, breaks in payment and inflexibility.[54] A separate, but related issue is the 'poverty premium', which makes borrowing additional funds particularly expensive for groups excluded from mainstream financial services.[55]

Access to accommodation and mental health support: A chronic under-provision of housing for those with multiple needs[56] and high thresholds for mental health support.

A 'single-issue' approach[57]: As already observed, the interrelation of needs means that addressing a single issue in isolation is unlikely to be effective: a holistic approach to care is needed. However many services continue to think in silos and there are a number of barriers to multi-agency working. These include insufficient awareness and knowledge of services, differing policies on information sharing and confidentiality, and prohibitive service thresholds and policies[58].

Other barriers include a failure to achieve 'joined-up' commissioning and local and national structures that discourage joint working between agencies.[59]

(4) Structural

There are likely to be structural reasons for the levels of unmet need. These include factors such as class, poverty and gender and ethnicity inequalities. With the exception of our study on poverty[60], little Revolving Doors research has been conducted into the impact of these factors.

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[51] *Pratt & Jones (2009); Revolving Doors Agency (2001)*

[52] *Braithwaite & Revolving Doors' National Service User Forum (2009)*

[53] *O'Shea et al. (2003) p.33*

[54] See *Braithwaite & Revolving Doors' National Service User Forum (2009) & Pratt & Jones (2009)* but also *O'Shea et al. (2003)*

[55] *Pratt & Jones (2009)*

[56] *Braithwaite & Revolving Doors' National Service User Forum (2009); O'Shea et al. (2003)*

[57] See *Keene (2001) & Rosengard et al. (2007)*

[58] This was particularly in the context of family work: *Herlitz & Jones (2009)*

[59] See *Rosengard et al. (2007)*

[60] *Pratt & Jones (2009)*

Possible solutions and outcomes

In response to the realisation that there was a group whose multiple needs were not being met adequately by support services, Revolving Doors developed a number of Link worker schemes, the first was established in 1997.

The Link Worker Model: The Link Worker model was based on attachment theory[61] and assertive engagement models that were considered to have had some success with adults with severe and enduring mental health problems. Client choice is central, it is non-punitive, cases are not closed and clients form multiple attachments with all team members who have a range of expertise. Additionally, role modelling is used, demonstrating positive behaviour.[62]

Current thinking does not support all aspects of the assertive outreach model, notably the 'multiple attachments' approach which has now been replaced by the 'lead professional' model of working. [63] However, since Link Worker teams were very small, they may not have suffered from some of the problems identified with the team approach, such as not having clear points of contact.[64]

The Link Workers attempted to link clients with services to address their needs, particularly practical and health based needs. In doing so, they attempted to overcome the reasons outlined for failing to meet need. They provided particular additional support in certain areas, notably housing.

Link Workers could not address all systemic barriers, which in many cases required national policy changes. However support was provided to circumvent barriers where possible and they offered consistency during transition periods.

The Link Worker model was an individualistic one although the Link Workers often worked with families, recognising that although the primary responsibility was towards the client referred, in many cases it was unrealistic and unhelpful not to work within the wider context of support networks (although there is very little data on this work). Recent policy has developed this thinking. The Think Family agenda (2008) has encouraged adult services to adopt a 'whole family' approach. This led to the Unfamiliar Territory report (2009) and our current development work around 'Families'.

Subsequent Revolving Doors studies have attempted to establish, with service users, what an ideal service would look like. Many of the suggestions support aspects of the Link Worker model. Participants in a study of service users wanted holistic support with more effective signposting to other services, better communication between services and positive staff who offer encouragement, help develop positive coping skills and understand all issues and their relatedness.[65]

Similarly, a model of support developed as part of a study with female prisoners with common mental health problems included coordinated, sustained support, although it also included a focus from all agencies on emotional and mental health, which appeared to be outside the scope of the Link Worker model (although Link Workers themselves did focus on providing emotional support).[66] Accommodation support and 'through the gate' support[67] were highlighted in both studies.

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[61] See *O'Shea et al. (2003) p.53*

[62] More information on the Link Worker approach and Link Worker activity can be found in *O'Shea et al. (2003)* and *Solomon (2005)*.

[63] See, for example, *Jones (2009)*

[64] *Onyett (2003)* cited in *Rosengard et al. (2007)*

[65] *Braithwaite & Revolving Doors' National Service User Forum (2009)*

[66] *Hamilton & Fitzpatrick (2006)*

[67] 'Through the Gate' support is support that starts prior to release from prison and continues into the community.

Outcomes of the Link Worker model

The Link Worker evaluations were conducted in a period when output (rather than outcome) based thinking was the norm: there was a tendency to measure 'what we did' rather than 'what we achieved'. As a result, as with many interventions in the voluntary sector at that time, only limited evidence is available about the outcomes of the schemes. However some data indicates a range of successful outcomes:

- **More appropriate use of healthcare services**[68]
  - o GP registration doubled among clients[69]
  - o Decreased use of crisis services
- **More stable accommodation**[70]
  - o No Link Worker clients were living in a bed & breakfast after a year[71]
  - o Much less information is available on improvements in housing quality and reduction of rent arrears
- **Reduced re-offending**[72]
  - o Recorded levels of offending for sample of 82 long-term clients fell by 22% comparing a three-year period before and after interventions (a total of 177 offences vs138 offences)
  - o Home Office evaluation compared 130 clients with 260 who did not engage and found that reconvictions after one year were 33% vs 39% and seriousness of offending of caseload clients reduced compared to period before intervention

- **Successful benefits claims**
  - o The percentage of successful claims is unclear
- **Improved mental health and well-being**
  - o Although there is little detailed information available on this.

A cost-benefit evaluation conducted by the London School of Economics and Political Science (LSE)[73], compares service use (police, emergency health services, other health services and accommodation) for three groups: clients, referrals who did not go on to be clients and a control group from another police station in the same borough. This is the most robust evaluation available of the scheme's outcomes. However, no information is provided on the quality of the interaction with services, the outcome or on improvements to wellbeing. Additionally, the follow up period is only a year, which may not be sufficient time to assess whether stable positive outcomes have been achieved.

To assess success, we need more information on what happens to clients without help (with regards to offending, need levels, use of services, mental wellbeing and mortality) – not all those on the border of crisis and crime become entrenched without help. Similarly, the reports tell us nothing about which clients fail to engage or why –10% of referrals to the Link Worker schemes between 1997 and 2000 failed to engage.

The model is generic; it assumes that what works for those who are entrenched is the same as what works for those who are just entering crisis and crime. It also does not distinguish between different demographic sub-groups. Recent work on equalities has highlighted that "Equality does not mean treating everyone the same"[74]. The Link

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[68] *Finn et al. (2000)*

[69] *Ibid p.59*

[70] *Ibid*

[71] *Ibid p.53*

[72] *O'Shea et al. (2003) p.49/50*

[73] *Finn et al. (2000)*

[74] *Home Office (2007) p.3*

Worker model may be guilty of this, although it should be highlighted that a key aspect of the service was flexibility in responding to need.

We are not in a position to determine how successful the model is for groups such as women, young people and BME groups. The first evaluation found that referrals to the scheme broadly reflected the ethnic make-up of the local area, however there was evidence that people of Black African and Caribbean origin were being referred less regularly.[75]

Following the creation of two ethnic minority Link Worker posts, the second evaluation reported improvements in the number and proportion of BME referrals. However, the increase in proportion was only due to an increased proportion of referrals from Asian backgrounds.[76] Again, there is no information on outcomes.

The only group to have been offered a specific Link Worker service is young people. Unfortunately, only an interim evaluation of this scheme exists[77] and the scheme did not make it past the pilot phase. Although the interim report showed some improved outcomes, the methodology is weak and there is not sufficient information to assess the success of this model for this group.[78]

The latest phase of Revolving Doors' work, the National Development Programme (NDP), contains a greater body of information about outcomes and the data is still being collected. By focusing on locally developed responses it provides further information on geographical differences. The NDP also included a number of projects specific to women, although no BME specific projects; this is an important area of future work.

An evaluation of the NDP[79], along with a briefing on the key lessons, *Thinking Local*[80], is available from our website.

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[75] *Finn et al. (2000) p.19*

[76] *O'Shea et al. (2003) p.75*

[77] *Solomon (2005)*

[78] *Solomon (2005) p.37*

[79] *Kenny & King (2010)*

[80] *Revolving Doors Agency (2010)*

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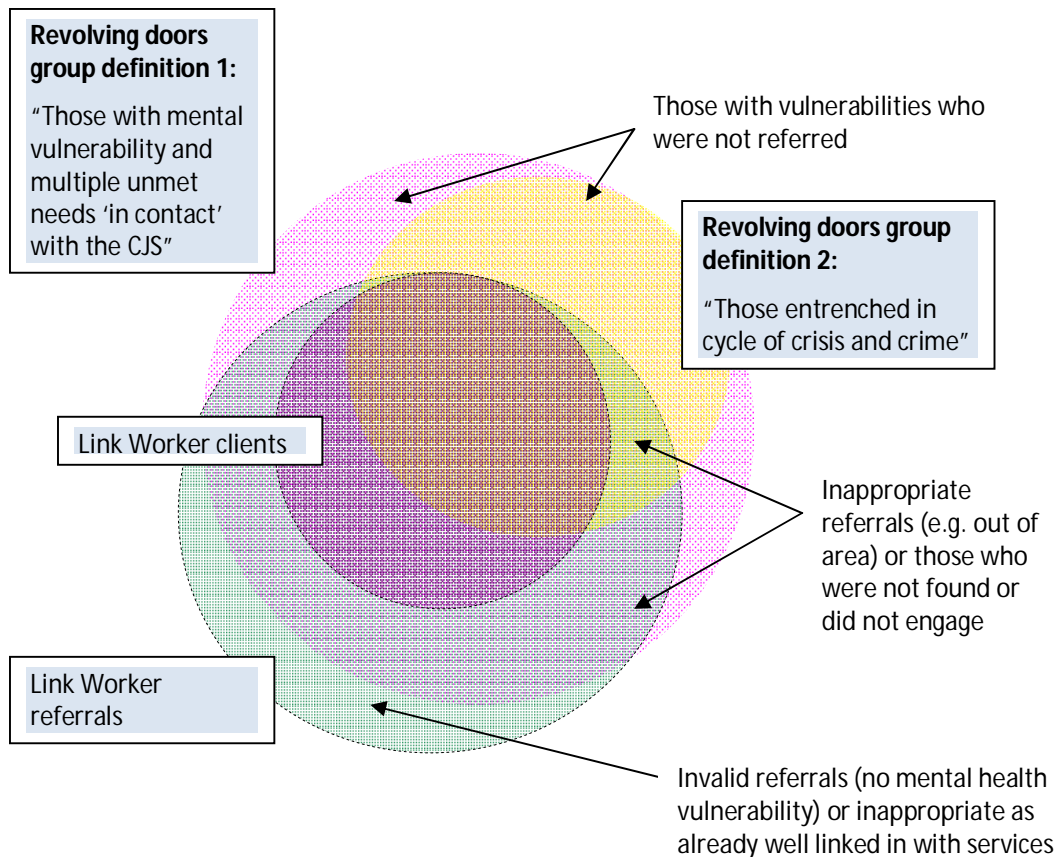
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Appendix 1:

Revolving doors group definition 1:

"Those with mental vulnerability and multiple unmet needs 'in contact' with the CJS"

Those with vulnerabilities who were not referred

Revolving doors group definition 2:

"Those entrenched in cycle of crisis and crime"

Link Worker clients

Inappropriate referrals (e.g. out of area) or those who were not found or did not engage

Link Worker referrals

Invalid referrals (no mental health vulnerability) or inappropriate as already well linked in with services

The Link Worker evaluations: Who do the studies tell us about?

This diagram aims to demonstrate the relationship between Link Worker clients (the subject of the studies) and the revolving doors group in an area where a scheme is operating. It demonstrates that the Link Worker clients will include both those who have unmet needs and are 'in contact' with the criminal justice system (CJS) – perhaps only at the early stages such as through Neighbourhood Policing Teams – and those who are entrenched in the cycle of crisis and crime. It also shows that, for whatever reason, some of these people with multiple unmet needs may not have been referred to the scheme and therefore their needs will not be included in the research. They will have slipped through yet another gap unnoticed.

(The size of circles does not relate to the size of the groups).

Appendix 2: Table of data sources

Key:
- Dark grey - only occasion on which sample used
- Same colour - same sample
- Two shades of same colour - one is sub-sample of the other

Report	Data source	Sample description (year span shown 1997–2009)
Mental health, multiple needs and the police (2000)	LW referral data	All LW referrals (774 referrals, 639 people), all running schemes (IL, TH, HW)
	LW client data	All LW clients (374), all running schemes (IL, TH, HW)
	Questionnaires	All LW new referrals (465 referrals), all running schemes (however 10% response rate - 45)
	Case note review	All LW clients (133)
	Interviews	Link Workers (number unknown)
	Local services' databases	Islington Link Worker scheme: all clients (41) & all other referrals (124); Holloway police station: control group (169)
Snakes and Ladders (2003)	LW referral data	Assessed LW referrals (1,156), all running schemes (IL, TH, HW, EL - expanded to include prison referrals)
	LW client data	All long-term clients (334), all running schemes (IL, TH, HW, EL - expanded to include prison referrals)
	Interviews	Link Workers (number unknown)
Where do they go? (2001)	LW client data	Sample of 101 clients randomly selected from LW prison-based clients
	Questionnaires	Sample of 101 clients randomly selected from LW prison-based clients
	Inventories of time spent during appointments	All clients with housing needs
	Interviews	Client interviews (7 not clear how selected)
	Interviews	15 Link Workers (unclear proportion of total)
Bad Girls (2004)	PACT Survey data	All first-time female prisoners entering HMP Holloway (1400 women, 1/8 of the female prison population at time)
	LW client data	All (631) female clients (not clear if police referrals only)
Lost in Translation (2005)	LW client data	All (76) clients of young people schemes
	Interviews	All (4) Link Workers
Working with complexity (2006)	Interviews	40 short-term female prisoners with common mental health problems following prison staff referral at HMP Styal
Multiple Needs' Service Users Perspectives (2009)	2 Service User Focus Groups	7 P3 & St Mungo's service users with multiple needs
	Semi-structured interviews	7 P3 & St Mungo's service users with multiple needs
	Questionnaires	All participants of focus groups and interviews asked to complete, response rate 16/21.
Hand to Mouth (2009)	Policy and literature review	
	Semi-structured interviews	46 P3 & ST Mungo's service users
	Interviews	21 debt/finance practitioners
	3 Peer-led focus groups	Approx 10 P3 & St Mungo's service users (per focus group)
	2 Focus groups	Sample of CAB staff (number unclear)
Unfamiliar Territory (2009)	Policy and literature review	
	Development of illustrative case studies: Literature review +	
	Interviews	3 Families in contact with cjs/substance misuse identified by Adfam
	1 Group interview	4 fathers who had experienced homelessness identified by Crisis
	Interview	4 women living in temp accommodation with children identified by KCHP, only 1 interview conducted
	3 Focus groups	13 Practitioners from wide range of networks
	Focus group	Members of RDA SU Forum (6) & interviewees (1 family member)