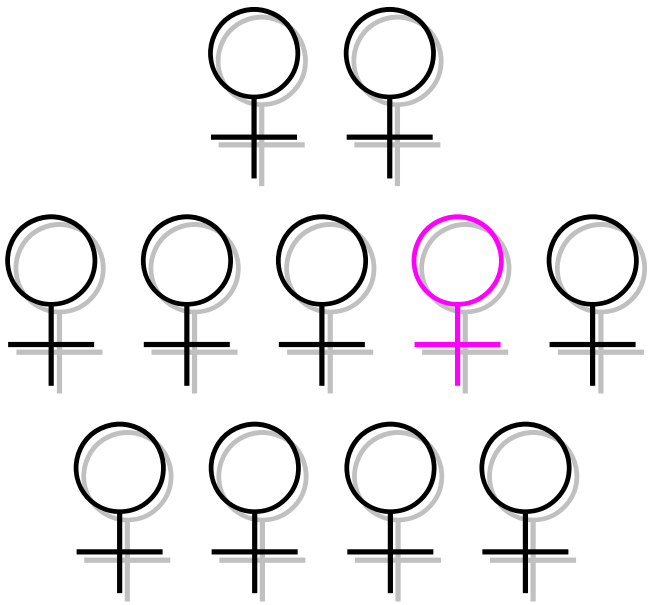
Working with Complexity

Meeting the Resettlement Needs of Women at HMP Styal



Revolving Doors Agency

November 2006

This report was written by Sarah Hamilton and Rob Fitzpatrick

The authors would like to thank the women who agreed to be interviewed as part of the needs assessment, and all the staff from HMP Styal, Richmond Fellowship and from other agencies who supported its completion. We would like to express particular gratitude to the following individuals:

Steve Hall and Greg Smith – HMP Styal
Alex Barton, Katie Dew and Mel Stimpson – Richmond Fellowship
Clare McGregor

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Executive Summary

This report is based on a needs assessment of the issues faced by women in HMP Styal with mental health problems who are returning to Greater Manchester. It examines why they become caught up in a cycle of abuse, crisis, drugs, breakdown and crime followed by imprisonment. Then it explores the challenges of delivering services to women with multiple needs, and the need to outline more effective interventions to support them in the community and reduce rates of re-offending.

The needs assessment was the result of discussions between commissioners and managers of substance misuse services, staff from NOMS, and Revolving Doors Agency. The work was delivered through a partnership between HMP Styal, Revolving Doors Agency and Richmond Fellowship, who provided the staff to interview the women who participated.

Through extended interviews with 40 inmates at HMP Styal between September 2005 and March 2006, Revolving Doors Agency sought to understand their mental state, their lives in the community and their past experiences – particularly the relationships that they have formed.

Due to the relatively small sample size and the fact that women were referred to the researchers on the basis that prison staff felt they had unaddressed mental health problems, the findings do not constitute a representative sample of prisoners in Styal. However, the needs of the individuals interviewed are representative of the national profile of vulnerable women prisoners and should come as no surprise to anyone working with, managing or commissioning services for women offenders. They also correspond with the profile of women with mental health problems identified in a larger Revolving Doors Agency study of 1,400 first time prisoners where 55% had an identifiable mental illness.

Key statistics from the report include:

- **Housing** – significant experience of unstable housing (60%) and anticipated unstable accommodation on release (61%)

- **Family and Support Networks** – significant proportion of parents (64%) and reliance of childcare support from at least one grandparent (36%)

- **Abuse** – the majority of the women were subjected to abuse or severe neglect as children (62%) – usually under the age of 10

- **Drug Dependency** – high levels of stated drug problems (61%) with nearly half (47%) receiving methadone treatment in prison

- **Mental Health** – high levels of diagnosed mental health problems (50%) were reported, with only a fifth reporting previous contact with statutory psychiatric services

- **Re-offending** – the pattern of offending is repeated for 77% of the sample, with three of the women having nearly 30 previous convictions each.

The figures demonstrating the coincidence of problems are of equal concern, e.g. 41.3% were repeat offenders who had experienced neglect, a mental health problem, and drug dependence.

These statistics and the detail gained through the interviews provided us with evidence from which we have tried to establish the root causes of behaviour that fed into cycles and resulted in the women repeatedly re-offending instead of securing help to resolve their problems.

Although many of the problems are long-term and deeply engrained, support offered is generally either short and sporadic, or dependent on the length of sentence. Revolving Doors and Richmond Fellowship therefore worked closely with the women interviewed to determine how a service may be developed to respond to their complex needs and to improve the chances of them leading healthy and crime-free lives.

The five key elements of a service were identified as:

- coordinating support
- focusing on mental health needs
- providing support to find accommodation and sustain tenancies
- providing through the gate support
- providing sustained support.

Such a service could engage with this client group and make a genuine difference to women entering HMP Styal. This service should be grounded in the reality of these women's lives and offer a range of practical and emotional support both inside prison and in the community. Crucially, the components of the service need to be designed to overcome the barriers to support and service engagement that are found in these women's lives through the thorough ownership of the service by the various agencies that the women themselves come into contact with. Revolving Doors Agency has already developed services proven to address the needs outlined in the report (details of these Link Worker Schemes are given in Appendix III).[1]

This report represents 'phase I' of a developmental process and Revolving Doors Agency now wishes to work with HMP Styal and other key agencies and initiatives in the North West to further explore the complex needs of these women, and to identify new ways of addressing them.

[1] Research carried out by the Home Office in 2003 indicated that Link Worker Schemes evidenced a 22% reduction in re-offending among those receiving a service.

1: Methodology

Between September 2005 and March 2006, two action researchers conducted interviews with 40 inmates at HMP Styal with complex and multiple needs who were planning to return to the City of Manchester and Greater Manchester.

The researchers, seconded to the Prison Service for the duration of the project from the Richmond Fellowship, assessed the support needs of these women on leaving prison. During the period of research they also provided a signposting service to the women they came into contact with, providing support to the women involved to link up with appropriate services in the community.

The women were referred to the researchers on the basis that prison staff felt they had unaddressed mental health problems and were falling through the net of services. Referrals were from healthcare, Job Centre Plus and prison officers. Consequently, this research does not give an indication of levels of mental health problems in the prison (as only women with mental health problems were referred) but does tell us the needs of this specific client group.

However, it is possible to put these statistics in context using data from a study in another prison of 1,400 women serving their first prison sentence between October 2000 and March 2001 (this was one in eight of the total female prison population during this period).[2] 55% of this sample had an identifiable mental illness and 7% had multiple mental health problems.

In assessing support needs the researchers focused on the women's:

- health
- housing
- family and support networks
- access to drug, mental health and other support services.

The interview schedule used is contained in Appendix I.

[2] This research was carried out by Revolving Doors Agency at HMP Holloway in London. The full report "Bad Girls? Women, Mental Health and Crime" was published in 2004 and is available at www.revolving-doors.co.uk.

2: Headline Data

The headline statistics on needs amongst the women interviewed in HMP Styal are given below. Further statistics are available on request.

Detailed information on the experiences of seven of the women who were interviewed is given in Appendix II. It aims to demonstrate the complexities of the women's lives, how the interrelations between the different factors for the women studied are extremely complex and variable, and the significant amounts of trauma which the women have experienced.

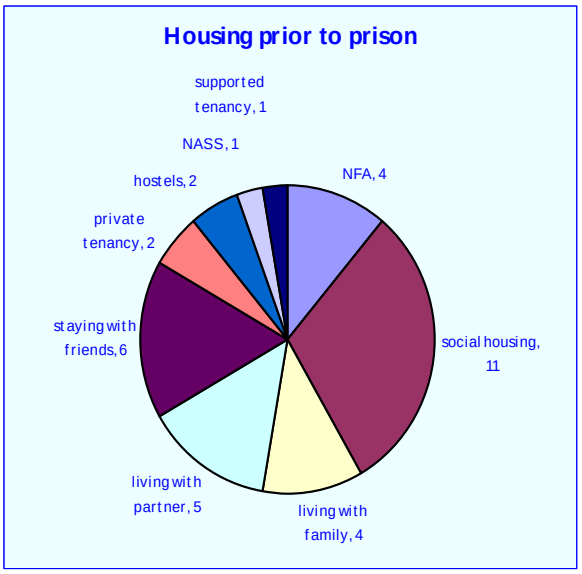
Housing

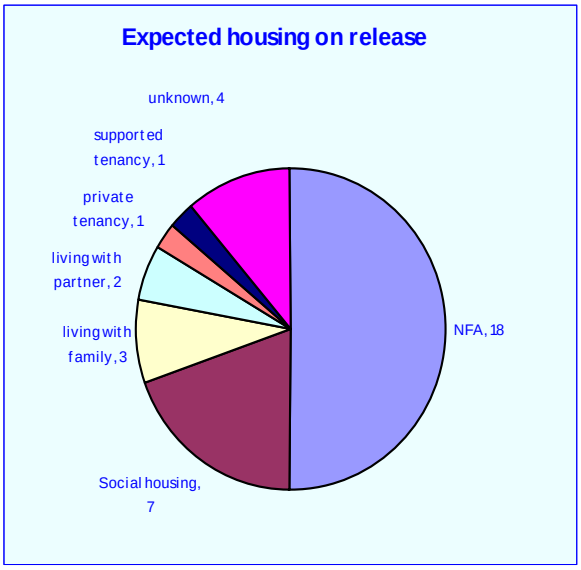
The study found that prior to prison:

- Nearly 60% of the women interviewed described a history of unstable housing and periods of homelessness.
- 30% of the women interviewed were living in general needs social housing.
- 11% were homeless (NFA).
- 41% were living with friends or family or at their partner's home. Many of these are in effect homeless as these are frequently unstable living conditions.
- 18% were in private or supported tenancies, hostels or accommodated through NASS (National Asylum Support Service)

The study also found that on release:

- 61% expected to have no address on release, or did not know whether their previous accommodation would be lost due to their sentence.





Family and support networks

- 61% of the women interviewed had partners; a third of these partners were currently also in prison.
- 64% had children; 25% cared full-time for at least one child before coming to prison; over 30% had at least one child living with a relative; 22% had at least one child in care.
- 36% of the women interviewed mentioned that they had childcare support from at least one grandparent.
- Children had been taken away from 70% of the mothers. The remainder were with family.

Abuse

- 62% of the women were subjected to abuse or severe neglect as children. For the majority, there is not detailed information on the exact nature of what happened, although sexual abuse from an adult relative or step-father was most frequently noted.
- 17% of the women interviewed volunteered information about childhood sexual abuse; many more women referred to difficult childhoods but did not want to elaborate.
- Neglect and further abuse later in life occurred for 72% with relationships involving sex work, violence and drugs.

Drug dependency

- 61% of the women interviewed said they had drug abuse problems; over 10% said that they had alcohol abuse problems. About 6% reported alcohol problems but did not use drugs (i.e. only 4% said they had problems with both alcohol and drugs). It is highly possible that more women do use alcohol heavily but do not perceive it as problematic. It is likely, therefore, that the actual level of alcohol abuse among those interviewed is under-reported.

- 56% had previously engaged with drug services.

- 47% were being maintained on methadone while in prison[3], but some women said that they felt a loss of control in doing this. One woman interviewed said that she preferred to detox in prison because it gave her a degree of self-control while she was 'inside'.

Mental Health

- Mental health problems in the sample were at a rate of 96% (in the assessment of the researchers the other 4% had solely drug-related issues). This is to be expected as the referrals made to the Link Workers were on the basis that the person had a suspected mental health problem. However, this demonstrates that the prison staff who made referrals to the scheme had highly developed referral skills – especially given the levels of co-morbidity with drug use, which can confuse attempts to diagnose a problem. What stood out from the sample, was the length of time that the women had experienced mental health problems – usually this had been ongoing from teenage years.

- 50% told researchers of a diagnosed mental health problem, ranging from depression or anxiety to schizophrenia or suicidal thoughts.

- Nearly 20% of the women interviewed had some previous contact with psychiatric services. In each case, contact with these services had ceased but most of the women continued to suffer from a range of psychiatric problems, including depression, schizophrenia, personality disorders, self-harming and suicide attempts. Several women who did not have previous contact with psychiatric services nevertheless reported experience of mental distress which continued in prison.[4]

[3] HMP Styal day figures from 8/05/06 show that 42% of the total prison population were being maintained on methadone that day.

[4] Revolving Doors Agency carried out research on the experiences and presenting needs of 1,400 female prisoners in HMP Holloway, London. 4% had attempted suicide in the past or were currently feeling suicidal. Just 2% had self-harmed. These results were surprisingly low, given the findings in 1998 of the Office of National Statistics which indicated that 50% of women in prison had attempted to commit suicide at least once in their lives. Our low figure could be due to under-reporting. This information can only be gathered from the testimonies of the women themselves. If they are unwilling to share details of their behaviour, then this limits the data collected. Further evidence that the figure may be biased downwards is offered by rates of referrals to the Samaritans and Befrienders in the earlier research. Almost one in four, 23%, were referred to these services.

Many of the women suffer mental health problems or acute distress as a result of childhood abuse and adult exploitation. Flashbacks, paranoia, hearing voices and dissociative or aggressive behaviour such as 'kicking off' are common symptoms. The main forms of treatment are psychiatric medication, or alternatively 'self-medication' with illegal drugs or alcohol to lessen the immediate symptoms, but which in the long-term, can contribute to further deterioration in health.

Dual diagnosis

- 65% of the women had both mental health problems and drug dependency.

Many of the women were engaging with drug services via CARATS and DIP programmes. However, whilst these interventions can help with drug dependencies, for many women with complex needs they are not configured to address the underlying mental health problem that fuels the dependency. This can result in short term drug-free periods which end when the mental health problem returns, rather than long term recovery. It is of particular concern that by helping people to stop taking drugs without offering mental health care, prisoners are routinely exposed to confronting the impact of ingrained neglect and abuse without recourse to specialised support to address these challenging issues. This is potentially a highly damaging process and can lead to increased dependency on drugs, self harm and continuing poor mental health. The lack of availability of specialist mental health services targeted at individuals who fall below the Enhanced Care Programme Approach (CPA) bar accordingly both increases the risk of further damaging the women and reduces the impact of expensive interventions from drug teams.

Re-offending

- The pattern of offending, is repeated for 77% of the sample, with three of the women having nearly 30 previous convictions each. This suggests the women are trapped in a cycle of crisis and crime that is not yet being addressed by the system.

Long term support

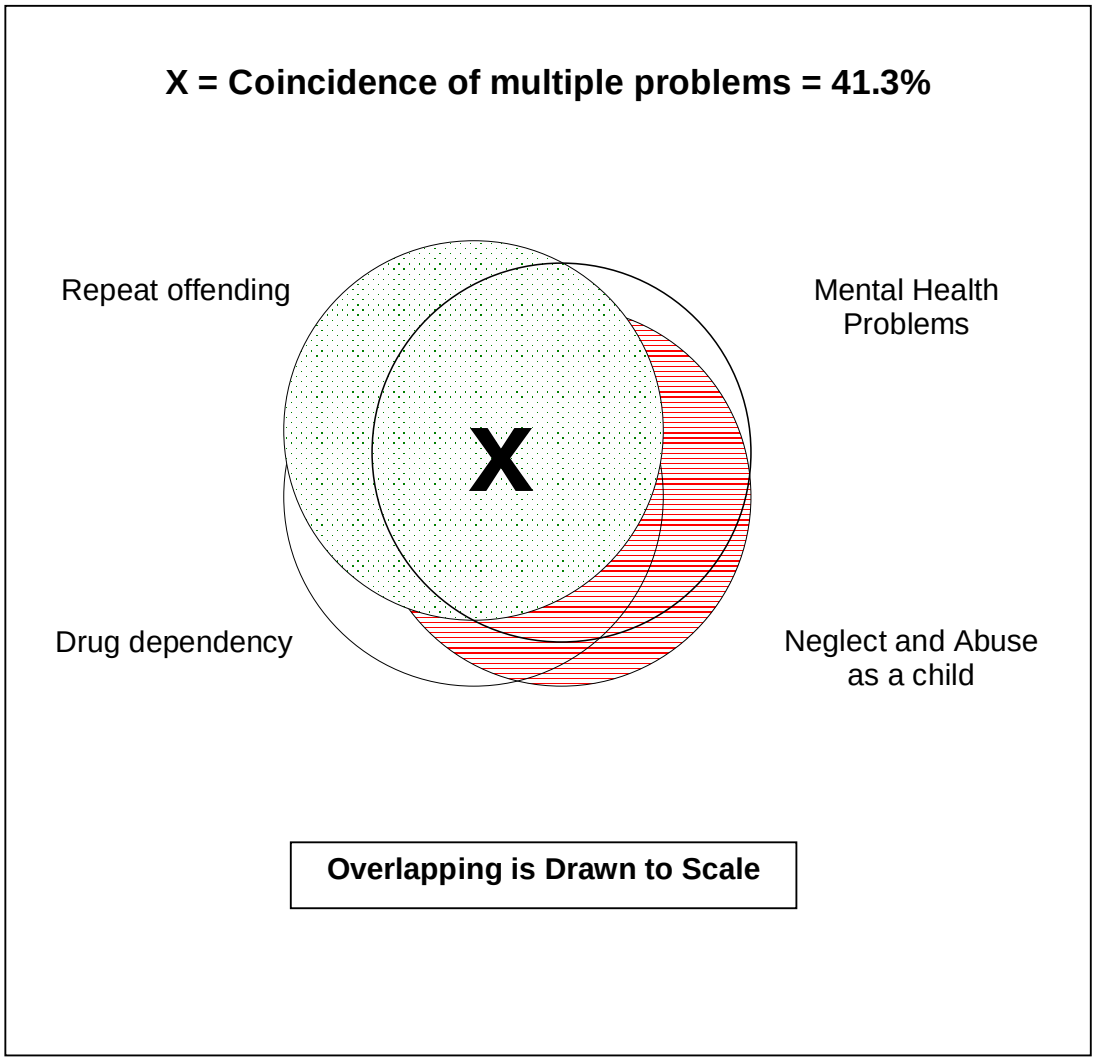
As with many people who fall into this client group, contact with services that offer support is either short and sporadic or, if it is part of a court order, dependent on the length of sentence. However, as we have seen, many of the problems that this group face are long term, engrained difficulties which frequently extend back to early childhood. Consequently, they require a service that will work with them for a longer period of time over which intensive work can be undertaken with a clear beginning, process and end.

It is widely recognised that beginning a course of therapy and then abruptly ending it midway is more damaging than not offering anything in the first place. However, interventions are often cut short as a sentence ends, a prisoner is moved, or the woman herself 'disappears' back into her life of crime in the community. Services which can offer long term support both in prison and in the community are logistically challenging in terms of establishing and maintaining the coordination between different agencies, hard to commission and accordingly are in short supply.

3: Multiple Problems and Long-Term Cycles

Multiple problems

No woman we interviewed had only a mental health problem. Every person had multiple needs. The diagram below illustrates the coincidence of the four main areas of need.



If the needs assessment had only gathered statistics in a quantitative way it would have been impossible to determine whether there was correlation between the multiple problems or whether one caused the other. However, the interviews' qualitative nature meant causes became clear from the women's narratives (as shown in Appendix II).

All of the women we interviewed fell into at least one of the following patterns or cycles:

- Childhood neglect and abuse lead to mental health problems and the development of coping strategies that include drug or alcohol dependency.

- Escaping an abusive domestic environment can lead to homelessness or entry into further abusive relationships where women continue to be vulnerable.

- Lack of employment, supportive relationships, stable domestic environment, and the resulting extreme financial need can lead to acquisitive crime.

- Exploitation, low self-esteem caused by abuse and the need for money can lead to sex working.

- Untreated or undiagnosed mental health problems and substance misuse may cause anti-social or aggressive behaviour.

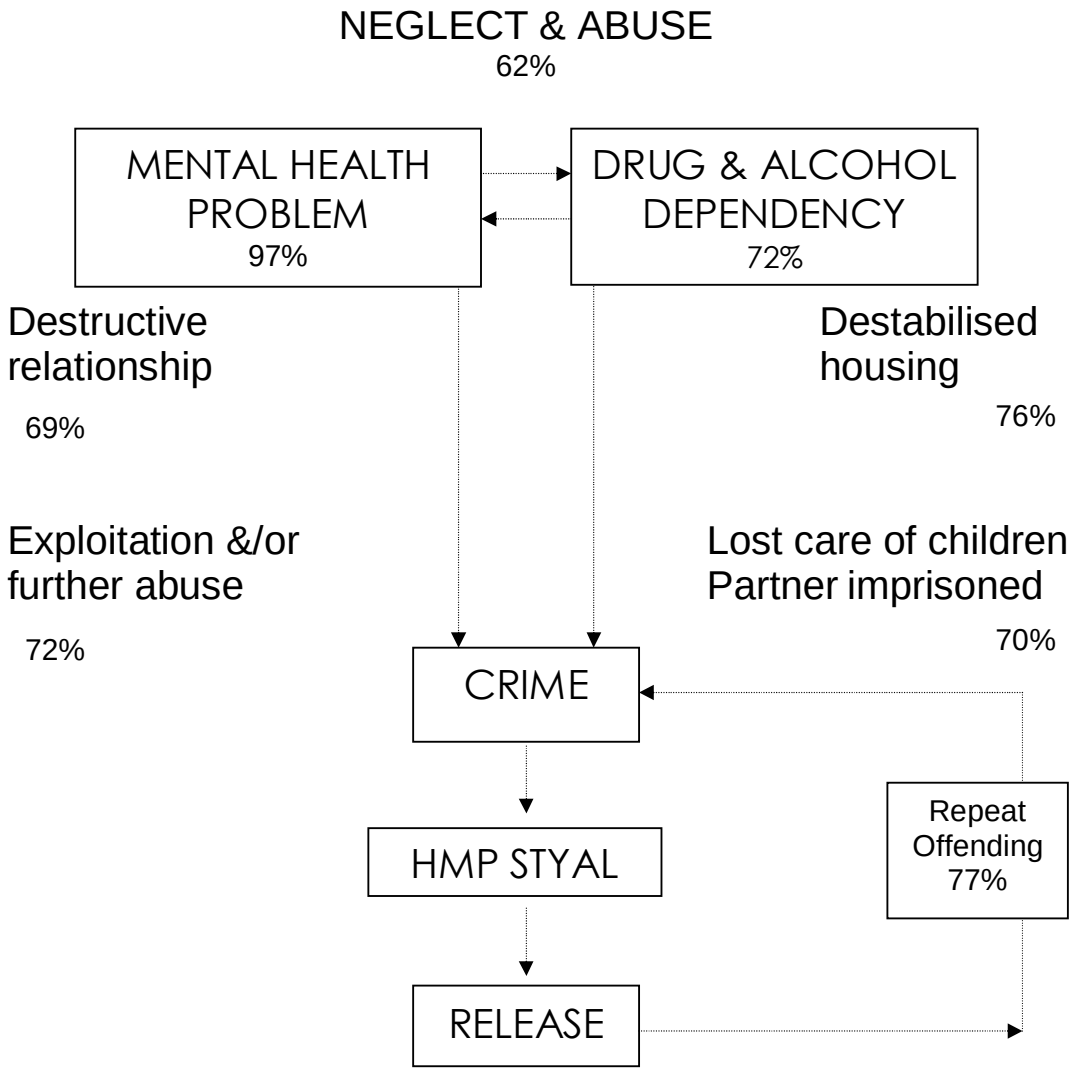
- For women on license, lack of support, housing or services frequently contribute to a breach of conditions and return to prison.

Impact of Neglect and Abuse

To elaborate, a clear pattern emerges amongst the women in the sample. Neglect is common amongst the women during early childhood – usually under the age of 10. Mental health problems follow with flash-backs, black-outs, depression and episodes of self-harm. Diagnosis comes at different ages, usually during adolescence, but the majority of the women who suffered abuse as children said that mental health problems began soon after.

88% of those who were abused or neglected as children have gone on to 'exploitative relationships' - partnerships where they are either domestically abused or placed in unsafe, sexual situations. The age at which this happens ranges from 15-30 years. However, a clear and rapid process follows. Within a year, the women are dependent on drugs, committing crime and three quarters of them are exploited – generally through sex work. Within three years, housing has usually turned to homelessness and if there are any children, 70% were in care.

The complex needs amongst this group of women show different factors influencing a highly damaging cycle, which requires both sustained and support and effective inter-agency coordination to help rectify:



The sample contained women who could have received help much earlier to stem the problems of mental illness and early drug addiction. Without formal support, the women have instead frequently sought assistance from partners who harm and sexually exploit them, reflecting early childhood relationships that did the same thing.

The information gathered demonstrates that many of the women were receiving help via the criminal justice system and that there had been sporadic engagement with a wide range of agencies offering support.

There are two primary gaps in current services: the need to address unmet mental health issues and long term provision of services.

4: Meeting the Needs

This report demonstrates the complexity of need of 40 women at HMP Styal. Revolving Doors and Richmond Fellowship have worked closely with these women to determine how a service may be developed to improve the chances of these women leading crime free, healthy lives. We argue that it is this very interrelation of need which should be at the heart of any additional effort to improve outcomes for these women.

In response to the complex needs identified in this report, we recommend the establishment of a service which offers five core elements:

Co-ordinating support to ensure meaningful engagement

The interviews demonstrate the wide range and high numbers of problems that the women have. One service will never be able to help someone resolve all these, and specialist support is needed for many areas – particularly mental health. Co-ordination is key. There must be effective referral mechanisms and communication between agencies, to make sure that all needs are addressed from the practical – housing and finances – to the medical. Referrals must result in services being delivered with clear agreements struck between agencies.

Similarly, intensive work with the women themselves is required to ensure that they continue to engage with services. Building trust between service providers and users, for the women interviewed, frequently made the difference between engaging or not. Women who felt that the worker was not interested in them, or who felt abandoned when personnel changed, were less likely to remain with a service. A single point of access to these services will help women to build up trust with the service and ensure that there is someone to advocate on their behalf.

Focus on mental health

Offering emotional and mental health support should be a critical part of the service – both directly from the service itself, and also through healthcare provision in prison and the community. This could include counselling, psychological therapies and teaching coping skills. By offering mental health interventions, it is envisaged that the women will be able to engage more positively with other services – particularly drugs services.

Many of these women we interviewed routinely fall through the net of services because their mental health problem is not deemed severe enough to warrant the involvement of Community Mental Health Services. We have found that attempting to get a diagnosis for such clients can be very difficult as a result. Finding and accessing alternative community based services to complement the direct support from the scheme will be an essential aspect of the service. Similarly, preparing the women to engage with these services which, in the long term, will aid their recovery and reintegration is needed.

Help to find accommodation and sustain tenancies

Housing was a key issue for these women. A project must offer practical housing advice for women whilst on sentence or remand to protect any existing tenancy where possible and/or find suitable accommodation on release. In addition, it must offer practical support to help the women to live in the accommodation offered to them on release. Initially, this is likely to be a hostel or B&B for which the women will require assistance to ensure they are safe and secure, reducing the risk of them disappearing to the streets or friends. A key focus must be on preparing the women for move-on into more secure and suitable accommodation in the medium term and helping clients to understand that short term housing is a means to an end.

Through the gate support

A consistent message from women was that services have to be available immediately on release, especially drug services. Women who have to wait even a few days for support may not stay off drugs long enough to engage with the service. Frequently these women have low self-esteem and little hope of being able to change their lives. Small set-backs are enough to send women back to old habits and acquaintances. When women do not have housing available immediately from release, they are likely to return to drug using environments or to the dangers of living on the streets.

Sustained support

None of the women's problems are new to them with almost all the women's difficulties originating in childhood. Deeply engrained issues of self-esteem, damage and harm require a service that will offer sustained support. There are three components required:

- A service which works wherever the women are – whether in prison or in the community
- Enabling women to return to caseload after a period of non-engagement without a lengthy re-assessment procedure
- An up-to-date support plan with goals that encourage progression that the women themselves determine.

5: Conclusions and Next Steps

This report highlights the experiences of women coming to Styal, and highlights the interrelations of mental health, substance misuse, housing and family relations. It also traces the common cycles and paths that lead from unmet needs to crisis to offending for these women.

To respond to the complex needs of these women and to improve the chances of them leading crime free and healthy lives we have outlined a service containing five key elements: One which coordinates support; which focuses on mental health needs; which provides support to find accommodation and sustain tenancies; which provides through the gate support; and which provides sustained support.

Since 1997, Revolving Doors Agency has developed, managed and supported a number of projects designed to flexibly meet the needs of vulnerable people who are in contact with criminal justice agencies. As part of a concerted period of work in partnership with the social enterprise charity Unltd, we are currently developing a Link Worker Scheme Service Model. We intend to use this model to work with service commissioners, service providers and other stakeholders nationally to respond more effectively to the needs of the 'revolving door' client group. An outline of the Link Worker Scheme model is contained in Appendix III.

This report is part of a process, rather than the end of one, Revolving Doors Agency is now keen to work with commissioners of services in the North West to explore the viability of developing a service for women to address the needs outlined in the report. We hope that the model proposed in this document, and the process taken to reach it, can provide a starting point from which to think about the way ahead.

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If you would like to know more, or have questions which could be addressed at the event, please contact:

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Appendix I: Interview Schedule

PERSONAL INFO	
Date of referral	
Client number	
Full name	
Date of birth	
Ethnicity	
Disability	
REFERRAL INFO	
Source of referral	
Outcome of referral	
Area of origin	
Destination	
BEFORE PRISON	
Housing history	
Mental health history	
Contact with services	
CJS contact/offending history	
Family circumstances and relationships	
IN PRISON	
Current housing situation	
Current mental health and multiple problems	
Reason for current remand/sentence	
Family situation and description of relationships	
Other comments	

Appendix II: Individual Case Studies - Our clients in depth

This appendix documents the experiences of seven of the women who were interviewed, part of the total sample of 40 interviewed. It aims to demonstrate both the complexities of the women's lives and the significant amounts of trauma which the women have experienced.

Sections are highlighted to aid scan reading. The names have been changed and personal identification data removed for reasons of confidentiality.

1) Jenna

PERSONAL INFO	
Age	27
Ethnicity	White British
Health status	None stated
REFERRAL INFO	
Source of referral	Jobcentre Plus
Area of origin	Manchester
Destination	Manchester
BEFORE PRISON	
Housing history	J described the last five years in terms of housing as 'complicated'. She had previously had her own tenancy in Manchester. Over the last five years she has been moving between Manchester and Luton (where her boyfriend is based). Before coming into Styal, J was staying with her boyfriend at his mum's house. This was not a good situation. J said the mother did not like her. She had been there for two months before coming into prison for nineteen weeks. J had been released with a tag, on the condition that she would stay at a friend's address in Manchester. However, J had fallen out with the friend, who threw her out after two weeks. J became homeless and broke the conditions of her tag by leaving this address. She had been living on the streets since the end of September and using drugs again. J was re-arrested and sent back to Styal to complete the rest of her sentence. She had been back in Styal for a week.
Mental health history	**J was an in-patient on a psychiatric unit when she was 12 after she tried to kill herself.** She did not wish to elaborate on her childhood. J self-harms by cutting and burning herself and has done so from a young age. **She was placed into care when she was 11 years old.** When J had been released from prison on a previous sentence, the prison had written a letter for J to give to her GP recommending that she be referred to a CPN. **J said nothing came of this. During her sentence, J had been on 300ml of Triazadol a day, and was released without medication**. She said she had been given this because of her severe self harm.

	J has been a drug user for 12 years. She started using crack with a group of friends initially for a bit of fun. **She started using heroin after she was locked in a flat and raped for three days. The perpetrator had forced her to use heroin during this traumatic ordeal, and J had continued to use it to block out what had happened.**
Contact with services (D, substance misuse)	J has been involved with psychiatric services since the age of twelve. She says she has found it harder to access help since becoming a drug user. When previously in prison she had received help from CARATS. J stated that she felt there was more help available to her on the inside rather than out in the community. She has experienced being referred to services by the prison, but there have been long waiting lists to receive services. J has ended up back on drugs before being able to access help. When she had been in Buckley Hall, she had been linked up with the Stockport DIP and been given a place on an intense drug course. However, she moved to Cheetham Hill because she was unable to get housed in Stockport, so was no longer able to access the service. She had also been enrolled on a college course, but had been told two days before release that the place had fallen through. In the past, J has gone to A&E when she has severely self harmed, but has been turned away because she uses drugs. J feels she has tried hard many times to get help, but there does not seem to be anything available to her: “no matter how hard I try…I can’t seem to make a go of it”.
CJS contact/offending history	J has been in prison on numerous occasions for robbery and shoplifting.
Family circumstances and relationships	J’s boyfriend is currently serving a four year sentence for robbery (same offence that J is serving for at present). J has three children. Her 11 year old son lives with her mum and stepfather. Her 8 year old and 4 year old children were adopted as babies due to J’s drug use. J feels that if her family had supported her, like other people’s families support them, she would have been better in herself and not in the mess she is in. She does not have a good relationship with her parents, and they distance themselves from her when she is using drugs. J says she would not do this to her children if they were using drugs. J does not know her birth father and would like to trace him through

	the Salvation Army.
IN PRISON	
Current housing situation	**J has nowhere to live in the community. She does not want to be released without having somewhere to go because she knows she will end up back on drugs and back in prison.** J wants a place to call home and wants to have a stable environment where her son can visit and stay with her. She has spoken to a housing officer from Manchester who is coming to see her again to help find somewhere to live when she is released.
Current mental health and multiple problems	J is currently on methadone and going through detox. She was relieved to return to prison and believes if she had not, she would now be dead. J continues to self harm and often thinks about suicide, although she will not do this because of her children.
Reason for current remand/sentence	Breaching her HDC (home detention curfew). This is connected to a previous sentence for robbery.
Family situation and description of relationships	J has contact with her mum. She is hoping her mum will bring her son to visit her. J's relationship with her son is very important to her. She would like to stay on the 'straight and narrow' for his benefit.
Other comments	J believes that if she can get housing and support, she will have a better chance of turning her life around.

2) Lorraine

PERSONAL INFO	
Age	19
Ethnicity	Mixed race – Black African and White British
Health status	None stated
REFERRAL INFO	
Source of referral	LIDS
Area of origin	Manchester
Destination	Manchester
BEFORE PRISON	
Housing history	Before coming into prison, L was living in a hostel for young homeless people, but she was evicted from here because of causing the damage she has been charged with. L states she was already on her final warning as she had caused damage before in this hostel. A year ago, L was living with her ex-partner in their own tenancy, but states she left due to domestic violence and has lived in various hostels since leaving.
Mental health history	L states she gets 'stressed out' and breaks things or punches and kicks walls and doors, often causing damage. L states she gets stressed out if people annoy her and also **because she hears voices** that she gets angry with and then 'just flips out'. L also smokes cannabis to help her 'chill out', but states that **her voices can get worse after she has had a smoke, but as it helps at the time, so she continues to use it**. L also self harms as a result of the voices she hears, but only does this when she hasn't got the energy to smash things or if she is feeling depressed rather than angry.
Contact with services (D, substance misuse)	L states she was seeing a counsellor at a project for young people in Manchester, but this is now on hold due to her coming to prison. **The hostel got a CPN from the homeless team to assess her, but as she has no diagnosed mental health condition, there was no help they could offer her**. L has been in a psychiatric hospital in the past and states she was diagnosed with Borderline Personality Disorder, but any contact with aftercare services was lost as her housing has been unstable and she has moved around a lot and **doesn't keep appointments.**
CJS contact/offending history	L has 15 previous convictions for various minor offences, but has never had a custodial sentence before.
Family circumstances and relationships	L states she has no contact with any family members at all. She did not wish to discuss this further.

IN PRISON	
Current housing situation	L will be homeless on release and believes she will find it hard to find somewhere to live due to her being evicted from the hostel.
Current mental health and multiple problems	As above. L is on suicide watch in prison due to her self harm, which she states has increased whilst being in prison as she cannot see her counsellor and believes she will get into worse trouble for 'kicking off' so self harms more instead.
Reason for current remand/sentence	Criminal Damage, as described above.
Family situation and description of relationships	**L states she has nobody important in her life, apart from one friend she made whilst in the hostel.**
Other comments	L discussed how she has changed her identity several times 'to stop anyone finding her', but did not say who she was trying to get away from.

3) Mary

PERSONAL INFO	
Age	22
Ethnicity	Mixed White British and Black
Health Status	None stated
REFERRAL INFO	
Source of referral	LIDS
Area of origin	Manchester
Destination	Manchester (remand)
BEFORE PRISON	
Housing history	**Before prison M lived with boyfriend who was also her pimp**. Living in rented accommodation that was run down. Several other girls also lived there. M had lived there for a few years. Before that she had been sleeping on friends' sofas. M left home when she was 17. She lived in a mother and baby unit when she had her first child. She found this very difficult and could not cope with having a child. He was adopted when he was 8 weeks old and M went to live with a friend.
Mental health history	M has been depressed since she was a child. Life at home was 'difficult'. She did not wish to elaborate**. She started to drink alcohol to 'block things out' when she was 13.** **M found it difficult to cope when her first child was born and tried to commit suicide. She was voluntarily admitted to a psychiatric ward in hospital before moving to the mother and baby unit. She received no other mental health services following this**. M started to use heroin when she was 19, initially to 'block things out'. Started working as a prostitute to fund this habit.
Contact with services (D, substance misuse)	Mental health services as above. Received support from an agency working with street workers (providing emotional support, benefits info, etc). No previous contact with services for drug and alcohol misuse.
CJS contact/offending history	M has more than 20 previous convictions, but this is the first time she has been sent to prison. **Previous convictions for soliciting, possession of drugs, and drunk and disorderly behaviour.**
Family circumstances and relationships	No contact with parents. Son age 6 adopted as a baby. 2 year old son living with sister.

IN PRISON	
Current housing situation	M does not want to return to her previous accommodation because she is scared of boyfriend/pimp and does not wish to work as a prostitute anymore. She does not know where to go.
Current mental health and multiple problems	M has been very depressed since being in prison and is finding it difficult not being able to drink alcohol. She was placed on suicide watch after trying to kill herself. M says things are getting a bit easier now, and feels a sense of relief that she is safe at the moment and not having to work as a prostitute or endure violence from boyfriend/pimp. M is being maintained on methadone.
Reason for current remand/sentence	On remand for wounding. **M attacked a 'punter' with a small knife who was being rough with her.**
Family situation and description of relationships	Maintains contact with sister who looks after M's youngest son. She does not see him, but receives information about him from her sister.

4) Rochelle

PERSONAL INFO	
Age	25
Ethnicity	White British
Health Status	**Enduring mental health problems – depression**
REFERRAL INFO	
Source of referral	LIDS
Area of origin	Salford
Destination	Salford
BEFORE PRISON	
Housing history	Prior to coming to Styal, R was staying with her girlfriend. This is because R is homeless. She did previously have her own council tenancy, but lost this property when she was in prison two years ago, and so upon release went to stay with her girlfriend. R said living with her girlfriend was not a good situation because she also has mental health problems, and spending so much time together was "unhealthy" because they did not mix well. R also found it difficult living in her girlfriend's flat because it is on the 16th floor of a high rise.
Mental health history	R described having compulsive thoughts when living in the 16th floor high rise flat; she regularly felt compelled to jump out of the window, although she says she did not feel suicidal as such. R said she has a long history of depression and experiences extreme mood swings when experiencing periods of stress. R explained how during such periods of stress, she experiences strong feels of anger. R stated how she gets "mad" with herself rather than turning it on someone else, although she often has urges to hurt other people. R has seen a psychiatrist in the community once and is repeat prescribed anti-depressants. R says they keep her "chilled" and keep her "behavioural problems" under control. **R was sexually abused when she was a child by her brother. This has deeply affected her.** R described how she **experienced post-natal depression after the birth of her son**. She felt desperate and unable to cope; in her mind she believed that he cried for what seemed like a never ending period of time. R said she became occupied with thoughts of hurting him and smothering him to make him stop crying. These thoughts frightened her and she called on her mum for help. Her

	mum was very supportive and agreed to take on the care of the child until R felt able to look after him herself.
Contact with services (D, substance misuse)	R has had a problem with alcohol for over ten years. She has also been regularly using heroin and cocaine for over ten years too. As described above, R saw a psychiatrist once after the birth of her son, and has been repeat prescribed anti-depressants since.
CJS contact/offending history	**When R was 14 she started working the streets as a prostitute, but was relieved to get away from this when the pimp she was working for was sent to prison.** R started shoplifting when she was 15-16 for fun, which she describes as "stupidness". When she was 15, R served a short sentence for assault and stealing a car. When she was 17, R's criminal activity became drug related. In 1999, R served 3 years for street robbery.
Family circumstances and relationships	R's three year old son lives with R's mother. R's mother is very supportive. The father of R's son died a few years ago. He was her best friend. R was with a different female partner and wanted to have a child, as did her male friend, so they decided to have a baby together.
IN PRISON	
Current housing situation	As described above, R is homeless. She is hoping to go into rehab when she is released and has an in-reach drug worker who is helping her to get this sorted.
Current mental health and multiple problems	R is being maintained on 30ml of methadone. She is also taking diazepam. R has asked to see a CPN in the prison, but is still waiting, as she wants to be prescribed the anti-depressants she was taking in the community. R would also like to be prescribed Librium because she is experiencing alcohol withdrawal. R says the diazepam is taking the edge off her symptoms, but is worried that if she does not get the medication she needs soon, she may experience her "behavioural problems", and R is worried that she will "kick off" and get into more trouble.
Reason for current remand/sentence	**R is serving a four month sentence for shoplifting. R chose a sentence rather than a DTTO because she knew she would be unable to commit to this because she would have found it difficult to keep to her appointments.**
Family situation and description of relationships	Before coming into prison, R had been rebuilding the bond with her son. She was seeing him four times a week. She is hoping that her mum will bring him to see her. She plans to tell him that she is in hospital rather than him knowing she is in prison. R wants to be a good mum and is using this as motivation to turn her life around. R is maintaining contact with her girlfriend, although has started a relationship with another woman in prison.
Other comments	**R has almost died twice from drug taking, but wants to turn her life around now because she believes she is better than the life she has been leading.**

5) Donna

PERSONAL INFO	
Age	37
Ethnicity	White British
Disability	Schizophrenia
REFERRAL INFO	
Source of referral	LIDS
Area of origin	Manchester
Destination	Manchester
BEFORE PRISON	
Housing history	Before coming into Styal, D was living in a hostel, but this was run down and had many drug users living there. She had been there for a few months. Prior to this she had been in and out of prison and staying in various hostels. D had also lived with an ex-boyfriend who was an alcoholic in a "scruffy flat". The last time D had her own place to live was in 1997.
Mental health history	D has schizophrenia. She has also been taking antidepressants since the age of 17 when she was diagnosed with depression. D said she has been depressed since she was a child. **D was sexually abused by her grandfather.** D started to use drugs 11 years ago when she was 26 years old. She was introduced to heroin and crack by a female friend. D had recently split from her boyfriend and was living alone with her three young children. Her friend had told her that the drugs would help to take her depression away.
Contact with services (D, substance misuse)	In the past, D has received help from the CDT. She found this helpful being truthful about her drug use and talking about her feelings. She has also had contact with CARATS during previous sentences as well as the PS Plus service. Three years ago, D had counselling around her sexual abuse. She said it had been good to "get things out". The counsellor had left, and D discontinued with the counselling. She said it had been hard to trust anyone else after the counsellor left. D said she was unsure whether she wanted to have counselling again.
CJS contact/offending history	D has previously been in prison for shoplifting and conspiracy to supply drugs.

Family circumstances and relationships	D has a good relationship with her mum, and she comes to visit her. **D has three children aged 18, 17 and 16. They have been in care for the last ten years.** She used to see them monthly when they visited her mother's home.
IN PRISON	
Current housing situation	**D has nowhere to return to when she is released. She does not want to go into a hostel again through fear that she will be tempted to take drugs**. She has not received any help in finding somewhere to live.
Current mental health and multiple problems	When she is released, she will have finished her license, so will have no probation worker. She is waiting to see a CARATS worker to make a referral to CDT. D is being maintained on methadone whilst in prison. At the time of interview, **D is on suicide watch (she had the laces removed from her shoes).**
Reason for current remand/sentence	Shoplifting. D was sentenced for 12 months and is serving the full sentence.
Family situation and description of relationships	D has telephone contact with her children, but has not seen them for 12 months. She hopes to see them when she is released, but recognises that they are at the age when they want to do their own thing. They do not visit their grandmother as much as they used to.

6) Hannah

PERSONAL INFO	
Age	41
Ethnicity	White British
Health Status	None stated
REFERRAL INFO	
Source of referral	LIDS
Area of origin	London
Destination	Manchester
BEFORE PRISON	
Housing history	H has had very unstable housing for as long as she remembers. She states that she has been living on the streets, in cars, and in hotels when her ex-partner paid for this with money obtained through crime, mainly drug related.
Mental health history	**H was sexually abused as a child by her stepfather and states that she started using drugs to block these memories out**. She has used drugs on and off for over 20 years and has tried to come off them in the past but found the memories came back and were too painful to deal with. She also states that her lifestyle made it impossible for her to stop using drugs.
Contact with services (D, substance misuse)	H states she has had limited contact with services in London, mainly at times when there were care proceedings going on with her children, but has never stayed with any service very long as she did not really want to address her problems at these times.
CJS contact/offending history	H has many previous convictions, mainly for theft and car crimes related to her drug misuse, and a conviction for soliciting.
Family circumstances and relationships	H has a difficult relationship with her mother, due to her childhood abuse, but does have some contact. H has three children, aged 10, 6 and 3. The two youngest have been adopted and her oldest daughter lives with her godmother in London. H has some contact with her via letter and this child sees her siblings so H is able to hear about them through her.
IN PRISON	
Current housing situation	H is technically homeless, although she has been desperate to start her life over and 'wipe the slate clean'. She has been trying to get 'one last chance' to do things differently and so whilst in prison, with support from the resettlement department, she has managed to secure supported accommodation in Manchester, linked in with a drug treatment programme. H is very pleased about this and states that she realises this is her last chance to turn her life around and wants to make a new start before it is too late.
Current mental health and multiple problems	H recognises the impact that her childhood abuse has had on her life and states she is now ready to get some help with these issues. **H states she realises that she will no longer be able to block**

	her memories out as she intends to stay off drugs, having voluntarily detoxed whilst in prison from crack cocaine and heroin. She has therefore found some information about services in Manchester that she can receive support with these issues from after she has been released.
Reason for current remand/sentence	Driving a stolen car whilst disqualified.
Family situation and description of relationships	As above and H states that she has severed her ties with people from her previous life in London and does not intend to tell them where she is going.
Other comments	

7) Gemma

PERSONAL INFO	
Age	22
Ethnicity	White British
Health status	None stated
REFERRAL INFO	
Source of referral	LIDS
Area of origin	Manchester
Destination	Manchester (remand)
BEFORE PRISON	
Housing history	Immediately before coming into prison, G had been staying with friends G liked living there although was finding the 'party life-style' exhausting. Prior to this G had lived with her mother and step-father. This had been a difficult and unsafe environment. (see next box)
Mental health history	**G has experienced depression since the age of 10 years old. She cites this as starting at the same time that her step-father started to sexually abuse her.** She also endured physical and psychological abuse. G kept her feelings bottled up and felt unable to tell anyone what was happening to her, and was worried that her mother would not believe her.
Contact with services (D, substance misuse)	No prior contact with services.
CJS contact/offending history	This is the first time G has been in prison. She was previously given community service after being charged with credit card and cheque fraud. G believed that because of her difficult childhood, she was 'owed' a 'good life' so committed fraud to finance a better standard of living. She used money to buy nice clothes and 'treats'.
Family circumstances and relationships	G has a close network of friends who she has known since she was a child. She also has a boyfriend. G maintains contact with her mother but will not visit her as she still lives with the step-father.
IN PRISON	
Current housing situation	G is unsure where she will go when she is released. She would like to have a place of her own to settle down in rather than crashing at friends' houses. G is unable to rent privately because she has no money to pay for the rent. G is planning to go to the women's homeless hostel when she is released so she can get housed by the council. She is worried about this because of stories she has heard from other people who have been in hostels.
Current mental health and multiple problems	G has experienced depression whilst in prison and has found it very hard being locked in her cell for 23 hours a day. She has had a lot of time to think, and has experienced flashbacks of childhood abuse. She has felt unable to talk to anyone about her experiences. G has no drug issues although has been a regular user of cannabis

	and other ‘recreational’ drugs outside of prison.
Reason for current remand/sentence	G is on remand for breaching her community service order.
Family situation and description of relationships	G has received visits from her friends and boyfriend. She has had telephone contact with her mother.
Other comments	G hoping to get help with her experiences of childhood sexual abuse. Information given on services in Manchester, including RF Manchester Project, Manchester Rape Crisis counselling service and the Zion Centre.

Appendix III: Link Worker Scheme Service Outline

Definition

A Link Worker Scheme provides support to individuals who have been arrested, imprisoned or are at risk of offending and who also have a mental health problem. It works with individuals when they are not using mainstream services, and require support to engage with appropriate statutory and non-statutory services (for example primary care, mental health, substance misuse, housing, and education, training and employment services). The schemes also promote more effective use of existing services by this client group through facilitating inter-agency dialogue and cooperation.

Developmental process

The development of Link Worker Schemes is led by local commissioners, service providers and stakeholders who are supported by Revolving Doors Agency through a three stage process of evidencing local need, piloting an intervention and developing a mainstream service.

Outcomes and cost

A Link Worker Scheme will typically consist of 2 workers, with additional management support. Over the course of one year such a scheme will typically provide long term support (lasting at least 3 months) to 50 clients with complex needs, with shorter term and one-off engagement taking place with another 50.

Research carried out by the Home Office in 2003 indicated that Link Worker Schemes evidenced a 22% reduction in re-offending among those receiving a service.

Costs of Link Worker Scheme vary with its developmental status (i.e. pilot or mainstream service) and with local salary costs. However, a typical figure for a 2 person Link Worker Scheme out of London would be approximately £85,000 p.a. with additional costs required for research and evaluation and practice development where needed.

Key characteristics

We have identified a number of key characteristics of Link Worker Schemes which are summarised below:

Development

1. **Local Ownership**
   - Based upon local circumstances and needs.
   - Developed in partnership with local commissioners, service providers and other stakeholders.
   - Stakeholders are supported by Revolving Doors to take ownership of the means of delivering services to this client group.

2. Evidence-based service development

- Effective interventions developed through a structured evidence-based process of needs assessment, project piloting and project mainstreaming.
- Support available to stakeholders in relation to evidencing outcomes through project evaluation.

Professional profile

3. A multi-disciplinary team

- Draws on the experience of a team with a wide variety of professional and personal experience of the mental health, criminal justice and social care fields.

4. Combining action research, developmental work and practice

- Learning from the front-line work goes straight into discussions about the development of services locally, and vice-versa.

Practice approach

5. Inclusive referral criteria

- Engages with people on the basis of presenting needs - a formal medical diagnosis is not required.
- Typically working with people who have a personality disorder or complex, overlapping needs which are difficult to categorise.

6. Outreach

- Service is not tied down to an appointment-based system at a fixed location.
- Engages with and supports clients where they themselves feel comfortable (subject to appropriate risk assessment).

7. Shared caseload

- Engagement of staff from the whole team rather than by individual 'key workers'.
- Clients benefit from the range of skills provided by a multi-disciplinary team.
- Improved opportunity for other services to communicate quickly with a team member who knows the case.
- Reduces risk and burnout.

8. Open re-engagement

- Clients in a stable phase may not need support, but if after a period of time they need to re-engage, they do not need to return to 'square one' for reassessment and reallocation.

Client focus

9. Non-imposed, flexible relationships

- Clients can access the service voluntarily.
- The service is adaptable to the changing needs of the client over time.
- Clients are actively involved in defining the terms of engagement with the service and the nature of the support provided.

10. Practical support

- Provide advice and support to clients over a wide range of areas, including housing, benefits, legal and health issues, often acting as a mediator with other agencies.
- Help bring a measure of stability to clients' lives, by helping to make sense of these bureaucratic complexities.

11. Modelling effective patterns of engagement and referral

- By forming and developing supportive relationships, and in enabling effective referral to other agencies to take place, the team 'role models' effective patterns of engagement.

Management

12. A local base

- Housed with other community-based teams to maximise local support.
- Part of the local service network, working alongside and through other professionals.

13. Engagement of local stakeholders

- A local, multi-agency advisory group consisting of key stakeholders from local services to monitor and advise on the development of the scheme.

14. User Involvement

- Service Users are invited to play a full part in the planning and development to ensure it is continuously refined to most effectively serve the changing needs of those that it targets. Areas include:
  - Recruitment of staff: to ensure some of the more qualitative aspects of candidates can be directly assessed by those receiving the service.
  - Feedback: routine requests for feedback on the content and quality of the service.
  - Project evaluation: routine participation in surveys and the organisation of independent user-led monitoring activities.