





Last year 60,000 cautions or convictions for minor offences were given to people who had offended 11 or more times before.¹

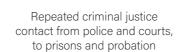
The criminal justice system had missed

1800000

previous opportunities to take these people out of the revolving door.

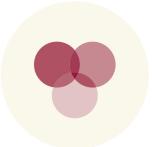
Our definition of the revolving door is:







Characterised by low level offences, primarily petty theft and minor drug offences



Driven by multiple problems including mental ill health, problematic substance use, domestic violence and abuse and homelessness

The revolving door is not inevitable.
Our goal is to stop it.

For every 10 people in prison



6/10

have mental
ill health²

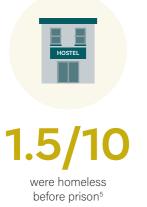


6/10

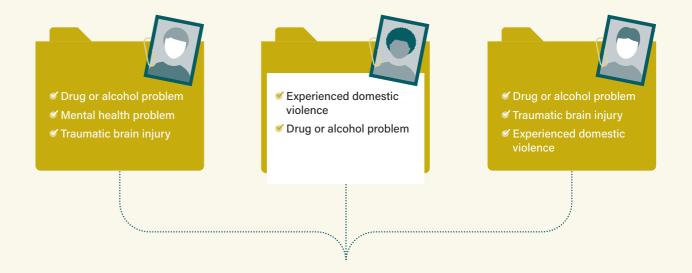
have a history of traumatic brain injury³



6/10
serving short sentences have a drug or alcohol problem⁴





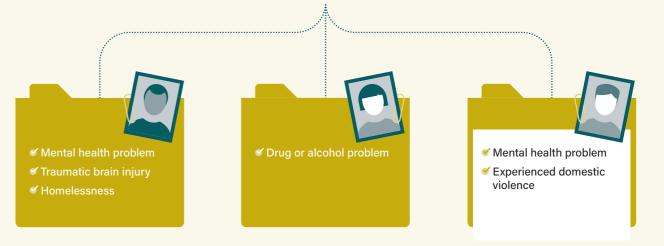


"I have done 19 short prison sentences in the last 20 years. A lot of the time I didn't get any interventions [to address] the problems that led me to being in custody – substance misuse, alcohol, drug addiction, homelessness. These are the reasons I was breaking the law - to try and get myself somewhere to live for the night, to fund my addiction and just to survive really."

Simon, Birmingham

These problems do not occur in isolation. People in the revolving door often have two, three, or more. For example, three in four people accessing drugs services had a psychiatric disorder in the previous year.⁸

Each problem makes the others harder to solve. And our criminal justice system misses millions of opportunities to stop the cycle of crisis and crime.



Revolving Doors Agency / 25th Anniversary report Revolving Doors Agency / 25th Anniversary report

Over the past five years we have spoken to 2,500 people with lived experience of the revolving door

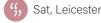
Their accounts paint a stark picture of the combined impact of trauma and poverty in their lives.

"A couple of weeks before I went to prison I tried to take my own life. Mental health is something I've suffered with for a long time, since my childhood. I suffered a lot of trauma as a child. I was in the care system, there was abuse, bullying, bereavement, so my mental health was quite poor and I used substances to self-medicate. When I tried to explain that in court it didn't really have any sway, but that would have been a great opportunity for them to say 'well, okay, this guy has certain issues let's look at how we can help him."



5 De, Birmingham

"I realise now that the way we conducted ourselves amongst each other, I can see that we were masking trauma. And when you look back now and you see how everybody's living broken lives, you realise that was not what they wanted. So why did they seem to have these defences? Why did they try to come out and make out as if their lives were great when they weren't? So I realise now masking those traumas was a kind of coping little bit more understanding, had room to speak, my friends may not still be 25 years on using heroin and crack cocaine, but hey men can't show their feelings can they?"



Expert Interviews

We spoke to 20 academics and professionals working at the juncture of poverty, trauma, community violence, social and criminal justice and their views echoed the lived experience expertise.

"Any individual's life story is complicated, but if you look at what the overall recurring patterns are, those are very consistent. Poverty causes everything. Poverty combined with trauma are the key drivers of very poor outcomes in young adulthood, including homelessness and the other aspects of multiple and complex needs."



Professor Suzanne Fitzpatrick, Heriot-Watt University

"Without doubt the majority of the prisoners I've dealt with have had traumatic experiences and all support also multiple layers of deprivation."



Emeritus Professor David Wilson, Birmingham City University, former prison governor

"The higher risk for poor mental health of ethnic minority people is driven at least in part by poorer socio-economic circumstances. But we need to think about why ethnic minority people are in more deprived circumstances, which connects back to the relationship between structural, institutional and interpersonal racism and how that leads to poorer and more deprived circumstances. So, my argument is that the deprivation ethnic minority people face as a consequence of those dimensions of racism then leads to a higher risk of poor mental health."



Professor James Nazroo, University of Manchester





Many of these discussions can be heard in our "In Other Words" podcasts, on iTunes or at revolving-doors.org.uk/ why-were-here/changing-policy/ in-other-words

And it all echoed the evidence...

People living in poverty, compared to those who are better off are:









Compared with people with no adverse childhood experience (ACE)¹³, those with four or more are:











A boy with an ACE score of six, compared to a boy with no ACEs, has a 46 fold increase in the likelihood of becoming an injection drug user in later life.18

Childhood experiences of people in the revolving door

We have launched a retrospective study exploring the childhood experiences of people in the revolving door.

We wanted to better understand their childhoods, the combination of: living in unsafe communities, household problems, neglect and abuse, as well as opportunities to access support.¹⁹

We are investigating whether we can also measure the childhood experience of racism and of discrimination.

We are finding that people in the revolving door have experienced more challenges, more severely and for longer periods of time than others.

We are discovering that the childhoods that lead to a revolving door adulthood have a typical pattern. They involve exceptional levels of abuse, neglect and household disruption - sometimes within the context of community violence that the World Health Organisation associates with war zones. And they are blighted by poverty so profound that even three meals a day are not guaranteed.

These childhoods do not make the revolving door inevitable. As our forum and lived experience team members show, lives can be, and are, rebuilt.

But, as a society, we need to prevent these childhoods from happening.

And we also need to develop responses to these childhoods that make a revolving door adulthood less likely.

This is not about "knowing". This is about "doing".

Among 20 people (10 men and 10 women) who have taken part in the pilot study, we found:

Income and material deprivation

100%

20 spent the majority of their childhood in the most deprived 10% local areas, if not in care homes or youth offending centres

55%

11 had carers who were long-term unemployed or retired

80%

16 did not have half of the childhood necessities such as three meals a day and a warm winter coat

10%

2 did not have any of the childhood necessities

Adverse Childhood Experiences

100%

10 men experienced 5 or more ACEs

100%

10 women experienced 7 or more ACEs

Exposure to community violence

85%

17 have been exposed to pervasive community violence

75%

15 had a friend or family member who was beaten up or killed due to collective violence

45%

9 saw the destruction of their homes or were forced to live in another place due to these events

Resilience

85%

17 had no positive personal and social factors to develop childhood resilience

75%

15 had no adults available that they could trust and talk to about any personal problem









Revolving Doors Agency / 25th Anniversary report Revolving Doors Agency / 25th Anniversary report

Poverty, Adverse Childhood Experiences and community violence are all important.

Individually and in combination they are critical but they are not deterministic. Resilience is important and can be built at different levels.

Our ambition is to intervene at the critical stage of young adulthood where people can enter the revolving door, and where the criminal justice system embeds existing disadvantage.

This is our challenge.



We Like a Challenge

We pioneered the Link Worker model

The Link Worker scheme offers practical and emotional support. People are shown how to make contact with those who can help them tackle the underlying causes of their offending behaviour. Highly successful, the model has been widely adopted.

We co-created liaison and diversion services

Next year, Liaison and Diversion will be in place for 100% of England's population. From a twinkle in the eye, to full mobilisation, we have supported this programme, co-writing the service specification and now co-designing with our Lived Experience Team the ground-breaking peer support.

We secured a national footing for appropriate adults

Appropriate adults ensure the rights and welfare of vulnerable adults detained or interviewed by police are safeguarded effectively. By helping to set up a national body to represent and train appropriate adults across England and Wales, we contributed to raising skills and implementing effective practice.

Media mentions of 'revolving door'20

From being an invisible group as late as the 1990s, people in the revolving door of personal crisis and crime are now the subject of national discussion and debate.



1980-1991 1 article

1992-1993 as a group:

14 national articles

14

1994-2001 134 articles published in the UK, 60 national press

2002-2009

published in the UK, 97 national press

314

2010-2018

532 articles published in the UK, 172 national press

We pioneered systems change

Our aim is not simply to identify specific gaps in the system and apply 'sticking plaster' fixes. Rather we help decision makers develop fundamental solutions that address the underlying systemic faults that can trap people within the crisis-crime cycle of the revolving door.

Our influence has helped to leverage £112 million investment to improve systems and services. Our work with Police and Crime Commissioners has impacted strategies and commissioning. 98% of police and crime plans recognise multiple needs.

We set lived experience at the heart of decision making

We were at the forefront of taking lived experience to change national policy and practice when we set up a National Lived Experience Forum a decade ago. We have lived experience teams working in research, procurement, assurance and service design and in the last year they have influenced amongst others: Her Majesty's Courts and Tribunals Agency, HMI Probation, NHS England, the National Institute for Health and Care Excellence, and parliamentary Select Committees. Each year more statutory agencies are listening to lived experience insight.



314 articles

2006 Our achievements

and awards

2016

Social Enterprise UK

social care impact

Shortlisted for health and

Centre for Social Justice Awards

Highly commended for exceptional work in tackling poverty

2016

Guardian Charity Awards

Shortlisted for excellence and achievement in social welfare

2006

Care Services Improvement Partnership Awards

Winner of positive practice in relation to mental health and offenders

2006

Justice Awards

Winner of Partnership of the Year with P3

2018

Third Sector Awards

Finalist for achievements in social enterprise

2018

Criminal Justice Alliance

Shortlisted for transforming the criminal justice pathway

We Will Think. We Will Do. We Will Change the World.

We will now tackle the problem upstream to stop people entering the revolving door in the first place.

Our focus will be on the earlier contact with the criminal justice system and we will look for solutions for young adults at risk of entering the revolving door.

And we will do this in the Revolving Door way.



We will continue to build both research and lived experience insight.



We will bring this to practitioners and policymakers to co-develop practical improvements in models, ways of working and systems.



We will continue to work collaboratively across sectors.



And we will share our learning with others to achieve change at scale.

Our ambition is to prevent the next 1,800,000 turns of the revolving door.



Will you join us?



Appendix

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- 20. Based on a search on Lexis Nexis database for articles published in the UK between 01 January 1980-04 October 2018 which uses the term 'revolving door' to describe the interlocking nature of offending and underlying needs such as mental ill health, substance misuse, domestic abuse, homelessness and poverty.



