

# Identifying the User Journey for the Greater Manchester Integrated Service

October 2021



# Identifying the User Journey for the Greater Manchester Integrated Service

October 2021

Authors: Dr. Philip Mullen (Revolving Doors Agency) and Dr. Ann Hanrahan (University of Greenwich)

## About Revolving Doors Agency

Revolving Doors Agency is a national charity that aims to change systems and improve services for people in the revolving door of personal crisis and crime. We bring independent research, policy expertise and lived experience together to support effective solutions to end the revolving door. We work alongside policymakers, commissioners, local decision-makers, and frontline professionals to share evidence, demonstrate effective solutions, and change policy. We embed the involvement of people with lived experience in our work, including through peer research, interviews, lived experience teams and forums based in London, Birmingham, and Manchester.

## Acknowledgements

We would first like to thank the current providers of the Integrated Service, Mitie Care and Custody (Health) Ltd, for all their support in recruiting research participants in the challenging circumstances caused by Covid-19. We also extend our thanks to Greater Manchester Combined Authority for providing us with the flexibility needed to carry out this research safely and sensitively. Lastly, we extend our gratitude to everyone who take part in the research as their honesty helped us to build a fuller picture of the service, including its strengths and suggestions for how it could be improved further.

## Contents

Introduction .....	3
Methodology .....	3
Findings.....	6
Findings from CEWs and peer mentors working for the Integrated Service .....	6
Findings from users of the Integrated Service .....	13
Issues and recommendations .....	20

## Introduction

The Greater Manchester Integrated Service works with individuals who are involved in the criminal justice system (CJS) but may be considered vulnerable because of unmet health and social support needs. The service provides support at three main points: in the police custody suite, at court, and in the community. Its aim is to ensure that people with vulnerabilities who become involved with the CJS are appropriately supported to have these health and care needs met, primarily through referrals to other support organisations. It is commissioned by both Greater Manchester Combined Authority and Greater Manchester Health and Social Care Partnership.

The service is based at every operational police custody suite across Greater Manchester and during their time in custody users of the service are assessed by either a healthcare professional (HCP) or Liaison and Diversion (L&D) worker for these unmet health and social support needs. Additionally, users of the service are asked by HCPs and L&D workers if they would like to be referred to further support in the community, provided by Community Engagement Workers (CEWs) and peer mentors. CEWs and peer mentors work across ten areas of Greater Manchester. It is worth noting that the community aspects of the service, provided by CEWs and peer mentors, were recently onboarded by Mitie Care and Custody (Health) Ltd in April 2021 having previously been delivered by the Community Rehabilitation Company (CRC) as part of the original sub-contracting arrangements for the service. A process evaluation of the service was undertaken by Manchester Metropolitan University in 2020<sup>1</sup> and this helped to inform this research.

Revolving Doors Agency was commissioned to review how the service is understood, accessed, and regarded by those who have accessed the service. Revolving Doors Agency was also tasked with speaking to CEWs and peer mentors to better understand how this aspect of the service could be enhanced from a staff perspective. This research has focused on service users who both accepted the offer of a referral to a Community Engagement Worker (CEW) and then engaged with this worker. Therefore, this research captures the experiences of this group and not those who either refused to be assessed by a HCP or L&D worker in custody or made the decision not to engage with the community offer provided by CEWs and peer mentors. Further research may be needed to better understand the reasons why service users turn down an assessment in custody or a referral to the community team.

## Methodology

### *Initial methodological design*

Our initial approach to this research was to run a focus group with CEWs and peer mentors and a series of three focus groups with users of the service who had engaged in the community. Due to health concerns related to the covid-19 pandemic, these focus groups were planned to be conducted online and facilitated by two researchers from Revolving Doors Agency.

### *Recruitment of CEWs and peer mentors to the focus group*

---

<sup>1</sup> Horan and Wong (2020) Process Evaluation of the Greater Manchester Integrated police custody healthcare and wider liaison and diversion service. Manchester Metropolitan University

We were able to recruit quickly for the first focus group with CEWs and peer mentors. The focus group was attended by seven staff – five community engagement workers and two peer mentors. The group included four women and three men working across Greater Manchester.

#### *Recruitment of service users to the focus group*

Recruitment of service users was led by staff working for the Integrated Service (currently provided by Mitie Care and Custody (Health) Ltd) as consent was needed to share contact information with researchers from Revolving Doors Agency. Recruiting service users to focus groups was much more challenging than it was for staff, primarily because of the multiple challenges (e.g., mental ill-health and problematic substance use) that service users face. Less than expected service users attended the first focus group and challenges with the technology made it more difficult for these service users to keep track of our questions and often led to them speaking over each other. After discussions with GMCA and the Integrated Service it was agreed that one-to-one interviews would be a more effective way to collect feedback from service users. As we wanted to reach a diverse cross section of service users, we agreed on a sample size of 15. Due to concerns about the delta covid-19 variant in Greater Manchester at the time of this research, it was agreed that all interviews would be conducted by telephone.

#### *Recruitment of service users to interviews*

Despite the change to the methodology, recruitment remained a challenge. Staff from the Integrated Service initially identified 14 potential interviewees who had all agreed to be interviewed. All 14 were contacted initially by text and then by follow-up telephone calls. Of this group we were able to complete 6 interviews, but we did have to contact interviewees (by text and phone) more than 40 times.

Staff from the Integrated Service then started recruiting a second group of interviewees. These were provided to us in groups of one or two, rather than in one large group. This allowed us to contact individuals very soon after they had agreed to be interviewed which supported uptake. We also adapted our initial text introduction to the research to refer to the Integrated Service as ‘the service your CEW works for’. On several occasions this elicited agreement straight away by text, with a follow up telephone conversation soon after confirming the date.

Through conversations with staff working for the Integrated Service we came to understand that the difficulties in contacting potential interviewees was expected, as CEWs and peer mentors also experience difficulties in establishing first contact. Our introductions to the research by text initially, then followed-up by a phone call, were received well and this approach should be considered in future research with this group. Given the ongoing challenges faced by users of the service (e.g., related to their mental health or problematic substance use) several interviews had to be re-arranged until the user of the service was in a better place to engage with the research. GMCA was understanding of this and gave us the flexibility we needed to wait until service users were able to engage with the research, and similar flexibility should be considered for future research with this service user group.

We successfully interviewed 16 individuals who had been referred to and worked with the CEWs and peer mentors in the community. Table 1 below includes further information about the demographics of these 16 interviewees.

<b>Gender</b>	<b>Age</b>	<b>Underlying Issue</b>
F	67	Housing
F	34	Mental Health
F	56	Mental Health
M	32	Mental Health/Problematic substance use
M	58	Problematic substance use
M	32	Food and Financial
F	29	Domestic Violence/Life in Care
M	42	Problematic substance use
F	49	Mental Health
M	46	Mental Health
M	Not known	Mental Health/ADHD
M	43	Mental Health
M	21	ADHD
M	50	Not known
F	53	Mental Health/Problematic Substance use
F	35	Mental Health

The sample included 7 females and 9 males. The average age of the sample was 43 years old. However, the average age of female users of the service (46 years of age) was older than the males (40 years of age). Mental health needs were the most common underlying issue for engagement with the service, followed by problematic substance use.

#### *Considerations to take when researching users of services in similar situations*

The users of the service we interviewed all faced challenging personal circumstances. As a group they were dealing with live and often multiple issues, including addictions, mental ill-health, homelessness, housing insecurity and with their relationships. Additionally, all had had very recent experience in custody and felt very negatively about their futures. They often described living in high-pressure environments and feeling isolated:

*“I don’t have many friends and didn’t have anybody to speak to so having that initial point of contact to speak to was amazing.” (Male A, 42)*

*“I feel like I’ve got nobody else, and she (CEW) will speak to me” (Female, 34)*

*“I’ve been isolated since I moved there.” (Female, 67)*

*“It’s just (the CEW) I talk to.” (Female, 53)*

Additionally, many interviewees had long histories of contact (often not positive) with other services across Greater Manchester leading to a distrust of new people entering their lives. Interviews were conducted sensitively to account for this and researchers from Revolving Doors Agency were in regular communication with staff from the Integrated Service so any concerns could be shared quickly. For researchers considering undertaking research with similar groups, we recommend that swift feedback mechanisms are quickly established to ensure that support needs identified through interviews can be quickly responded to by professionals working with service users.

## Findings

In this section, analysis is included for the 7 staff members (CEWs and peer mentors) who took part in the focus group and the 16 service users who took part in interviews, with findings reported for each group in turn. It is organised around high-level themes which are subsequently analysed in more detail through relevant sub-themes. Following this analysis, a summary of issues and recommendations is provided.

### Findings from CEWs and peer mentors working for the Integrated Service

#### *How staff perceived the role of the service*

Staff had clarity about both their role and the purpose of the service. There was broad agreement that there are two key elements to the service:

1. That the service is there to provide help and support to people – particularly in terms of creating an environment that supports users of the service to talk openly and honestly about their support needs (e.g., with their mental health, drugs/alcohol, living situation, or typically a combination of these) and to then use this information to assist service users in accessing relevant services to address these needs.
2. That service users often have a range of vulnerabilities and support needs and so such support needs to be carefully and sensitively provided, for example through taking the time necessary to build trusting and positive relationships.

The quotes below from the focus group with CEWs and peer mentors illustrate each of these two key elements:

*“Help and support for people who need it”*

*“Support for individuals who have a range of vulnerabilities”*

*“Support accessing services for individuals with vulnerabilities”*

*“Stability, support and help to people to find what they need in the community”*

*“Regular support via telephone calls and emails when the service users are in need”*

*“To help support individuals who are involved in the criminal justice system, who often also need help with drink, drugs, their mental health or a combination of these”*

*“Support people to engage with other services to improve their life progression”*

*“Providing support and somebody to talk to”*

*“We are a different service, we are flexible”*

*“The service is offered to all, we utilise the expertise of Mitie, the Police etc”*

*“We provide everyday support; hand holding and help with staying on track – these are the main parts of what we do. Addressing issues, making referrals, hand holding, making sure people end up fully integrated in the service they’ve been referred to. We push and motivate, sometimes it’s not enough just to refer someone to a service, you have to give them that boost and follow through with them, make sure they’re there. A lot of service users, even with family and friends, they haven’t experienced that support”*

It is positive that staff working for the Integrated Service have such a clear and shared understanding of what the service is there to provide. To build on this we then asked CEWs and peer mentors to describe their experience of working for the service as succinctly as possible. Whilst the difficulties of working with users of the service who face severe and multiple disadvantage (e.g., a combination of two or more of: mental ill-health, problematic substance use and homelessness/housing insecurity) were often raised, staff were overwhelmingly positive. The two most used descriptors were rewarding and empowering:

*“Rewarding, seeing how your support helps that individual progress”*

*“The gratitude after each phone-call made to the service user, they really look forward to our regular contact”*

*“I came through the service as a service user who needed serious help getting away from my lifestyle and way of living. My CEW helped me a hell of a lot and I ended up losing my sister to drink and drugs which drove and inspired me even more to want to help people”*

*“I have been able to use the knowledge I have gained to help develop myself as well as the service users”*

*“A lot of our service users don’t really have a big support network, they may be estranged from their families, they don’t have a lot of support, so you find yourself being the go-to person”*

*“For me it’s being a part of that person’s journey and seeing their progress. Initially there is no light in that person’s eyes, and going on that journey with them you see that light returning to their eyes”*

*“Sometimes you think you’ve got your struggles [in your own life], but you meet people in far worse situations and seeing them overcome these. It’s empowering, it makes me more grateful of life, of my life”*

*“I used to work with people at the end of their lives, people who had regrets and wished they had done this or that, so for me it’s about working with people to impart change”*

*“We do a lot of pushing and motivational stuff as well, to keep them on them lines, otherwise I feel that some service users would easily just fall off”*

Whilst CEWs and peer mentors often referenced the emotional and safeguarding challenges in their roles, particularly in terms of experiencing forms of vicarious trauma and the pressures on them related to responding sensitively and appropriately to disclosures of previous harms or traumas, all were strongly motivated by their desire to help others and see them succeed.

### *Connectedness of custody and community support aspects of the service*

The first contact a user of the service has with the Integrated Service is in Police custody where a healthcare professional (HCP) or Liaison and Diversion (L&D) worker tries to understand the reason for the referral from Greater Manchester Police and assesses their additional support needs. As part of this assessment the HCP or L&D worker introduces the support that CEWs and peer mentors can provide to them in the community and asks for permission to pass contact details onto this community support team.

As will be discussed later in this report when discussing findings from service users, there was not always a clear sense from service users that these two key aspects of the service (in custody and the community) are interconnected. CEWs and peer mentors identified how, from their perspective, challenges in communication and sharing information between HCPs, L&D workers and CEWs/peer mentors is the key barrier to providing a combined custody and community service offer that feels connected, as illustrated through the quotes below:

*“The more information we get [from those working in the custody suite] the better, it helps us to get service users to open up, to build a rapport with them. The more we know about service users the more we can support them and build that level of trust”*

*“When we initially get the referrals a lot of the vulnerabilities are identified, but upon speaking to the service user you generally find the referral information is just the tip of the iceberg, and when you get talking to the service user you see there is a lot more going on”*

*“We will ask the service user about housing, and they’ll tell us they’re homeless, but we should’ve known that already. We should already know about their mental health, information on the offence and any bail conditions so we can talk to them about it. It helps us to not stumble across anything that we should have known – housing, mental health, drugs/alcohol – because that is what we’re here to help with”*

*“We don’t want to be advising someone to do the wrong thing [that could conflict with their bail conditions]. For example, going to an ex-partner’s house to have a chat when they are not meant to be anywhere near them, you need to know you are not advising them to do the wrong thing”*

*“We need to know what they’ve been arrested for and what diagnoses they have been given, this helps me piece together what’s gone wrong in their life. It’s about safety as well, there are times where I have meet service users in person, alone, outside, and when I’ve spoken to them and found out what they were arrested for, I shouldn’t have gone to meet them alone. It’s about our safety too. More information helps us understand what is making them do these things, is it an issue with their mental health, that they haven’t been able to access services – it helps us piece together the jigsaw”*

*“Sometimes I’ve been questioned by service users, they have asked: ‘So tell me what you know first’. If you’ve mentioned something like the bail conditions then they know that your somebody that’s kind of official if you will, you are somebody there to help and not just some random person on the other end of the phone line”*

### *Distinctiveness of the Integrated Service*

CEWs and peer mentors strongly felt that the Integrated Service differed significantly, and in very positive ways, compared to other services available in Greater Manchester. Whilst staff recognised that there were a range of services to support service users with particular needs (e.g., mental health, housing/homelessness and problematic substance use), albeit sometimes with significant delays, they felt there weren’t many services that supported service users to coordinate and facilitate their access to multiple services. They recognised that many of their service users face severe and multiple disadvantage and so face additional barriers to engaging with other services, for example issues with remembering appointments and with mistrusting services, and so need additional help and encouragement to access and engage with the services they need. This more holistic support was strongly emphasised by CEWs and peer mentors as making the Integrated Service distinct to other services available, as illustrated through the quotes below:

*“For me it’s about the support we provide, it’s all in one place. We help them stick to their appointments, otherwise they’re going to different places at different times and losing track of their appointments”*

*“As a service we’re everybody – housing officers, social workers, Samaritans – we’re everything. We’re signposting them to services, but sometimes because of waiting times we have to take on that burden and deliver that service for them”*

*“We are very much that one-stop shop, which works well for service users who have chaotic lives and have a lot going on. People can become overwhelmed by that, but if they know to go to their CEW, it makes it easier for them to have one person to go to for everything”*

*“A lot of our service users have a mistrust of services. Our jobs are a lot easier once you have gained the service user’s trust”*

*“It’s going out and finding services that suit people, providing person-centred treatment pathways”*

*“I have had a service user and she said after two days she’d had more help off me than she had with other services over five years, she was just getting nowhere with them”*

*“Service users have spoken to professionals, and these professionals just haven’t had that empathy and proof of lived experience, people who have been there such as myself. They don’t feel they have had people they can speak to who have actually been there. Once they realise you’ve been there, you can find out a lot more about them than other professionals [without lived experience]”*

*“Service users know they can send a text, they know they can pick up the phone, people say to me thank you for talking to me like a human being, not talking down to me and patronising me like a five-year-old”*

*“Having the ability to build relationships with service users, that is so fundamental. They come to trust us, realise we’re here to help them, that we have their best interests at heart. Sometimes they come back 12 months later because they remember what you were able to do for them”*

*“It’s sometimes not enough just to refer someone to a service. You’ve sort of got to gee people up and give them that push to follow through with that service...and once they’re there and they realise it’s helping them and you’re there to support them and help them and everyone’s not against them, they realise you are on their side”*

*“A lot of service users do have a mistrust of services. You know I’m forever hearing ‘Such a service promised me this and that never happened. Somebody said they could do this and it never happened either”*

### *The most challenging aspects of their roles*

CEWs and peer mentors identified two key challenges in their roles:

1. The difficulties of working with people who have experienced high levels of trauma, particularly in terms of CEWs and peer mentors’ emotional reactions to being told distressing information/stories, and
2. The barriers service users face in accessing the services they need, and the additional pressure this places on CEWs and peer mentors as often the only professional the service user is engaging with in their very limited support network.

Direct quotes are provided below to illustrate the emotional challenges staff face in undertaking their roles and the increased sense of pressure they feel under, particularly because of the covid-19 pandemic, as service users are often not able to access support from services quickly enough, even when they are in acute need of support:

*“The barriers for me are mostly from other services and the support they do or do not offer. Covid restrictions have made things more difficult. All of the services, they’ve reduced numbers down. They don’t meet people face to face and service users are fed up with talking over the phone, they want to see a human, they want to see who they’re talking to. With covid there is more of a backlog, drug/alcohol services are about three months behind at the moment. We have to maintain that person until they get an appointment, which isn’t always easy. It is understandable why there is a delay, but it does make our roles more challenging”*

*“Sometimes new triggers come along that you have to be prepared for”*

*“Putting my emotions aside can be challenging, because obviously with lived experience, seeing them go through what you’ve gone through, it can drag things out from the past. It can bring up things, it can be upsetting in general, people who have no home and no family and no friends, seeing them go through that, but you have to be professional and do what you have to do”*

*“The waiting times for services doesn’t help. We all know services are stretched, but sometimes there are ridiculous waiting times, and you’ve got to keep that person’s motivation going for weeks and weeks”*

*“We have got some way to go in terms of meeting service users in person, we haven’t got an office in each area... We want to see service users face-to-face, but sometimes if they’re not under any other services or if the service is not allowing you to go to that building, and we can’t meet them because of the risk that their arrest poses, that’s a barrier”*

*“Time is limited so it is harder to offer to support out to another CEW”*

*“I won’t say it’s with all service users, but some of them just aren’t ready and they have told me: ‘I’m not ready for change’, whereas for others it’s the fear. Some might want to but there just might be too much going on for them, they just can’t seem to get going with the support that they do want”*

### *Lessons learned to support successful outcomes for service users*

Throughout the focus group CEWs and peer mentors often spoke about lessons they had learned throughout their time working for the Integrated Service, including aspects of the service they felt were critical to support successful outcomes for service users. For all staff, positive and trusting relationships were identified as the cornerstone of the service, with these relationships developed over time, through taking the time to get to know service users, taking a non-judgemental approach and following through on any actions they promised (an aspect that service users, as you will read later in this report, felt that staff from other services did not deliver on). The lived experience of peer mentors was also identified as a key factor in supporting peer mentors to quickly build the trust needed with service users to have honest conversations about the issues they faced and the support they needed help in accessing.

Direct quotes from CEWs and peer mentors are provided below to illustrate the importance to staff of taking the time to build these consistent, positive, and trusting relationships, seen as necessary to have honest conversation about the service users’ needs and for CEWs/peer mentors to provide tailored support:

*“Initially it’s about sitting down with the service user, having that initial chat and making that plan with them. You are finding out with them what is their main priority, is it housing, is it issues with substances, it’s about being guided by them as to what they see as the priority. But you do find that things do just keep getting added”*

*“Sometimes service users initially might not be ready for a certain service, but because you’ve helped them and established that trust, they’re ready to use that service”*

*“It’s about listening to them and their journey and experiences, setting boundaries and promoting joint working to support and engage them”*

*“As soon as service users release you are there to help and you have got their best interests, they seem to click on that and realise ‘CEWs can help me and I don’t have to go to the homelessness team and substance misuse team, I’ve got this person here who can help me with all of it”*

*“My advice is to be realistic, do not over promise and under deliver. With housing you have to be realistic and say you’re not getting a council house in the next few days, it’s not going to happen. All of this is*

*generally a process, there is no way to fast track. You have to keep your word, if you say you'll do something, do it"*

*"Service users are looking for stability. If you have an appointment, show them that stability, that you said you'd be there for them"*

*"We're quite lucky, we have a lot of mental health facilitators and nurses [available to our staff team], we get a lot of support. It is not always easy, but we do have people we can discuss our concerns with, like occupational health, and we're able to refer ourselves into those services. Services we work with are also happy to discuss anything I just want a quick answer to. We have each other's back, we go to each other for support and we are more than happy to support each other"*

*"They come to trust you, they come to realise you're there to help, that you have their best interest at heart and that you will do what you can to support them"*

*"Back in the day before covid we did all used to hold drop-ins and they were a brilliant way of getting that initial contact with someone. Where I held it I had housing on hand, just around the corner, and it was a safe environment because there were other staff there"*

### *Suggestions for improving the service*

When we asked CEWs and peer mentors to identify suggested improvements to the service these all centred on one key theme, capacity. The first challenge identified by staff was an unpredictable caseload. For certain periods of time, typically when most of the service users assigned to them were relatively stable, they felt their caseload was manageable. However, they felt their caseload became an issue when 2 or more of their service users suddenly entered a crisis, with these service users needing intensive, immediate, and wrap-around help to get access to the support they needed to address this crisis. As a result of providing this intensive support to a few service users in crisis, CEWs and peer mentors were left feeling that they were neglecting others in their caseload who were equally in need of help, albeit less acutely.

The second challenge related to the busyness of the wider staff team, particularly senior CEWs. More junior staff felt that there was insufficient time to reflect with more senior staff, as senior CEWs also had caseloads to manage, on their practice, including what went well, what they found challenging and how they could respond better/differently in future to better meet the needs of service users. Direct quotes which illustrate each of these two challenges related to capacity are included below:

*"If the service is going to expand more, it would be good to have more CEWs to offer more support, spend more time without service users and ensure they're getting the support they need. Service users are coming through our service not just once or twice, but repeatedly"*

*"I don't like the fact that our two seniors do a lot of hard work and still have their own areas. That is something I have never come across in my working life. I would like to see them take on their own roles, get in two other CEWs, and it would release pressure. They could also then take over if someone is sick or under pressure, I think we'd be able to support more people in the community"*

*"Sometimes you've got a situation where I've had to deal with two people in the space of a week, and it has taken a whole week because they have needed intense support – housing and mental health. This has given me migraines and I have felt guilty where I have had to contact service users back, because I've not got time for them. I feel like I'm fobbing them off really, to be honest with you"*

*“Sometimes you have really needy service users and then you are neglecting others because you’ve not got time, it is a bit like spinning plates”*

*“The main problem is that our admin has really, really increased. I started in 2018, back then we could purely focus on service users and their needs – that is our priority, helping them get back on their feet. But over the last couple of months, our admin has increased, the amount of time spent on the laptop when we could be making phone calls, going out to meet them [the service users], if the admin is going to keep increasing then we need more staff to help us out... We have to listen to heart-breaking stories, and it is mentally draining, going from one service user to another. It’s easy to sit there and see on the system ‘this person has this problem’, but when you are actually listening to them and you can hear emotions and feel pain, you can’t just cut the phone off because you have a meeting scheduled, because this person might be having a breakdown. If there is more admin, we need more staff.”*

*“I work in a less busy area, I don’t experience the same issue as the other CEWs because I have time to do my admin and spend time with the service users, because it’s not as busy”*

*“There is not enough time to debrief, you’re moving from one conversation to another, this has particularly been an issue for the last couple of months. Things that just seem like a task, a housing application for example, could take forever. When you have this for however many service users you have, it’s an issue. We can’t predict caseload and the time it will take to resolve issues”*

#### *CEWs and peer mentors’ ambitions for the service*

To conclude the focus group, we asked CEWs and peer mentors to engage in blue-sky thinking, to think about how they would like to see the Integrated Service develop over the next five years. Two key ambitions were raised:

1. For the Integrated Service to build closer links with housing providers (both local councils and housing associations) so they could provide quicker referrals into housing, an issue that CEWs and peer mentors felt was often the priority need for service users, and
2. To have more capacity so that the same tailored support package could be offered to more people in need of support.

Direct quotes are provided below which illustrate each of these two key ambitions:

*“We would have extra staff to expand the service, to be able to support more people. Sometimes people come through and you would like to offer them support, but you have to take a step back and assess if you have time to do that”*

*“Housing, I’d like to see the service working with housing in some way. How the service is now, we have mental health, drug, and alcohol support, if we could do referrals for housing – help service users with housing referrals and who are facing homelessness – and if we had the links with housing that we do with mental health, drug and alcohol services, I think that could help”*

*“We would have more of a direct pathway into housing, because housing is probably the main thing in my experience that is the top of the priority list every time. You can’t get through to anyone in the housing team, the phone line is always engaged. When we help service users to call housing, we see what they are going through when they’re waiting and waiting, you really have to graft for housing’s engagement with helping. All our service users are struggling with housing in one way or another – homelessness, sofa surfing, unsuitable accommodation”*

*“We would have more integrated working, extra staff and more sharing agreements”*

*“I think sharing agreements are what we need to look at the most to help us do our jobs. Drug/alcohol and women’s centres are pretty good, but we are still waiting for agreements with housing”*

## Findings from users of the Integrated Service<sup>2</sup>

### *Experience in Custody*

Interviewees arrested for the first time described how they found the experience more challenging as a result of not fully understanding what to expect during the custody process. The two interviewees we spoke to felt that they were not given enough information about what to expect during the custody process, what procedures would be carried out, and what they could expect next in the process, exacerbating an already stressful situation. In both cases, the individuals needed to calm down in order to deal with the situation but were unable to. Partly because of fear but also more importantly because they did not understand the processes they were about to go through and that, in most cases, these were the usual procedures of the custody suite. With this in mind, the service should consider seeing first time arrestees as early as possible to not only assess them but also to explain the custody processes.

Most interviewees remembered speaking to someone about their needs in custody, with a mental health nurse being most referenced. However, no one could connect this encounter to the Integrated Service, although a few could connect it to the CEW once they met them in the community. Nonetheless, the connection to the Integrated Service in custody is an important one as it was deemed more empathetic than interactions with the police:

*“I spoke (with a) gentleman, but I can’t remember what his name was... I think he was a nurse. I remember talking about mental health and things like that...I do remember speaking to him he was really nice he was kind. Yes, he came with an officer and asked if I wanted to speak to anybody I just said yes and he came in. I’m not sure to be honest, why that day...it was just the approach.” (Female, 35)*

*“The nurse was just, she was very relatable, you know I could speak to her, I could talk to her, you know that kind of way.” (Female, 29)*

*“Yeah, she took me out of cell into a room. She was telling me what I could do and what I can’t do about my illnesses and all that. We got talking about what my life was before I come into prison...she said she would put you over to this woman called X.” (Male, 32)*

*“Perfect. Like I think this comes down to the person and maybe I just had a good nurse and a really good experience with this. But I feel like it was down to me to be honest if I am honest and I want the help then it was I knew it was available from him. So it was I knew that I felt it, there was a rapport built quickly and it felt like he understood and that was where it was I can be open here.” (Male B , 42)*

A few interviewees described being provided by the HCP or L&D worker with a list of support organisations available across Greater Manchester that they could contact upon their release from custody. They found this particularly helpful and described how this encouraged them to seek help from services once they had been released from custody.

---

<sup>2</sup> Quotes from service users have been anonymised throughout this document. Service users are identified only by their gender and age, in brackets after each quotation. Where there are two individuals with the same gender and age, they are identified by the addition of a capital A or B after their gender so their views can be separated.

### *Working with the Community Engagement Workers*

Several interviewees had felt let down by services in the past. Others were in contact with services but felt that little was being achieved for them. Others still expressed unmet health needs without accessing support from services to help with these. Consequently, users of the service were for the most part not expecting much from a referral in custody, if they remembered this referral at all, which few did. The speed with which CEWs make initial contact with the service user after they leave police custody is important because it allows users of the service to connect the CEW more easily with the referral from custody. In addition, it places the CEWs' future contact with them on a potentially more positive note:

*"I got bail on 22nd June at 2.58 am so the Tuesday when I got out, I had a text from X on the Wednesday. Really quick the turnaround was amazing." (Male A, 42)*

*"She rang me like the day after I got arrested. So, it is about a month or so I've been working with her. Yeah, it was fine. It was, it was, yeah because sometimes people take the piss, I could have just changed my mind. Do you know what I mean? Because I just thought oh fuck it, you know and she's not getting in touch with us so why." (Male, 21)*

*"It was, I think the day after or two days after, it was very fast. Everything went very quick, very, very quick" (Male A, 42)*

It is also important that rapport is built quickly between the CEW and the service user to help build trust. It became clear, as the interviews were completed, that there were several attributes of the CEWs which appealed to service users. They were seen as offering practical support and help getting things done:

*"All sorts really. I was going through quite a lot and was quite stressed and I found that if I spoke to X she was really helpful and everything that needed doing or anybody I needed to contact or speak to X would do that for me. Or she would encourage me to do it. You know the doctors, the mental health. Achieve which is like a drug rehabilitation sort of thing." (Female, 35)*

*"No, she's helped me with a couple of things, she said like if I need help with me bills, she said I've sorted your bills. I've got one with water, but she's also said she will have a word with her Manager, because I'm having a lot of problems with some lad that keeps using my name." (Male B, 50)*

*"Lots of, getting appointments, pushing the Doctor with prescriptions, she's helped with housing, yeah because I'm actually homeless now. We have had a bit of a challenging time with Council, but hopefully we are making the right steps forward now, so yeah, she's been very helpful in every aspect really." (Male, 43)*

Alongside this practical support, service users highly valued how this was coupled with ongoing emotional support and CEWs taking the time to learn about the issues that matter most to service users:

*"To be honest she's very understanding, and listening, you know open to listening, she doesn't seem to, how can I say it, she don't seem to, I'm lost for the words, she's just like a big help in general yeah, yeah." (Male, 43)*

*"She's, she's treated me really nice coz like I said erm, I can't fault her. That's pretty much all I can really say. You know what I mean? I can't really fault, fault the woman" (Male, 21)*

To some degree this emotional support for some service users bleeds into social support, feeling to them like a friendship. The CEWs often meet individuals for a coffee and for some service users this is the only social interaction they have:

*“I go and meet up with her have a coffee every week. It is amazing. It’s something that gets me out of my house to go and meet up with somebody, we drink a coffee and then you go home. You know, if I go home then you start becoming the same person with your mental health, but once you start talking to X you feel alright, you know?” (Male A, 42)*

*“She, well she’s built me confidence up erm, she helps me out with like can you go and get a bit of shopping, a bit of food and that. Erm, she’s, well we go for a coffee we have a chat and that. She helps me get out really, get out of the house you know.” (Female , 49)*

*“It was just really nice to have somebody say how are you? D’you know what I mean? Because I remember she said that to me and I was like, what d’you mean? She was like how do you feel? How are you coping? And I was like well, because I hadn’t heard that yet.” (Female , 67)*

Meeting in more informal spaces, such as coffee shops, is an important aspect to relationship building between CEWs/peer mentors and service users, alongside the person-centered and open approach that CEWs and peer mentors take. It is also a necessity because of the lack of more formal meeting spaces CEWs have access to. For some users of the service we interviewed, these kinds of meetings meant they perceived their CEW as a ‘friend’. Female service users described CEW as friends more commonly than men:

*“She’s actually gone beyond and beyond, she really has. She’s a friend rather than a service if you were....Erm, she probably wouldn’t say friend, but we do get on, we chat we have a laugh we like... we are quite similar I think.” (Female , 35)*

*“So she is like a friend as well as doing a job do you know what I mean.” (Female , 53)*

This is an issue that is hard to avoid because the relationships that the CEWs build up are by their very nature supportive emotionally, which users of the service in isolated situations need and value. The CEWs carried a lot of respect from all the service users we spoke with. This is connected to a set of attributes that seems to be strongly embedded in the CEW and peer mentor team. Firstly, service users appreciated how CEWs and peer mentors provided consistency, in that they delivered on promises but also because they were available to talk to when service users felt they needed to:

*“She answers the phone, she speaks, she knows that I had some problem with my landlord and she came and helped me with that.” (Male , 42)*

*“I told them I wanted help (another service), and I never got it. Not the kind of help I’m getting off X .... Just ‘cause I didn’t answer the phone that week, they never rang me back. It’s that reliability that’s important.” (Male B, 50)*

*“I can ring her now and tell her what’s wrong with me ...and she will say I’ll meet you McDonald’s. We’ll have a chat, well that’s what it is, what it’s all about. I’m seeing them one on one, where they connect.” (Male , 32)*

*“She rings, she rings probably once a week and just to ask me stuff about court, she’s really in my heart and I have to say it’s nice” (Female, 67)*

Secondly, CEWs and peer mentors worked to create a relationship where the individuals they work with feel that the CEW/peer mentor is on their side:

*“X has been on my side all the time, she has been there for me, she got me out of a load of stuff.” (Male, 32)*

*“And that I think is much known that there is somebody who. Not necessarily in your corner but he was in my corner if you know what I mean. Knowing that was really beneficial.” (Male , 42)*

*“I do feel like I’ve got someone in my corner now.” (Male B, 50)*

Thirdly, CEWs and peer mentors were valued for their ability to make the individual feel that they are listening to them:

*“Now I feel like I’ve got some backup, someone there. Even if it’s just a phone call to say look I’m not feeling too good today, she’ll sit and she’ll listen to me...” (Male A, 50)*

*“That one person, when its one on one, that one person takes everything in and listen to it and listen to what you’re going through. And then they give you the feedback....she understands where you’re coming from.” (Male, 32)*

*“It was just nice to hear you know, that she understood.” (Female, 35)*

Fourthly, the CEWs and peer mentors were valued for their non-patronising approach:

*“She wasn’t patronising, because sometimes people can be like, and ‘how does that make you feel?’ It’s like you nearly want to say, how the hell d’you think I feel, d’you know what I mean, it’s not a great situation for anybody really but, she was just normal is the best way I can describe it yeah.” (Female , 29)*

*“I’ve decided that I’ve had enough of the way that I’ve been acting and, and she’s just guided me into doing what I need to do instead of being patronising.” (Male , 21)*

*“So, I called her straight away and it was just having an unbiased ear to speak or to listen to how I felt and it was good. She came across that she understood, and it wasn’t patronising, it wasn’t. I have spoken to a lot of counsellors before in my life. I am quite intelligent, but I feel as though it’s a weird one. The education. This is a line we said education verses knowledge. And education you can get from books and knowledge is from experience. She had good mix of both. So, I felt it was perfect to be honest.” (Male A, 42)*

Fifthly, service users valued how CEWs and peer mentors left them feeling ‘held on to’:

*“I relapsed and then she rang me when I were coming round, you know, I felt poorly, so I were honest with her, she were brilliant, she didn’t judge me, she didn’t have a go at me nothing like that, and then she just said we’ll get things in place, you know, because she got me a referral to Turning Point, and because I were drunk I didn’t answer it, so she were brilliant about it and then she just said we will start again.” (Male B, 50)*

*“She has also just been a port of call, she’s been ringing me to see how I am getting on day to day” (Female, 56)*

These attributes and actions support CEWs and peer mentors to rapidly build strong and trusting relationships with the users of the service they support. These relationships are built on trust, respect, the belief that the CEW/peer mentor will come through for them, and that they will not end the relationship too quickly. The individuals we interviewed are, consequently, very attached to their CEWs and very grateful to them:

*“No I was honestly I can’t tell you how grateful I was for her help.” (Female, 56)*

*“I couldn’t do it without her, I couldn’t.” (Male A, 42)*

*“Everything. She makes me feel better, I trust her... she is lovely.... She helps me out a lot” (Female, 34)*

*“She’s absolutely brilliant at her job, absolutely brilliant.” (Male A, 50)*

*“If it wasn’t for (my CEW) I would be in a very bad place and that is gods’ honest truth.” (Male A, 42)*

*“She turned my life around. Instead of being on a rollercoaster, I’m on a merry-go-round.” (Male, 32)*

### *Why do people not engage with the Integrated Service?*

We did not interview any individuals as part of this research who had turned down the service, either the initial assessment in police custody and/or a referral to the community team. However, we did ask the individuals interviewed why they felt the offer of the service might be declined. Their main issue is distrust of services:

*“Because at first I found it like, I used to find it hard to trust people you know what I mean, like authority” (Female, 53)*

*“Yeah they mustn’t trust them.... Erm, cos your are scared and not trusting anyone in a police station.....” (Female, 34)*

*“I would say distrust from that they would associate the treatment of how they have been in custody it is just all labelled together.” (Female, 56)*

The second issue is fear around the consequences of engaging with the service and concerns around the perceived helpfulness of any referrals made. For example, a few interviewees raised concerns around being referred to services where they could bump into old associates involved in criminal activity or who were in active addiction, and who could re-trigger them into using drugs/alcohol, whilst they were trying to recover. For women in particular, the issue was around their fear that asking for help could trigger a response from social services, something they wanted to avoid at all costs:

*“Because they ... they are afraid of the people will be the same people they have been dealing with... the same people that got them in the custody in the first place you know? And that’s why they will say no. But if they just take that fear away, cos not everyone is the reason why they have ended up in custody then they can talk to anyone and they will be alright I think.” (Male A, 42)*

*“The only time I said no is because I didn’t want to go to, I think it was before the pandemic, they were on about me going to X [a drug/alcohol service] and I thought if I go up there, I’m gonna meet people who are just gonna get me back on beer. So, I did refuse help for that, for that reason, because I didn’t wanna go and end up bumping into someone who’s gonna get me back drinking again. Not only that, would get me buying drugs as well, so for that reason, that’s why I said no.” (Male B, 50)*

*“It’s very difficult to do that as a young woman, very, very difficult, because it’s not easy, you could have children at home...I think women have a lot more to lose than men. Because if you go to jail...it’s going to affect a lot of people....if I was a biological mother and I was in a Police Station....I would question reaching out for help. People are petrified of Social Workers as well” (Female, 29)*

The third issue is the point they are at in their recovery and whether they can themselves recognise they need help and are in a place to accept it:

*“Because they might not even realise it themselves that they need the help. Or they might think, oh she’s just another woman that wants to tick the boxes. Not every professional is like that and I know that, but some people are just not, they don’t want the help, some people don’t want the help point blank. Especially if*

*you've got drug addiction and all that sort of stuff going on, you know domestic violence and things like that, people don't want to engage, they don't wanna, they don't want you to tell them you need to fix yourself up, you need to get your kids that are in care, you need to stop taking drugs, they don't wanna hear that.”*  
(Female, 29)

*“Maybe they don't realise that they need help you know, or really don't realise the service that comes afterwards? I'm not sure, I think in the past I said 'no' its just me being stubborn at that point I just want it over and done with you know what I mean?...not wanting to be there.”* (Female, 35)

### *How can the Integrated Service be improved?*

Most of the users of the service we interviewed could not see how the Integrated Service could be improved. To some degree this is based on their narrow view of the service through the lens of their relationship with their CEW, which was perceived overwhelmingly positively:

*“No just carrying on doing what they're doing now that's superb for me.”* (Male B, 50)

*“No, not from my point of view no. They are doing everything to the best of their ability. They probably need more staff, but don't everywhere?”* (Male A, 50)

Despite this, two issues did emerge from the interviews. The first from one individual was the need for a better understanding of mental ill-health. It is worth highlighting that this interviewee felt that more understanding around personality disorders was needed in particular:

*“I think it would be a lot better for them if they understood someone's illness..... when they first start working with you so that they then have a bit more of an understanding....X was brilliant and the thing was she was quite willing to learn me illness and things like that, but she had to learn about it because she didn't have any knowledge of it .....or any knowledge of how to work with someone like that, but now she does, because she's worked with me for a while now.”* (Male A, 50)

The second issue raised was the long waiting times for accessing certain services:

*“Yeah time frames....I don't know if that can be improved just because of obviously of COVID and because of referrals and having to speak to the organisations. And the timeframe can be far too long.... So, I feel like there is a lot of people who would just be like I'm not doing this. Completely, completely disengage the thing is I know that I need help that its and I've been open with this I do need help. No matter how long it takes it's not an issue, I will do whatever I need to do but I know that is not the case with everybody.”* (Male A, 42)

*“I have been referred to the mental health team by other people. There are a lot on the waiting list that are above me so.”* (Male, 58)

When we asked those we interviewed about whether there were any messages they would like to send to the leaders of the services, general praise for individual CEWs dominated the conversation:

*“Give X a pay rise [laughs]. I don't know to be honest, I'm quite, I'm actually really happy with the service I have had.”* (Female, 35)

*“I would tell them X is very brilliant, she is a wonderful person, and she has been the reason why I shouldn't kill myself anymore in my life you know?”* (Male A, 42)

*“The best think I could say about (my CEW) is that to me she's worth her weight in gold, d'you know what I mean, she just, she just comes across as being genuine.”* (Male B, 42)

Mental ill-health also featured strongly in these messages. Particularly around better understanding of what it's like to have a mental illness, especially in custody:

*“Step outside of the box. Try and imagine you are the person with the mental health issues (feels like). Try and imagine the feelings, the desperation and everything else. There needs to be a support mechanism within the police station at the time.” (Female, 56)*

## Issues and recommendations

Staff (CEWs and peer mentors) had a clear and shared sense of the purpose of the Integrated Service and their roles, both of which supported a positive team dynamic. They are supportive of each other, aware of the pressures each is under (including emotionally due to the nature of their work) and are immensely proud of their work. They describe what they do as providing support to vulnerable people, but they also spoke about the importance of building trust and relationships and facilitating and co-ordinating service users' access to other services. Staff identified both practical (e.g., significant waiting times for users of the service to access other services and pressures due to unexpected and unpredictable crises in the lives of one or more of the users of the service in the caseload) and personal (e.g., the emotional impacts of being exposed to vicarious trauma) challenges in working for the service. When asked about the support available to them to undertake their roles, staff were broadly satisfied that appropriate supports were in place (e.g., clinical supervision), but did feel that they would benefit from additional support from other staff at certain peaks of demand. When a few of their service users went into crisis at the same time, and so needed more intensive support, they felt at times that they were not able to provide such support alongside meeting the needs of all the other cases on their caseload, and so felt that this flexible support from another staff member would be beneficial.

Staff felt that the information they were provided by the HCP (healthcare professional) or Liaison and Diversion (L&D) worker as part of their assessment process in custody was useful, although not detailed enough. They reported that being told details of the alleged offence in advance of contacting the service user was highly important to protect both themselves and the service user. Details around bail conditions were also viewed as important so that they did not accidentally recommend for users of the service to take actions that would breach these conditions. It is worth noting that few of the users of the service we interviewed remembered being assessed, they mainly recalled feeling highly emotional and stressed. What they did remember, however, was the kindness of the mental health nurses who they felt treated them with respect, which often helped calm them down in a high-pressure situation. Those that took away a hard copy of information about the service and/or details of services available in the community highly valued this as it helped to demonstrate that the service wanted to take active steps to help them. Giving those in custody information about the service soon after their arrival, especially when many are held for long periods, would mean that they would possibly better understand why they are speaking to an HCP or L&D worker, what the Integrated Service is offering them, and why it might be helpful to them to have honest conversations about their needs with the HCP or L&D worker

Staff are skilled at engaging individuals in the service. They describe a person-centred approach to relationship-building, gathering detailed information about the needs of service users and tailoring their approach as necessary to keep them engaged. From interviews with users of the service this approach was highly valued, with many speaking very positively about their CEW, particularly the consistency they provide and the environment they have created where they feel they can discuss any issue they face without the fear of feeling judged or stigmatised.

Staff are highly aware of the need to engage and keep individuals engaged in the service, particularly given the often-limited support networks of service users. The 'readiness' of users of the service to engage with support was seen as key to this, alongside the users of the services' fear of engaging with a new service, and the emergence of new or existing triggers. Service users reported that they viewed their contact with CEWs and peer mentors similarly. The service users we interviewed for this research were for the most part at early stages in their recovery, often still in active addiction, experiencing live mental health challenges, alongside other problems such as housing insecurity.

Consequently, CEWs and peer mentors are dealing with multiple issues at once and often in very chaotic circumstances. This is the point where flexibility is needed in the staff team in terms of staff numbers. A flexible member of staff who can work in various patches as needed would take some of the strain off the team but would also ensure that service users with less urgent needs were still in contact with the service – even if that was only a regular call to check that they are ok.

Among the service users we interviewed, the issue that appears to be the most common is mental ill-health. Most suffer from it to various degrees. Issues around problematic substance use (both alcohol and drugs) also feature commonly amongst the service users we interviewed, often causing service users to have long stays in custody to sober up before they can be processed. As service users often experienced multiple challenges at the same time (e.g., mental ill-health, housing insecurity and problematic substance use) they needed to access support from several different services and really appreciated the role staff provided in co-ordinating and facilitating their access to these services (e.g., through helping to remind them about upcoming appointments).

It is worth here, drawing out the issues around those that are experiencing custody for the first time. Unlike many of the other service users we interviewed, their lack of understanding of custody processes and procedures exacerbated the situation. While it can be said that it is difficult to make a highly stressed individual listen to the details of what will happen during their stay in custody, both did calm down. There is the opportunity to explain why they have been processed as they were and what will happen next. It might be worth considering having Integrated Service staff in custody include an explanation about the custody process when they assess these individuals.

It is worth noting that users of the service felt that distrust and fear (often caused by negative experiences with other services in the past) were the main reasons for avoiding/delaying engaging with a service. When you place this against a backdrop of multiple complex challenges and a history of finding themselves in and out of services, without the support of a wrap-around co-ordinating service such as that the Integrated Service provides, you can understand why the Integrated Service is so highly valued by users of the service. CEWs and peer mentors break through to users of the service through persistence and demonstrating their understanding and commitment to service users. There could be opportunities for CEWs and peer mentors to help improve the engagement of users of the service in custody, perhaps through advising L&D workers or HCPs or working alongside the custody teams at times.



**Revolving Doors Agency**  
South Bank Technopark  
90 London Road  
London  
SE1 6LN  
T 020 7407 0747  
E [admin@revolving-doors.org.uk](mailto:admin@revolving-doors.org.uk)  
@RevDoors

