

The Griffins Society Visiting Research Fellowship Programme

Exploring provisions for
women in approved
premises

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Supporting women through
the criminal justice system

The Griffins Society

The Griffins Society is a voluntary organisation working for the care and resettlement of female offenders. As part of their commitment to identifying and promoting best practice, the Society established the Griffins Society Visiting Research Fellowship Programme at the London School of Economics (LSE) in 2001. Fellows have produced some outstanding research on a range of issues and the Society is committed to disseminating and promoting Fellows' recommendations with a view to having them adopted by practitioners and policy makers. More information the Fellowship Programme, and on the practical projects which have been based on Fellows' research findings, is available on the Griffins Society website.

The Griffins Society Visiting Research Fellowship Programme

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Contents

I have outlined what each chapter covers in order to give a brief overview of the research and allow for easy reference. Each section is related to each other but is also self contained and can be read accordingly. Female Specific Needs comprises of six chapters Nos 3, 4, 5, 6, 7 and 8.

CHAPTER 1: Introduction

The introduction provides background to the research, ie the issues influencing my thoughts to inform my work. This also contains a brief description of each hostel and methodology.

CHAPTER 2: Programmes

This specifically explores groupwork programmes in the main but also gives some mention of one-to-one programmes.

FEMALE SPECIFIC NEEDS:

CHAPTER 3: drugs, alcohol/other addictions

CHAPTER 4: education, training and employment

CHAPTER 5: mental health

CHAPTER 6: childcare

CHAPTER 7: diversity

CHAPTER 8: accommodation.

CHAPTER 9: Re-settlement

The most vital and helpful partnerships/agencies are identified here, with examples of the ways in which they have assisted particular hostels.

CHAPTER 10: Quality of Outcomes

This chapter highlights routine practices and tools used to maintain high quality standards. The most important practices are identified and documented.

CHAPTER 11: Conclusion and Recommendation

The final chapter reflects and summarises previous chapters, highlighting the most significant points, which are also worthy of recommendations to be carried forward, with a view to achieving changes.

Chapter 1: Introduction

This study will explore female need and provision within approved premises settings. My hope is to address some of the challenges which the government faces in its strategic framework to utilise approved premises more effectively. Furthermore, another priority for the government includes making community interventions and programmes for women more appropriate and accessible. This would involve Probation and other government and non-government agencies developing partnership arrangements and access to community facilities. The study hopes to reinforce the positive shift the government has made in support of gender specific provision.

Approved premises in the majority of cases used to be known as Probation Hostels and in this study, I will be using the terms interchangeably.

Aims and Objectives

The main aim of this research is to explore particular needs of female residents/offenders. This would include bailees, probationers and licensees.

The study will seek to examine the structure of support to help women regain control of their lives, to empower them to progress to the next stage, ie semi independent/independent living, which potentially reduces the risk of re-offending. This would highlight the strengths weaknesses and, effectiveness of regimes in reducing offending for women. Also it would identify gaps which exist and call for response.

I intended to identify diversity within the hostels and explore if possible some of the reasons for under-occupancy if this exists. For example, is this due to a lack of provision for the women's specific needs, or are women offenders unprepared or unwilling to commit to tight regimes? I believe I may have touched the surface of this, but not in any great depth.

Approved Premises Explained

The Approved Premises estate consists of 100 hostels with about 2,200 bed spaces. Five of these premises are for women.

The term Approved Premises refers to defined standards of practices, compiled by the Home Office which must be adhere in order to deliver high quality services to the public and offenders to reduce re-offending. Firstly, the ways in which residents are managed must be such which places the safety of the public as top priority and therefore practice must reflect this. Secondly, premises are required to ensure that offenders comply with particular requirements within the hostel. Failure to do so in some cases would ultimately result in enforcement, ie return to court for breaking conditions of licence, bail or community order. This may mean having to leave the hostel permanently for that period. As part of the defined standards Approved Premises have a structured regime which all residents must follow, ie abide by curfews, not allow alcohol or drugs onto the premises and to work

with an allocated key worker to address pertinent issues. This is to effect a change and reduction in offending, yet is not undertaken or planned in isolation but with reference to other professionals involved with the resident. Again, defined standards would include close liaison with the home Probation Officer and Prison Service.

Effective monitoring also forms part of defined standards by providing statistical feedback to the Home Office on set targets being met or not, as the case may be. Therefore, a high level of accountability forms part of the standards which define Approved Premises.

In the past Approved Premises for men and women were a facility for those who required bail, accommodation or a bail assessment to determine their suitability to reside at the hostel, a structured environment and ability to comply with a Community Rehabilitation Order, as it was formerly known, but in recent times the criteria has changed to some degree and the emphasis shifted. The focus primarily is on those requiring enhanced supervision and/or the most dangerous offenders. Therefore, with regard to the former, accommodation alone will not suffice.

In relation to this research, which is about provision for women, there are only five Approved Premises for women, which is very small in comparison to those for men, and is a national provision, as are the many other Approved Premises for men. I previously mentioned that the focus of Approved Premises in general is now on the most dangerous offenders and those requiring enhanced supervision. With regards to women, the majority are not in the category of the most dangerous or being a high risk of harm to the public, like their male counterparts but may fall into the latter bracket (requiring enhanced supervision) or have complex needs. These may include drugs, alcohol, self-harm or mental health, amongst other issues/problems.

According to National Standards 2002 (a document compiled by the Home Office outlining set standards of practice, by which the National Probation Service is accountable and must execute service delivery): “The purpose of approved premises is to provide an enhanced level of residential supervision with the aim of protecting the public by reducing the likelihood of offending.”

The Approved Premises Handbook 2002 confirms this core purpose, adding: “They are intended as a base from which residents can take full advantage of community facilities for work, education, training, treatment and recreation”, and this has not changed.

Therefore, Approved Premises are primarily intended for High Risk of Harm offenders:-

- Defendants on bail in criminal proceedings
- Offenders subject to a Community Order with a condition of residence or to reside where directed by Offender Manager (Probation Officer)
- Offenders on post-custodial licences with a condition of residence
- Referrals via MAPPA (Multi-Agency Public Protection Agency) namely improving regimes and quality of practice by the introduction of “quality standards”. Furthermore, increasing the general effectiveness of Approved Premises by introducing tighter admission policies, should lead to improved targeting of resources in the high risk of harm cases as well as, where appropriate, medium risk of harm cases (most female offenders fall into this category or below) if enhanced

supervision and a residential regime would increase the effectiveness of treatment which usually applies to Schedule 1 offenders, which means offenders who have committed a sexual offence, offence against a child, serious violence.

- Exceptionally, and with the approval of the Chief Officer, someone acting on his/her behalf or the Secretary of State, they can also accommodate voluntary residents where it is considered that residence in approved premises is necessary.
- For the protection of the public
- To enable the offender to receive supervision or treatment
- Approved premises are designed for adult offenders/defendants aged 18 and over. They are generally regarded as an inappropriate setting for 16 or 17 year olds. Offenders/defendants aged 16 or 17 can only be admitted in exceptional circumstances and with the prior approval of a senior manager, ie District Manager, Assistant Chief or Chief Officer with responsibility for approved premises.

Placing the research in the policy context

The establishment of the National Offender Management Service (NOMS) provides a new context for work with offenders. The publication of “Reducing re-offending - a National Action Plan” in July 2004 highlighted the importance of an integrated approach to working with offenders involving a range of government departments, statutory agencies, the voluntary sector and private providers. The National Probation Service indicated in the business plan 2005-06 that it would adopt a flexible approach to take full advantage of all potential partnerships for all offenders, whether they be in custody or in the community. One of the key priorities was to implement the Approved Premises and Offender Housing strategy for higher risk offenders. This document was interesting, very practical and forward looking in terms of moving Approved Premises to the next level. In August 2004 the government began to acknowledge that women had specific needs requiring accommodation solely for their needs. The Approved Premises and Offender Housing Strategy for higher risk offenders stated that the National Probation Directorate would:-

“Require regions to commence a programme of reconfiguration of resources to end mixed provision and create an estate of facilities with single sex admission only. This will be the opportunity to ensure there are Approved Premises provisions which can manage those women who present significant risks to others but also build regimes, practice and partnerships which better meet the specific treatment and re-settlement needs of women offenders.” (Public Protection and Community Safety 2003).

This encapsulates two important points. Firstly, for the period of rehabilitation in a residential setting, women need a safe space away from their male counterparts. Secondly, it refers to a co-ordinated structured approach and includes the importance of partnerships to improve upon service delivery. This document was written four years ago and continues to be discussed and implemented in part today.

The Carter report 2003, which was the fore-runner for NOMS, talked about “the silos of prison and probation”. By this, it meant that the different contributions to any single offender’s engagement with the correctional system were too much focused upon that contribution in isolation and not enough upon how it meshed with the others into a coherent whole. However, since the Carter Report was written, the government has sought to highlight the potential effectiveness of partnerships playing a significant role within this process and furthermore, partnerships/agencies playing to their strength. Before elaborating further on this point, something needs to be said about the government’s plans for women contained in “The Government’s Strategy for Women Offenders”. This consultation report was written in 2001 but remains very relevant. I will therefore mention briefly a few issues raised out of many.

In relation to Prison and Probation Service working together, respondents to the document suggested that Probation areas should be putting greater effort into working with outside agencies to find appropriate local employment opportunities and housing, as well as joining their work in supporting re-integration of women offenders with their families, especially with regard to resuming care responsibilities. With regard to the Probation Service working with women offenders in the community, respondents to these issues in the document indicated that due to the small numbers of women offenders compared with the whole prison and probation population, the universal key performance indicators and broad targets might result in services for women offenders being under-resourced and overlooked. An example of this is that many treatments within the community, such as drugs, were originally designed for men.

Respondents also highlighted the risk of the climate of accreditation stifling innovation in developing new and challenging approaches. Prisons and Probation Services are developing strategies based on the “what works” premise, which involves groupwork programmes to address offending behaviour being thoroughly researched and delivered in a prescriptive way. They are therefore approved and given accreditation, which means that they are believed to be reliable. Thus, wherever the said programme is delivered within the country, it will be exactly the same. Respondents stated that although they recognised the need for a co-ordinated and evidence based approach to programme delivery, there was the danger of stifling creativity, through the desire to regulate through accreditation, which may be detrimental. The government strategy for women’s offenders - consultation report (2001). With this in mind this research looks at groupwork programmes within the hostels which are not accredited.

Although this research commenced in 2005, when I began to undertake interviews, I consider many of the issues to be relevant for 2007 and beyond for reasons I will shortly state. So far I have given some background information on some of the many issues which have assisted in influencing this research, but more importantly, influenced the government’s continued strategic plans for women. I will now seek to place this research in some current context, which I believe makes it relevant.

In 2006 the Home Office published a document “Public Value Partnerships - Improving Prison and Probation Services”, this document sets out how the National Offender Management Service (NOMS) will increase contestability to secure the best services to protect the public and reduce re-offending. What do we mean by contestability? Contestability is intended to provide a mechanism for driving performance improvement. (There is a big question about whether it will do so.) It gives existing providers (ie the Probation Service, prisons, partnerships, agencies from the private and voluntary sector, etc.) working across NOMS the opportunity to demonstrate they are delivering

value for money and it gives other providers the opportunity to show what they could do. The thrust of this document supports providers “playing to their strength” to provide the most effective service by matching different offenders and the risks they present. It also identifies the need to maintain good practice but alleviate ineffective practice and embrace new approaches to punishment and rehabilitation. Reference is made to building a range of partnerships to reduce re-offending, not just with prison and probation providers but through alliance with health, education, employment, local authority and other criminal justice sector partners. This means bringing together a variety of expertise to deal with the wide range of issues which offenders must address.

This research identifies and highlights some of those issues which are not effectively addressed and require greater co-operation and co-ordination, in order to deliver effectively. The government document “Improving Prison and Probation Services: Public Value Partnerships“ (2006) does not give women a specific mention or highlight specialised services for women. Therefore, some of the issues raised within this research will reinforce the need for existing gaps to be filled with appropriate much needed services. Achievement of this will fulfil in part the end-to-end management of offenders referred to by NOMS - from sentence through to rehabilitation and re-settlement.

Methodology

In order to explore provisions within approved premises for women and provisions within the community, the following methods were chosen:-

A qualitative approach was used as opposed to quantitative and in the main semi-structured interviews were used. This was preferable to a tightly structured interview to allow residents and staff to express themselves freely and thereby enable me to gain as true and realistic picture as possible. My hope was to encapsulate both positive and negative experiences in the context of provisions for women within a structured setting, with the view to provide some reflection in order to highlight and identify areas which could be potentially improved, as well as to highlight existing strengths.

Interviews were undertaken at the five approved premises for women, Crowley House, Adelaide House, Elizabeth Fry House and Kelley House, also at a further Home Office funded project, Langley House Trust, which caters for the needs of offenders. For the purpose of this research, I visited the Rothero project, a medium to low risk provision within the community. I began by interviewing the managers, ie SPO, deputy manager, staff and also the residents. This was undertaken on a one-to-one basis and in groups. I wanted to find out about their own experiences and thoughts at grass roots level, in order to gain the realities in practice both from a managerial and offender perspective. Group interviews were also invaluable to observe and assess the group dynamics in terms of their common experience. The semi-structured approach therefore would allow for exploration of concerns expressed for the first time in interview.

Interviews ranged from three to eight per hostel and they were determined by availability of residents. In some cases, residents were out working, which therefore provided an unequal number of interviews per hostel. This research does not take account of any changes which may have

occurred since this period.

I have given a brief description of each hostel in a simplified form for easy reference when reading about them. Please note that this information was correct at the time of the research but may be subject to change.

CROWLEY HOUSE	Probation Hostel
Geographical area:	Birmingham
Bed spaces:	18
Age group:	18 +
Members of staff:	6 - all female
General Groupwork programmes:	None
Type of offender:	Probationers, licencees, bailees - high - medium risk of harm (ROH) to public/staff/self
Funding:	Home Office
ADELAIDE HOUSE	Charity organisation
Geographical area:	Liverpool
Bed Spaces:	21
Age group:	18
Members of staff:	14 - all female
General groupwork programme for women	Yes
Type of offender:	Probationers, licencees, bailees - high - medium ROH - public/staff/self
Funding:	Church of England and Home Office

ELIZABETH FRY	Charity Organisation
Geographical area:	Reading
Bed Spaces:	21
Age group:	18 +
Members of staff:	10, two of whom are men
General groupwork programmes for women:	Yes
Type of offender/resident:	Probationers, licencees, bailees - high - medium ROH - public/staff/self
Funding:	Home Office
KELLEY HOUSE	Equinox
Geographical area:	Camden, North London
Bed spaces:	18
Age group:	18 +
Members of Staff:	14, all female
General groupwork programme for women:	None at present
Type of offender/resident:	Probationers, licencees, bailees - high - medium ROH - public/staff/self
Funding:	Equinox and Home Office

ROTHERO PROJECT

Geographical area:	Bradford, West Yorkshire
Bed spaces:	5 houses allocated to women under the landlord tenure scheme - 3 women allocated to each house
Age group:	18 +
Members of staff:	4
General groupwork programme	None - client centred therefore one-to-one programme tailored to individual need for women
Type of offenders:	Probationers, licencees, lifers/lifers on re-settlement leave, ex-offenders, vulnerable women medium to low risk
Funding:	Langley Trust and Supporting People Programme - government initiative - Home Office

HOPWOOD HOUSE

	Probation Hostel
Geographical area:	Manchester
Bed spaces:	14
Age group:	18 +
Members of staff:	15 - one male
General groupwork programme:	Yes
Type of offenders:	Probationers, licencees, bailees, high - medium ROH - public/ staff/self

Chapter 2: Programmes

Introduction

The use of the term Programmes relates to a structured way of working with offenders. This can be in a corporate setting with other like people or on a one-to-one basis with another responsible person whose role is to co-ordinate structure, objectives, targets/goals with an individual to achieve specific outcomes. For the purpose of this section my reference to Programmes in the main refers specifically to a group of people together, working with a facilitator in order not only directly to address their offending behaviour but other related pertinent underlying issues, underpinning such behaviour. A groupwork programme setting has many advantages; it is safe, structured, dynamic and empowers less vocal or weaker members to engage. Shared experience in such a setting is an effective and positive way of learning where members are also challenged by their peers with a view to assisting each other to move forward. It could not be achieved in this way on a one-to-one basis or rather the level of interaction is limited. It is holistic and the responsiveness of women in this setting is greater for the purpose intended, which is to address contributing issues to behaviour and taking responsibility in areas which are solely theirs, furthermore, to be and feel affirmed in ways which are unique to women.

In this chapter we will be looking at what the hostels provide for women in terms of a daily structured regime to address their offending behaviour but more importantly to address the issues underpinning their actions. We will seek to explore how programmes have affected women and assess if they are or should be an important part of hostel life to ultimately reduce or effect a change in re-offending.

Women are a growing minority within the prison population and no one would argue that boundaries/structure and support is not a positive thing. In relation to programmes from my hostel visits, each approved premises is working well but different to each other in most cases. How can they work better within the same areas?

The majority of the six hostels visited made their own positive mark in different ways.

When I visited the six hostels there were similarities and differences between them which I hope to highlight here.

Groupwork Programmes

Hopwood House, Adelaide House and Elizabeth Fry

Hopwood House, Adelaide House and Elizabeth Fry had similar regimes in terms of their set groupwork programmes. Kelley House, Crowley House and the Rothero Project shared a closer resemblance, yet all of the hostels had core components which were common to all. This section mainly focuses on groupwork programmes, although some mention will be made about one-to-one programmes.

Hopwood House, Adelaide House and Elizabeth Fry had tightly structured groupwork programmes which covered a number of issues. One of the main groupwork programmes which ran in both Hopwood and Adelaide was the LIMHO (Living Here Moving On) programme. This ran for nine weeks and was compulsory for all residents. This is generic in its structure which focuses on life skills, empowering women in most areas of life which specifically affect women, ie abuse (emotional, physical, sexual) life skills, decision-making, employment. Although not accredited, most of the contents covered topics/areas addressed in the Women's Accredited Programme run nationally by the Probation Service and Enhanced Thinking Skills run in Britain's prisons. However, although LIMHO was an important programme for Adelaide, this hostel had quite a number of programmes in addition to LIMHO to offer its female residents. These ran on a daily basis, five days per week and again were compulsory for all women. There were exceptions, ie"Freedom women empowerment programme" and anger management, which did not run for five days per week and was not obligatory if for example there were no issues to be addressed around anger management.

Elizabeth Fry by comparison did not have the LIMHO programme and the residents were required to meet each morning to discuss any issues or problems and the time spent depended on the issues. However, the afternoons were devoted to groupwork, which like Hopwood and Adelaide, ran five days per week. This included anger management, self-esteem, problem-solving, assertiveness, women's issues, sexual health, two offending behaviour groups, alcohol and domestic violence.

In relation to drugs, Adelaide and Elizabeth Fry were similar in that there were specific groupwork programmes to address drug use. For instance, at Adelaide, if any resident had a substance abuse problem and was working through some of the issues with her DIP worker (Drug Intervention Programme), she would be referred to ASRO (Address Substance Related Offending), which is an accredited programme. This was the only accredited programme amongst the five Approved Premises/Hostels and the Rothero Project (which is also Approved). This is not to imply that drug use and the surrounding issues was not adequately met. Elizabeth Fry by comparison had a drug groupwork programme which was developed within the hostel, this ran one day per week. In order to develop this, information was drawn from Probation practice and outside drug agencies. All the groups were rolling programmes.

Kelley House, Crowley House and Rothero Project

Kelley House, Crowley House and the Rothero Project bore some similarities in that none of them had a programme specifically designed for women. Kelley House had one programme in existence, which was literacy and numeracy. Although residents were together as a group, this was undertaken on a one-to-one basis twice per week. From the staff whom I interviewed, I understand that there was a high level of denial amongst the residents in respect of their needs and high levels of breach (breaking conditions within the hostel or conditions of licence or community order), which tended to occur disproportionately amongst bailees. Staff believed that in a lot of cases this was exacerbated by a lack of access to resources to meet their needs. Although no specific answers were given as to why this was so, I have drawn my own conclusions. Bailees who are not yet convicted and in some cases maintaining not guilty pleas, have perhaps not been considered as a priority by agencies, given limited resources.

Crowley House, like Kelley, had one programme which was groupwork relapse prevention for drug use. However, it must be noted that some of the residents who were on Community Orders (formerly known as Community Rehabilitation Orders) may have been subject to the National Probation Service West Midlands accredited women's programme. This would cover problem-solving, building personal strength, decision-making, stress management, making life changes and setting realistic goals to achieve change.

Residents who were on community orders but were not subject to a programme of this type, specifically for women, would fail to benefit from intense intervention. The women I interviewed at Crowley were not actually on this accredited women's programme as part of their order. However, this did not discount the positive key working sessions residents had with their key worker, which addressed some of their issues in Crowley and Kelley House and the Rothero Project.

The Rothero Project, similar to Kelley and Crowley House, had no groupwork programmes for women or indeed anything else. This project shared a similarity with Crowley House in that there were no groupwork programmes. However, given that this is a needs led programme, which takes a person centred approach, programmes may not be considered essential in the orthodox way. Following thorough risk assessment and frequent liaison with the Probation Officer (where the resident had one), each person would be allocated to a keyworker who would draw up a support plan defined by the resident and tailored to her specific needs. This personal programme would be worked through, referrals made to appropriate agencies and reviewed.

Like all the other four hostels, meetings are held at least weekly to discuss and resolve issues. Due to the fact that it is person centred, residents obviously had different time-tables to each other and those who did not have a Probation Officer, ie vulnerable categories, were key worked more frequently.

I spent a considerable time with the manager and was shown case files, the tools used to assist in assessment and also the support plan. It was evident to me that although individual programmes were needs led, the key worker ensured that key areas were added and followed through in terms of reducing risk (to the public and others), enhancing and seeking to rebuild good self-esteem and confidence.

So far, I have focused on group-work programmes specifically for women or the lack of them and this was intentional to highlight different practices within similar regimes. However, mention must be made about individual programmes.

All of the six hostels were one hundred percent committed to providing individual holistic programmes to residents, tailored to their specific needs and skills. In some cases this also involved activities outside the hostel, which were monitored. This would include education, employment, leisure activities and attendance at agencies, ie drugs, alcohol etc. A strong emphasis on education was evident and this was incorporated into their personal programme. The key worker was therefore central in assisting to co-ordinate this process by assessing need and risk as already indicated (also assisted by the Probation Officer and, when required, the Senior Probation Officer/manager), making the appropriate referrals in consultation with the Probation Officer. There was therefore a structured supervision plan, which would also operate in line with National Standards.

Interviews

In each hostel I interviewed bailees, probationers and licenees on their views about the service they received and any improvements they would like to see. I also interviewed members of staff to gain an overall view about their thoughts on how things were progressing or not, as the case may be. I have therefore summarised views to avoid repetition.

There needs to be more hostels like this and more programmes for women in hostels. (Staff)

I have come out of myself and it is confidence building, being in a women's environment with programmes which specifically address issues affecting me. (Resident)

The programme helped me to think about how I dealt with abusive relationship. (Resident)

The programme has helped to empower me, I have been able to apply problem-solving and anger management. (Resident)

.....programme catered for my needs as a woman, groups on relationship good. (Resident)

There were also other positive comments from the group interview, which have not been noted but mirror those above. On balance the only negative comments, if these should be considered as such, were from a few women who indicated that from the menu of programmes offered to them there was one not relevant to their needs.

Conclusion

In this chapter I have presented the types of regimes each hostel offers in terms of a daily structure to address offending behaviour. I have also identified aspects within groupwork programmes which were particularly beneficial for women and shared some of their views. In this chapter, we saw that groupwork programmes served a very important purpose for women and where there was not such a programme in existence, there was nevertheless an acknowledgement of its importance and the desire to have it in place. In addition, the need for this to remain and improve in hostels. Given this, I have drawn attention to the need for facilitators to have a co-worker to further improve the quality of service delivery to women. I have highlighted that a daily structured groupwork programme has proved to be a positive step forward. This has been in terms of providing some form of stability, developing good thinking skills around issues affecting women specifically and utilising their time wisely, particularly in some cases when women reported having a lot of time on their hands. I have therefore shown that groupwork programmes are certainly the way forward to assist in empowering women and in effect to make changes.

Female Specific Needs

Introduction

Women offenders have a number of needs, some of which are complex, and they tend to fall into two categories - criminogenic, directly related to their offending, ie drug/alcohol abuse, and non-criminogenic, such as domestic violence, homelessness, etc. The women I interviewed for this research (and in consultation with staff) fell into the following broad categories of need:

- Drug and alcohol abuse
- Physical, emotional and sexual abuse
- Domestic violence
- Mental Health
- Education
- Childcare needs

Interestingly, the majority of women I spoke to had at some point in their lives been affected by or were victims in most of the areas indicated.

The five approved premises for women are required to prioritise high risk licencees and MAPPAs (Multi-agency Public Protection Panel) cases. The latter may involve child protection and other vulnerable victims, which require the involvement of Social Services, the police and other relevant agencies, this comprises MAPPAs. The emphasis here is high risk of harm to the public and others. Approved premises can no longer accommodate low risk offenders. However, approved premises address the complex needs of many women offenders who are not high risk to the public.

Mental Health

One of the government's primary concerns in criminal justice is public protection and risk to the public. Is it not in everyone's interest to make cases which require psychiatric intervention a priority? Women are also committing further crimes because mental health needs are not being met. So much can occur in the "meantime" or the waiting period. These women ought to be prioritised and fast tracked, as they are offending because of their needs. Given the priority of MAPPAs and drug misuse cases, is the primary focus of approved premises provision this must also include mental health need. The same clear protocol must be in place and followed by all within the country in relation to needy women and identified agencies to meet the meantime needs or less severe cases.

Payment for mental health care has been difficult to obtain for female residents who are not from the area of the hostels, because local mental health services refuse to pay. However, this was not the case at Elizabeth Fry, based in Reading.

If payment is not an issue for Reading for those female offenders out of area, and this could indeed be a local agreement of entitled care given to those who are now resident in the area, this proves

that an agreed protocol can be maintained but there needs to be a policy agreement in place to hold to task areas which breach the code. Due to there being nothing in place of this nature, it has become (to excuse the pun) a free for all, there has to be enforcement for breach of this. Managers were very open and flexible, giving good insight and expressing a desire for all their staff to be given training around mental health issues, given the stigma and fear which exists in this area. Furthermore, it was viewed by the managers of Elizabeth Fry Hostel (based in Reading) as a pre requisite for those working in a setting with high risk offenders.

In Reading there was a Protocol not to exclude anyone from paid treatment if they were a resident. However, it was not known to us whether there was officially a local policy in place but this was the accepted practice for reading. I was not able to find out why they were able to accommodate everyone in this way. Reasons could vary from budgets to meeting targets or local government agreement, etc. It would be good to find this out or to uncover why other areas fall short.

What measure will ensure that women are not disadvantaged in this way? How will home areas be made to pay for much needed critical treatment without relinquishing responsibility for women who have temporarily left their home areas to go to an approved hostel, which was outside of the woman's control?

It is acknowledged that some women may choose not to return to their home area and may settle in the town/city of the hostel or live elsewhere. However, it must be noted that this is after leaving the hostel. There would not necessarily be a problem in relation to treatment, because the new area would be willing to pay for this if the person were a permanent resident. The gap therefore exists particularly with the home area. There is nothing in place to tie them to this responsibility, which is indirectly theirs, namely to pay for treatment whilst residing at the hostel if the new area refuses to pay.

Do they suffer this disadvantage in the meantime because this has become "none of my business" from both the home and current resident area? The re-charging system would serve a positive good and fair purpose in a situation such as this, whereby no delays would occur and the home area billed for the cost. NB. Of course, there is the issue of waiting lists, which is another factor to delay much required treatment. However, it is possible that further assessments may occur to prioritise those on the waiting list according to need and risk.

How are we going to ensure that NOMS becomes a reality in relation to the critical needs of women, particularly within the community?

Women who fail to meet the criteria for approved premises

If you were a woman without a drug problem or complex needs at present, had a lengthy history of offending, but with a gap before the present offence and whose current offence might mean custody, would there be appropriate provision in the community as an alternative to custody? A bed in an approved premises would be purely dependant on whether occupancy was particularly low at the time, because this type of woman would not meet the criteria of dangerousness, high risk of harm to others/self, a drug problem and over the years needs had become less complex. This type of

woman may be disadvantaged and face prison at least for an initial period until something becomes available, purely based on meeting occupancy targets and failing this nothing.

Women's emotional and physical needs are different to men's and require equal but different approaches in dealing with them, along with other complex needs. How can we prevent the fire fighting approach to improve the quality of services for women? To move further afield to reinforce the point of need for prevention. Munro and Rungay 2000 in relation to looking at reducing homicide and the area of increased and improved risk assessment tools suggest that "more homicides could be prevented by good mental health care which detected relapse earlier than would be averted by attempt at better risk assessment and management. (Munro & Rungay 2000)

Childcare

How can childcare be made easier or accommodated better within the community?

In some cases Social Services may have arranged visits at a particular place and it is perhaps worthwhile for the mother to travel to the area to see other family members as well. However, where this is not the case, maybe a compromise could be reached whereby both mother and accompanied child travel half the distance and community centres accommodate this at short notice, with an agreed protocol for access. This would utilise community resources and work effectively with women, to provide them with a private space, initially, saving on distance which is less disruptive. A "catch all" agreement for women's needs.

Chapter 3: Drugs, Alcohol and Other Addictions

Introduction

The updated Drugs Strategy launched in 2002 set out measures to use the Criminal Justice System to engage drug-misusing offenders, driving them into treatment and out of crime. These measures aim to ensure that while individual interventions such as drug testing, arrest, referral and Drug Treatment and Testing Orders are expanded, there is a steep change in interventions, delivering an end-to-end system for drug misusing offenders.

This change includes the restriction on bail provision included in the Criminal Justice Act 2003. The purpose of this provision is to reduce re-offending whilst on bail, as research has shown that the use of heroin and crack cocaine is linked to acquisitive crime and there is real concern that if drug misusing defendants are placed on bail, they may re-offend in order to fund their drug use.

Section 19 of the Criminal Justice Act 2003 amends the Bail Act 1976 by placing on the Courts a new qualified obligation when considering bail applications in cases where a defendant has tested positive for a specified Class A drug (heroin, crack cocaine). The Court, if it grants bail, has a duty to impose as a condition that the individual undergoes the assessment and/or participates in any relevant follow up. Apart from treatment with respect to drug use this may include in addition support around housing, managing finance, family issues, learning new skills and employment. In relation to drug use, one missed drug treatment appointment will constitute breach of bail conditions. If the defendant is convicted and remains at the hostel, treatment would continue with a drug worker, which would apply to male and female offenders. However, in this research not all women were on restriction of bail.

This chapter will seek to look at the types of treatment available for women in order to meet their individual and corporate needs and examine the quality of this in relation to drugs, alcohol and any other addictions.

Research (Bennett 2000) suggests that women had a significantly higher rate of positive tests for opiates. (Heddermann 2004 - The Criminogenic needs of Women); Gill McIvor “Women who offend 2004”). May’s (1999) research found that problems with alcohol were less frequent for women than men.

I will also examine the relationship between the hostel and partnerships within the community to further assist the residents in the areas stated. I will explore how well this is working.

All the six hostels adopt a total abstinence policy in respect to drugs and alcohol being brought into the premises. However, although this is the case in principle, all of the hostels in practice were very pro-active in providing support for any woman finding herself in the predicament of relapse. No woman in the first instance would be required to leave without all the available help, support and resources given to her. Vacation of the hostel would only occur where there was a clear unwillingness or total lack of motivation to work with staff to address needs in this area and furthermore, failure to comply with hostel rules at the basic level.

With reference to the services provided for any substance abuse (in the main drugs and alcohol), it was evident that all of the hostels demonstrated levels of commitment in line with one of the set criteria for Approved Premises, this being to target specific problem areas which largely contribute to offending, drug use is one of them which tends to be more widespread, causing more immediate problems than alcohol. For this reason random drug tests are undertaken routinely.

Drug workers existed in Hopwood, Adelaide, Elizabeth Fry, Crowley and Kelley House on site, whereas the Rothero Project referred residents to a drug agency. This was understandable, given that women lived in groups of three sharing a house and learning to be independent. I will expand on the role of the Rothero Project later and initially focus on the five hostels.

Drugs

The hostels were very similar but yet different in small ways, which in some cases can make a significant difference. Each hostel provided one-to-one counselling and relapse prevention work with the dedicated drugs worker. Crowley, Hopwood and Elizabeth Fry ran specific groups at least once per week and sufficient time was devoted to women who fell into this category. Crowley's drug programme was for two hours per session, which was once a week; Hopwood three hours and Elizabeth Fry at least one hour. Adelaide and Kelley by comparison did not run a group for drugs but were solely involved with partnerships in relation to this. The women who had a problem with drugs at Adelaide were made subject to the Drug Intervention Programme, which involves criminal justice and treatment agencies working together with other services or partnerships to provide a tailored solution for adults. Kelley House was very similar to Adelaide in this respect, in that residents had to meet with the Drug Intervention worker once per week and would be referred to a drugs partnership to undertake individual qualitative work. All of the hostels used a form known as a Drug Intervention Record (DIR) and this not only recorded a person's drug history and other important information but followed the person to anywhere they moved. Although not one hundred percent foolproof, this served as a very positive safety net to keep track of people wherever they may end up.

When I spoke with the drug workers and other members of staff in the hostels, it was evident to me that the work undertaken in this area was very positive and productive.

At Crowley House, the drug worker, who was also a qualified counsellor, made herself available at short notice outside of the one-to-one arrangement with those who required it. She also recounted that some of the residents have been responsive by working positively with her, developing trust and being honest about themselves and their drug problems/needs. I will say a little more about the role of the drugs key worker, Probation Officer, Senior Probation Officer and other staff when looking at quality outcomes and resettlement, which will play a role in seeking to reduce risk of harm to the public and offenders by addressing need.

The women at Kelley House who were required to see the Drug Intervention worker would be referred to the GP, as previously stated. If they were tested positive for drugs or in need of support to maintain abstinence, they would be referred to the Camden Drug Testing Intervention Programme, which in order to meet the diverse needs of women, incorporated counselling,

budgeting and housing as part of the agenda. It is evident that a holistic approach in this regard was embraced as a constructive way forward. I considered this quite remarkable in that there was some acknowledgement, albeit unspoken, that these women were not offending or using drugs in isolation to the other everyday issues, which were important and contributory factors to the bigger picture. It was therefore user friendly for women, which would undoubtedly affect motivation. Such consideration is important and lightens the burden of having to pluck up enough courage to face yet another agency outside the safety of the hostel setting. This is not to suggest that having to approach a number of different agencies/partnerships would not have any positives, but some women may not be ready for this. Kelley House therefore displayed sensitivity to women's needs as the approach was less stressful for the women and also cost effective. This ultimately assists with re-settlement, maximisation within the community where information was shared between them for the enhancement of the individual and was very positive.

Apart from the drug groupwork programme at Elizabeth Fry, the drug worker would regularly liaise with the GP, who would also visit the hostel to assess health and screen for drugs. In addition, there was the Cranston drug agency and other day programmes; key workers at the project were available, but given the long waiting list in existence, residents realistically would only benefit by attending the drop in.

The GP for this hostel was pro-active and very much involved by comparison with all the other hostels and made her/himself available at certain times. The doctor can be regarded as part of the holistic approach that demonstrates good community networking to improve the lives of these women. All residents requiring repeat prescriptions would see the doctor on a regular basis, eg, if on Methadone or Subutex, the offender must meet with doctor and drug worker weekly. The GP could be emailed at any time with queries and was also linked to a drug agency, Thames House, which would provide scripts for these women at any time. This is an important service.

Similarly to Elizabeth Fry, Adelaide House demonstrated positive work with partnerships or other agencies. It was very positive to hear that apart from the GP providing scripts for the women, the Lighthouse project was available to provide additional support and script for Methadone, Subutex, Naltraxone, etc. at a moment's notice, ie, someone released from custody on licence late arrival Friday evening. The speed, efficiency and effectiveness of this partnership agency serves as a model of good flexible partnership, which meets the needs of women, a positive demonstration of flexibility, which is required when working with women.

In relation to Hopwood House, the LIHMO programme (living here, moving on) referred to in my earlier section on programmes was specifically adapted for women. This ran for a total duration of three hours per session, as already stated. I have mentioned this with reference to drugs and alcohol because this programme addressed abuse quite extensively and also relates to the residents' substance misuse. The facilitator was highly skilled, as was the case amongst the other hostels. However, I was not aware of any arrangements for obtaining Methadone prescriptions or specialist support, which is not to suggest that this did not occur, but may be strictly via visits to the GP.

I have left The Rothero Project until last, given the difference in terms of its structure of women (medium to low risk) living in groups of three in houses. This project, like all the other five hostels, upholds a total abstinence policy on drugs and alcohol (prescribed drugs excluded). However, if a woman had a problem in this area, ie relapse occurred as she began anew, the person is under

obligation to raise this during key working sessions, in order that she can receive all possible support from staff and related agencies.

Drug related offending is a huge problem in Bradford and surrounding areas, as documented in literature on women offenders, many drug problems have connections with prostitution in some respects. The Rothero Project was unique in that apart from offering supported housing was also outreaching and involved with a project within the community “Working Women Scheme”. I will discuss this under partnerships. The manager and staff meet with the women at this project.

The key or project worker role could be considered on a greater level of intensity, given that it was person centred, ie individuals defining their needs and creating a care plan together with the key worker created a very close working relationship and to some degree interdependency. Steering, motivating, guiding, referring and monitoring was undertaken by key workers and managers. This was qualitative work. Drug and other agencies would be carefully selected and approved by the person, which was empowering for them. However, if there was a field Probation Officer involved, which was the preferred option, weekly sessions and co-working would take place in order to target specific crucial areas of need. If, for example, PO was addressing previous drug problem, this project would complement that work by undertaking supportive measures to enhance the individual development in specific areas. Therefore, it may be appropriate that no work re drugs/substance be directly brought into the equation. For someone who did not have a Probation Officer, the key worker and person would work more intensively to achieve the desired outcome. The person centred approach had positive effects in that not only did this allow residents to be responsible, but to take responsibility for their own lives. This gave them some level of confidence and self-belief, which is very important, because women have to believe that they can do it and have the inner resources. Living in a house with two or three individuals allowed accountability, individuality, responsibility and preparation for becoming fully independent.

Alcohol/Other Substance Misuse

With respect to other substance misuse, such as alcohol, there were similarities and differences between the hostels. Adelaide, Hopwood and Elizabeth Fry provided one-to-one counselling in addition to referring women to alcohol agencies/partnerships. However, it begs the question, how effective were these partnerships in practice?

At Adelaide House, in addition to regular counselling sessions, women could access an independent project based in the community known as the Windsor Project, which also addresses chronic alcohol problems. Hopwood House, like Adelaide, was consistent in providing one-to-one counselling and relapse prevention. Similar support was available from the alcohol team, which would visit the hostel. However, there were no partnership agencies within a reasonable geographical proximity of the hostel. All these agencies were on the other side of Manchester, which can be a difficult journey for residents at Hopwood House. The staff has also identified this as an important issue. Given the needs of the women, I assess that it is possible the distance factor might impact on motivation. This is clearly a gap in drug/alcohol provision. I did not have any answers as to why this was the case, but it could be that the issues has never been effectively challenged in a meaningful and strategic way. It could indeed be the case that Hopwood House is inappropriately or inconveniently

positioned. There are obviously some advantages to living in a remote area, ie away from the hustle and bustle of life and focusing on factors to assist change in a person's life.

Elizabeth Fry, by comparison, (like all the hostels, apart from Kelley House) had contact with the community alcohol team. Unfortunately, to gain access for appropriate intervention, there are long waiting lists. There was no clear divide or differential made between men and women meeting particular criteria, everyone would be dealt with in turn according to the waiting list. If there was some positive discrimination in that particular women who fell into certain categories are dealt with separately, ie not part of the main waiting, this would greatly assist in their rehabilitation, particularly MAPPA cases who are on licences. In this regard there was no interim support, therefore a gap exists which fails to fast track these women.

I have left Kelley House until the end, as this hostel had very little similarity with the rest for alcohol provision. At the time when I visited this hostel, alcohol services were not very well developed within the community. Therefore very little in this regard could be accessed and this is evidence of a gap in that area.

The women I interviewed in Crowley, Adelaide, Hopwood and the Rothero Project gave very positive feedback, which I will share. Although I was not able to interview residents at Elizabeth Fry or Kelley House and a limited number at Hopwood, I was able to speak with staff for all the hostels. In total I interviewed well over ten women one-to-one and undertook group interviews with around eight women. The overall feedback from this was very positive indeed.

All of the women with whom I spoke found one-to-one counselling sessions extremely helpful, also underpinned by further services from other partnerships. For example, to name but a few, for Adelaide, the women's health and information service and the Windsor project for alcohol problems. Crowley had a six-week rolling programme for alcohol use and a relapse prevention groupwork programme. Elizabeth Fry and Hopwood ran programmes which incorporated substance misuse and other related areas such as low self-esteem, etc. Here are a few comments given by residents:-

Hostel programmes cater for my needs as a woman.

With help in the community I will be able to maintain my drug-free status.

The following comments make suggestions or raise issues to be considered:-

Apart from the drug workers and managers, all staff should know more about drugs.

A resident from Hopwood House whose family was from Manchester stated:-

The Hostel (Hopwood) was too far from my family in Manchester.

It is possible in respect of the latter comment that this may have been exacerbated by the fact that apart from partnerships visiting the hostel, there are no agencies in reasonable proximity to the hostel. However, all the remarks can be viewed as positive and constructive criticism, but there were far more positive than negative comments.

Conclusion

In this chapter I have highlighted the positive work undertaken by drug workers within the hostels and the personal commitment they demonstrate. I have also identified key aspects such as tools used to provide a quality service, ie DIR form (Drug Intervention record) which follows a person to wherever they move and holds vital information. This chapter has also aimed to show, without undermining in any small way the most effective work undertaken by drug/DIP workers, that constructive work is also achieved through partnership with other agencies and good networking within and outside the hostel. We have seen that the drug worker liaised closely with the managers and key workers, who were also a driving force to achieve change. Furthermore, I hope I have demonstrated that addressing drugs, alcohol and other addictions was not undertaken solely in isolation but was also in part holistic. I noted in this chapter how some aspects of groupwork programmes assisted offenders in this area, such as “positive lifestyle” at Adelaide House for example and other such programmes addressing women’s needs, ie LIHMO. It is clear therefore that apart from specialised intervention, which is very important, good consistent communication and concerted co-ordination was vital in addressing drugs, alcohol and other addictions, which also included partnerships/agencies outside the hostels.

Chapter 4: Education, Training and Employment

Introduction

Unemployment has been considered indirectly linked to offending, as both are associated with financial problems. Most of the research undertaken in this area has been about men for obvious reasons, ie the majority of offenders convicted for criminal offences are men. Past prison service research showed that women and men share many of the factors linked with re-offending, although their significance may differ. These factors included unemployment and low educational attainment. (D A Clarke and J Houdell-Windell 2000)

For women, education, training and employment accessed whilst at the hostel was not first purely about gaining employment as an end result, but its purpose for women had a wider agenda as part of a holistic approach.

In this section I will describe what each hostel provides for its residents. I will highlight the ways in which education, training and employment in a hostel context has helped to re-establish and develop women's confidence, independence, skills and identity in a safe space (the hostel) setting as a base.

Education, training and employment was certainly a great strength in all of the six hostels. This included provision within the hostel itself and partnerships within the community. All of the hostels addressed basic needs and had the potential for further progression with robust networks/partnerships within the community itself. In this section I have chosen to look at each hostel individually as opposed to discussing them together, the reason being that Hopwood, Crowley, Adelaide, Kelley and the Rothero Project placed great value upon education and training and this was compulsory. This may seem a contradiction, having stated that the Rothero Project is client centred. However, education and training was very much part of its ethos and at least 90% of the women's activities revolved around education and training.

Kelley House

Until quite recently (March 2006) Kelley House had a tutor since August 2005. The tutor input was invaluable to the needs of the women here. Literacy and numeracy particularly and general education was held twice per week with a huge emphasis on one-to-one work from the tutor to the women. This input was absolutely crucial for the women whether they realised it or not. I make this value judgement because when I interviewed the manager Senior Probation Officer (SPO) about this, she could recall directing (SPO and her staff) women into education almost against their judgement or will (as they had a lot of time on their hands), the women initially resisting the push or drive in this direction. The SPO recalled the reluctance of drifting women to submit and attend education. However, the SPO recounted that when they eventually gave in, as this was a direction given, within weeks there was significant change within the women. They began to feel and act more assertively, felt empowered to do other things as a result and this was a huge confidence booster. This was critical in the early stages and crucial or vital to change. A lot of the women already had low self-esteem and came from abusive relationships, we can argue therefore that it was absolutely paramount to hold a firm line on this.

Therefore the absence of a consistent tutor was a significant loss. From my discussion with the seconded Senior Probation Officer I could not establish a real reason for this but matters were in the process of being reviewed and there were some arrangements which pre-dated the tutor's arrival.

Elizabeth Fry

As previously stated in the section on programmes, the hostel runs a structured daily programme throughout the week. All residents who are not employed or involved in a purposeful daytime activity are expected to attend the set programme at the hostel. However, apart from what has already been stated under programmes, there are dedicated classes for employment, basic skills, creative writing, drama, and "issues relating to me as a woman". These are compulsory if the women fall into this category or their needs require specific input in certain areas. It is therefore unfortunate that there is an under-occupancy problem when this hostel has so much to offer women. The majority of female residents are either out at work or engaged in other purposeful activities which was the reason I was unable to undertake any interviews. As already stated, the level of commitment and dedication of the staff was admirable but none compromising in terms of a tightly structured non-oppressive regime.

Although no specific reasons were identified in my discussion with the manager, we talked about the fact that Elizabeth Fry (being in Reading) is not too far from London where Kelley House is based, and could it be the case that Reading does not come easily to mind or people forget about Elizabeth Fry.

This hostel had pleasant surroundings which, in my view, made learning more amenable. First impressions count and are very important in setting a precedent.

How can the profile of Elizabeth Fry be raised, given the many positive things they have to offer?

Crowley

At Crowley House, the tool initially used to ascertain educational ability and to assess need for literacy/numeracy was the "Fast Track" questionnaire, a tool utilised by the National Probation Service to access support for offenders. Women who fell into this category requiring any level of support would attend education on a weekly basis as part of their individual care plan. This was compulsory for those who required it, to enhance their self-esteem, improve their abilities to access courses they wanted to attend and improve employment, also to assist in reducing re-offending. The employment officer would link women to colleges and to prospects. Again the key worker would consolidate arrangements for their progression, with the Probation Officer if it was appropriate for them to attend basic skills at the office. The only difficulties which would hamper this would be a breach of the hostel rules on more than one occasion for seriously bad behaviour, re-offending ie using drugs on the premises, or causing harm to others.

Adelaide House

There were good contacts and established links with the colleges in the area and this encouraged a high level of independence within the women. A positive example of this was one woman whom I interviewed amongst many, who contacted an agency “Progress to Work” and gained her own funding for a beauty course, which she wanted to complete. This empowered her and she is making good progress. However, this was just for one person and “Progress to Work” was not accessed by anyone else. The potential for this agency to work with more women in this context could be on a wider scale, but there was no evidence of this at the time. There is a need to access and utilise mainstream provisions such as this in a creative strategic way, although it is acknowledged that long-term plans will take women here further afield due to shortage of housing. However, it could be the case that this may be part of a larger network which may be accessed elsewhere in a similar capacity.

Hopwood House

On my visit there were few women to interview, as the majority (around 70%) were in full/part-time employment or education at college. The young women are greatly encouraged into education to enhance their skills and liaison takes place with their families to involve them in the process. Classes in literacy, numeracy, maths and English (at higher levels) are undertaken as part of the groupwork structure. The City College provides this service to the hostel and residents were initially attending four days per week, now reduced to two.

Hopwood House has helped to empower the women, especially those who are employed or attending college, by allowing them to explore their own needs and take the appropriate action (with guidance from staff) to make it happen for themselves. This has encouraged a good degree of independence to prepare the women for real life situations ie the discipline of regular working hours, etc. This has undoubtedly enabled women to find stability, which was very positive.

Rothero Project

There is a lot of opportunity to access education and training whilst in this project. Bradford College is only a short distance from the property, also there is the Cathedral Centre where courses can be taken on basic literacy, maths and computing. Furthermore, local community colleges ran a number of courses to suit individual needs. There is a wide variety of opportunities to undergo further education and training. The Rothero Project also encourages voluntary working for their service users. Some of the women here were involved in different things.

Conclusion

In this chapter I have tried to convey the important and valuable work which is undertaken within and outside of the hostel itself. I have attempted to portray the effects such provisions have on women in a structured residential setting. From my discussions with staff, residents and my observations, it is evident that the role of education and training goes far beyond acquiring academic skills but serves to empower women in a number of ways by, for example, helping them to recover in part from their abusive histories where this exists, and improving low self-esteem. To this end, I assess this as an area which must be continually enhanced with all the resources it truly deserves.

Chapter 5: Mental Health

Introduction

As stated earlier, 90% of MAPPA cases, which includes licencees, within hostels tend to have an element, serious in some cases, of mental health problems. This extends further to some of the other offenders/residents within the hostel, but in many respects on a less serious scale in terms of risk to others, most of the risk in this category would be towards themselves, ie self-harm etc. I will begin to explore this area by firstly discussing and sharing my interviews undertaken with relevant staff and other professionals. This was an area of particular interest to me, as the majority of women I interviewed admitted to having suffered or were currently suffering from some form of mental illness - the most common being depression.

Mental Health was a popular and significant area in all the hostels, bar the Rothero Project, which was to a lesser degree, by nature of its medium to low risk category. Therefore the types and extent of problems incurred by the other hostels would not be experienced by the Rothero Project for the reasons previously stated. For this reason I have excluded Rothero from this area, although this is not to suggest that they do not have service users who may have experienced mental health.

In this section I hope to highlight the common problems experienced by the hostels, which in turn affects the quality of service delivery to women in respect to mental health. I have chosen to discuss Crowley House last of all, simply because a lot occurred whilst I was there engaged in interview with the manager, and was worthy of mention in some detail. The second reason I have chosen to discuss this finally is because two extensive interviews were conducted in Birmingham. The first was with Dave Noonham, the Director of Operations, Residential Care for Birmingham Primary Health Care Trust. The second interview was with Dr Barkley, Head Clinician for care and treatment of women's needs at Arden Lee, a medium secure unit. Crowley House had indirect contact with Arden Lee. Dave Noonham and Dr Barkley both worked for Birmingham Primary Mental Healthcare Trust and had lead roles in their areas of practice; they made interesting and insightful contributions to our discussion. Given our lengthy dialogue, it was my assessment that this was best left until the end, as it summarised the comments and important points raised by the other hostels. To this end, I have discussed Crowley House separately without making immediate comparisons with the other hostels, apart from when discussing general basic requirements for the hostels, such as having a CPN (Community Psychiatric Nurse).

In this section we will be looking at the role and quality of service provided by the CPNs and where there was none in existence, identifying the alternatives and quality of this. We will also discuss what happens after the CPN's involvement, which will bring us to the next stage of our discussion about the women who have more complex needs requiring treatment. We will see how a failure to deliver on time can seriously impact upon women in a number of ways, which in effect can create further serious problems. In this section we will also discuss possible strategies to prevent problems escalating as a consequence of a lack of timely treatment, also affected by where a person permanently resides or what their move-on plans are.

Accessing adequate mental health services for residents was of primary concern for all of the hostels; some were more satisfied than others with the service they received in particular areas. Such views were affected by different issues, such as who pays for treatment when a woman is

outside of her home area and has not yet made a decision as to whether she will settle in the district where she is resident at the hostel or if she will return to her home area after leaving the hostel. Another issue was about women being released from prison without any medication; why have significant professionals failed to take responsibility through effective liaison with appropriate others, such as communications between the home Probation Officer and the prison? I have referred to the 'meantime period' to indicate how a situation can grow progressively worse as a consequence of failing to access appropriate treatment at the right time when it is needed, due to financial politics within Primary Mental Healthcare Trusts.

Crowley House, Hopwood House and Elizabeth Fry all had CPN attached to the hostels, ie as and when required. A CPN would attend the hostel to assess and address any mental health problems/needs within their remit, with a view to accessing appropriate resources for residents. However, having said that, it was interesting to note the differences between the establishments.

Crowley House, for instance, had a CPN who offered his services on a voluntary basis, having had clients/service users who were previously known to him and were resident there. He was therefore a friend of Crowley House who provided a good high quality service borne out of their historical relationship with him. Although this was evidently positive, the fact remained that there was no official CPN assigned to Crowley House, therefore it was to the House's advantage (based on a good relationship) that the CPN offered his services purely out of goodwill.

Hopwood House, by comparison, had a CPN officially assigned to the hostel as previously noted, but due to staffing resources within mental health services, he was not always readily available, which in effect would cause a delay. However, when he was available he would link and refer residents to appropriate services such as the drug worker similar to Crowley and Elizabeth Fry. This may include counselling and other therapeutic intervention such as acupuncture, etc. The CPN also worked with the residents on a one-to-one basis, which was very positive.

Elizabeth Fry did not experience a resource problem within mental health services which in turn would affect efficiency, like Hopwood House. The CPN was readily available as and when required and provided a good service.

Adelaide House and Kelley House did not have any CPN assigned/attached to their hostel, apart from the GP's input, which would apply to all the hostels. A GP for the catchment area would be assigned to the hostel. Apart from the general role to treat illness, etc., the doctor would prescribe for Methadone after assessing individuals and their need for drugs and/or provide anti-depressants for the residents' serious mental health problems. The GP would also work in close liaison with the hostel staff and in some cases significant others attached to the hostel.

Adelaide House reported that the service received from the GP was good and efficient. Kelley House, by comparison, highlighted that the GP could only be seen by appointment, which evidently reduces efficiency, given the nature of the client group from the hostel. There was therefore some dissatisfaction here.

In this first section in relation to services (or lack of them) provided by CPN, I have attempted to highlight the fact that there is room for much improvement in both cases when there is and is not a CPN assigned to a hostel. For example, in the first case where there was a CPN attached to

Crowley, Hopwood and Elizabeth Fry there were still problems with the first two hostels. With regard to Crowley House, given that the CPN offers his services on a voluntary basis, should he leave for any reason, there would be no CPN to replace him. In relation to Hopwood House, the timeliness of service delivery may be dictated by staff resources in mental health, which was unpredictable, although the service was good. For Adelaide and Kelley House there needs to be a CPN available apart from the GP's services, because although GPs can and do assess for mental health problems, accessibility may not be timely. For example, Kelley House's access to the GP is by appointment only, as previously stated.

The next section, in conjunction with the first, will focus on examining service delivery in relation to treatment particularly for more serious mental health problems, which can occur or are already evident, and psychiatric issues. I will firstly identify the similarities between the hostels and detail other issues with specific hostels such as Elizabeth Fry, Kelley House and Crowley House.

Service Delivery for Serious Needs

So far I have discussed the role of the GP and in particular the role of the CPN, but what happens after this? When it was identified that there were psychiatric problems but not a high risk to others, the majority of the hostels, Adelaide, Hopwood, Elizabeth Fry and Crowley House were made subject to a waiting list. At Adelaide, for instance, the SPO and Probation Officer managers would undertake thorough assessments to establish priority cases, such as dual diagnosis. The next step in the process would be the GP, who would make an assessment. If a CPN was needed for women with psychiatric problems which required more intense intervention, there was no official system to fast track these women immediately. Therefore they would be placed on a waiting list. However, having said this, it could indeed be the case that once placed upon the waiting list, a further assessment may take place to prioritise the case. I state this because the purpose of the GP referring the case to a CPN (given that there was none attached to the hostel) would mean that the CPN would assess the level of urgency and include this in their records which would be seen and assessed. Therefore, although we are not aware of a fast track system at an earlier stage, it is possible that fast tracking may exist, which also justifies the CPN involvement.

In relation to Hopwood House, all of the women I interviewed were either receiving anti-depressants and anti-psychotic drugs for depression, or had a past history of this to some degree, as already indicated. Accessing psychiatry took longer and the woman would be placed (like the other hostels mentioned) on a waiting list. However, whilst waiting for this service, in the interim the CPN would partially fill this gap by undertaking one-to-one work with the person, as already identified, which was invaluable.

It was pointed out to me that residents from the local area and residents who decided to settle in the district would receive appointments quicker than those who were moving back to their home area, which would presumably be outside Manchester. Therefore, for someone in this situation, it would be difficult to access and I was informed by staff that a number of women who leave the hostel tend to stay close around the locality. This would therefore be fortunate for them, but those who do not are at a clear disadvantage.

Issues surrounding accessing mental health services, are important, which may disadvantage some and not others, dependent on their home area or plans to reside within the area. Many women would not be able to confirm their plans for moving on, depending on which stage they were at.

In terms of mental health provision so far, Elizabeth Fry appeared to fare much better by comparison. Hostel staff considered the service they received as reasonably good. There were no specific problems with residents who were “out of area” and they, like everyone else, could have access to a CPN and other services if required. Conditions such as personality disorder, manic depression, etc., although difficult and complex to treat, would automatically be seen immediately by a CPN and ongoing input from the CPN would be available, but for how long? However, if a women fell within the lower end of mental health services after seeing the CPN there was a drop-in centre but this was not specifically for women and there was no differentiation between men and women. The more serious end of mental health problems requiring psychiatric intervention would be placed on a waiting list. It is my assumption that if this was considered a priority need it should be pushed forward, but I cannot confirm if this would be the case.

I will now focus on Kelley House to highlight different issues and finally Crowley House with two detailed interviews with the key managers who contribute further to this debate surrounding treatment and costs, for which few wish to take responsibility.

Kelley House

The staff experience of many women at Kelley House has been that a large majority have previously had or currently have mental health problems/issues. For this reason they strongly believed that all the women as a rule of thumb, should be assessed for mental health, as opposed to waiting for something to happen and taking action after. This would avoid fire fighting.

This view was firmly held in the context of and against a backdrop of a number of women being released from prison without any medication for their mental health or drug problem, such as Methadone. Equally, packages which should be put in place by POs were patchy, inconsistent, poorly co-ordinated and there was a lack of liaison.

Crowley House

The timing of my visit to Crowley House in respect of live issues relating to mental health could not have been more accurate and came about by accident rather than by design. I was scheduled to spend a good portion of the afternoon with the manager in interview, but a situation arose with an offender who had mental health issues, which became a central point for discussion. What was interesting, dynamic and unique about this interview was that issues were unfolding/occurring as we spoke. The manager talked me through the dilemmas and issues of great concern. The offender, a licensee, who was deemed a high risk, was identified (as the weeks progressed) as requiring mental health treatment for a severe illness, ie not anti-depressants. The offender was not from Birmingham or the West Midlands and therefore outside the county and region.

The official protocol for admission of any offender with mental health problems/issues is that the home Probation Officer or prison has to have a good package in place to address this. It may involve a member of the mental health team travelling to Birmingham, assessing and making appropriate arrangements, or for the resident offender to attend treatment in their home town. However, a problem had arisen which was not unique to this occasion.

Who Pays for Treatment?

Mental health services within Birmingham were unable to assist in any financial capacity towards providing much needed treatment for this individual, because Birmingham was not the home area and it was not the financial responsibility of Birmingham to provide for persons who did not meet the criteria. Anyone accessing services/treatment from the Birmingham Mental Health Care Trust would have to be resident in the city for a set period of time. (I am not referring here to obtaining anti-depressants, which could be prescribed by the GP who is paid to provide such services to the hostel for all residents, a fee being paid to the GP by the hostel to assess whether a CPN would be necessary or to identify further needs.)

In this case, Birmingham Primary Mental Health Care Trust was unable to assist for the reasons above stated, but the home area also was not prepared to pay for treatment, because the offender was not currently residing in her home area. In the meantime, this person's risk was increasing. She was already a MAPPA case and the home area had refused to pay for much needed critical treatment. The end result, because no treatment was accessed in the community, was that the home Probation Officer made the decision to recall this individual to custody for the remainder of the licence, due to risk to the public.

It was evident that the Probation Officer was left with no alternative but to recall this woman into custody. Mental Health Services clearly failed this woman and it is unacceptable that no-one was prepared to take any responsibility for a service to which she was entitled. Given the financial policies within the Primary Mental Health Care Trusts, which pays for treatment for residents from their area only, in a scenario of the kind referred to earlier, given that the woman in question was placed at Crowley House just for her licence, it is my assessment that the home area should have paid for treatment. This view is based on key elements. Firstly, the home area should have had a package in place, being aware of the person's mental health prior to sending her to Crowley House. Secondly, this being the woman's home area entitled her to paid treatment, even if they were not aware of the severity of her mental health. Thirdly, although she was in a hostel in another area, it must be again noted that Crowley House and the other four hostels are a national resource. The women would not necessarily have much control as to which hostel they would be allocated, as they are sent where bed spaces are available, which is usually nearest the Court they appear at - although there are only five approved premises in this country. Therefore in my view, the home area still had an indirect responsibility to this woman, who was a long-standing resident of that area.

Interview 1: Community Psychiatric Nurse

The CPN's attachment to Crowley House came about through his previous contact with some of the women whilst they were living in the community and subject to community orders. He therefore continued or followed up his involvement and offered his services to Crowley House in a more voluntary role advising, assessing and referring immediately. He explained that the majority of mental health needs within the hostel and also the many women with whom he has worked tended not to fall within the severe or extreme end of mainstream psychiatry. He confirmed from his experience that in a lot of cases the main areas of need for women in terms of service provision were around counselling, therapy and alternative treatment for women which would also suggest a holistic approach. From our discussion it was also clear that in many cases following referral the waiting time to see a CPN was normally good in Birmingham from his experience, but after their initial assessment if they were not an emergency case or risk increased and became an immediate danger to others or themselves, very little happened beyond this point. In other words, there is little preventative work or relapse prevention apart from the good work undertaken by the staff within the hostel. However, having a CPN readily available was important and beneficial in his view. The CPN's contribution to risk assessment was invaluable, for instance wherever there was any slight concern with regard to risk of harm, to self or others, or experiencing depressive states. Furthermore, the CPN's knowledge and support was valued as an asset to any hostel.

Interview 2: Birmingham Primary Health Care Trust Mental Health Director of Operations Residential Care Mr D. Noonham

My interview with the Director of Operations allowed me to have an understanding of how Primary Health Care Trusts work, particularly in relation to mental health. Each Primary Healthcare Trust per area was given budgets which are managed by each area separately and independently. In effect, there is a degree of autonomy in how the budget is spent and managed. Therefore, accountability is purely to the Trust for your area. In effect, practice will vary from area to area. Inconsistencies may therefore be found between Trusts across different geographical areas as a result. The question about who pays for treatment formed part of our interesting discussion and it was clear that there were no easy answers. The discussion laid the foundation for the type of questions and talks which I needed to have with Dr Barkley, the central and lead person for the treatment and care for women offenders with mental health needs at Arden Lee. She was recommended to me by Mr Noonham, as a crucial person to speak with.

Interview 3: Lead Clinician for Care and Treatment of Women's Needs, Dr C Barkley (female), Arden Lee Medium Secure Unit

I met with Dr Barkley in 2006, the timing was right and this was my final interview, which was very interesting and important. My interest in Arden Lee grew out of the indirect relationship Arden Lee had with Crowley and the shared interest in women's mental health.

Arden Lee is a medium secure unit which has 50 bed spaces, 20 of which are for adolescents, based

in Birmingham. Although time did not permit a grand tour, the surroundings were spacious and pleasant from what I saw. This included staff and first impressions are quite important.

There are two types of psychiatric need in mental health: forensic psychiatry and mainstream or general psychiatry. Forensic refers to those persons who require levels of containment and treatment and are deemed an imminent risk to the public, whilst mainstream psychiatry refers to those individuals who can be treated within the community and are not an immediate risk to the public. Arden Lee is not a high risk secure unit. The types of women accommodated include border-line personality disorder, dual diagnosis border-line, bi polar and/or schizophrenia, complex need, sex offenders, abductors, arsonists, (context being victims of abuse) powerlessness, some psychotic problems, passive aggression, psychiatric disorder, life sentence, homicide and discretionary life sentences under diminished responsibility, those on their way out from Rampton, Broadmoor, and severe trauma, depression, substance abuse, damaged by the effects of institutionalisation. Residents may also include severe self-harmers, ie incurring broken bones, fractured skull, etc. on a daily basis with complex needs.

Arden Lee is a tertiary service for the West Midlands only and the high costs of this service are met by Birmingham Primary Health Care Trust. If anyone were to be accepted outside of the West Midlands or the nearest forensic residential unit of this kind, it would not be Birmingham Mental Health Trust which would meet this cost.

Arden Lee is a unique highly specialised service for women - the only one of its kind within the West Midlands. There is a women's forensic service in the North-West (Manchester/Liverpool region) and a women's ward within a mixed unit in Bristol. This may be part of an existing growing culture which is a much needed facility. Such services specifically work with women in an individualised and highly professional way, in order to manage their risk and personal needs. The service provided can also be described as holistic.

Apart from providing medical treatment and physical care, this is balanced against programmes and therapeutic intervention, which includes Dialectical behaviour therapy to assist in stabilising mood and self-harm. There are some critical severe self harmers amongst the resident population. There are also cognitive behaviour programmes and individual therapies to address prolific self-harm, substance misuse, healthy lifestyle, relaxation and vocational education. In relation to empowerment and increased self-esteem and confidence regarding employment a programme called the "First Step Trust" provides real life work opportunities and work references.

Their specialist and vast knowledge/experience would be an asset to Crowley House in terms of supporting staff, particularly with self-harm issues and MAPPA cases. However, given that there is no service level agreement in place by the Probation Service, this cannot happen as Crowley House is outside Arden Lee's remit. If a service level agreement is made by the Probation Service West Midlands, the commissioners for Birmingham Primary Health Care Trust would need to have full knowledge of the services Crowley House requires. Arden Lee would not refuse a crisis situation requiring their assistance if the risk is such that a woman required the facilities which Arden Lee offers to aid an imminent recovery in relation to a short term problem but in principle would not be categorised as in need of medium security. The woman in question would be admitted for a short period of time, the risk contained and decisions made as to the next course of action. This person would not become permanent unless they fell within the remit, ie living within the West Midlands

and in need of medium security premises in order to manage their risk, which would exclude the majority of women living at Crowley House, who are from many parts of the country, Crowley being a national resource.

The question of payment therefore is a huge one. In our discussions, we spoke about what happens in the meantime, when other areas refuse costs. Therefore, there could be a situation which occurs and a team may travel up from Devon for example to undertake assessments, etc. but what happens in the meantime is that the risk is likely to escalate and a crisis occurs because no decision is being made quickly enough.

Dr Barkley confirmed my earlier observations with regard to outside areas or home areas outside for example Birmingham being held to task to pay the cost of treatment for women from their area living elsewhere on a temporary basis. She highlighted the need for a re-charging arrangement to the home area. The home area would undoubtedly wish to know this has been justified but at present confirmed by Dr Barkley there is no such system in place to hold home areas to task. Given that there is no system to demand payment when a woman does not receive the level of treatment required, women suffer in the meantime and in some cases grow worse, which highly disadvantages women. This is a clear gap reinforced for the second time. The meantime period is critical.

Arden Lee also caters for women who are on their way out of high risk secure units/hospitals, such as Rampton and Broadmoor. Dr Barkley identified some women in this category who should not have gone to Broadmoor or Rampton as they did not require the type of treatment or level of containment. However, no alternative was identified at the time, which again resulted in discrimination and disadvantage. The stigma of being resident within these institutions for a period of time sticks hard and can remain for life, being difficult to erase. In the absence of much needed services such as Arden Lee, which caters for a good number, women slip through the net and suffer long lasting serious consequences. Arden Lee has provided safety (not referring here to its clinical sense) and stability for many women. Eventually some women move on to supported housing in the community. Dr Barkley highlighted to me the need for more supported housing, working in partnership with prison and probation, in order that women can move up and down the risk ladder, ie if they needed to go back to the unit, in order to manage risk and address need, they could, then return to the community at the appropriate time avoiding bureaucracy. The way forward from Dr Barkley's experience is that there is a need for staff in supported accommodation to be trained to deal with self-harm issues as opposed to always referring on to specialised services. She sees the need for the next generation to be skilled and not shy away from their responsibility, relying upon the referral culture. These issues are part and parcel for this population of women, which must be faced and confronted - it would be cost effective. A failure to do so would isolate the issues from those working with these needs and further isolate the issues and de-skill the next generation if this challenge is not accepted. This can be achieved through adequate training, which will enable staff within supported accommodation to assist in preventing risk escalating and helping women to maintain progress from approved premises, prison and medium security units like Arden Lee.

Dr Barkley is also a gatekeeper in relation to care plans for women, to ensure that they will receive appropriate, crucial and sufficient treatment to avoid slipping through the net in certain areas within the care package. Her role involves travelling anywhere in the country where her services are required. She explained the need for more clinician gatekeepers as they are few and a much needed resource. This may be identified as a gap. Why are there few gatekeepers for this much needed

service? Partnership arrangements are crucial and it is important to co-ordinate services.

Staff support was also an important issue for Dr Barkley, in terms of enabling and empowering staff. She recognised the need for more informal supervision whilst staff are actively working their shifts. Again the question of resources and quality of care to staff comes to bear when managing risk.

Clearly, this presented many problems for them and was exacerbated by a lack of co-ordinated partnerships within the community to adequately address this area of need. As previously indicated on many occasions, staff could recall not being notified of offenders' mental health problems, particularly when released from prison. Why was this not communicated? It is evident that this clearly defies NOMS - the seamless sentence, the smooth transition and shared information to reduce risk of re-offending, risk of harm to the public, specific individuals and self, enhancing public protection. At the first stage of post release, there appeared to be a breakdown in sharing information and liaison.

The seamless sentence which NOMS promotes and reinforces should extend to partnerships within the community as part of the process.

A Doctor was attached to the hostel but this was by appointment only, as previously stated, and there was no system to fast track an individual, particularly in a situation such as the scenario noted. In a critical situation, persons were sent or taken to the Accident & Emergency Department in order to obtain medication for mental health or Methadone. The meantime period referred to when discussing the previous hostels again has proved crucial. Staff found the meantime period too critical in that relapse or re-offending took place. In some cases appointments could take up to a week, which is a long time in situations such as this. All initial assessments had to be undertaken by the GP in the first instance, as already indicated, and although referral to the CPN would follow, this could take a while, in the meantime, re-offending had taken place. Furthermore, after medication was administered, if counselling was required, access to this often took months. The deputy manager and other staff remarked on the need to have direct or immediate access to the CPN, particularly useful when an offender is "kicking off". Staff also found that after medication was administered there was no monitoring by the CPN or liaison from CPN with the staff to check progress. Therefore the revolving door syndrome easily comes back into play, ie re-offend/prison/hostel/re-offend because adequate targeting of problem areas was not sufficiently met. Therefore, in part, we are failing these women within the community and the purpose or intention of NOMS is to bridge that gap of risk and need. It would also be true to state that in some cases it is possible that some POs may not be privy to mental health needs in all cases, if information from prison is not transparent.

The issue of being out of area and needing psychiatric involvement ie assessment etc. posed a different problem at Kelley House. Women would be seen by psychiatrists, etc from their area, so there wasn't a problem of being seen in Camden necessarily. However, after being seen, staff were not kept informed or updated. Instead staff were chasing information, seeking to find out what the upshot was and when Social Services were involved, found them 'passing the buck'. For positive reflection from the staff I was informed that two years ago a CPN would attend the hostel on a weekly basis which made the job so much easier. This was needful and beneficial support, which has been greatly missed. A member of staff who previously worked full-time in mental health briefed me at length on the vital needs within mental health.

Returning to an earlier point of there not being a problem with residents from outside the Reading area accessing mental health treatment - apart from the waiting list, to which all are subject, there would not be any discrimination or argument with regard to who would pay. Reading was therefore well served or resourced in terms of accessibility. Reading Primary Mental Health Care Trust would therefore pay for treatment required.

Conclusion

The National Offender Management System (NOMS) reinforces the need for the seamless sentence - this should extend to partnerships within the community as part of the process.

It is understandable that home areas are concerned about budgets within their remit, etc. It is clear to me that there needs to be a lead from the centre in order that re-charging occurs efficiently and effectively. A good system needs to be in place and many more gatekeepers to justify the intervention. There is a national mental health provision in Birmingham for male offenders, which is Elliot House and there is a service agreement with Raeside Clinic. Women do not have the equivalent provision.

The same issue around accessing Mental Health services remains pertinent, which may disadvantage some and not others dependent on their home area or plans to reside within the area. Many women would not be able to confirm their plans for moving on, depending on which stage they were at.

In this chapter I have sought to examine the quality of service delivery to women, looking at basic requirements such as having a CPN, and later for serious or complex needs, having treatment paid for at the appropriate time as a right within the community. I have highlighted the dangers in delaying treatment to the detriment of women and sometimes the public, placing others at risk. With regard to more complex needs, this chapter has also identified the need for some accountability by those who hold the purse strings but fail to act accordingly. Furthermore, it also raises the importance of having a system to which all can adhere, in order to maintain consistency, and enable breach of protocol or policy to be dealt with.

In one of my interviews with Mr D. Noonham, Director of Operations Residential Care, the issue was raised by him about each area (Primary Health Care Trust) managing their own budgets and being autonomous to each other. However, in spite of this, it does not mean that in respect of delivering treatment to women they cannot all agree to the same protocol or practice, in terms of ensuring the needs of women are met. This would bridge the gap to which I have referred as the “meantime period”. I hope this chapter has drawn attention to the importance of a need for change.

Chapter 6: Childcare

Introduction

This chapter aims to consider some of the concerns for women around childcare issues. None of the hostels permitted children to reside or spend periods of time on the premises, one of the main reasons obviously being health and safety, given that facilities did not cater for children. This section will consider possible solutions to manage some of the problems around childcare. As already stated, none of the hostels permitted children on their premises and therefore I will focus in particular on three hostels only, Elizabeth Fry, Adelaide House and Hopwood House, because staff had fairly strong thoughts about childcare. I have considered each one individually.

Elizabeth Fry

Although this hostel is not for women and children, staff recognised that there is a need in general for hostels for women with children and general resources within the community for women with children. Even where there are mixed facilities/resources for women there is a need for these to be user friendly for children.

The distance women sometimes have to travel to see their children is another issue, albeit many referrals may come from London, being only 25 minutes away by train. Again links with community centres at the half-way point, in my assessment, need to be established to lighten the burden in terms of costs, convenience of a comfortable private space and travelling time. If community centres were made aware that at any time this facility may be required to accommodate such needs, this should reduce teething problems and be treated as a priority.

Adelaide House

About a quarter of the women I interviewed mentioned (not only for themselves but for women in general) the problem of distance in seeing children.

Hopwood House

Until very recently a named practitioner was seconded to the hostel by the Primary Health Care Trust, her role was generic, she would liaise with the GP to avoid wasting GP time, she also undertook a lot of preventative work. This was a very positive service for women, pregnancy tests were provided, advice around breast feeding should they become pregnant at a later stage and other related matters were addressed with access to Social Services. However, at the time this service was undergoing review/changes and I am not aware of the outcome of this, as the funding had been withdrawn at the time.

This service was invaluable to the hostel. Why was it not maintained as a priority? There was no replacement.

Conclusion

In this chapter we identified the most concerning issues for women with children, travelling distance being one of the most important. We saw that in order to assist women in this area, careful strategic planning could improve matters with resources already in existence within the community. Therefore local councils need to be aware of these needs and be willing to accommodate them. By so doing contributions would be made to the rehabilitation process.

Chapter 7: Diversity

Introduction

This chapter aims to explore the ways in which each hostel caters for the diverse needs of women. This will look at the composition of the hostels and identify needs of the resident population as well as good practice. This chapter will also raise questions which require further investigation. Given that diversity is a wide area and each hostel unique, again I have chosen to look at and discuss each hostel individually. However, most of the hostels catered well for dietary requirements and routinely held cultural days to raise awareness about different cultural needs.

Crowley

Within 2005 at Crowley House there were only two African and three Asian women (information gained from statistics). Having spoken to some Court staff who have been involved in this area of work after assessment bail has been refused in 50% of cases. This could be for a number of reasons but requires further investigation and research. When I spoke with a previous bail officer of five years in post there were many and different reasons for the low take up of hostel provision. One of the reasons was that some offenders had the notion of feeling isolated and perception that hostel life did not cater for their cultural needs.

My visit confirmed that in terms of catering for cultural needs, this was not a problem. This served to both educate and include participation as a shared experience which was positive. There was a mix of heterosexual and lesbian women amongst the women I interviewed.

Kelley House

The resident population were thoroughly diverse in terms of ethnicity, culture, age and sexual orientation. A regular proportion of residents were often foreign nationals, asylum seekers, etc. They were not entitled to claim benefits but were given a daily allowance of £5. Basic needs were provided, such as toiletries, clothes and money. This was obtained from different projects within the community. The deputy manager explained the great need for more and from organisations which can help to provide for residents in this category. This hostel is also self-catering, breakfast is provided but other meals are prepared by the residents themselves. Therefore everyone caters for their own individual needs.

In respect of foreign nationals, asylum seekers, the manager and staff are pro-active in scouting for projects which can assist these women beyond what they are already getting. The staff are very much committed to improving the plight of these women.

I observed that a disproportionate number of the staff, at least 90%, were black of African/Caribbean descent. I asked about this, as I did not feel or believe that this representation reflected the general resident population. Was there a specific reason for it? I was told that residents too have asked

about the over-representation of black staff. However, the reasons became clearer when I spoke with the deputy manager, who reported that white staff have never tended to stay long for a variety of reasons, the main being finding other jobs and earlier progression up the career ladder. However, by comparison, the retention of black staff here has tended to be for lengthy periods. This was not in any way strategic but they identified and recognised the need to retain white/non-black staff to reflect the hostel population.

Further work is required to investigate the poor retention of white/European staff - what is this about? Why has this occurred on a regular basis? The resident population has a wide diversity and this difference has been noticed. In addition, it is also important to investigate and explore the failure of black staff to progress in their careers.

Elizabeth Fry

There were three members of staff who were black and two black residents at the time of my visit. Like some of the other hostels previously mentioned, I did not assess that the hostel was unable to adequately cater for diverse needs; I felt quite confident that the opposite was true. Firstly, the general surroundings reflected diversity and thorough discussions with management confirmed their commitment to this agenda. Like Crowley, Hopwood House and Adelaide, they too had theme nights, which was reflected in cultural foods, activities, individuals researching different cultures and presenting this to staff and residents to raise awareness. The managers indicated that they wanted an improved mix of ethnic residents but that there was a lack of referrals from Probation Officers. This needs to be explored further, why is there a low number of referrals from Probation Officers whilst high numbers of black ethnic women are reflected in the prison population? As already stated, this could be for a number of reasons. If black ethnic women are outright in refusing bail or agreeing to packages, eg DIPP etc., why are they refusing the hostel option and at the bail stage? What is this about? Do Probation Officers have enough knowledge about what approved premises can offer and are they selling this well to black/ethnic residents? This also needs to be explored further and would benefit from research being undertaken in this area. In terms of programmes, groupwork facilitators were left to their own prerogative as to how they incorporated diversity within their course subject. It was not a rule of thumb to demonstrate evidence of diversity within the group programmes and no one was held to task in relation to this. However, it could have been the case that they didn't know how to or did not give this a great deal of thought. This might be a training need?

Adelaide House

There is a good diversity of staff in terms of ethnicity and age. The programmes within the hostel incorporate the diversity of the residents and the group dynamic. In all cases it addresses same sex as well as heterosexual violence and abuse.

In relation to the resident population, there was a significant under representation of ethnic women. When I interviewed a black member of staff who had been at Adelaide house for five and a half

years, she could only recall seeing three black women taking residence in the hostel during her time there. This is extremely low. When I spoke to the manager and rest of the staff in relation to this I was confident that in terms of them providing an adequate service to the women, this was not a problem. There were networks with Caribbean centres, churches and other organisations to meet diverse cultural and religious needs. Dietary requirements were also not a problem. The staff stated that they would welcome the opportunity to work with ethnic women and address their needs. However, there was a lack of referrals and in many cases individuals were remanded in custody. This is an issue which has arisen again and requires further investigation, as Adelaide House is situated in a diverse area. When I spoke with the manager (SPO) and staff, there was no logical explanation from them as to why this was the case and referrals were low. This would also suggest that any investigation needs to start with those making referrals, Probation Officers being one of them. This should be the first port of call for any investigation.

Hopwood House

Hopwood House had a multi-cultural ambience and pictures, displays and cultural days/evenings attended by the majority of women.

With regard to the ethnic population, I was informed that within the last two years there has been an increase and a general spirit of support for each other as the majority of the women are from outside the area, such as London. Diet and cultural needs are catered for. This is a positive improvement but staff had indicated that there were not many referrals at the bail assessment stage. The age range within the hostel was diverse and there was a mix of heterosexual, lesbian and bi-sexual women.

The cultural diversity and the level of resident integration within the hostel appeared to be very good. The staff to whom I spoke stated that some ethnic minority offenders refused to come because they were concerned about cleanliness, diet or settling in. With this in mind (and Hopwood House had fulfilled the necessary criteria), environment, first impressions, and the need for refurbishment should not be ignored.

Rothero Project

At the time of my visit to this project there were no ethnic residents. However, the manager and staff greatly desired a more diverse mix and were considering ways in which to improve this. In terms of meeting cultural needs, Bradford is a multi-cultural town with a range of amenities and resources to cater for cultural needs. Although this hostel has a Christian ethos and base, women from other faiths are equally catered for and welcomed. However, given that the women reside in houses semi-independently, they define to a large extent their own needs and are supported by key workers. It was clear to me that the staff were committed to their residents on all fronts to deliver a package which was compatible for their needs.

Conclusion

In this section we have seen that efforts from the hostels are not lacking in catering for diverse needs, but there is an issue of under-occupancy with ethnic minorities in most cases. This needs further research and investigation as to why this is the case, and only then can further improvements be made to address specific needs.

Chapter 8: Accommodation

Introduction

The hostels are compared with each other in all areas, apart from where otherwise stated.

In this section I will only touch briefly on positive areas of practice overall, specifically looking at Adelaide House and Elizabeth Fry and discuss accommodation more thoroughly under re-settlement.

Adelaide House

Adelaide House works with two agencies/partnerships in the community (NACRO and Adullam), which provide floating support for women. Both organisations also work with men but have staff trained specifically to assist the needs of women. Apart from those women returning to their families, accommodation was a major concern, despite the full commitment and efforts made by their key worker and Probation Officer. More will be said about this in a later section on re-settlement.

Elizabeth Fry

Accommodation was a very important priority for Elizabeth Fry, amongst their many critical priorities. The staff have utilised a national organisation called Women Link, this agency visits the hostel on a monthly basis. Women Link seeks to assist women with the support of their key worker to discuss and plan their move-on accommodation, particularly if they do not plan to stay in Reading. This has been an invaluable resource and most women found appropriate accommodation to meet their needs. Women Link served as a positive mine of information to tap into needful resources outside of the Reading area.

Conclusion

It is clear that partnerships/agencies specifically geared to working with women to address their needs was important and invaluable, that they were used routinely not only by the two hostels indicated but by others. NACRO, Adullam and Women Link were therefore a vital resource and we need more such partnership agencies.

Chapter 9: Resettlement

Introduction

Re-settlement is one of the most crucial and important areas of concern for the majority of women within the criminal justice system. Unplanned re-settlement can create many problems which can affect numerous elements in a woman's life, ie regaining custody of children or visits with children for short periods such as weekends, and obtaining appropriate housing in the long-term. This chapter aims to consider how each hostel individually works with the residents to plan for the next stage, within the community. This chapter will also identify specific partnerships which play an important role in the process of re-settlement, also highlighting areas which could be improved.

This section identifies key agencies/partnerships involved in the re-settlement process in relation to accommodation. Rather than comparing the hostels together, I have chosen to look at them separately, as each had similarities which are easily identified but most had their own unique issues. Separating them will allow you to see the clear differences where they exist.

Underpinning some of the support received within the community emerges from Supporting People, a government programme. The programme came into effect in April 2003 and brought major changes to the planning and finding of housing related support for around one million people, including ex-prisoners and people at risk of re-offending. The programme brings together the main partners of health, housing, social services, probation and local authorities to plan strategically and commission services which are cost effective, reliable, transparent, needs led and client based (Reference - Sally Mallin - Supporting People Good News for Women ex-prisoners? - Research papers 2004). However, in spite of this government initiative which is positive, this section highlights amidst all the positive work some problems which still exist for some hostels.

Crowley

From the outset following induction, accommodation was one of the priorities which was a regular discussion point in supervision with the key worker. Crowley House had good access to supported housing and good relationships with Adullam, NACRO, Stonham which provides supported housing, and could link them to their counterparts in home area if returning. Therefore we can positively anticipate that offenders would not be homeless on release, unless housing/accommodation was refused by offender.

Hopwood

The key worker pro-actively involves the women in a practical way to assist their re-settlement. Women are encouraged and closely assisted by the key worker to contact and find out about accommodation and also help to chase this up. However, from some of my interviews, some of the women indicated that there should be someone within the hostel with specialist knowledge to give greater assistance. This did not imply that the key worker was not giving their best but some

women felt that greater expertise and knowledge was required to help them.

In terms of housing there were possibilities to obtain flats with support but there was a need for more supported accommodation for women with priority needs.

Adelaide

From the outset accommodation was consistently on the agenda for the women and the matter was raised frequently within supervision by each resident's key worker. Regular liaison was undertaken with supported housing agencies such as Adullam and NACRO. However, there was and is a shortage of housing in Liverpool with long waiting lists. The prospects of residents remaining in Liverpool was therefore remote and housing in surrounding areas was targeted. As a consequence, it was unfortunate that ex-residents were not able to reside even for a short period in the area to access any indirect support as a result of the shortage of housing. The women were happy with support.

Elizabeth Fry

If residents decide to stay in Reading, they are not entitled to anything from the council. However, residents are referred to a number of supported housing which is semi-independent and they have access to a key worker to address any needs/issues. This comprises of flats/shared houses, also single homeless projects of six to seven persons per house. However, there is limited supported accommodation for pregnant women.

Kelley House

All the staff and agencies demonstrated good networking in seeking to re-settle women into the community. The council offers the hostel one flat per year to be allocated to a resident. Move-on accommodation is planned in each and every case and someone from Women Link visits each week, in order to discuss and monitor with project worker and resident as to how things are progressing. The role of Women Link has been an important one, not only for Kelley House but as previously indicated, in some of the others. As a consequence of good networking between Women Link, project worker and DIPP, around 85% move into supported housing known as Penrose House.

Rothero Project

Housing needs were assessed continually and move-on plans were established to ensure a smooth transition from shared housing to own semi-independent or independent accommodation. Potential housing/accommodation is identified.

Conclusion

In this chapter we saw that the staff were very committed from the outset to steer things in the direction of planned re-settlement, the key worker playing a very prominent and central role as co-ordinator. We also saw that partnerships/projects such as Addullam, NACRO, Stonam and Women Link were quite established and executed positive work with women in finding them move-on accommodation based on their needs. We also identified areas which could or need to be improved. For example the women at Hopwood House, recognized the need for more specialist knowledge in respect of accommodation, without seeking to undermine the positive work of the key worker or other staff. In Liverpool there was a shortage of housing which meant that women could not re-settle near the hostel or in Liverpool for a short initial period, due to lengthy waiting lists. We can recognise the important role supported housing plays in the lives of these women to assist with the rehabilitation process. We can also see that this type of accommodation is empowering for women to help them regain their independence, but yet provide a safety net of support when required.

In Chapter 2 on Women's Specific Needs regarding mental health, Dr Barkley from Birmingham's Arden Lee medium secure unit and lead clinician also confirmed the need for more supported accommodation for women within the criminal justice system. I hope this chapter has demonstrated the positive work which is being undertaken in this respect, I also hope that it demonstrates the need to strive for continued improvement and support.

I have identified in this section specific partnerships/agencies which consistently deliver services to residents from some of the hostels. I have also made reference to supported housing which has been an important aspect of the re-settlement process after leaving the hostel. However, we saw that there were gaps which required attention. An example of this was housing shortage in Liverpool. Therefore residents at Adelaide House were clearly at a disadvantage.

I mentioned earlier that although there were many similarities, each hostel was unique. An example of this was the Rothero Project, which was semi-independent housing and a positive example of a project funded under supported housing scheme. Women at this project moved from semi-independent to independent housing. Overall we saw that accommodation issues were addressed from the outset.

Chapter 10: Quality of Outcomes

Introduction

So far in this research I hope I have identified, described, assessed and asked questions about the many services provided within and outside of the five approved premises hostels and the Rothero Project. I have also tried to highlight the most important issues or needs which were pertinent to the residents. I have sought to draw attention to positive work undertaken not only to effect change whilst living at the hostels but to prepare women for re-settlement. This chapter seeks to identify the many different aspects within the hostels which were significant contributions to the outcome and the quality of service received by residents.

I have deemed the following areas or categories to be the most significant:-

- 1) education
- 2) assessment and monitoring and training
- 3) mental health
- 4) drugs and alcohol
- 5) communication and partnerships
- 6) ongoing support
- 7) other

I have mentioned hostels by name where particular aspects were prevalent. This is not to suggest that they were non-existent elsewhere. This chapter provides brief summaries within each category, which pinpoint important factors.

Education

- At Crowley in terms of providing education this was positive and some women were attending college.
- In terms of random drug test the drugs worker had a close relationship with the women and was also providing counselling and relapse prevention on a one-to-one basis, which was of a very high quality and women were very pleased with her input and commitment.

Assessment, Monitoring and Training

- Hopwood House acknowledged the disadvantages of unqualified supervisors/staff in terms of some important decision making.
- The staff at Adelaide House had a good and high standard of training around mental health issues. The SPO and deputy manager were fully trained and efficient to undertake an initial assessment prior to referring any resident to the GP.

- At Elizabeth Fry, all assistant wardens are obliged to attend a ten-week rolling programme as part of their induction. The programme addresses diversity, health and safety, mental health and violence at work. However, there was a training need in respect of understanding offenders, given that they are coming into contact with some high risk offenders.
- When Kelley House staff were sent on drug training there was no system to monitor or review their progress, ie did they understand what was required of them, has training been activated and were or are there any issues which they have in relation to this?
- As identified by the SPO, Kelley House staff (who are committed and work well together) require training on risk management in particular and a good system to monitor that learning has taken place. If Probation is pulled out of the equation at any time EQUINOX must ensure this happens for staff development, which impacts on service delivery.
- The level of close monitoring in terms of attendance at Crowley house meetings, education, counselling with drug worker and individual packages of care and enforcement were of a very high standard. Recording was meticulous ie registers and issues arising with individuals followed through in supervision with key worker, case records, frequent liaison with POs, regular reviews and consistent liaison with partnership agencies.
- At Hopwood House, with respect to partnerships, there was no tool to measure how successful they were working with the offenders. Partnerships were not monitoring and supplying feedback in terms of effectiveness, apart from attendance, however, many were in full time employment.
- At Adelaide House, there was regular and consistent monitoring and review of attendance at all the programmes, responsivity and issues arising.
- At Elizabeth Fry, monitoring and reviews occurred frequently in respect of supervision, twice weekly reviews and programmes.
- Entrance and exit questionnaires were completed at Elizabeth Fry hostel to evaluate services.
- Induction at Kelley House was thorough and although supervision plan was not linked to OASYS (Offender Assessment System), it was SMART (specific, mean, achievable, reality, timely) and appraised needs identifying key issues and when possible undertook three-way meeting which included the PO.
- Throughout key working sessions at Kelley House from induction to exit, a high level of support given to re-settlement is always on the agenda and offending behaviour addressed further ensuring that they attend any appointments required in and outside the hostel. Any lack of compliance would ultimately result in a meeting with the deputy manager (PO) and if necessary the SPO.
- The Rothero Project, funded by the Home Officer under the Supporting People programme, is reviewed every three years. There is a marking system A - D and in order to receive and maintain funding, the project cannot fall below C. The project has always met the criteria.
- Monthly intelligence reports are compiled for the purpose of police and Probation, which regularly go to the Home Office, providing information on the types of residents at the Rothero Project,

which also highlights risk profile. Move-on plans/accommodation are also documented and monitored. St Andrews University in Scotland analyses this information, which will include areas moved from, age range, main areas of need, etc.

Mental Health

- In respect of mental health at Crowley House, there was no immediate access to services. After seen by GP, dependent on severity of need would depend on how quickly CPN was accessed. Following this if woman was not deemed a risk to the public, any treatment ie counselling/therapy would be delayed further. This was true of some of the other hostels (and therefore I will not repeat it). NB. It was also vital that packages were set in place by PO or prison if mental health is identified otherwise they would be refused entrance to the hostel.
- Mental health services fared reasonably well at Elizabeth Fry hostel and out of area residents did not present a problem in terms of accessing those services.

Drugs/Alcohol

- At Crowley House, as a matter of course the drug worker would refer offenders to the community drug team who had a duty of care to the individual for at least three months. Furthermore, a DIR form (Drug Intervention Record) would follow the offender wherever they went and would contain all relevant information relating to their needs etc. This was and is a robust tool in the community, which is very good practice. Most of the other hostels used this, except one, and therefore I will not repeat it. If person was homeless extensive liaison would take place among various agencies to prioritise person's need and access provisions for them if they were willing.
- At Crowley House, the Community Alcohol Team were not willing to work with offenders who were homeless. Given waiting lists are long this can escalate the situation. Therefore this is a gap which requires addressing. Further vulnerability may lead to further offending.
- The in-house drug worker at Elizabeth Fry undertook individual and groupwork with residents. Furthermore, there was good liaison with the drug worker and GP.
- There was a long waiting list at Elizabeth Fry hostel for alcohol services in relation to the community alcohol team. However, structured links were established with drugs/alcohol services prior to leaving hostel six months prior.

Communication/Partnerships

- At Adelaide House, managers had an open door policy and made a point of frequent visibility to the residents. This was prized and considered of the utmost importance, helping women to feel

safe, secure and given attention.

- Project workers at Kelley House regularly talked to residents about the service they were receiving and utilised residents' meetings well to resolve many issues.
- It was identified by Hopwood House staff that POs need to visit the hostel, staff were not confident that POs knew enough about what the hostel provided and how it can help their offenders. Therefore, further work around this needs to be done with POs.
- From all of the referrals to Hopwood House, the poorest were for bail and the highest rate for breach occurred amongst bail referrals.
- The hostel management and staff at Hopwood House were totally reliant in principle on POs in the field to provide any follow up for these women. Hopwood House is located in a residential area which is some distance from services/agencies/amenities, etc., which does not help, yet the work performed with residents is of a high standard and very good indeed.
- At Adelaide House, much of the PR work was undertaken by hostel staff/key workers within the community to expose the work undertaken within the hostel and build good relations with the community. Furthermore, managers ensured in supervision that staff were encouraged to undertake this activity within the community and staff did not resist this but found it useful.
- At Elizabeth Fry hostel, close monitoring occurred of offenders attending agencies/programmes outside of the hostel, including attendance and progress as well as regular liaison with the staff. This was evidently positive and efficient, networking with agencies in the community which were not partnerships of the Probation Service. Given that it is outside the criminal justice system, this promotes willingness and genuine motivation to address behaviour without it being enforceable.
- The GP would visit Elizabeth Fry hostel to assess, he could also be emailed with any queries. This clearly reflected openness, transparency and a commitment to joint working and positive contribution to the notion of the seamless sentence the model which NOMS embraces.
- Compared to the other hostels, there were fewer referrals to Elizabeth Fry hostel from the Courts and less of a presence from Probation Officers.
- Secondment of an SPO from London Probation Service to Kelley House cannot be regarded as less than positive and this commenced in August 2005.
- Prior to August there were no links with drug agencies at Kelley House, since then links with the GP and DIPP have been established. Women are seen once weekly and referred to GP at the early stages but it can be hit and miss and the majority of the intervention is via medication; there is a lack of counselling other than therapeutic input. However, it is routine that Camden drugs testing intervention DIPP visited the hostel and referred residents to their centre in the community where they could access counselling financial budgeting and housing. Also, links with alcohol services are not developed.
- At the time of my visit to Kelley House, there were no partnership arrangements in relation to mental health and therefore greater dependency on GP prescribing.

- Staff at Kelley House required better communication from prison and Probation colleagues prior to women's release from prison regarding particular mental health or drug line which affected service given on post release. This occurred on more than one occasion when prison staff failed to send the offender out with medication and/or failed to mention these needs.
- Kelley House is in the midst of Camden's diverse and culturally rich environment. The downside is drug dealers nearby, which highlights the greater need for prison colleagues in some cases to be ever alert and pro-active in sharing all vital information with hostel or making the necessary provision.
- The staff at the Rothero Project speak regularly with neighbours where supported housing is located and have built a good relationship accompanied with support for neighbours to dispel any fears and deal with any potential problems/issues. There was also excellent networking with community groups, ie churches, mosques, cultural centres and other organisations reflecting diversity.
- When there was a Probation Officer involved with a woman's case, weekly contact was maintained by Rothero staff.

Ongoing Support

- Hopwood House was willing and pro-active in assisting women when they would return for a drop-in help or support or women who lived in the area specifically for this purpose. The level of help and support given reflected positively in that there was no problem with under-occupancy. This in spite of the location. Hopwood House were willing to help out women who had left the hostel.
- The fact that the majority of residents at Hopwood House are in full/part-time work reflects positively in preparing women to establish greater independence and confidence.
- Women Link visits Elizabeth Fry once a month to assist with re-settlement plans and identify appropriate accommodation.

Other

- Most of the breaches at Kelley House (lack of compliance followed by mandatory enforcement) occurred amongst bailees. Services for these un-convicted residents seemed to take longer to be engaged than for sentenced residents, and in the interim breaches occurred.
- On leaving prison, licensees are collected or picked up by Rothero hostel staff.
- There is strong evidence in the main to suggest that Hopwood House hostel as far as its own resources are concerned has and is utilised to the optimum capacity. However, the weaknesses overall appear to lie outside of this or on the periphery where others hold responsibility and

are actively involved outside of the hostel. Therefore, networks need to be strengthened and monitored frequently.

Conclusion

In this chapter we have looked at the many ways in which standards and good practice are maintained. I have also identified areas which require improvement. I have tried to highlight the tools used and routine practices which maintain their systems.

Chapter 11: Conclusions and Recommendations

In this research we have looked at programmes, female specific needs, re-settlement, and finally quality and outcomes.

In Chapter 2, I discussed the need for a structured programme for women to address pertinent issues underpinning their behaviour. We also saw that the women themselves recognised the importance of groupwork programmes, which was challenging, affirming and empowering.

In Chapters 3-8 we focused on female specific needs, looking particularly at addictions (such as drugs and alcohol), education, training and employment, mental health, childcare, diversity and accommodation. We saw that all of these areas did not stand in isolation to each other and that a holistic approach was paramount. For example, my earlier chapter on programmes was also relevant to addictive behaviour and groupwork

programmes such as positive lifestyle and LIMHO amongst others specifically addressed changing learned patterns of behaviour. We also identified the importance of accessing education/training and in many cases having this on site, especially for those who were not in employment or attending college. The section on mental health highlighted major inconsistencies and a great lack of co-ordination in respect of the critical needs of women, thus criminalizing women further by heightening their risk in more severe cases, which ultimately leads to further offending to others but more so to themselves. We saw that the timing in terms of accessing treatment was critical and therefore changes must be made in respect of accessing treatment speedily.

In Chapter 6, we looked at the issues and concerns of women around childcare, which highlighted the great benefits and necessity of partnerships within the community. However, partnerships were certainly expedient for addiction, education, mental health, accommodation and re-settlement, the last chapter. We can clearly see that working with partnerships in strategic ways was as important as the sole work undertaken by hostel staff. Therefore this holistic approach incorporates statutory and community partnerships to improve the rehabilitative and re-settlement process. It is evident that in order for things to work to good effect, there needs to be a greater co-operative approach within and outside of the hostel. There was evidence of good liaison and communication in each hostel but the need for more partnerships to work with women within the hostel cannot be underestimated. It would be true to state then that effective work with women demands a concerted effort by all involved to work together. I hope this research demonstrates that important changes can be made with much thought, strategic planning and creativity.

It is evident that much of the work undertaken by approved premises for women is both constructive and positive. However, it would also be true to state that there are inconsistencies which require some standardisation across the board. The evidence from this research suggests that there is a strong willingness on the part of staff to improve practice but also to hold on to aspects which are working particularly well. Areas within this study have highlighted shared experiences outside of the hostel remit which needs to change in order that they can deliver good and effective services to women. This and their re-integration, back into the community from which they belong in a practical, purposeful and meaningful way.

I therefore hope that the following recommendations will assist in some degree by allowing serious consideration to be given to issues which are important for these women.

Recommendations

1. Communication

- All five approved premises and the Rothero Project should meet annually to share good practice and identify common problems within approved premises female provision

2. Programmes - Improving Regimes

Throughout my interviews the majority of women found programmes within the hostel environment to be empowering, constructive, practical and addressed pertinent crucial issues such as domestic violence, sexual and physical abuse, as well as their offending behaviour. Consistency in this area varied within the hostels. This proved crucial at all levels at a medium security unit - Arden Lee.

- Programmes therefore should run on a regular consistent basis and be compulsory particularly for those who are not out at work within the community.

3. Accommodation/Housing Provision

Supporting People is a working partnership of local government, service users, health, probation and support agencies. The Supporting People programme offers vulnerable people the opportunity to improve their quality of life by enabling them to live in the community. This includes marginalized and excluded groups, which would include vulnerable and ex-offenders.

- Government departments need to commission ring-fenced budgets which are specially for female ex-offenders requiring permanent accommodation with appropriate support if necessary. This needs to enable a portion of housing to be allocated to this specific group, and fast tracked if they fit the necessary criteria and should include medium to low risk ex-offenders.
- There also needs to be more supportive housing for women with mental health. This will accommodate women moving up and down the risk ladder, ie from forensic psychiatry to general psychiatry. From my interview with Dr Barkley, who is one of the few assessors of need and gatekeepers in this country, identified a shortage in this area for women. We also require more medium to low risk hostels under Supporting People programme.

4. Accessing Mental Health

This is an area in which women suffer disproportionate discrimination by comparison to men. When a woman moves temporarily to a new area she will suffer disadvantages in accessing mental

health provision beyond initial assessment by a CPN. The issue of who pays is huge and neither the home area nor the temporary new area wants to take any responsibility. In the 'meantime' the female offender suffers, risk can heighten, etc. Why is this allowed to continue? Because there is no policy or legal framework to hold anyone to task. This was a common problem in all but one of the five hostels, and the Rothero Project less so due to medium/low risk

- There needs to be a drive from the centre and clear decisions made for Primary Health Care Trusts in this area, that if there was in existence a mental health illness prior and the person moved to temporary area, the home area has to pay out of their budget. "In the meantime" access to mental health services should be provided for women and re-charged to home area.
- However, where mental health illness/problem is discovered within the new area and there is no confirmed plan to return to home area, ie a state of no decision been made in this regard, the new area should pay and there should be no hindrance to accessing services for women.

5. Drugs and Alcohol Services Within the Community

These services in the main are shared with men, although there will be female counsellors, etc. The majority of female service users will have suffered some form of abuse and domestic violence at the hands of men.

- The stated services/agencies need to be mother and child friendly to reduce the stigma and fear to access this within the community and where children can accompany their mothers. Constructive planning needs to be undertaken to incorporate this in providing positive services for women. This would be in order to remove the barriers which exist for women within the community and assist in maintenance of their drug/alcohol free status.

6. Partnerships

In the introduction to this research I made mention of a Home Office document "Improving Prisons and Probation Services: Public Value Partnerships" published in 2006, discussing government plans to improve work with offenders. This document, although comprehensive, makes clear that its strategic and creative thinking is still in the early stages. We can therefore assume that further discussions and documents such as this will follow on, with clear decisions being made as to how things will progress further and work in practice. However, as stated earlier in this research, the document although impressive, made no specific mention about the use of partnerships in relation to women's needs. Therefore there is no specific commitment to women, apart from the assumption that their needs will be incorporated into the whole agenda.

- I would argue that a firm commitment needs to be given to women in relation to partnerships, if there is any hope to guarantee some change. For example, as stated in my earlier recommendation for mental health needs to be addressed and paid for speedily requires a partnership or service agreement with the Primary Health Care Trust. However, this is but one example.

7. Diversity - Identifying Needs

Throughout my research it was evident to me that the hostels catered very well in respect of diversity. Under-occupation by ethnic minorities was not as a result of any failing of the hostels themselves. There was no identified reason for the under-occupancy (with the exception of Hopwood House). The increase of black ethnic minorities RIC could be due to a number of reasons, some of which included a preference to go into custody due to perceptions of hostel life and anxieties re their needs being met. Others included lack of referrals from POs/Courts, etc. - based on interview with Probation staff.

- Further research needs to be undertaken to specifically examine the reasons/issues underlying under-occupancy, taking into account perception of offenders and knowledge of approved premises relayed to offender about the positive and what can be gained.

8. Assisting in Childcare - Half-way Point

Throughout my interviews, although childcare was not the main focus of our discussions, travelling distance to see children and family was mentioned by some women. For this reason it was important to offer some comment.

The government's Action Plan for Women refers to utilising community agencies/services in a joint approach for the benefit of providing good services to women offenders. As a consequence assistance in reducing risk of re-offending. This in my view demands creativity.

- Community resources such as community centres could be used effectively at a half-way point to avoid travelling long distances for offenders and children. There should be an agreement in place that even at short notice, ie one or two days prior if the facility is there ie rooms available that women can access this for the purpose of seeing their children in a safe environment within a private space.

9. Resettlement

A resource pack with a sound network of relevant contacts should be compiled as a contingency plan for those women who have refused move-on accommodation, or whose own accommodation fails to materialise.

References

- Carter, Patrick (2003). *Managing Offenders, Reducing Crime* - Home Office (2004) Reducing re-offending: National Action Plan.
- Canton R (2005). "Risk Assessment and Compliance in Probation and Mental Health Practice". In B Littlechild and D Fearn (eds) *Mental disorder and Criminal Justice - Policy, provision and practice*.
- Hedderman C (2004). The 'Criminogenic' Needs of Women Offenders. In G McIvor (eds) *Women who Offend*.
- Home Office (2001). *The Government's strategy for Women Offenders: Consultation Report* September 2001.
- Home Office (2005). *Restructuring Probation to Reduce Re-offending*. London: Home Office.
- Home Office/HM Inspectorate of Probation (2005). *An essential Element of Effective Practice: An Inspection of the National Probation Service work on Offender Accommodation*. London: Home Office.
- Home Office (2006). *Improving Prison and Probation Services: Public Value Partnerships*. London: Home Office.
- Home Office (2004). *Approved Premises: results of a snapshot survey, 2003*. London: Home Office.
- Home Office/Correctional Policy Unit (2000). *The Correctional Policy Framework*. London: Home Office.
- Malin S (2004). *Supporting People: Good news for Women Ex-Prisoners?* Griffins Society Research paper 2004/01.
- National Probation Directorate. (2005). *Business Plan 2005-06*. London: National Probation Directorate.
- National Probation Directorate. (2005). *The Role and Purpose of Approved Premises*, Probation Circular PC37/2005. London: National Probation Directorate.