Throughcare
Working in partnership

Directorate-General Justice,
Freedom and Security

RESEARCH REPORT:
UNITED KINGDOM

THROUGHCARE

WORKING IN PARTNERSHIP

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1.0 Introduction

1.1 Total Sample for all partners

The agreed sample for the research phase of the Throughcare project was to hold where possible in each partner country:

- Four focus groups (max 10 per group) with 40 prisoners (and or ex-prisoners)
- 15 interviews with prison staff (include governors, senior managers where throughcare is working well)
- 10 community service providers and NGOs

The Sample groups for focus groups should include prisoners made up of young men, women, ethnic minorities and prisoners who are pre-sentenced and those who have been sentenced.

The interviews with key professional staff should include those involved with arranging throughcare, mental health and drug use for example, teachers , educators (not in UK), social workers , prison Administration , NGOs , psychologists , security and health care staff.

It was acknowledged that it would not be possible for all partners to include all of these groups in their research due to different constraints regarding access to prisoners in the different countries.

1.1.1 UK Sample

In the UK research phase there were some problems regarding access to prisons. In order to overcome the problem of access to prison it was decided to carry out the research in prisons in Scotland. During the research visit to Scotland there were again some unforeseen problems which resulted in changing one of the prisons in the sample at very short notice. In addition the other prison had a training day that meant that I did not have access to as many prison staff or prisoners as I had hoped. The sample of prisoners was augmented by using other research carried out by the UK researcher and by one of the invited experts in the throughcare project.

Thus the sample of prisoners and prison staff were drawn from prisons in Scotland and in England. The community service providers were drawn from the West Midlands in England.

1.1.2 Prisoners

Five focus groups were held with prisoners. Two of these took place in prisons in Scotland. One was a male prison (sentenced) and one was a female prison (remand and sentenced). Three further focus groups took place in two English prisons. One of these was a prison for Foreign Nationals and the other was a resettlement/ training prison for British nationals. In Scotland, one of the groups comprised women only (seven participants) and the other men (5 participants). Participants were aged from 19 to72 years. Two of the focus groups (each with ten participants) were conducted in London and comprised ex-prisoners from black and minority ethnic backgrounds.

Because of the difficulties in arranging access to prisons, the three focus groups in England were carried out by one of the invited experts using the checklist for the Throughcare project as part of an existing project undertaken by The Centre for Mental Health.

A sample of ex-offenders was also interviewed who were enrolled in training courses with a view to avoid further offending after they had finished their sentence. This sample came from research which was part of the AIM project. This study has drawn on some of the data generated as it was relevant to the topic of throughcare. The data generated by the AIM project which was managed by the throughcare principal researcher, highlighted some key areas that were very relevant to the aims of

the throughcare project and the decision was made to use some of the data generated to augment the interviews carried out for the throughcare project. There were 16 prisoners involved in the AIM research: seven were in their mid- to late twenties and between their forties and early fifties; six were male and one was female. The other nine interviewees were male and two of them were in their late teens.

1.1.3 Prison staff

Interviews took place with prison professionals involved with throughcare from the two prisons in Scotland. The prison professionals interviewed were: prison director, the addiction doctor, addiction nurse, Head of Phoenix Futures (drug services provider), Head of health Care, a wing officer, Addiction Co-ordinator, 3 social workers and members from the Multi-disciplinary Addictions Meeting.

1.1.4 Community organisations

Other professionals working in throughcare projects in the community were interviewed as part of the AIM project.

As part of the AIM research, the focus of the interviews with service providers was resettlement in the community. However, for the purpose of this research only a small amount of the data generated by these interviews was used in the throughcare research.

1.1.5 Method

The focus groups and interviews were semi-structured and each was guided by a topic guide developed for the Throughcare EU funded project by the project partners and invited experts.

In total, 34 prisoners (27 male and seven female) participated in the focus groups; a focus group with ex prisoners (N=10) from the black and ethnic minority communities. Ten prison personnel and six people working in community throughcare projects were interviewed.

2.0 Findings

It is important to refer back to the literature review prepared earlier in the first part of the throughcare project in order to situate the findings from the research. In the UK, there are a number of interventions for offenders with problematic drug use: with most drug strategies focus increasingly on the provision of treatment and support services for drug-dependent offenders as a way of reducing overall crime levels. The *National Reducing Re-offending Action Plan* for England and Wales underlies the seven pathways considered to be crucial in reducing re-offending. The seven pathways are:

1. Accommodation;
2. Education, training and employment;
3. Health;
4. Drugs and alcohol;
5. Finance, benefit and debt;
6. Children and families;
7. Attitudes, thinking and behaviour.

In addition, there are two pathways which recognise the specific issues that women offenders face. It is within this context in which the findings are conceptualised. These pathways should be provided in a holistic way which raises the question whether prison staff, those working in community agencies and prisoners perceive that they have received a joined up approach to their re-settlement needs.

2.1 Prisoner Focus Groups

Overall, prisoners with problematic drug use identified the importance of throughcare:

> *Prisons don't prepare you for coming out of jail as you may have stopped the drugs in prison but you go back to your old friends and it starts again (Inverness Users Focus Group).*

The prisoners raised a number of issues that they felt were important in helping them to control their drug use both while in prison and after their release from prison.

The key themes that have emerged from the focus groups were:

- Education, training and employment
- Drugs and alcohol
- Mental health and abuse
- Housing and accommodation
- Special issues for remand and those on short sentences

2.1.1 Education, Training and employment

Overall, prisoners or ex- prisoners were generally happy satisfied with training schemes that they had participated in after release from prison. The schemes had improved their confidence, self-esteem and given them more positive attitudes to the future. However, ex-prisoners were much less favourable about training or education courses offered while still in prison:

> *There is a person behind the criminal conviction. I was offered a maths course and was told it would take some hours off my time, which pricked up my ears. But I did not want to go in at ground zero and learn my tables again from scratch. I would have been more interested if I could choose what I wanted to do. (Interviewee I, AIM Project)*

> *Manual training means you do come out with certificates from prison. I have done the equivalent of 6 GCSEs in maths courses – but it's still not a GCSE, is it? At different jails I was told different things about the courses and their value. Each time it was a case of going back to basics. You don't come out with anything to show for it. I have been in and out of prison over the last 15 years and the courses have changed each time I have been in prison. There is a lack of continuity (Interviewee 'h', AIM Project).*

One of the women focus group participants raised the issue of the gender specificity of the courses and training offered to prisoners:

> *Many of the courses available in prison were things like hairdressing for females, mechanics for males and occasionally computer courses (Focus group, Aim Project).*

One of the participants observed that it would have been useful to have been offered courses that involved writing job applications and how to write a CV.

A young woman, who was working with a community group who provide music courses for young people and who was also an ex-offender when interviewed, made the following point:

While in detention I found the alcohol and drugs awareness courses useful, but was very unhappy with the anger management courses which were appalling. The chances of getting onto the courses on offer while on probation and in detention, boiled down to 'when you come in,' and 'where you are' and that some young offenders do not get the chance to take the course of their choice. While in detention I wanted to do a music course but, because I was only there for 3 months, I was not allowed to (Ex-offender interview, AIM Project).

The focus group with male prisoners preparing for release via home visits felt that they were not receiving enough help:

The big thing for us is when you get out of prison and then you find that there is no work for us. Most of us are going to end up without a job and getting work is the most important thing to help us resettle in the community. We do CVs and that in the prison but that is it. We do go on some work placements (Focus Group, Male Sentenced Prison, Scotland).

Participants in focus groups held by the Centre for Mental Health were concerned about financial management and their ability to find employment:

…there is not much for those who are out of prison- employment wise…. circle of crime… there are no activities or agencies, where it is easy to find a job once released...we are very vulnerable when released from prison (Focus Group, Centre for Mental Health).

Many of those leaving prison, because they cannot find employment, are dependent on benefits that are not immediately available due to the time taken to process their claim:

…You have to wait for 6 weeks for benefits and if you have no one to support you then you go back to prison…" Benefit support was the only option for most of those we spoke to and all reported difficulties in getting registered and in receiving payments and several reported having returned to offending to meet the "short-fall (Focus Group, Centre for Mental Health).

The points raised in this interview highlight the problems that young people on short sentences face in accessing courses and other services at the point of release. This particular young interviewee also observed that courses for young offenders offered in the community are often more successful with young ex-offenders due to the methods that they use which tend to engage them more. Older prisoners also face problems in securing employment when they are released from prison.

The availability of training and education courses both while in prison or after release were linked by the interviewees. They were concerned about their prospects of securing employment with a criminal record.

2.1.2 Drugs and alcohol services in prison and in the community

The prisoners in the focus groups felt that prison drug services were generally helpful. For some offenders, prison was the first place in which they had access to drug services. However, some interviewees were less enthusiastic about the drug services that they received while in prison. Several prisoners argued that drug services in the community could also be problematic. Some prisoners reflected that help with problematic drug use had come too late:

to be offering them help now and that early intervention targeted at the communities they lived in to catch them while they are young and whilst still at school would have been more effective (Centre for Mental Health, Focus group).

2.1.3 Services inside the prison

Participants in the women's prison focus group had problematic drug use and at admission to prison had been assessed by the addictions doctor. Participants were generally happy with the services provided for drug addiction:

When you come in you see the addiction doctor and he decides what you get – methadone or whatever. They managed to contact my methadone provider in the community very quickly so I got my methadone soon after I arrived in the prison. You get support from the addiction nurse in the prison (Focus group, Women remand prisoners, Scotland).

Some participants felt that the services to which they had access in the community were unsatisfactory and some had access to drug services for the first time when they were in prison. Hence, in some cases, prison can be the point where services start and the process of throughcare begins. Similarly, prison was cited as the first place where mental health services were accessed. Interviews carried out by the Centre for Mental Health illustrated this:

…I'd been in and out of police cells. I'm a single Dad with two kids. I had been using Class A substance to self-medicate. I'd been violent and could have been sectioned at one point. I tried getting off the drugs myself and substituted alcohol but this made me more aggressive and violent. I went to my GP and said I needed help and wanted someone to talk to. That was in March but it took until June to see someone. Because I live between two PCTs [administrative body for provision of health services] there was a row about who would pay for my treatment. In June I was put on a 6 month counselling waiting list…it took over two years to get any real help…but I wanted it and to change at least…Centre for Mental Health, Focus Group)

In the focus group held in a prison for foreign nationals, participants felt that there were fewer services available to them and, in comparison with other prisoners, that there was very little attempt to understand their needs. They also tended to agree that …*information about drugs is not great here...*(The Centre for Mental Health, focus group, foreign nationals).

Some participants argued that there was a particular problem when a prisoner with health issues transferred from one prison to another. In some cases, prisoners' records were not transferred with them:

…I was transferred to another prison, however my medical records were not transferred with me and this created real problems...they wouldn't believe what I said I was prescribed… (Mental Health Centre, focus group)

In all the prisons where focus groups were held, it was possible for prisoners to access detoxification. However, many of the prisoners were critical of these programmes as this only dealt with the physical aspects of detoxification and did not help with the psychological aspects of addiction (The Centre for Mental Health, focus group).

There were mixed feelings about the success of behavioural change programmes that participants had attended in prison: some were positive about their effects while others did not feel that they had learnt much. One issue identified by some prisoners was that it was difficult for them to enrol on these courses:

…I asked to go on the CARRAT Course. I was told I had to wait 6 months, but because I was doing a 21 month sentence I didn't mind. 6 months came and I was told I couldn't do the programme because I was not in prison for 5 years…(Focus group, The Centre for Mental Health).

Some participants felt that drug treatment courses were geared towards opiate users in the drug services provided by prison administrations. Prisoners who used other substances did not feel that their needs were met while in prison … (Focus group, The Centre for Mental Health).

2.1.4 Community drug services – views of interviewees

Participants highlighted some key issues relating to diagnosis and support. In particular, they felt that the court can be a setting where mental health and addiction problems may be missed or misunderstood:

I was a Crack-Cocaine user…and I was dealing on the streets…I was diagnosed with depression and doctors gave me Diazophine, but it made me sleep all day. I was arrested and went to court for a drug related charge. I told the Court that I felt unwell and would not cope with prison and wanted treatment (Focus group, The Centre for Mental Health).

In this instance, although the court ordered a psychiatric report, there were delays in putting this in place and at a later court appearance,

…the judge said I looked normal and sentenced me for 21 months….I was placed on a detoxification programme, but this detoxification programme is designed for heroin users. Crack/cocaine is a mental condition. Prison officers advised me to stay in my cell and I was seen by the CARAT team, but they did not have much time to meet and did not address the issues I needed help with….(Focus group, The Centre for Mental Health).

This participant also observes that drug treatment, once in prison, is most usually focussed on opiate users and not on the needs of crack-cocaine users.

A key point that was raised by some of the participants in the women's prison focus group was the lack of key worker support in their community drug service:

It is a big issue in community not having a support worker and getting tested every week. You need to prove that you are clean and when I am at addiction services I don't get a chance to do it. I was clean for a year as I was tested once per week but now I don't get tested regularly (Focus group, women remand prisoners, Scotland).

One participant was also critical of the mental health services that she received in the community:

I have a CPN and it wasn't really very helpful. The key worker changes that many times, all who have different rules of working. This one said she only had to test me twice a year and I had to tell her that in order for me to see my children. I need to be tested more often. Getting her to test me was like pulling teeth, do you understand me. I have been an addict since 13 years old and I am now 32 years old (Focus group, Women remand prisoners, Scotland).

2.1.5 Mental health and abuse

Women prisoners in the focus groups and prison staff in Scotland thought that there was the need for funding to deal with abuse that some women prisoners had experienced as this was considered to be a major reason for some women to start using drugs:

50% of our women have reported previous childhood abuse and report this as one of the main reasons that they have started to take drugs but nobody gives you money to deal with this issue – I have got funding for 2 years and 1 year from now I may not have money left for this abuse worker. You can do all the work that you like but you need to address why the drug use started in the first place and the money provided is not evenly spread across all the areas (Prison Professional, Scottish Prison).

The women in the focus group were very open about their experiences about sexual and violent abuse. One woman from the focus group felt that her drug use and mental health problems stemmed from previous abuse:

I am a psychotic and I have been in out of hospital 10 times because I was raped by 3 guys [men]. My Dad came in and smashed the house up and was a drinker and this has also affected me. I started taking drugs as my boyfriend forced me to while I was drinking. I have been sectioned 7 times (Focus group, women remand prisoners, Scotland).

One woman linked the need for abuse counselling to her desire to be able to see her children and the possibility of withdrawing them from social care:

I need counselling to help with my drug use and for the abuse I have suffered. I need this so that I can get to see my children and to get them back some day[1] *(Focus group, Women remand prisoners, Scotland).*

The prison where the focus group took place offered a counselling service to deal with sexual and violent abuse that was offered in the prison and continued after release. The reaction of the women in the focus group to this service was positive :

after being sentenced 'open secret' abuse counselling is great and it continues after release as well. At first this counselling really hurts but I've been told you have to keep with it ((Focus group, Women remand prisoners, Scotland).

The majority of prisoners who took part in the focus groups felt that it was difficult to gain access to services in prison. They found that attempts to gain access to mental health services were particularly prone to delay:

…The application system is slow. Staff attitudes are ok but it depends who you ask, if they don't like the look of you they can take longer to get something done... (Focus Group, The Centre for Mental Health).

Analysis of the focus groups by the Centre for Mental Health found that:

Several participants described having what they term as a mental health crisis and found that they either received no help or were assessed after the event. Those who did experience some help during a crisis commonly found that it did not sustain beyond the period of the immediate crisis.

In addition it was found that prisoners often had multiple health issues, whereas the services provided in prison were designed to address only single issues and tended to work in isolation from each other. Prisoners felt that there was a need for a more 'joined up' approach to service provision. Several focus group participants noted that

a great frustration reported by some prisoners was being referred from one service to another, and examples were given of disputes between services as to who's problem a prisoner was. Prisoners also complained of being repeatedly assessed and often the same questions being asked but the information never being shared or read (The Centre for Mental Health, focus groups).

Prisoners felt that mental health services were limited, especially for those with more moderate problems:

…I don't think it is easy to get help for anyone if you are anxious or depressed… Prisoners from black and minority ethnic communities reported greater difficulty. But all prisoners reported a lack of counselling services. Several interviewed prisoners stated that they and / or other prisoners suffered from psychological trauma and that there was little other than medication on offer to help cope with that (The Centre for Mental Health, focus groups).

2.1.6 Housing and accommodation

Prisoners on remand and those with short sentences felt that they were not offered enough help with release in such areas as finding accommodation. Prisoners with long sentences frequently referred to the difficulties of going on home leave and the temptation to drink. Some of the men interviewed in

[1] A prison officer who was interviewed felt that these mothers often only think about their children when they are in prison when their drug use is under control and they have a less chaotic life style.

Scotland had no permanent address and found it stressful trying to arrange their accommodation for home leave:

> *Housing is a big issue for us as if you don't have housing then you can't get home leave. So you need to find a hostel to take you. It is not good to be in a hostel as you see drugs and alcohol all the time and it makes it hard to keep to the conditions of home leave (Focus Group, Male sentenced prisoners).*

Many of the participants in the Centre for Mental Health focus groups were also unhappy about being placed in hostels after release. Several participants reported having returned to drug misuse: the presence of other residents who were involved in drug dealing in the hostel made it difficult for ex-prisoners to remain drug free.

Women on remand also raised housing as a key concern:

> *My biggest concern is getting a house. I [don't] have a fixed abode at the moment. When I get to court I need to get an address in order to get bail. I can maybe go to a bail house or a hostel (Focus Group, Women Remand Prisoners, Scotland).*

Some women in the focus group felt that in order to change their drug using behaviour, to have more contact with their children and to find employment, they needed to move from the area in which they lived:

> *When I go back home I would like more social work help to move my house into a different area. It would help to have more testing and drug counselling to provide evidence that I am doing well and help me to get more contact with my children. I need help to get an address so that I can be bailed from court as you need one to get it. I would like help to get a job (Focus Group, Women Remand Prisoners, Scotland).*

In previous research interviews with women ex-prisoners (TCJP Project, 2009), there was a need for help with finding housing and social support after release from prison:

> *Housing is a big problem particularly in Inverness. Inverness has a half way house and 2 women's hostels but you can't always get in (Inverness Users Focus Group (TCJP Project)).*

> *Staying clean is so hard and you need to keep your head down. When you get a house then you have to deal with council tax and bills it is really hard. Drugs are sold near my house and I am constantly being asked who's got drugs etc and it is a pain and I want to move. Other drug users think that because I am not using anymore I have lots of money and I keep getting asked and they think that I should give them money. They don't like to see someone who has changed and they want to take you back down to their level (Inverness Users focus group (TCJP Project)).*

2.1.7 Experience of Throughcare provision

There is a difference in the experience of throughcare provision in Scotland and England between prisoners on remand or with short sentences and those with sentences over one year. However both groups were in agreement that *"…the first 48 hours [after release] is crucial for someone who needs help..."(The Centre for Mental Health Report; Throughcare research).* Generally, all those interviewed were negative about throughcare provision as the following comments show

> *none of my releases have felt planned….I know there has been some planning for most…but it all comes undone once your on the out..*

> *There are no rehabilitation programmes here (Focus groups, The Centre for Mental Health).*

Most of the focus group participants had at some time experienced a short sentence or a period on remand. The majority of this group had not had any probation support; where prison staff had tried to connect them with community services this had rarely been successful.

Prisoners with longer sentences (those over 12 months) felt that although there was support available, often they did not meet their probation officers until two weeks before release and were frequently unsure until the last few days as to where they would be living. In addition, the quality of services arranged were criticised by some prisoners particularly for the lack of joined up provision:

> *Whilst there was a mixture of views on the quality of all services within prison the greatest complaint was the lack of joined up provision between prison and community. Prisoners reported being told that appointments had been made and even given details, to find community services were unprepared for them when they arrived:*
>
> *…Probation didn't know who I was when I went to see them... (The Centre for Mental Health, Focus Groups).*

Some focus group participants who had a drug addiction and a sentence over 12 months commented that although they had been referred to drug agencies in the community this could be problematic as the appointments were not made at the time of release, the period when they felt most vulnerable and stressed:

> *Most found release stressful and especially the first few days and weeks and felt that they wanted services to be in place immediately on release. Several participants stated that ideally they would want to be met at the prison gate as this might help..." (The Centre for Mental Health, Interim Findings Report).*

These participants also observed that the referrals were made to agencies where they came into contact:

> *with people they had previously misused substances with and/or offended with. Some reported this as being unhelpful especially as they felt vulnerable and quite easily drawn back in to both offending and drug misuse and would have preferred a service that at least initially did not involve contact with former associates(The Centre for Mental Health, Interim Findings Report).*

A problem identified by prisoners was the continuity of care not only between prison and release but also between different prisons. It was a common experience for prisoners on any length of sentence to experience multiple transfers between prisons.

Foreign national prisoners prisoners who expected to remain within the UK complained that the help they were receiving was very limited.

2.1.8 Suggestions on how the services could be improved by participants in the focus groups

During the course of the focus groups facilitated by the Centre for Mental Health, the participants made the following suggestions for improving their throughcare:

- Rehabilitation needed to be personalised and based on the individual requiring rehabilitation and resettlement. The general feeling was that the prison and probation services approaches were "one size fits all"

- There needs to be more training in social skills to help deal with a variety of situations, such as dealing with benefit officers and officials, partners and families:

  > *…I'm not skilled up for the outside, I'm used to here and being with druggy people…*

- There is a need for a more integrated approach to their care and particularly health and social care services, and within health mental health and substance misuse services working more closely together.

- There is a need for community services to come into the prison before the release date. Some pointed out how difficult that would be given many are often incarcerated a considerable distance from where they returned to after release:

  > *…they ought to start thinking about helping you leave the moment you come on remand or sentence…*

- Peer mentoring was seen as valuable. The 'lived experience' of mentors was seen to lend them a credibility that many professionals were not seen to have.

- Support is needed in maintaining links with family or in rebuilding them. There was a general feeling that a good relationship with ones family and partner were a key ingredient to successfully reintegrating into the community and that much more emphasis should be placed on it.

2.2 Findings from Prison Staff Interviews

The findings from the prison staff interviews raised many of the same points that were raised by participants in the focus groups and also provided explanation of why some policy decisions were made for example not providing methadone to prisoners on the day of release to avoid double dosage (explained further below). The key area raised by prison staff were: drug services in prison, capacity of community drug services, housing, alcohol and the need for abuse counselling for women prisoners and the provision of throughcare services..

2.2.1 Drug services in prison

The doctor responsible for addiction services in one prison considered the links he had with community methadone providers to be strong and that this was important due to ensuring continuity of drug services for prisoners who were put onto the prison methadone programme:

> *The links with outside methadone providers is maintained via telephone contact and a well developed system using faxes (Prison Addiction Doctor, Womens' Prison Scotland).*

According to the Prison Addiction doctor, methadone maintenance was available in both the sample prisons in Scotland. In the women's prison:

> *Not all women in the prison are kept on maintenance as some are still injecting. In the prison approximately 32% are on substitution treatment often this has been started in the prison.*

There is an addiction team in the women's prison and each prisoner is allocated a key worker. A prisoner would begin a methadone programme in the prison only if there is provision available in the community:

> *Prior to initiating methadone maintenance with a prisoner the area to where the women will return is looked at because not all areas will allow the treatment to continue in the community due to a lack of provision (Prison Addiction Doctor, Womens' Prison Scotland)*

The capacity of community drug services has also been referred to in previous research carried out in Scotland (TCJP, 2009):

> *We are quite lucky as we have good links across CJS, health and prisons. For example there is an addiction team in the prison and a prison liaison nurse and there is also a through care social worker funded from Drug Action Team. The key issue is about the capacity of community drug services as we need as much warning as possible from the prison about the release of those with PD us). In theory services in the community should be able to pick up those with addiction problems when they are released from prison but at the moment the methadone clinic in the community has an 8 week waiting time for an appointment to assess*

the suitability of drug users to be on a methadone programme (NHS Highland Treatment Services Development and Management).

An interesting point raised by prison staff was that in certain situations, prisoners are not given methadone:

The prison does not give methadone on the day of release to eliminate the possibility of double dosing. On court days a prisoner will not be given methadone as they may be released directly from the court and again this eliminates the possibility of double dossing. In addition we (prison addiction team) will fax the prisoner's community provider to warn them that the women may be released (Prison Addiction Doctor, Women's Prison Scotland).

Homelessness will not necessarily prevent methadone treatment being given: in some areas in the community, there are 'homeless addiction teams'. Hence, prisoners who are homeless can be prescribed methadone while in prison because substitution treatment can continue after release.

In the male sentenced prison, methadone maintenance treatment is also available and considered to be a better service than some community provision:

There is a 6 weekly review of those prisoners who are on methadone. In the prison there are about 30 prisoners on methadone. Maintenance gives the men a better chance of succeeding when released as they have a less chaotic life style and engage in less crime. There are better procedures and practices for the methadone maintenance programme in the prison compared to the community (Addictions Team, Scotland, Male Prison).

In the previous research (TCJP, 2009) interviewees in one of the prisons commented that alcohol was also a problem amongst the prison population. It was claimed that about 70%-75% of prisoners had alcohol problems and 40% had drug misuse:

We have some heavy duty drinkers in the prison. We also deal with alcoholism. We target the pre-sentenced prisoners using group work, detoxification and brief interventions and referrals. We have good links with most community agencies. These links are across the Highland area (Addiction Nurses, Inverness prison).

Prison staff felt that there was a need for funding to deal with abuse that some women prisoners had experienced. This was considered to be a major reason why some women began using drugs:

50% of our women have reported previous childhood abuse and report this as one of the main reasons that they have started to take drugs but nobody gives you money to deal with this issue – I have got funding for 2 years and 1 year from now I may not have money left for this abuse worker. You can do all the work that you like but you need to address why the drug use started in the first place and the money provided is not evenly spread across all the areas (Head of Health Care, Womens' Prison Scotland).

This was also an issue that was raised by some of the women in the focus group. They felt that the abuse counselling was a very good service.

2.2.2 Providing throughcare

There was a general consensus amongst the prison staff who were interviewed that there was good liaison both within the prison, amongst staff, and with community agencies.

I think from a health care perspective when we send prisoners out we will have liaised with their community methadone prescribers and have given clear instructions to the prisoners about who they need to contact and where to go and I think that this works. The Health Care department liaises with addiction services in the prison – phoenix (organisation in the prison that provides drug services) and outside organisations come into the prison so everything is in place when at the point of release. For sentenced prisoners throughcare workers will come into the prison (Head of Health Care, Scotland).

Although the Healthcare department in the prison liaises with Phoenix drug workers [2]and the community and throughcare workers come in for sentenced prisoners this does not happen for remand prisoners. Remand prisoners can receive voluntary throughcare by referral to the prison social workers:

> *This will deal with basic needs and we (in the prison) will hold a case conference even if the woman is only in for 2 weeks. The phoenix team (drug service provider) are good and have a good manager. Also, if a prisoner is given probation then they won't get throughcare services. A lot of the women think that they have enough support already in the community. These tend to be the women who don't want to come of the drugs (Prison Drug Services Team, Scotland).*

The service of provision of throughcare is the same for young prisoners.

Prisoners on remand in the focus groups felt that they did not get help with such issues as housing. There is an integrated care plan approach with prisoners who are serving sentences of four years and above.

There were some problems that were identified by the staff interviews regarding the provision of through care.

The head of Health Care at a Scottish women's prison felt that there were good links with community mental health services and services had been established prior to release. However, there are problems:

> *Some prisoners don't have GPs which makes life difficult. A key difficulty is where a prisoner hasn't engaged with any services when they were in the community (Head of Health Care, Scotland).*

Prison staff who were interviewed identified housing as a key problem for many of their prisoners:

> *This is big problem for girls with short sentences but a long enough sentence that means they don't keep their house. In the prison we don't provide enough help with this. A remand prisoner can be in for 140 days and landlords do not get the rent paid so many of the prisoners are also concerned about their possessions. We send them to the link centre for preparation for liberation but it is a difficult issue. The link centre[3] is quite crucial (Head of Health Care, Womens' Prison Scotland).*

Previous research carried out for TCJP Project (2009) also identified that providing continuing care after release from prison was difficult despite the use, in some cases, of a case management approach. A lack of available services in the community was highlighted as problematic.

Although both male and female prisoners have problems with housing, drug addiction and health, some staff felt that these problems were more acute for women:

> *It is harder for women as many are in abusive relationships and often don't have money to get to appointments that have been made by the prison and a lot are working in the sex trade forced to do it by their husbands/partners. The abusive partner often doesn't wont them to be of drugs or to get better. Additionally, If the women is the main carer for the children it is not as easy for her to go to drug services appointments. It is also easier for men to change the area where they live or their circumstances but women always have to go back to the area they were in before for their tenancy. In addition the abusive partner may have told them that they will lose their tenancy. The number of women who come into the prison, who are homeless is incredible. Some say they don't wont a regular home – a lot of them are heavy drinkers (Head of Health Care, Scotland).*

[2] Phoenix Futures is a contracted service to provide drug information and support to prisoners.

[3] The Link Centres in prisons is where all the specialist services in the prison are based and where outside providers come to talk with prisoners.

Some staff were frustrated because, despite throughcare arrangements having been made,:

> *For example, appointments are made for the women when they leave but they frequently don't turn up for them They are more likely to go to drug appointments (methadone) but the women are often picked up at the gate and given drugs. This immediately stops them trying to change their drug use (Prison Healthcare Staff, Scotland).*

The effectiveness of throughcare provision was considered to be very different depending on the region where the prisoner lived and this was the case for sentenced and remand prisoners. Throughcare for prisoners with longer sentences is provided by an external organisation called TASS. TASS works with prisoners six weeks prior to their release.

2.2.3 Community throughcare providers

The views of community providers of throughcare for prisoners and ex-prisoners were drawn from interviews that took place as part of the AIM project (2010). There was general agreement across the organisations interviewed that housing is a key issue particularly for offenders with short-sentences. Examples of good practice were identified particularly in the resettlement system within Young Offender Institutions:

- *Swinfen, through New Bridge Foundation, guarantees that every person released will be found accommodation. With a full time housing adviser, they achieve 100% success rate.*

- *A representative of Stoke Heath claimed the prison achieves a 98% success rate in housing offenders upon release through NACRO (AIM Report, 2010).*

The following were identified as the key issues that relate to housing and accommodation for offenders: through-the-gate support, support to maintain tenancy and develop independent living skills, accommodation support services for short term prisoners and women's accommodation needs.

Through-the-gate support for prisoners at the point of release is a real gap in provision. Prisoners receive little help in making the transition from prison to community and this can be very problematic regarding housing:

> *where arrangements have often been made in advance of release. Many offenders never arrive at their first appointment or the arranged address. Links between prison staff and community organisations are vital to ensure that offenders can be met and supported (AIM Report, 210)*

Many ex- offenders (particularly young people) have little experience of living independently or have difficulty understanding the demands of maintaining a tenancy agreement:

> *Some organisations are becoming increasingly aware of the need to provide education, either in prison or as part of holistic accommodation services, with a focus on independent living skills, health, finances and maintaining tenancy agreements, as well as providing more employment focused courses as offenders progressed. One project who support women working in the sex industry would like to see tenancy support given by specialist case workers to enable ex-offenders to stay in their homes and highlighted the need for intensive support for the most chaotic offenders. Mentoring can provide vital support with these skills as well as group learning opportunities (AIM Report, 2010).*

Remand and short-term prisoners appear to miss out on throughcare provision as:

> *They seem to go through the prison system with minimum interventions; hence they leave prison with the same issues and problems that often triggered their offending behaviour in the first place e.g. financial problems, housing problems etc.(AIM Report, 2010)*

Women prisoners have particular needs as they face disruption to their family life and are likely to lose their housing and jobs. The research identified that:

> *There is not enough suitable (single-sex) accommodation for women in the region (West Midlands) and there is an additional need for a safe house and a night shelter for women locally (AIM Report, 2010).*

Health is a major issue for prisoners. Mental health is recognised as being particularly problematic. The key issues raised by the organisations were a lack of mental health expertise, inadequate meeting of women's needs; and common general health problems.

Many of the community organisations interviewed considered that mental health is not 'adequately dealt with' and that they lacked expertise in recognising and supporting mental health issues or knowing where to refer individuals. The mental health needs, particularly emotional damage (abusive/sexual relationships), low aspirations and/or substance abuse, were mentioned as common characteristics among female offenders.

The general health of offenders, particularly the high incidence of smoking, alcohol use and drug abuse and not being registered with a GP, were raised by most of the organisations interviewed.

Drug and alcohol addiction was raised as a major issue across the West Midlands as in other regions. In 2007, nearly 20% of all offenders in the West Midlands have alcohol problems and over 40% have problematic drug use (Forensic Pathways, 2007, p. 29–31). Problematic drug use was seen as a key problem across all groups of offenders but of particular concern was that 72% of women offenders were considered to have a drug problem. Those organisations that were interviewed argued that there was a need for intensive and person–centred support. Drugs and alcohol addiction was considered to be an indicator of complex needs requiring a range of other services to support the individual.

Finance, Benefit and Debt were raised by interviewees as a problem for many offenders particularly as support does not always encourage independent financial capability and the contrast between services available in prison and community.

Many organisations mentioned financial capability as a critical issue affecting offenders, particularly in the community where little work is in place to identify and develop the underpinning numeracy that is required. Young offender institutions seem to offer the young prisoners more direct support to develop financial literacy compared to that available in the community.

Prisoners often need help, during custody and on release, to maintain ties with family and to re-integrate with them when they are released. According to the organisations interviewed dealing with children and family issues is left largely to third sector organisations as they are not firmly embedded in prison regimes. The AIM Report (2010) concludes that:

> *It seems clear that much needs to be done to engage the whole family in the process of rehabilitation and successful resettlement. For example the Home Office report Around Arrest Beyond Release (Feb 2009) believes that the new drug strategy launched in February 2008 that places a much greater emphasis on supporting the whole family in order to protect children and improve the resilience of families may do much to support improving the relationship many offenders have with their family.*

Key to preventing recidivism is to work with offenders to change their attitudes, thinking and behaviour. Staff from the projects who were interviewed argued that *effective resettlement is ultimately reliant upon the attitudes and self-belief of the offender/ex-offender*. The key issues raised by interviewees relating to attitudes, thinking and behaviour change were the need for offender engagement and readiness to change, employability skills programmes that also address attitudes and behaviour and mentoring/one to one support for offenders.

Supporting vulnerable women who may have been abused, raped or experienced domestic violence or who are involved in the sex industry has been highlighted by the Corston Report (2007). This support is not reflected in the interventions provided in prisons or probation areas. Doal and Pound (2008) observe that 'there is an array of services to meet the needs [of women offenders] but many of them are generic and so often not suitable or appropriate to vulnerable women' this view was

reflected by some of the organisations involved in the AIM research although there was evidence of good practice in some organisations.

3.0 Summary

3.1 Prisoner focus groups

Education, Training and employment

Overall, prisoners or ex-prisoners were generally satisfied with training schemes that they attended after release from prison as this improved their confidence, self esteem and helped them develop more positive attitudes to the future. Prisoners were less favourable about the training or education courses they were offered while in prison. The problems that young people have on short sentences in accessing courses and other services at the point of release were highlighted by some prisoners. Older prisoners also have problems with employment when they are released from prison.

Drugs and alcohol services in prison and in the community

Prisoners in the focus groups felt that the prison drug services were generally helpful and for some, being in prison was the first place they had gained access to drug services. Some interviewees, however, were less enthusiastic about the drug services that they received while in prison. Often, prisoners commented that the drug services in the community could also be problematic. As some prisoners had accessed drug services for the first time in prison, in some cases, prison can be where services start and the process of throughcare begins. Similarly, prison was cited as the first place where mental health services were accessed.

Mental health and abuse

The research has highlighted that women prisoners from the focus groups and prison staff in Scotland thought that there was a need for funding to deal with abuse that some women prisoners had experienced. This was considered a major reason why some women start using drugs. The prisoners interviewed emphasised that they often had multiple health issues and indeed many concurrent problems but that services were established to address just single issues and tend not to work particularly well with other services in the prison. Several prisoners asked that there be more “joining up” of services

Housing and accommodation

Prisoners on remand and with short sentences felt that they were not offered enough help with release in such areas as finding accommodation.

Experience of Throughcare provision

There is a difference in the experience of throughcare provision between those on remand or with short sentences and those with sentences over one year both in Scotland and in England. However both groups were in agreement that *“…the first 48 hours [after release] is crucial for someone who needs help...”(The Centre for Mental Health Report; Throughcare Research)).*

Foreign national prisoners who expected to remain within the UK complained that the help they were receiving was very limited.

Suggestions on how the services could be improved by participants in the focus groups

- Rehabilitation needs to be personalised and be based on the individual who requires rehabilitation and resettlement not “one size fits all”
- There is a lack of training in social skills to help deal with a variety of situations, such as dealing with benefit officers, officials, their partners and families.
- There is a need for a more integrated approach to their care including health, mental health, social care services and substance misuse services working more closely together.
- There is a need for community services to come into the prison before the release date.
- Peer mentoring was seen as valuable. The ‘lived experience’ of mentors was seen to lend them a credibility that many professionals were not seen to have.
- There is a need for support in maintaining links with family or in rebuilding them.

3.2 Prison Staff Interviews

Drug services in prison

Good links with community methadone providers need to be in place before prisoners are put onto a methadone programme in prison to ensure continuity of drug services.

In order to eliminate the possibility of double dosing, some prisons do not give methadone on the day of release or on court days as a prisoner may be released directly from the court.

If a prisoner is homeless this will not necessarily prevent them from being given methadone because in some areas in the community, there are ‘homeless addiction teams’. Hence, those prisoners who are homeless can be prescribed methadone while in prison.

Alcohol was also perceived to be a problem amongst the prison population.

Projects that deal with abuse that some women prisoners had experienced were considered to be important. It was felt that abuse was a major reason why some women start using drugs.

Providing throughcare

Short term prisoners and those on remand do not get access to prison throughcare services although they can access voluntary throughcare via the social workers.

Although both male and female prisoners have problems with housing, drug addiction and health, some staff felt that these problems were more acute for women.

The effectiveness of throughcare provision was considered to be very different depending on the region where the prisoner lived and this was the case for sentenced and remand prisoners.

3.3 Interviews with Community throughcare providers

There was general agreement across the organisations interviewed that housing is a key issue, particularly for offenders with short-sentences. Examples of good practice were identified particularly in the resettlement system within Young Offender Institutions. The following points were made:

- Remand and short-term prisoners appear to miss out on throughcare provision.

- Many of the community organisations interviewed considered that mental health is not 'adequately dealt with' and that they lacked expertise in recognising and supporting mental health issues or knowing where to refer individuals.

- The general health of offenders, particularly the high incidence of smoking, alcohol use and drug abuse, not being registered with a GP, were raised by most of the organisations interviewed.

- Finance, Benefit and Debt were raised by interviewees as a problem for many offenders, particularly as support does not always encourage independent financial capability and the contrast between services available in prison and community.

- Prisoners often need help during custody and on release, to maintain ties with family and to re-integrate with them when they are released.

- Key to preventing recidivism is to work with offenders to change their attitudes, thinking and behaviour. Staff from the projects who were interviewed argued that 'effective resettlement is ultimately reliant upon the attitudes and self-belief of the offender/ex-offender'.

- Supporting vulnerable women who may have been abused/raped or experienced domestic violence or who are involved in the sex industry has been highlighted by the Corston Report (2007) this support is not reflected in the interventions provided in prisons or probation areas.

The AIM Report identified the following recommendations:

1. Education, Training and employment

- Set up offender forums to capture the offender 'voice' in designing learning and support programmes

- Provide intensive one to one support at critical times to maintain motivation and momentum.

- Provide courses that meet the needs of men and women in a range of subject areas

2. Housing

- Provide consistent 'through-the-gate' support for ALL offenders without settled accommodation.

- Provide more support for developing independent living skills and maintaining tenancy.

- Develop an education/training offer as part of accommodation services.

- Explore the potential for job search activities to be delivered by housing providers

- Ensure the particular needs of women are addressed through the provision of more and different accommodation services.

3. Health

- Deliver cross-regional training for all staff working with offenders to raise awareness of health issues (particularly mental health).

- Stronger partnership working with local mental health teams should be established and more use made of mental health team workers within criminal justice system.

4. Drugs & Alcohol Recommendation

- The needs of offenders with alcohol misuse issues are not adequately and consistently met and further provision and support for this is required.

5. Finance, Benefit & Debt Recommendation:

- Establish more education programmes for offenders in community settings to develop essential numeracy to enhance their financial capability.

6. Children & Families Recommendation:

- More needs to be done to routinely engage the whole family in rehabilitation programmes and interventions.

7. Attitudes, Thinking and Behaviour Recommendations:

- Initial assessment should provide enough time for self reflection and really getting to grips with the issues and also the aspirations of individuals.
- Employability programmes should have a stronger focus on the attitudes and behaviours required to obtain and sustain employment.
- Targeted mentoring and befriending supports offenders to make long-lasting changes and should be appropriately resourced.