



Revolving Doors Agency

Response to *Breaking the Cycle*

About Revolving Doors Agency

Revolving Doors Agency is a charity working across England to change systems and improve services for people with multiple problems, including poor mental health, who are in repeat contact with the criminal justice system. Our three areas of work are: policy and research; partnership and development and service user involvement. To learn more about our work, please visit our website at www.revolving-doors.org.uk.

This response to *Breaking the Cycle* combines evidence and insight from our work with partners, our research, and most importantly from members of our Service User Forum. The document incorporates comments from a focus group held with Ministry of Justice officials and Forum members on 16 February 2011. All quotes are from Forum members unless referenced otherwise.

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Summary and key recommendations

We believe that the Government can achieve a rehabilitation revolution if it focuses on ensuring that every community can offer services that work holistically with people with multiple needs outside the criminal justice system but with effective routes to this support from every stage in it, including police, courts, probation and prison.

With leadership this is both achievable and will save money. But it will require a real understanding of why the current system fails and the challenges of bringing together new ways of doing things. Cross-government working and locating strategic responsibility at a local level is imperative. Without this understanding there is a risk that the help that people need becomes accessible only within the criminal justice system, creating a perverse incentive for crime rather than reducing it. By understanding the cross-system costs and bringing together shared outcomes, new approaches can be resourced that will transform lives and communities.

Key recommendations

1. The Government has recognised that addressing the multiple problems experienced by many offenders is key to reducing reoffending. In order to achieve this the Government must ensure that holistic, personalised support is available across the country
2. This support should form part of a “chain of rehabilitation”, available from the earliest possible point of contact with the criminal justice system
3. Directors of Public Health and the new Police and Crime Commissioners should be responsible for the provision of effective and joined up support for offenders with multiple problems in all local areas. This should include criminal justice liaison and diversion services
4. Criminal justice liaison and diversion services must address all levels of need including personality disorder and low level mental health problems such as anxiety and depression
5. The Government should recognise the savings that can be made through investment in holistic, personalised support for offenders with multiple problems and ensure funding mechanisms to support this
6. If payment by results approaches are to be used to finance this support, the Government must recognise and address the real challenges in making this work for offenders with multiple problems
7. The Government should test payment by results approaches for community-based services targeting people with multiple problems in touch with the criminal justice system. Providers should be rewarded for keeping people away from crime
8. The Government should support the development of integrated accommodation treatment pathways between prison and communities. These should ensure immediate access to accommodation on leaving prison which is appropriate to the stage of recovery. There should also be strong links with wider community support including alcohol and mental health services
9. Community sentences should be proportionate and reflect an understanding of the needs of the offender by containing conditions to which the offender is able to adhere. Support services should be provided alongside community sentences to help the offender comply with the sentence
10. Efforts to engage communities in the justice system should include the involvement of offenders and ex-offenders as volunteers. To achieve this, the Government should work closely with organisations that have developed expertise in involving service users

Our understanding of the problem

Revolving Doors welcomes the recognition in *Breaking the Cycle* that a “significant proportion of crime is committed by offenders who have multiple problems”, and that a joined up approach is needed to effectively address these problems and reduce reoffending.

We also welcome the unprecedented cross-departmental recognition of multiple needs demonstrated by *Breaking the Cycle*. We are pleased to see a strong recognition of the interrelated nature of multiple problems faced by many offenders including those related to drugs and alcohol, accommodation, mental health, learning difficulties and disabilities, experiences of care, lack of qualifications and little experience of work.

We welcome the focus on reducing the number of prisoners serving short sentences and the recognition that short sentences are not effective in reducing re-offending, instead serving to prevent or interrupt the rehabilitation of offenders.

Why people with multiple needs are at risk of repeat contact with the criminal justice system

It has been long recognised that people in our criminal justice system have a greater range of problems in their lives than the general population and that these increase the risk that they will reoffend. Through our work over 18 years we have developed an understanding of the interconnected and mutually reinforcing nature of multiple problems and the impact this can have on people’s lives. We have also accumulated evidence of how this group finds it difficult to get help from mainstream public services.

The multiple problems experienced by this group often include common mental health problems, drug and/or alcohol misuse, homelessness, learning difficulties, physical health problems, poor relationships with family, poverty and debt. Substance misuse is often used as a coping mechanism to deal with current problems or previous trauma, for example from childhood neglect or abuse.

Each problem feeds into and exacerbates the others, and the combination of several lower level problems results in a high level of need. However on their own, each need is usually not severe enough to meet the threshold for statutory services. So while poor mental health is a core or exacerbating factor, this is usually not considered severe enough to warrant care from statutory mental health services. This all creates a downward spiral that brings people into contact with the criminal justice system. For some people problems start in childhood, increasing the likelihood of early contact with the criminal justice system.

Each contact with the criminal justice system presents an opportunity for intervention by community services. A failure to intervene is likely to lead to a repetition of this destructive and costly cycle. Prison can be seen as an expensive and ineffective staging post in a negative cycle which increases harm both to the individual and their community. Earlier access to effective community support can prevent this cycle, saving lives and money.

We believe that, for adults with multiple needs, contact with the criminal justice system is often symptomatic of a failure to receive support to meet a combination of health and social care needs in the community. Breaking the law compels a response from the police and may lead to prosecution, conviction and in some cases imprisonment.

What we know about how these multiple needs affect service use

The combination of problems can lead to behaviour that itself becomes a barrier to getting the help needed. Despite requiring support from a range of services, people in this group may be identified as

having difficulty engaging with service, for example because they find it hard to keep appointments. Some may display challenging behaviour often related to childhood trauma. This frequently leads to individuals experiencing public services as unhelpful and stigmatising, engendering a mistrust of services and increasingly poor engagement.

Service criteria can also exclude people with multiple needs, for example, drug use may lead to exclusion from mental health services. Other barriers to service engagement include invalid referral routes, inappropriate paperwork (particularly lack of ID) and lack of diagnosis.

Where service engagement is achieved, no one service is likely to be able to meet all of a person's multiple needs. Furthermore, short prison sentences disrupt community support and contribute to poor service engagement

Once in a generation opportunity

Alongside *Breaking the Cycle*, other government reform creates what we consider to be a once in a generation opportunity to hardwire change into the system. This would enable all people in touch with the criminal justice system, who have multiple needs or problems, to get the help they need to transform their lives. This agenda must be linked with reforms in health, police and welfare, the *2010 Drug Strategy*, *No health without mental health*, the offender health programme and the roll out of diversion services, Cabinet Office work on Resolving Multiple Disadvantage and community budget pilots focusing on families with multiple problems.

While there is great potential in these reforms we also know that there are pressures that militate against progress, including the fact that this group are considered unpopular and difficult to reach. Localism, while presenting the potential to create effective local solution, could have the reverse effect if populist 'tough on crime' approaches get in the way of implementing effective approaches.

Our response starts by outlining our three overarching recommendations to Government in relation to *Breaking the Cycle*. These are followed by more detailed explorations of what we know works in effectively addressing the underlying needs of offenders and reducing reoffending, and of the opportunities and challenges posed by payment by results. Relevant consultation questions are then answered separately.

Multiple problems and multiple needs

This response uses both the terms 'multiple problems' and 'multiple needs'. In both cases we are referring to people who experience a number of difficulties such as mental health problems, drug and/or alcohol problems, housing problems or homelessness, poor social networks, and a range of other issues. Other terms such as 'multiply disadvantaged' may also apply to this group but are not used in this response.

Three overarching recommendations – what, who, how?

a) What needs to be in place

- **The Government should ensure that holistic, personalised support is available across the country in order to effectively address the multiple needs of offenders and reduce reoffending**
- **There should be a continuity of support from the earliest possible point**

As identified in the Green Paper many offenders have “multiple problems” including poor mental health, drug and alcohol problems, and/or homelessness. These issues are dynamic, interlinked and self reinforcing. It is essential that they are addressed **holistically**.

Poor mental health is a core element of their mix of problems but often below the threshold for intervention by secondary mental health services (O’Shea et al, 2003).

The nature, extent and triggers of these problems vary hugely between individuals and a **personalised** approach is essential in order for rehabilitation to be effective. One size does not fit all.

The need to address a wide range of issues means that one agency cannot be an expert in all areas. **Joint working** is therefore essential. In addition to understanding between agencies of referral criteria and mechanisms and good communication, our experience has shown that a **lead professional** or agency acting as a broker between services is a highly effective way of ensuring this coordinated support. The importance of having ‘someone on your side’ cannot be underestimated.

Continuity of support is vital both when moving between prison and the community, and during and after Offender Management supervision.

As local areas are all too aware, when multiple problems develop and people fall in to a cycle of crisis and crime, public service costs rise steeply. **Intervening early and diverting people away from the criminal justice system can help to limit the damage to individual lives, communities and the public purse.** Furthermore, if integrated, holistic support is only available to people while they are

What we know are characteristics of effective services working with people with multiple needs

- Are supported by strategic stakeholders
- Build positive relationships with clients which engender trust and confidence – having ‘someone on your side’
- Assertive approach to engagement
- Broad screening and assessment covering needs relating to drugs, alcohol, mental health, learning difficulties and disabilities, family, past experiences of service engagement
- Good knowledge of and links with other services
- Flexibility: ability to vary services offered according to individual need, ability to react quickly in a crisis e.g. about to lose tenancy
- Consistency: Maintain contact over transition points and offer flexible length of engagement
- Coordination role to avoid service duplication
- Brokerage, navigation and advocacy
 - At an individual level: helping people understand and access services
 - At a systemic level: improving communication between agencies and building understanding of multiple needs
- Provide opportunities for service user involvement, helping to build confidence and skills
- Culturally sensitive to particular needs of specific groups including women, people of Black and Minority Ethnic backgrounds and young adults (See Revolving Doors Agency 2010a).

in touch with the criminal justice system, then this is likely to reinforce the view of crime being the only available route to getting the help people need.

There are real financial savings to be made from investing in approaches that follow these principles. Early iterations of Revolving Doors' Financial Analysis Model¹ have shown that investment of £33 million per year in these approaches could save different areas of Government £3 billion over three years.

b) Who will make it work? Responsibility and accountability to ensure support is in place

- **The Government should ensure that there is clear responsibility and accountability for the provision of holistic, personalised support for offenders with multiple needs in all local areas.**
- **Directors of Public Health and the new Police and Crime Commissioners should be responsible for ensuring that these key elements of support are provided in their local areas. They should be held to account for the provision of effective and joined up services addressing the wide range of offenders' needs.**

Although we have outlined the key elements that need to be in place to provide effective support and rehabilitation for people with multiple needs, how these are offered will depend on local service composition and individual need. To date, no one agency or individual has been responsible for ensuring that these key elements are in place for those subject to a short custodial sentences. This means that people with multiple needs remain 'a problem for everyone but the responsibility of no one' and are more likely to end up in the criminal justice system.

Current reforms in health and policing provide opportunities for this local responsibility and accountability to be established. Directors of Public Health and Police and Crime Commissioners will have responsibilities for the health, safety and wellbeing of whole communities, including offenders and those at risk of offending.

We urge the Government to mandate these public figures to consider the multiple health and support needs of offenders, and to recognise their key role in ensuring the essential elements of support are put in place in every community, during and after offenders' contact with the criminal justice system.

Directors of Public Health, Police and Crime Commissioners and criminal justice commissioners should have a statutory duty to work together to address these issues, and be held to account for the provision of appropriate support.

c) How to pay for it: opportunities and risks of payment by results

¹ Revolving Doors Agency has developed a Financial Analysis Model with support from the Department of Health which assesses the potential savings of partnership projects providing holistic support to people with multiple needs at different points of the criminal justice system. The model aims to reflect real lives and demonstrate savings to the public purse by government department. See <http://www.revolving-doors.org.uk/policy--research/policy-projects/economic-model/> for more detail.

- **The Government should recognise the savings that can be made through investment in holistic, personalised support for offenders with multiple needs and ensure funding mechanisms are available to support this.**
- **If payment by results approaches are to be used to finance this support, the Government must recognise and address the real challenges in making payment by results work for offenders with multiple and complex problems.**

Providing the type of holistic support savings outlined above requires investment, but this investment can provide extensive savings to the public purse. Early findings from Revolving Doors' Financial Analysis Model suggest that investing £33 million per year in holistic support services for individuals with multiple problems in contact with the criminal justice system can save nearly £3 billion over three years across a number of Government departments.

It is vital that the Government recognises these potential savings and ensures funding mechanisms are available to provide the investment needed.

Revolving Doors recognises that the Government is committed to rolling out the use of payment by results approaches across a range of sectors. **This provides a number of opportunities and risks for people with multiple needs in contact with the criminal justice system, which should be recognised and addressed as payment by results approaches are developed.**

Payment by results commissioning has the potential to encourage holistic and integrated working, as services are encouraged to identify and address factors contributing to offending behaviour and drug use. The 'black box' approach may also encourage innovation. However, the use of simple metrics, such as reduced re-offending or abstinence from drugs, may mean that 'stepping stone' outcomes, such as stable accommodation, are not rewarded. This could lead to the fragmentation of services, as those which are not rewarded for their contribution to outcomes have little incentive to cooperate.

In order to address this, government should work with local authorities to develop a framework that brings together a wide range of outcomes. Given the difficulties in achieving this nationally we believe there is a strong case for an initial directly funded and ring fenced grant to stimulate growth in this area.

See the section below on payment by results for a more detailed exploration of these opportunities and risks.

Consultation questions

The following section details Revolving Doors' answers to specific consultation questions. We have not responded to all questions, only those that are most relevant to people with multiple needs. In some cases we have grouped questions together to give a thematic response, in others we have provided an overarching response in advance of answering a set of questions on a particular theme.

CHAPTER 2: REHABILITATING OFFENDERS TO REDUCE CRIME

Integrated Offender Management (IOM)

Revolving Doors strongly endorses the Government's commitment to "joined up ways of managing offenders" bringing together a range of partners to integrate management of offenders with their rehabilitation. We agree that this approach can be particularly effective when extended to offenders committing a high volume of low level crime.

Many of these offenders are likely to be engaged in prolific acquisitive crime committed to fund drug and/or alcohol problems and experience a range of other problems such as homelessness and mental health problems. In these cases, an integrated approach which addresses all of these problems holistically is the only effective way of preventing further re-offending.

We recommend that a key part of integrated offender management should be to ensure that strong relationships are built with a single lead professional in the community who can provide holistic ongoing support once supervision has expired. If the integration of support experienced while an 'offender' expires along with the label itself, progress made under IOM is unlikely to be sustained.

"There should be a chain of rehabilitation... Just because you're not offending anymore, it doesn't mean that those things that got you there in the first place have instantly just stopped. [There should be] investment in the services that can keep those sort of things [e.g. counselling] going so that you don't kind of go off the road again, to ... keep you on track"

The HMP Lewes to Brighton project is an example of how this can be facilitated.

The HMP Lewes to Brighton project is run by Brighton Housing Trust and targets short sentenced prisoners in HMP Lewes from the city of Brighton and Hove who have multiple unmet needs.

It was established following a needs analysis (Ahmed & Page 2007) which identified a cohort of prisoners serving repeat short sentences at the prison. These prisoners were 'in contact' with a large number of community support agencies, but engagement was often poor and links between the agencies and the prison were weak.

The project co-ordinator, based at HMP Lewes, assesses needs of referred prisoners and ensures links are made with all relevant agencies so that joint care planning can take place. The co-ordinator initially adopts a lead professional role but seeks to identify an appropriate agency within the community to act as the lead agency in co-ordinating support on release. This handover is managed carefully and the project co-ordinator retains post-release involvement until the handover has been successfully completed. In this way, the offender receives a sustained and integrated post-release support service.

The integration of services through IOM provides an opportunity to provide a "chain of rehabilitation" from the earliest possible point of contact with the criminal justice

system. Every contact with the criminal justice system provides an opportunity for intervention to address underlying needs. A failure to intervene is likely to lead to a repetition of this destructive and costly cycle.

We recommend that IOM schemes continue and develop the use of assertive outreach approaches. As outlined above, an assertive outreach approach is a key success factor in effective responses to people with multiple problems. This recognises difficulties in engaging with services and keeping appointments. Through a more determined and assertive approach engagement this can be achieved. For example, following a referral from custody suite in Bethnal Green the Providence Row Housing Association Link Workers (see Appendix A) use a range of approaches to try to contact and engage the client, including home visits, telephoning and writing to them. This approach, which some IOM schemes have adopted to some extent, is not linked to the possibility of breach or punishment and is a step towards developing a trusting relationship.

Finally, it should be noted that there is a risk that placing integrated support solely within the criminal justice system will create a perverse incentive for people with multiple needs to commit crime to get the help they need. Members of our Service User Forum have pointed out that there have been occasions when the prospect of a meal, a roof over your head and someone to talk to in prison was better than what they were facing outside. **The Government should test payment by results approaches in the community that target people with multiple needs who have been in touch with the criminal justice system, rewarding those providers who can keep offenders out of the criminal system altogether.**

Q8. What can central government do to help remove local barriers to implementing an integrated approach to managing offenders?

Revolving Doors welcomes the Government's proposed actions to support local areas in developing and embedding their own approaches to Integrated Offender Management.

Through our National Development Programme, Revolving Doors has worked across the country to establish joint approaches to working with people with multiple needs in contact with the criminal justice system. Many lessons from this work and our research can usefully be applied to support the development of IOM approaches. The following outlines some of the barriers we encountered to local integrated working, and suggestions of how they can be overcome.

Barriers: Common local barriers to inter agency integrated working that will need to be addressed:	Solutions: Central government can support local agencies to address these barriers by:
Some agencies that need to play a key role in the rehabilitation of offenders may be reluctant to work with them , often due to workload pressure, failure to meet service thresholds, legal constraints or to protect other vulnerable individuals on their caseloads (Anderson, 2011 forthcoming).	Incentivise the engagement of agencies who do not traditionally see work with offenders as 'their business' and providing these agencies with the understanding, tools and knowledge to work with this group.
Negative staff attitudes towards working with this group create a significant barrier. Often these attitudes are a result of problematic behaviour by clients and a poor understanding of their needs. However stigma is also a key issue. People are likely to be stigmatised due to the label of 'offender' but also the many other labels that they may carry – e.g. 'mentally ill', 'personality disorder', 'drug user', 'homeless'. This is particularly problematic as offenders often carry two or more of these labels.	National initiatives to tackle stigma with regard to mental illness, personality disorder and drug use. Encourage and support local areas to tackle stigma through a range of methods including training delivered by service users.
GPs have a vital role to play in helping offenders access appropriate health care, however there is concern that GPs can struggle to successfully manage clients with multiple problems . Presenting behaviour can be difficult and clients can be perceived as demanding. GPs may not perceive their role as extending to meeting social needs, and even if they do they may struggle to keep abreast of the constantly changing local landscape of services which can support this group (Anderson 2011 forthcoming and HM Government 2010b).	Mandate multiple needs and the impact of social exclusion to be a core component of the education and training of GPs, nurses and other medical staff. Encourage GP consortia to work with the police and community organisations in order to understand people with multiple problems in their area and facilitate specialist support.
Agencies may interpret the same client's needs differently , using distinct professional models. They are likely to have distinct agency cultures, different targets and funding structures, differing attitudes to whether the service response should be one of care or control and in some cases their primary responsibility will be towards different people or groups: the offender, the offender's child or the public. (Anderson 2011 forthcoming)	Encourage local areas to identify where service thresholds create gaps in responses to this group and seek to close these. This will be a key public health function of Local Authorities. Joint Strategic Needs Assessments should specifically recognise this issue and focus on identifying needs than can otherwise remain hidden.
Professionals may not understand the roles and remits of other agencies . Often there are difficulties around information sharing. (Anderson 2011 forthcoming)	Support reciprocal training between criminal justice, health and social care agencies to help understand organisational barriers Encourage the development of protocols around inter-agency working and information sharing between local agencies
Limited resources reducing priority of integrated working: The current fiscal climate means that local areas are implementing extensive cuts. We have already seen evidence of this leading to a retrenchment to core business, with services supporting the most excluded being cut.	As outlined in the section on payment by results below, central government should work with local authorities to develop a framework that brings together a wide range of outcomes to support joint working.

Lack of local responsibility: Where not under statutory supervision (or where supervision is not effective in addressing multiple problems) offenders with multiple needs are likely to be ‘a problem for everyone but the responsibility of no one’. Despite experiencing multiple problems, they fall below the threshold for case managed support in all sectors, resulting in expensive use of no-threshold emergency services. This lack of responsibility is a key barrier to providing integrated services, and will become more so as resources are tightened and many services retreat to delivering core functions.

Current reforms in health and policing are establishing mechanisms that provide opportunities for this local responsibility and accountability to be established. Directors of Public Health and Police and Crime Commissioners will have responsibilities for the health, safety and wellbeing of whole communities, including offenders and those at risk of offending.

We urge the Government to mandate these public figures to consider the health and support needs of offenders, and to recognise their key role in ensuring the above elements of support exist in local communities, both during and after offenders’ contact with the criminal justice system.

Directors of Public Health, Police and Crime Commissioners and criminal justice commissioners should have a statutory duty to work together to address these issues, and be held to account for the provision of appropriate support.

Q9. How can we incentivise and support the growth of Integrated Offender Management approaches?

The sharing of information, learning and good practice between local areas will be central to the growth of IOM approaches, and the Government should incentivise and support local areas in undertaking this. This should be closely linked with the sharing of good practice to support the growth of liaison and diversion services. (See question 20 for more detail on this.)

The current fiscal climate and consequent cuts to local services present serious challenges to the establishment of integrated services. With increasingly restricted resources in all sectors, persuasive evidence of the cost benefit of interventions becomes ever more important. As outlined above, early tentative findings from Revolving Doors’ Financial Analysis Model have shown that considerable savings could be made across a range of departments though investment in support services for people with multiple needs. **Considering these savings, we recommend that the Government invests in further exploring the cost benefits of such support services.**

Police and Crime Commissioners will be central to the growth of IOM approaches. The Government should consider how to incentivise them to use their budgets to invest in integrated approaches.

Drug Treatment

Q11. How can we use the pilot drug recovery wings to develop a better continuity of care between custody and the community?

Revolving Doors welcomes the Green Paper’s recognition that many offenders serving short sentences are unable to access drug treatment services whilst in prison. The establishment of pilot drug recovery wings will go some way to addressing this.

However, we are keen to emphasise that we do not believe that prison is the best setting in which to receive treatment. As the UK Drug Policy Commission have noted, prison drug services often fall short of minimum standards (UK Drug Policy Commission 2008) and prisoners being moved between prisons disrupts the delivery of treatment. **The Government should recognise that**

these pilots will not benefit prisoners who spend extremely short spells on prison (e.g. a few days to two weeks). Community sentences linked to treatment should be used wherever possible for offenders with drug treatment needs.

As recognised in the Green Paper, “ensuring effective join up and continuity between prison and the community will be critical” in the success of the pilot drug recovery wings. We were pleased to hear Minister Crispin Blunt express intentions to make this transition “seamless” at the Ministry of Justice consultation event on 13 January 2011. The “whole systems” approach to drug and alcohol treatment as set out in the recent Drug Strategy (HM Government 2010a) is an excellent starting point for providing this seamless transition. The strategy states that “housing, along with the appropriate support, can contribute to improved outcomes for drug users in a number of areas, such as increasing engagement and retention in drug treatment, improving health and social well being, improving employment outcomes and reducing re-offending.”

Building on this, Revolving Doors recommends that an **integrated accommodation treatment pathway** is established between prisons and communities in order to support continuity of care.

Integrated accommodation treatment pathway

Appropriate accommodation on leaving prison-based drug treatment is currently a serious challenge for prisons and local areas alike. If a prisoner who has made progress in prison-based or residential drug treatment requires emergency accommodation on their return to their local community (as a significant proportion of prisoners do), their only option is usually hostels where other residents are at an earlier stage of recovery. Progress made in prison or residential treatment is unsustainable if the person is surrounded by others who are still actively using drugs.

“I ended up living with a guy who was constantly doing heroin, and I’d been clean for two years... It took me two years. Two months of being in supported housing with a drug addict ruined two years hard work. I’ve been two years clean now but that’s only because I’ve had independent [accommodation], my own accommodation, where someone else’s life isn’t affecting my life.”

A key element of the pathway is therefore **immediate access to accommodation which is appropriate to the individual’s stage of recovery**. In order to achieve this, service level agreements including referral and handover procedures should be made between agencies providing drug treatment in recovery wings and those providing support in the community.

Local drug teams, criminal justice agencies, IOM, housing authorities and voluntary sector organisations will need to work together to establish these integrated treatment and accommodation pathways. Our experience shows that making this work is challenging and requires strong leadership and the authority to challenge traditional silos. Knowledge of good practice examples where this has been done can help, but national standards and expectations should also be considered.

When considering how to build links with local communities, the fact that many prisoners are held far from home should be taken into consideration. Prisons are likely to be discharging prisoners to a wide area making it impossible for resettlement staff to maintain relationships with relevant contacts in all areas. It is clear that holding prisoners closer to home, particularly in the three month period approaching release, is desirable.

Each area should have a clear plan about how all prisoners returning to the area will be able to access the integrated support they need. Clear pathways into holistic support need to be in place, with accommodation and access to continuation of drug and alcohol treatment a priority. **Whether or not someone is subject to offender management, a local coordinator should be the point of**

access and referral from prison. This could be an enhanced role for probation or other local service. Contact between prison and each local area should be maintained throughout the sentence to identify in order enable early identification of accommodation needs and to secure accommodation.

Also essential are **strong links with wider support services in the community** especially GPs and mental health services. Registration with a GP should be arranged before release. **Close links with alcohol treatment services should also be established.** We welcome the Green Paper's commitment to tackle alcohol abuse, however we urge these efforts to be closely linked to work to tackle drug use in recognition of the prevalence of combined drug and alcohol use. This is particularly important as members of our Service User Forum have highlighted how people coming off drugs may turn to alcohol as a substitute coping mechanism.

The integrated accommodation treatment pathway should also include through the gate support (pre- and post-release support including being met at the gate). Ideally, benefits should be maintained through a short sentence to ensure retention of accommodation and ease of access to benefits on release. Furthermore, in order to ensure access to arrangements, prisoners should never be released on a Friday afternoon.

Preventing drug-related deaths

Providing this integrated support as offenders return to the community will play a key role in reducing drug-related deaths following release from custody. Home Office research found that “in the week following release, male prisoners ... were about 29 times more likely to die than males in the general population and most of this excess (90%) was associated with drug-related causes. Female prisoners were about 69 times more likely to die in the week following release than females in the general population, and all of this excess was due to drug-related causes.” (Farrell & Marsden 2005) The same research found that “factors likely to prevent drug-related deaths among released offenders include timely and effective prison treatment, effective throughcare mechanisms on release and availability of timely and effective treatment in the community.”

Furthermore, research by Pratt et al. found that “recently released prisoners are at a much greater risk of suicide than the general population, especially in the first few weeks after release. The risk of suicide in recently released prisoners is approaching that seen in discharged psychiatric patients. A shared responsibility lies with the prison, probation, health, and social services to develop more collaborative practices in providing services for this high-risk group.” (Pratt et al 2006)

Q12. What potential opportunities would a payment by results approach bring to supporting drug recovery for offenders?

The focus on payment by results for recovery-based approaches to drug rehabilitation provides opportunities for increased user involvement. If handled intelligently, a focus on recovery provides opportunities for user involvement through individual offenders defining what recovery means to them, and what the journey to recovery should look like.

We welcome the Government's pledge in *Breaking the Cycle* to “work with the pilot [payment by results for drug recovery] areas to co-design the payment by results approach for offenders” and recommend that they work closely with organisations that have developed expertise in this. Much can also be learned from the RSA's User Centred Drug Services project² which is exploring how drug users can work with drug services to coproduce provision.

² See <http://www.thersa.org/projects/user-centreddrug-services> for more details

Please see section on payment by results below for more detail on this area.

Q13. How best can we support those in the community with a drug treatment need, using a graduated approach to the level of residential support, including a specific approach for women?

As outlined in [our response to the 2010 Drug Strategy consultation](#) Revolving Doors welcomes the Government's focus on a graduated approach and a range of treatment options. People with a drug treatment need are likely to have multiple other problems. The key characteristics of effective services for people with multiple needs (outlined in the section on what needs to be in place above) should therefore be referred to. These include, broad screening and assessment covering needs relating to a range of needs, assertive outreach approaches, a flexible service offer and good knowledge of and links with other services.

As outlined in our response to question 11 above, **access to appropriate accommodation is vital**. As the quote below illustrates, the importance of consistency and ongoing support cannot be underestimated.

“People think that a person who’s been ... struggling with addiction thinks ‘Oh, I’ve been clean two years now, I’m over it.’ It’s not [like that]. It’s a constant battle for the rest of your life... the triggers don’t go away.”

In recognition of the prevalence of offenders who have alcohol and/or mental health problems alongside drug problems, **it is essential that community-based drugs services are integrated with alcohol and mental health support.**

A survey by the prison inspectorate in 2010 (HM Chief Inspector of Prisons for England and Wales 2010) found that 54% of the surveyed prisoners with alcohol problems also reported a problem with drugs, and 44% said they had emotional or mental health issues in addition to their alcohol problems. It is therefore important that community based drug services are closely linked with both alcohol and mental health services. We welcome recognition that the Government “must also tackle alcohol abuse” and plans to “explore how payment by results mechanisms might be extended to specialist alcohol treatment for those dependent on alcohol”, but **urge the Government to consider how alcohol and drug dependencies and mental health problems can be jointly addressed.**

Women offenders

Q14. In what ways do female offenders differ from male offenders and how can we ensure that our services reflect these gender differences?

Distinct characteristics of women offenders

The different needs of male and female offenders have been well documented, most notably by Baroness Corston's *Review of women with particular vulnerabilities in the criminal justice system* (Corston 2007). Women offenders are likely to experience multiple problems, and are more likely than men to experience poor mental health, emotional instability and poor self esteem. (Gelsthorpe et al, 2007). Women are more likely than male prisoners have been convicted of non violent offences such as theft, drug offences, fraud and forgery and less likely to be convicted of violent or sexual offences. (Stewart 2008, Ministry of Justice, 2010)

Our research (Revolving Doors Agency, 2004, 2010b; King & Kenny, 2010), and that of others (Fossi, 2005; Corston, 2007; Gelsthorpe et al, 2007) has shown conclusively that women offenders have particular needs relating to being a mother, past trauma, low self-esteem and experiences of domestic violence and exploitation.

Women prisoners are far more likely than men to be primary carers of young children (Corston 2007). They are also likely to have had children taken in to care or adopted. Revolving Doors research at HMP Styal (Revolving Doors Agency 2004) found that 70% of female prisoners with multiple needs had had children removed from them. This is a traumatic experience that can become a key blocking factor in rehabilitation following release from prison³.

Many women offenders have experienced sexual, physical and emotional abuse as a child or as an adult – often both (Corston 2007). Such experiences can lead to problems with self-esteem, inter-personal relationships, self harm and mental health problems (APPG on Women in the Penal System, 2011). Our experience working with the Anawim women’s centre suggests that mental health services, particularly primary services, may struggle to cope with women whose needs relate to complex trauma. Domestic violence is also a key issue for women. Corston (2007) found that “up to 50% of women in prison report having experienced violence at home compared with a quarter of men.”

Ensuring gender differences are reflected in service provision

“Women and men are different. Equal treatment of men and women does not result in equal outcomes.”
(Corston, 2007)

The Equality Duty places responsibility on local services to identify and respond to the needs of groups who are failing to receive an equitable service but who may have high levels of need. In recognition of this, service provision for women should recognise the particular needs of women offenders identified above, especially around children, past trauma and domestic violence.

The Corston Report made the case for a completely new approach to women’s offending – one which is “distinct, radically different, visibly-led, strategic, proportionate, holistic, woman-centred [and] integrated.” Following the report there has been a significant growth of projects demonstrating the effectiveness of this approach. However, a number of recommendations made in the Corston report have not been fully responded to. (All Party Parliamentary Group on Women in the Penal System 2011) **We recommend that the Government demonstrates its commitment to ensuring gender differences are reflected in service provision by implementing the remaining recommendations of the Corston Report.**

We support the recommendation of the Corston Independent Funders Coalition that the proposals in the Green Paper need to be brought together in a clear action plan for women offenders. This action plan should include: a recommitment to the principle that community penalties should be the norm for women offenders; guaranteed visible senior leadership for the programme; a timetable to reduce the capacity of the women’s prison estate, and to re-direct this funding into provision for women offenders in the community and a commitment to ensuring that payment by results contracts mental health liaison and diversion services include specialist consideration of women. See response from the Corston Independent Funders Coalition for more details.

The small numbers of women offenders in relation to male offenders will present particular challenges to the development of payment by results approaches due to higher unit cost of provision. **We recommend that the Government works closely with existing women’s community sentences to consider how these approaches can best be developed.**

Q15. How could we support the Department of Work and Pensions payment by results approach to get more offenders into work?

³ St Mungos (Bilton 2008) found this to be a key issue for the female residents of their homeless hostels (many of whom are offenders). Trauma related to these experiences was identified as a key blocking factor in progress across a range of outcomes including drug use and offending.

In our recent [submission to the Department of Work and Pensions consultation 21st Century Welfare](#), we recommended that to achieve real change, the benefits and the welfare to work system must be grounded in the real experiences of people's lives. This is particularly important for people with multiple problems or needs – including offenders with multiple needs.

In recognition of this, **a stepped approach is essential in supporting people's rehabilitation and preparing them for work. This must be holistic – addressing the range of people's needs - and recognise the distance needed to travel before sustainable work is a realistic option.** This principle is based on insights from our research, service delivery and service user involvement work.

“It's taken me ... nearly three and a half years to build up the skills and do all different types of training so that I could start to become a member of society, and a respected one, where I'm actually paying national insurance and tax. In the Government's eyes I have become part of society and started to give back through those channels.”

We agree that work should be the ultimate aspiration for everyone. However, our research, including *Hand to Mouth* (Pratt & Jones, 2009) and that of others (Keen, 2001, St Mungo's 2010) shows that people whose multiple needs have resulted in chaos and crisis need help to achieve a stability in their lives before further progress can be made. People in this chaotic situation are fighting a daily battle to address their basic needs or are fearful that any small steps they have made could be threatened if they lose their benefits. In this situation it is not reasonable to expect them to be able to look for work (Bauld et al. 2010).

Once basic stability has been established, a stepped approach is needed to address wider needs including mental health and substance misuse problems, and to build capacity and motivation⁴. As outlined in the section on payment by results below, central government should work with local authorities to develop a framework that brings together a wide range of outcomes enabling a range of providers to be rewarded for varied outcomes that support the overarching outcome e.g. reducing reoffending or getting a job.

It is also important to remember that offenders form a small percentage of the general population receiving welfare support, but that they are an expensive group. This recognition will have to be built in to contracts.

Q17. What changes to the Rehabilitation of Offenders Act 1974 would best deliver the balance of rehabilitation and public protection?

The issue of criminal records preventing access to employment is a key theme identified by members of our Service User Forum. We support Nacro's Change the Record campaign (www.changetherecord.org) and support calls to reduce the length of time it takes for a conviction to become spent.

Housing

Q18. How can we better work with the private rented sector to prevent offenders from becoming homeless?

Revolving Doors are pleased to see that the Government recognises that accommodation is a “critical factor in rehabilitating offenders” and that “for those serving short sentences, [losing

⁴ For a detailed description of our recommended stepped approach to welfare see <http://www.revolving-doors.org.uk/policy--research/consultation-responses/stepped-approach/>

accommodation while in prison] can further contribute to their unstable and chaotic lifestyles.” Members of our Service User Forum repeatedly emphasise to us the importance of a home to recovery, stability and a stopping offending.

“Everyone needs a base ... Everyone wants that somewhere to go back to at the end of the night. When I came out [of prison] at 27 I’d been in care ... I didn’t have anywhere to call my home ... P3 [Milton Keynes Link Worker Plus scheme], they said, “Right, what’s the first thing he needs? Let’s give him somewhere to stay. Let’s give him somewhere of his own.” Got that, then you can start to look at all the other stuff.”

We welcome promises to work with the Department for Communities and Local Government to help reduce the barriers to settled accommodation on release and across government through the Ministerial Working Group on Homelessness.

However, while we support efforts to improve access to the private rented sector, we urge the Government to recognise the importance of the social housing sector in providing accommodation to people whose complex needs mean that private rented accommodation is not always suitable, particularly at the early stages of recovery. **The Government should recognise the role of specialist (and non-specialist) housing associations and housing providers who are doing valuable work with offenders, especially those with the most complex needs, and ensure that work with the private rented sector is not at the expense of these organisations.**

These agencies are often particularly skilled in supporting residents to address mental health issues, a key factor in tenancy sustainment.

“Housing is always the biggest point. A lot of the time when people have got mental health issues, they don’t actually know they’ve got mental health issues. They just think they are struggling in life ... and don’t seem to understand themselves why they can’t keep a home over their head, why they are the way they are. Really it all boils down to they’ve got mental health problems.”

We are pleased to see that the Government recognises the challenges posed by not having a local connection and being considered ‘intentionally homeless’ by local authorities after going to prison. The Government should facilitate conversations between local authorities, voluntary and community groups and service users to explore this further and develop approaches to address it. We support the call by organisations such as Crisis and Homeless Link to introduce a statutory right to accommodation for all homeless people.

The Government should not underestimate the role of Supporting People funding in enabling these organisations to do such valuable work. Revolving Doors, in collaboration with a group of 13 organisations covering health, social care, housing, homelessness, substance misuse and criminal justice, has recently published [a briefing document](#) highlighting this crucial role, and asking four sets of questions to local authorities as they make difficult decisions about services. **The coalition Government has given its commitment to protecting the most vulnerable during these difficult economic times. As organisations working with the most excluded people in our communities, we believe this is only possible if local authorities safeguard the types of services funded by Supporting People money.**

Mental Health

Revolving Doors is very pleased to see the priority given to mental health in the Green Paper and especially supports the recognition of how depression and low level mental health problems contribute to the mix of needs of offenders. We were pleased to see this agenda given a high profile in the mental health strategy *No health without mental health*.

At a Ministry of Justice consultation event on 13 January 2011 Crispin Blunt MP said: “I am confident we will be able to make a reality of Lord Bradley’s recommendations. Mental Health should be on the same scale of importance as drugs.” We welcome the Green Paper’s recognition that the “criminal justice system is not always the best place to manage the problems of less serious offenders where their offending is related to their mental health problems”.

There is an understandable focus in the criminal justice sector on people with severe mental health problems or those with dangerous personality disorders. The number of people with severe mental health problems who end up in prison remains a very serious problem and it must be a priority to ensure that this group are identified and moved into appropriate care as rapidly as possible, including places of safety or secure hospitals where necessary.

However, poor mental health is a core problem for a large proportion of the offending population, the majority of whom fall below the threshold for case managed support from secondary mental health services. As Lord Bradley recognised, **liaison and diversion must address all levels of mental health problem.**

Q19. How can we ensure that existing good practice can inform the programme of mental health liaison and diversion pilot projects for adults and young people?

The Bradley Report (Bradley, 2009) sets out clearly the characteristics of effective liaison and diversion services, and makes detailed recommendations for how these services can be developed nationally. **The Government has expressed support for The Bradley Report, and should refer closely to it through its development of liaison and diversion services.**

In order to ensure existing good practice informs future liaison and diversion services, it will be essential to develop a robust evidenced understanding of what works, and why. Revolving Doors, along with many other organisations working with people with complex needs has much to offer in supporting the Government to develop this understanding.

Existing good practice publications such as the National Mental Health Development Unit’s recent report *Scoping the potential of Community and Voluntary Organisations to Deliver Criminal Justice Liaison and Diversion services* (NMH DU 2010) should also be used to inform future development.

The Government is proposing to support the development of integrated offender management services alongside the development of mental health liaison and diversion services across the country. These two efforts must be closely linked, as mutual factors will support the success of both.

Q20. How can we best meet our ambition for a national roll-out of the mental health liaison and diversion service?

We believe that the Government’s commitment to a national roll out of mental health liaison and diversion services offers a ‘once in a generation’ opportunity to achieve a change that has been elusive until now. The groundwork for this was Lord Bradley’s report (Bradley 2009) and we are pleased that the Government has pledged to adopt and continue the work started as result of his work.

For decades it has been a national ambition to reduce the number of people with mental health problems ending up in the criminal justice system (for example Reed 1992). It is therefore important that in taking forward this agenda the Government considers the reasons why this has been a difficult agenda and why progress has been slow, piecemeal and sometimes tenuous. Without this understanding there is a risk that the opportunity for change will be lost. Among the reasons for this

difficulty is the fact that this agenda requires effective working across a number of systems that themselves are complex, fragmented and often under stress, and inward-looking. Responsibility, accountability and funding in these systems have been located at different levels and split between local government, central government and other structures.

To best meet their ambition we believe the Government should:

1. **Articulate a vision** of universal and comprehensive liaison and diversion services
2. Establish the **clear financial case** for inclusive diversion services and identify appropriate funding arrangements with local partners
3. Establish **parameters and standards** of a good practice model linked to holistic support in the community
4. Establish clear structures to **embed local accountability** and partnership working
5. **Map current extent**, type and quality of existing services
6. **Target support and track progress** towards universality.

1. **Articulate a vision**

Lord Bradley was clear in his report that national and local leadership is absolutely essential to drive progress. While localism can be relied upon to deliver locally appropriate responses to some needs, the combination of complexity, silo working, stigma, and the potentially difficult local politics around this agenda, means that a much greater level of national support will be needed at least in the short term if a national roll out is to be achieved.

The Government should articulate a clear vision of its intention to establish comprehensive liaison and diversion services in every part of the country. This vision should build on Lord Bradley's recommendations and include:

- Understanding of the benefits of assessing and identifying needs as early as possible in the offender pathway (including prevention and early intervention)
- Commitment to ensure this assessment informs subsequent decisions about where an individual is best placed to receive treatment and support, taking into account public safety, safety of the individual and punishment of an offence
- Commitment to ensuring access to liaison and diversion services for people experiencing any level of mental distress including those with low level or undiagnosed mental health problems.

We believe a strong joint statement by government ministers on this agenda would help establish this work as a priority. This is particularly important in this period of public service reform and restricted budgets.

2. **Establish the financial case for investment**

The spending review included a significant national budget to support this agenda. However, long term progress can be best supported through a better understanding of the potential savings that can be achieved through implementing a comprehensive and inclusive liaison and diversion services.

Revolving Doors Agency has developed a Financial Analysis Model with support from the Department of Health, which assesses the potential savings of partnership projects providing holistic support to people with multiple needs at different points of the criminal justice system⁵. While the model is yet to be peer reviewed, early findings demonstrate the substantial costs to the public purse. Generated by the repeat patterns of offending and short term imprisonment of people with multiple problems caught up in chaotic lives, these costs accrue across a wide range of local and nationally funded services. We estimate that targeted investment of £33 million a year in comprehensive liaison and diversion services linked to holistic support in the community for people

⁵ See <http://www.revolving-doors.org.uk/policy--research/policy-projects/economic-model/> for more detail.

with multiple problems would result in reduced use of public services amounting to at least £1 billion a year across a range of central and local government spending streams.

While the Government has indicated its desire to promote payment by results approaches, there remain significant challenges in effectively pooling resources between commissioners to allow the investment needed. The Government is experimenting with community budgets for local areas focused on families with multiple problems. **We recommend that this approach is extended to be applied to single adults with multiple problems.** (See section on payment by results below for a more detailed analysis of opportunities and risks.)

3. Establish parameters and standards of a good practice model

Building on our experience and the recommendations of the Bradley report, we recommend that the model of liaison and diversion services should reflect common principles including:

- An inclusive approach responding to the full range of mental health problems, recognising the impact of multiple needs and substance misuse
- An 'all stages' approach working across whole criminal justice pathway with the capacity to follow individuals as they move through
- Offering access to appropriate holistic support in the community as well as treatment in mental health settings
- Partnership working across wide range of local statutory and voluntary agencies with clearly defined care pathways and follow up to ensure people are not lost between services especially with substance misuse services and housing
- Strategic level support through local partnership boards
- Available expertise from specialist staff including psychiatric input
- Involvement of service users in commissioning, evaluation and co-production of liaison and diversion services.

Liaison and diversion services taking an inclusive approach will recognise and work with three groups:

- a) People with multiple problems including common mental health problems or borderline learning difficulties, including substance misuse
- b) People with a moderate to severe learning disability with or without concurrent multiple needs
- c) People with severe and enduring mental illness with or without concurrent multiple needs.

We would recommend a whole area approach with access points across the criminal justice system; from early intervention (e.g. Revolving Doors Service, Warrington), police custody (e.g. Bethnal Green custody suite working with PRHA Link Workers), court (Together) and prison (HMP Lewes to Brighton). The Manchester criminal justice liaison and diversion service is working successfully in this way, taking an inclusive approach⁶. See Appendix A for case studies outlining these services.

4. Establish clear structures to embed local accountability and partnership working

Long term success of the national roll out of liaison and diversion services will depend on them being 'hardwired' into local structures of accountability and commissioning. Lord Bradley recommended that local partnership boards should support the local liaison and diversion service. **We believe these should be convened by the local Directors of Public Health and work closely with the relevant Police and Crime Commissioners. This responsibility should be enshrined in the statutory duties of those roles.** Boards should draw on the full range of local agencies. Appropriate senior police, probation, health and council officials should help support the work of developing joint working and establishing effective care and support pathways.

⁶ <http://www.cdd.nhs.uk/media/217234/developing%20integrated%20services%20in%20manchester.ppt>

Careful consideration will need to be given to how local GP commissioning consortia can support and link with the work of local liaison and diversion services.

These local partnership boards should establish mechanisms for involving service users in commissioning services and ensuring the quality of local interventions and pathways.

5. Map current extent, type and operation model of existing services

To measure progress in terms of national roll out, the Government should commission mapping of the extent and type of liaison and diversion services currently available. This can build on Nacro's directory of liaison and diversion services. (Nacro 2009)

The database of services should also identify gaps in the system including police custody suites or courts that do not have access to liaison and diversion services or services that are currently too narrowly focused. Information about current providers and commissioning will be useful in planning future roll out.

6. Target support and track progress

The offender health National Programme Board should continue to have responsibility at national level for monitoring the roll out and should report regularly to parliament on the progress being made.

The Care Quality Commission (CQC) should have responsibility for keeping a database of liaison and diversion services. We agree with Lord Bradley's recommendations that they should take the lead in inspecting these arrangements with joint inspections with the HMIC and HMIP where appropriate.

As part of their responsibility for assessing the commissioning of health and care services for offenders the CQC should consider how local commissioners are working together and involving service users to ensure that there are effective pathways between liaison and diversion services and services in the community.

We recommend that the CQC engage service users in their approach to regulating and inspecting liaison and diversion services. We also recommend that the CQC publish an annual report setting out their findings from inspections of liaison and diversion services and lessons for future development.

Some areas will need support to develop their liaison and diversion service or to remodel existing services based on the new standards and guidelines. **The Government should allocate funding to provide this support to targeted areas following on from the mapping exercise and work by the CQC.**

CHAPTER 3: PAYMENT BY RESULTS

The following is a joint response to questions 22 to 28.

This section outlines the main opportunities and risks posed by a move towards payment by results in relation to people with multiple needs in contact with the criminal justice system. It covers payment by results approaches focusing on reoffending, and those focusing on supporting drug recovery.

In the current landscape, services for offenders with multiple problems are few and far between. Payment by results has the potential to improve joint working and encourage the commissioning of holistic services for offenders with multiple needs. However, we are concerned that focusing on single outcomes such as reducing reoffending will fail to reward progress in other areas such as

improved mental health, sustaining a tenancy, or improved social networks. These can be important steps towards desistance. Even where people do reoffend, there is a case for rewarding providers for helping clients reduce the frequency and severity of reoffending. This would recognise that these steps will over time help them to stop offending.

Providers who are essential to the package of support people need, but who are not paid for their contribution to reducing reoffending will have little incentive to work in partnership with criminal justice agencies, leading to unhelpful fragmentation of services. This risk is increased in the current fiscal climate where many public services are stripping back their services in efforts to cut costs.

We welcome the Government's recognition that payment by results would "mean commissioning services by paying a range of providers for delivering outcomes including the offender stopping taking drugs, gaining and sustaining employment as well as rehabilitation." However we believe that this focus on shared outcomes needs to go further than drugs, employment and reoffending.

We recommend that mechanisms are developed to combine metrics across a range of outcomes, which are usually commissioned separately but could be brought together to create a mutually reinforcing impact. For example, poor mental health makes it less likely someone will be able to manage their tenancy and more likely they will turn to drugs or alcohol as a coping mechanism, in turn leading to increased likelihood of offending.

The Government should work with local authorities to develop a framework that brings together a wide range of outcomes across health, criminal justice, housing, drugs and alcohol, welfare, education and employment, and rewards progress in the areas that are stepping stones to desistance. Importantly this framework would span services both inside and outside the criminal justice system. Providers would be rewarded for improvements across a range of outcomes that prevent deterioration and promote recovery, recognising that for some people this will require ongoing engagement and support over a period of time. **Given the difficulties in achieving this nationally we believe there is a strong case for a ring fenced grant to stimulate the development of the market. This would also provide opportunities to evaluate approaches in this area.**

Payment by results approaches present a number of other challenges to which we are keen to draw the Government's attention.

Firstly, in plans for Local Incentive Schemes, the Government identifies that local partners will be "free to target their resources on specific groups of offenders in line with their local priorities and crime patterns." Despite the high cost of their interaction with public services, challenging behaviour and poor engagement with services means that offenders with multiple problems are often barred from services or seen as a nuisance rather than a risk to the public. (See section on understanding the problem for more detail.) We are concerned that people with multiple needs will lack priority locally and will once more be excluded by these reforms.

Secondly, there is a risk that a move to payment by results will lead to providers 'cream skimming', i.e. selecting those most likely to engage, leaving those who are more challenging to work with without support. There is also a risk of 'parking', where more costly-to-help participants receive only minimal support and make little progress in a programme. In order to address this, contracts must be designed to reward and stabilise work with even the most difficult to reach clients, recognising the cost benefits of supporting this group towards greater stability and recovery.

Thirdly, to date projects have often found it hard to get access to information on reoffending among their clients and hence find it hard to demonstrate outcomes in this area. There is an urgent need for greater access to reoffending data through partnership working if agencies, particularly those in the voluntary sector, are to be able to prove their worth in a payment by results environment.

Finally, the Government should not underestimate the resources that are required to develop effective payment by results systems. The Peterborough Social Impact Bond was developed over several years with considerable resources. Similar commitment will be required if payment by results approaches are to work.

Q28. Is there a case for taking a tailored approach with any specific type of offender?

We welcome the Green Paper's recognition that some groups of the offenders may require a distinct approach.

As outlined above in our response to question 14, **women offenders have distinct needs from male offenders, and this should be reflected in a specific approach to payment by results for women offenders.** The small numbers of women offenders will present particular challenges in developing outcomes-based approaches.

Young adults also require a distinct approach. We are members of the [Transition to Adulthood \(T2A\) Alliance](#) and support their response to this consultation. As their response outlines, young adults have distinct characteristics and needs and require a different approach from older offenders. This approach should be proportionate to their maturity and responsive to their specific circumstances, incorporating what we know about young adult offenders, the causes of their offending behaviour and what can be done to encourage desistance. This is set out in detail in the Transition to Adulthood Alliance's response.

There is also a **need to address the disproportionate representation of people from certain minority ethnic communities in the criminal justice system.** This has been poorly addressed in the Green Paper. The Government and providers of criminal justice services should work closely with organisations with expertise in working with people from minority ethnic communities in order to ensure that proposals and reforms effectively meet the needs of this group.

CHAPTER 4: SENTENCING REFORM

Sentencing

Q37. How can we make community sentencing most effective in preventing persistent offending?

Revolving Doors welcomes *Breaking the Cycle's* change of emphasis from short custodial sentences towards more effective community sentences. Members of our Service User Forum tell us that short custodial sentences do little to address underlying causes of offending and in many cases reinforce them, for example through loss of accommodation or disruption to community support. Their experience has been supported by research such as National Audit Office 2010, Social Exclusion Unity 2002 and Halliday 2001.

We are pleased that the paper's description of effective community sentences chimes with our own knowledge of the key features of effective services for people with multiple needs as outlined above. Further to the priorities of early intervention, including rehabilitative approaches to tackle problems underlying offending and flexibility as identified in the Green Paper, we recommend the following:

- **In order for community sentences to be most effective in preventing persistent offending they need to take a holistic approach addressing the offender's full range of needs and causes of offending.** The section above on what needs to be in place outlines in more detail how this can be facilitated.

- **Coordination:** In order to address the full range of needs, community sentences will need to involve a wide range of organisations. The Probation service will need to play a central coordinating role in facilitating access to these services.
- **Approaches that understand and work to develop motivation** play an important role in addressing problem behaviours, e.g. drug use and reducing reoffending (Allen, 2008; Lundahl et al, 2010).
- It is vital that the makeup of community sentences **reflect an understanding of how the offender themselves will respond to the sentence**. This will help to minimise the risk of breach as outlined below. There should be particular recognition of how mental health problems and learning difficulties and disabilities will affect how the offender responds to a community sentence.
- **Women’s specific needs should be reflected** in women-only community sentences (see question 14 for more detail on women’s services.)
- **Risk of breach should be minimised through use of appropriate sentences**, the conditions of which the offender is able and supported to adhere to (see question 39 on breach for more detail).
- Sentences should be **proportionate** to the level of risk and seriousness of offending. In order to achieve this, steps should be taken to ensure that probation staff and sentencers are fully aware of proportionality requirements.

“I’ve found the best way of not reoffending is getting involved ... It gives me a lot of focus in life, things to do ... I enjoy doing what I do ... I get involved as much as I can, and I think by doing that it certainly doesn’t leave me any time to dwell on what happened in the past... Getting involved is the best way of keeping people away from reoffending and I’d encourage anyone ... to get involved.”

There is an important potential role here for greater involvement of former offenders in helping design and deliver effective sentences. Many organisations, such as St Giles, have successfully trained offenders and ex-offenders to work as mentors, advocates or other support roles. Peer involvement is widely recognised to be rewarding for both parties, and for wider organisations (CLINKS and Revolving Doors Agency 2010). There is much scope to incorporate user or peer involvement in to community sentences. **We recommend that the Government encourages and supports increased peer and user involvement in community sentences.**

Q38. Would a generic health treatment community order requirement add value in increasing the numbers of offenders being successfully treated?

Revolving Doors welcomes the paper’s recognition that flexibility in community sentences “may be particularly valuable in tackling offending by people with mental health, alcohol or mental health problems” and that “for offenders with multiple problems, a more generic health treatment requirement may be a better way to engage them with all the treatment they need.”

We support the introduction of generic health treatment community orders (GHTCOs) with some caveats. Firstly, **this type of disposal would only be appropriate if support services addressing a range of needs were provided alongside**. See section at the start of this response on what needs to be in place for more details.

Secondly, **in order for GHTCOs to be effective they will need to be well understood, well resourced and supported by positive relationships between agencies**. Much can be learned from research on Mental Health Treatment Requirements (MHTRs) (Khanom et al, 2009) which has found that one of the most significant obstacles to the application of the requirement is a lack of cooperation between agencies. Information sharing and challenges of patient confidentiality were

also identified as barriers. As GHTCOs are likely to encompass a wide range of agencies, cooperation between agencies will be even more important.

Thirdly, it will also be important to maintain a focus on mental health within a GHTCO. *Missed opportunity* (Khanom et al, 2009) found that “mental health is rarely considered a priority by the courts or probation services. In most cases, unless an offender’s mental health problems are so severe or noticeable that they suggest compulsory admission to a psychiatric hospital is required, the courts will generally view mental health as ‘someone else’s business’.”

Building on the recommendations of *Missed Opportunity*, **we recommend that central government should provide practical guidance for professionals on how to construct and manage a GHTCO.** This should include the purpose and process of issuing a GHTCO, who is eligible, how it should be used, and which professionals should be involved.

Finally, we are keen to emphasise that **mental health, drug and alcohol treatment is better if it is delivered outside the criminal justice system and recommend that investment in GHTCOs should not prevent investment in services outside the criminal justice system.**

Further to the above, we believe there is scope to increase the use of Specified Activity Requirements in order to encourage and support offenders to address a range of needs. These may be particularly useful in cases where offenders’ needs are not regarded sufficiently high for a treatment order. They could potentially be used as a standalone order and may offer a useful and streamlined alternative to a supervision order. **We recommend that the Government explores the increased use of Specified Activity Requirements to address the needs of offenders with multiple low level problems.**

Q39. How important is the ability to breach offenders for not attending treatment in tackling their drug, alcohol or mental health needs?

“Getting the response to breach ‘right’ is crucial: too many breaches will lead to increasing use of custody; too few breaches and Community Orders and Suspended Sentence Orders will be seen as soft options. In both cases, sentencers may lose confidence in these sentences and resort to custody.” (Mair et al 2007)

We support the use of wider discretion for offender managers in the use of breach. Current arrangements are often seen as inflexible, which can lead to offenders being less inclined to comply with requirements.

“Offenders that have used drugs are used to leading a chaotic lifestyle. So if they are asked to conform to ... a rigid community based sentence, it is a big ask. It doesn’t seem like it because that’s your punishment, you know, that’s what you got to do... [There needs to be] room for manoeuvre, because [otherwise] a breach is inevitable. It will happen.”

In some cases, reasons for non-engagement will be beyond the offender’s control e.g. childcare issues or conflicting appointments such as at Job Centre Plus. In others non attendance may be an indicator that they are not coping with other aspects of their life, e.g. increased drug or alcohol use or deteriorating mental health. Barriers to engaging with other services (as outlined in response to question 8) are likely to impact on compliance with community sentences. Examples include negative staff attitudes or male-dominated environments where women feel unsafe. Learning difficulties and disabilities can also contribute to breach especially where they are undiagnosed or poorly understood. It is important to note that without appropriate support being provided alongside the community order, offenders are more likely to breach and end up in custody. **We urge that professionals are enabled and encouraged to ascertain reasons for the breach, especially non-engagement, before action is taken. Service user involvement can play a**

key part in this. This is particularly important where breach results in a custodial sentence, as their support in the community is interrupted.

Q40. What steps can we take to allow professionals greater discretion in managing offenders in the community, while enforcing compliance more effectively?

Revolving Doors welcomes the Government's commitment to allowing professionals greater freedom in managing offenders in the community. As outlined in the section at the start of this response on what needs to be in place, flexibility is a key characteristic of services that are effective in working with people with multiple problems, which as *Breaking the Cycle* identifies, includes many offenders.

Improving communication between agencies will allow emerging risk factors, such as tenancy problems developing, to be identified and addressed early, thus reducing the chance of breach and custodial sentences.

Professionals should also be supported to develop a better awareness of support services available in the community which could help offenders address needs, that may lead to non-compliance.

The development of common assessment and monitoring tools where appropriate would reduce administration time across agencies and allow more time for professionals to work with clients.

Training will be essential in order to enable professionals to have more confidence in exercising discretion. This should include raising awareness on how to spot and respond to mental health problems and learning difficulties and disabilities (from mild to severe). Mental health charity Together has recently published new guide aimed at frontline criminal justice agency staff which may be of particular use in this area (Together 2011).

Revolving Doors has been involved in establishing a mental health project at Anawim women's centre in Birmingham. (See case study in Appendix A) As part of her work at Anawim, the mental health nurse has undertaken training sessions with staff to support them in identifying and responding to service users' mental health needs. Her links with the mental health trust have also proved invaluable in facilitating routes in to mental health services.

In the London Borough of Tower Hamlets, Providence Row Housing Association Link Workers have run training sessions for local police in order to raise understanding and awareness of multiple needs (see case study in Appendix A). This has increased the level of appropriate referrals to the project, facilitating access to holistic support (see section at the start of this response on what needs to be in place) and reducing the likelihood of further contact with the criminal justice system.

Q41. How might we target community sentences better so that they can help rehabilitate offenders before they reach custody?

As outlined above access to rehabilitative approaches should be available from the earliest possible point of contact with the criminal justice system. This will help to prevent offenders from progressing up the sentencing tariff to custody. The Revolving Doors Service in Warrington provides an example of how support can be targeted very early in the criminal justice system. (See appendix A.)

The situation and coping skills of offenders should be carefully considered when community sentences are being applied. As outlined in the response to question 39 above, offenders who lead a

chaotic lifestyle may find it challenging to meet the conditions of a community sentence, increasing the likelihood of breach.

Support services should be provided alongside community sentences in order to support the offender in complying with the sentence.

The increased use of mental health treatment requirements or alcohol treatment requirements may help to better target community sentences by addressing underlying causes of offending. Addressing these areas in the community should be a key priority even where these requirements are not

Q42. How should we increase the use of fines and of compensation orders so as to pay back to victims for the harm done to them?

We are keen to emphasise that non-means tested fines such as Penalty Notices for Disorder (PND) present a significant challenge to adults with multiple needs and are likely to lead to distress for the individuals concerned, further costs to the criminal justice system and also carry the risk of further offending to raise the necessary funds to pay the fine. Research carried out for our report on financial exclusion *Hand to Mouth* (Pratt & Jones 2009) found that “PNDs are a significant financial penalty for adults with multiple needs; the majority of people we interviewed would struggle to pay the fine in the 21 days. These fines may lead people to resort to crime as a means of getting the money to pay the fine. For many people this is the only way they know to get money in a short period of time. PNDs can be seen as a fast track into the criminal justice system for vulnerable people if used inappropriately.”

Financial penalties that are not linked to the individual’s income and ability to pay are discriminatory and ineffective, especially for adults with multiple needs. **We urge the Government to limit the use of non means-tested financial penalties and to explore the use of community alternatives.**

CHAPTER 5: YOUTH JUSTICE

The following is a joint response to questions 50 to 55.

Revolving Doors welcomes the Government’s recognition of the need to work across agencies and departments to support “a local, joined up approach to address the multiple disadvantages that many young offenders have and the chaotic lifestyles that many lead”.

We are part of the Transition to Adulthood (T2A) Alliance and support their response to this consultation. As noted in the T2A response, **the Government should recognise and respond to the distinct needs and circumstances of young adults in their reforms of the criminal justice system.**

Particular consideration should be given to how to improve transitions from the youth to the adult criminal justice systems and better incorporate the issue of maturity into criminal justice decision making.

It is vital efforts to develop liaison and diversion services for children and young people recognise both their specific mental health needs, and the differences between children’s and adult services. During childhood and adolescence, mental health needs are still emerging, meaning a completely different approach is required in comparison to adult services. Services for children are also structured differently from those for adults across a range of sectors. A distinct approach is therefore needed, rather than an add-on to the development of adult services.

CHAPTER 6: WORKING WITH COMMUNITIES TO REDUCE CRIME

Q57. What are the other ways in which we can work effectively across Government to increase local flexibility to tackle offending?

Need to retain focus on joint working

The Government clearly recognises that reducing reoffending is of concern to a number of departments. There are now a range of mechanisms in place with the potential to facilitate cross-departmental working, including the Social Justice Committee, the Inter Ministerial Group on Homelessness, the Home Affairs Committee and the Public Health sub-Committee. There are also commitments to joint working in the drugs and mental health strategies as well as this Green Paper. We are delighted to see such a broad commitment to working across departments, but are concerned that this focus may be lost as the Government works out the detail of its reforms. All departments are facing huge challenges in terms of funding cuts and changes to policies and structures. It will be easy to focus on these internal pressures and push joint working down the list of priorities. **We urge the Government to retain its commitment to cross-departmental working in the coming months and years and to encourage this joint working in local areas.**

Ensuring local responsibility

The commitment and buy-in of strategic stakeholders is essential to for local areas to work flexibly. As outlined above, we urge the Government to mandate Directors of Public Health and Police and Crime Commissioners to consider the health and support needs of offenders, and to recognise their key role in ensuring the above elements of support exist in local communities, both during and after offenders' contact with the criminal justice system.

Directors of Public Health, Police and Crime Commissioners and criminal justice commissioners should have a statutory duty to work together to address these issues, and be held to account for the provision of appropriate support.

Strategic understanding of agencies' competing priorities

As outlined in the response to question 8 above, one of the key barriers to local joined up working is different agencies' competing priorities or attitudes towards certain groups. A **strategic understanding** of this barrier at both national and local level is needed to address it. **Central government should ensure that the critical role of coordination is understood and embedded in to commissioning.** At a local level, there is a need for leaders to understand the issue and facilitate access where barriers are identified

Impact of fiscal situation

The effect of current cuts to local services on the flexibility of local services should not be underestimated. Many services which help prevent or tackle offending are being scaled back or shut down. Any efforts to increase local flexibility will have to be made with this background in mind. With cuts being made across the board, it is likely that extra capacity allocated to joint working will be a low priority and services will limit the people they are able to work with.

Q58. What more can be done to support family relationships in order to reduce reoffending and prevent intergenerational crime?

Revolving Doors' 2009 report on the role of adult services in supporting families of adults with multiple needs (Herlitz & Jones 2009) identified a number of challenges faced by practitioners in adult services in responding to clients' family-related needs.

Our research highlighted that adult services play a crucial role in determining outcomes for children and families but that practitioners are often unclear of their remit in working with the families of their service users, and of organisational boundaries to that work.

We welcome the establishment of pilots testing how community budgets can support families with multiple problems and are pleased to see recognition of the need for joint working to support this group. Central to this should be close attention to the relationship between children's and adult services.

Q59. What more can we do to engage people in the justice system, enable and promote volunteering, and make it more transparent and accountable to the public?

Revolving Doors welcomes the Government's commitment to "making volunteering more accessible to those members of the public who want to play a bigger role in tackling crime in their communities." **Efforts to engage more people in the justice system should include the involvement of offenders and ex-offenders.** Involving service users can benefit both service users and services themselves, whether statutory, voluntary or private. Revolving Doors and CLINKS recently published a guide on service user involvement. Below is an extract:

"There is widespread recognition and growing evidence that involving offenders, ex-offenders, their families or carers can improve the services they use. Because of their direct experiences of services, service users know better than anyone what works – and what does not. Involving them in your work brings unique insights and taps into a valuable resource. Service user involvement can also have a positive impact on the individuals involved by boosting their confidence and skills. This can lead to other opportunities such as training or employment."

(CLINKS and Revolving Doors Agency, 2010)

Offenders and ex-offenders have a valuable role to play as mentors or advocates, as demonstrated by services such as St Giles Trust's Peer Advice Project, which offers offenders an advice and guidance qualification. They can then provide housing advice to other prisoners and mentor prisoners 'through the gate' to support resettlement.

Offenders and ex-offenders also have an important role to play in the community. A number of members of Revolving Doors' Service User Forum have been involved in community work such as speaking to young people in schools about crime and prison. They have found this to help them in their recovery, giving them a positive sense of identity which can reinforce their recovery and reduce the risk of reoffending. Forum members recently produced a short video which includes testimony of the benefits of being involved in their local community. Watch it here:

<http://vimeo.com/19827378>.

It will be important for the Government to work closely with organisations that have developed expertise in involving service users in order to engage offenders and ex-offenders in the delivery of a more effective justice system. Our Service User Forum is keen to work with the Government to explore how this can best be achieved.

Conclusion

Revolving Doors strongly welcomes *Breaking the Cycle's* recognition of the multiple problems experienced by many offenders and the need for a joined up approach to addressing them.

In this consultation response we have set out how, alongside other government reforms, the Green Paper could provide a 'once in a generation opportunity' to hardwire change into the system. This change would mean that men and women with multiple needs who come in contact with our criminal justice system get the help they need to transform their lives and escape lives of chaos and crime.

With leadership this national change is achievable and will save the taxpayer money.

But it will require an understanding of why the current system fails and the real challenges of establishing new approaches. It will also require effort across Whitehall and a clear new strategic responsibility at a local level.

Without this there is a risk that the help that people need is only available in the criminal justice system, creating a perverse incentive for crime rather than reducing it.

Finally, by understanding the huge waste of public money currently generated by the failure to stop reoffending, new approaches can be resourced that can transform lives and communities, creating a true rehabilitation revolution.

Appendix A: Case studies

1. Anawim mental health project, Birmingham

Anawim mental health project is a partnership between the Anawim day centre for women (in particular those with a history of sex-working) and local mental health services.

Anawim acts as a one-stop shop of services for women with a variety of complex problems and needs in Birmingham. Anawim run outreach in two women's prisons and run unpaid work schemes and specified activities at the centre.

The Anawim mental health project was established through Revolving Doors' National Development Programme⁷. A mental health professional seconded from secondary health services provides assessments within the centre and works to develop clear mental health care pathways for those women with complex mental health and other problems, who currently receive poor care from health services despite high levels of need.

The mental health practitioner acts as a bridge into mental health services for a vulnerable group of women, many of whom are known to the criminal justice system but who need a range of support services. As an employee of the local mental health trust, the practitioner is well placed to act as a conduit for those who need a higher level of support.

For more details see: <http://www.revolving-doors.org.uk/partnerships--development/projects/anawim-mental-health-project/>.

2. Tower Hamlets Link Worker Scheme, Providence Row Housing Association

The project provides assertive outreach support to Tower Hamlets residents aged 18 and over, who have been in contact with criminal justice services, and who have currently unmet mental health and complex needs. The Link Workers work primarily with non-statutory offenders (not under probation supervision) who are not linked in with other services.

Referrals are primarily accepted from local police stations and prisons but also from community based services (and on occasion self-referrals). Clients are visited in their own homes or in custody or met in a public place.

Link Workers provide emotional support, practical advice and advocacy. Clients are supported to access other services. The Link Workers help with areas such as housing, debt, benefit issues, mental health, drug and alcohol misuse, education and employment. The majority of clients have drug and alcohol issues. Many clients find it hard to engage with services, so the project offers an assertive approach to bring them back into contact with support.

3. Revolving Doors Service Warrington

Revolving Doors Service Warrington provides a link between neighbourhood police and mental health services who then act as a gateway to a range of local support services. The service is not part of Revolving Doors Agency, but was established through our National Development Programme⁸. The service is run within the community mental health team and overseen by a multi-agency steering group. As an early intervention service, it identifies individuals with low-level mental

⁷ Revolving Doors' National Development Programme ran from 2007 to 2010. It established a network of projects across England and Wales testing out a range of approaches to working with people with low level mental health problems in contact with the criminal justice system. Many of the projects we established as part of it continue to run today. Read more about the programme and other projects here: <http://www.revolving-doors.org.uk/partnerships--development/programmes/ndp/>

⁸ Ibid.

health problems who are at risk and would not normally be helped until their condition has deteriorated much further. It then provides support and signposting to community services.

The scheme highlights the potential for partnerships between the police and community services, which intervene early to prevent people with multiple problems getting caught up in the criminal justice system. It also demonstrated that, in many cases, a brief low-cost intervention can both improve individual outcomes and potentially avoid long-term costs for local services.

For more details see: <http://www.revolving-doors.org.uk/partnerships--development/projects/warrington/>

4. Together's Forensic Mental Health Practitioner (FMHP) service

The service identifies and supports people in contact with the criminal justice system who have a mental health issue. Trained mental health specialists working in the service seek to link the vulnerable person with statutory or voluntary services that can help them locally. The service is delivered in partnership with London Probation, Her Majesty's Court Service, Primary Care Trusts, NHS Trusts, Local Authorities and the Drug Intervention Programme.

Service staff work closely with court and probation services across London, diverting vulnerable offenders away from custody remands towards more effective community management of their mental health and social care needs.

At court, the service operates a mental health court liaison scheme, where mental health practitioners provide assessments, liaison and referral services for defendants, and provide sentencers with advice on alternatives to custody for defendants with mental health needs. The service aims to reduce re-offending by assisting people who are released from prison or serving community orders to access the support they need. The FMHP service also provides mental health awareness training to people working within the criminal justice system to ensure they are better prepared to deal with issues relating to mental health.

For more information see: <http://www.together-uk.org/services/services-by-type/forensic-mental-health>

5. The HMP Lewes to Brighton project

The project is run by Brighton Housing Trust and targets short sentenced prisoners in HMP Lewes from the city of Brighton and Hove who have multiple unmet needs.

It was established following a needs analysis (Ahmed & Page 2007) which identified a cohort of prisoners serving repeat short sentences at the prison. These prisoners were 'in contact' with a large number of community support agencies, but engagement was often poor and links between the agencies and the prison were weak.

The project co-ordinator, based at HMP Lewes, assesses needs of referred prisoners and ensures links are made with all relevant agencies so that joint care planning can take place. The co-ordinator initially adopts a lead professional role but seeks to identify an appropriate agency within the community to act as the lead agency in co-ordinating support on release. This handover is managed carefully and the project co-ordinator retains post-release involvement until the handover has been successfully completed. In this way, the offender receives a sustained and integrated post-release support service.

HMP Lewes to Brighton was established as part of our National Development Programme⁹. For more details see: <http://www.revolving-doors.org.uk/partnerships--development/projects/hmp-lewes-to-brighton/>

6. Manchester Criminal Justice Liaison Team

The Manchester Criminal Justice Liaison Team is a multi-disciplinary, multi speciality team covering all stages of the criminal justice system. It targets adults who are in contact with the criminal justice system (or at risk of contact), are not effectively engaged with current providers, and who have evidence of mental health need.

The team operate at the interface between care and justice. They aim to engage with the service users and facilitate on referral to appropriate services. They offer active case management for six months. They are able to respond rapidly to referrals and offer a range of interventions and are flexible in support offered. Information sharing and partnership working is an important element of the service.

⁹ Ibid.

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