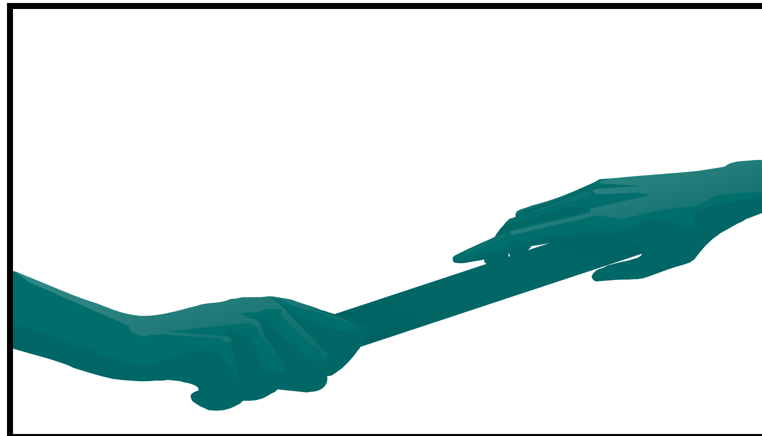
NHS South West
Offender Health

Missing Link
mental health and housing services for women

WOMEN'S WORKER COURT PILOT:

BRISTOL MAGISTRATES' COURT

SUMMARY AND EVALUATION



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ABSTRACT

Aims
The Corston Report[1] suggested there are public health needs for women in contact with the criminal justice system, mental health needs being a central issue. It recognises that women have different health/social needs from men but that these are not addressed within this male dominated environment. A local response to this report was the creation of a pilot Women's Support Service based at a Magistrates' Court, to work alongside an established mental health liaison team, offering women general support. The aim of this paper is to present some of the findings of an evaluation of this service highlighting the nature of: the woman defendant's:

- home environment
- general and mental health needs
- support needs when in contact with the criminal justice system.
- the links made with community organisations to provide this support

Methods
A spreadsheet was completed by the project worker for each woman assessed in 4 months. Key variables were the general characteristics of women defendants, the demand for service, their home environments and responsibilities, women's general and mental health, their financial status and the nature of their offences. The project worker qualitatively described for each case seen the range of services to which women were referred and the short term outcomes of each referral.

Results
Women defendants accessing the service come from unsupportive home environments and exhibit high physical and mental health needs. Although they readily access general health services they appear reticent to access mental health services. Women defendants have multiple needs that, through the women service pilot, are supported by a range of statutory and voluntary services in the community that reach beyond their explicit health needs.

Conclusions
Women defendants are a vulnerable group, at higher risk of mental and physical health problems. The Women's service pilot fulfils a public health service by offering women defendants a temporary replacement of social capital they lack from in their home environments The service acts as a triage, directing women to appropriate services and connecting the criminal justice system and health and social care services more effectively.

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1. PROJECT SUMMARY

1.1. Context

A four month secondment opportunity was developed by Offender Health South West in early 2009, for a third sector worker with experience in women's health and social needs, to work alongside the Court Assessment and Referral Service (CARS), based at Bristol Magistrates Court. A pilot project was designed, to run between 6th April and 31st July 2009. The CARS team had been based at the court for several years, providing assistance to defendants with mental health issues. Over the last year, the team became part of a national pilot to improve the provision of assessment and advice to sentencers.

During the national pilot, it became clear that although women made up 12.5 % of defendants, one in three of women who have previously been known to the local mental health service provider refused to consent to see a mental health professional at the court, or to have information about them shared with sentencers, and other criminal justice agencies. The refusal rate for male offenders was one in ten. Anecdotally it was believed that women may be afraid that an association with mental health services may jeopardise their perceived ability to care for their children, or that issues are too painful to deal with.

Additionally it was believed that there were a number of women going through the court (for e.g. non payment of fines) who did not have an identified mental health need, so would not be seen by CARS. However, it was thought hat many of these women would be likely to have complex needs which make them vulnerable.

1.2. Aims and Objectives

The project was designed to assess the premise that women who come into contact with the court do not appear to take up services that may help them reduce their offending. It was intended to support a number of initiatives that have been progressed by the Ministry of Justice and the Department of Health, in particular the Corston report, the Bradley review, Offender Health and Social Care Strategy and the Improved Access to Psychological therapies programme.

The role of the women's worker was:

1) To be based at the Magistrates Court, between 9.30 and 1.30pm, alongside the CARS team.
2) To offer as many female defendants as possible an assessment of their needs.
3) To advise women when needs were identified, with referral to specialist provision where appropriate.
4) To gather information about existing local community provision that is available to women, and to identify any gaps in provision to meet the needs expressed by the women.
5) To collect and record data on all of the above.

1.3. Delivery

Assessments of need were offered on the following basis.
Every morning women detained in custody in the court cells were given priority for assessments. They were checked against the Mental Health Information System (MHIS) by the CARS mental health nurses, to check for any known mental health issues before assessments. If women were known on MHIS, they would be offered a session with the CARS mental health nurses in addition or instead of a session with the women's worker.

On a daily basis there were an average of two women detained in the cells, but there were on occasion four or five. On three days during the pilot there were no female defendants in the cells. On these days, and when time allowed on other days, bailed women were assessed. Users of the service were approached directly by the women's worker, or through discussion with the court ushers. Others were referred through solicitors, or other members of the CARS team.

Up to four women each day were assessed for health and social need over the course of the pilot. Women with more complex issues were seen on subsequent sessions, returning to the court on a voluntary basis to receive further support. A maximum of three sessions were given to each woman, to ensure timely referrals to suitable provision, and to allow for as many defendants as possible to be seen.

Sessions generally lasted between 45 and 75 minutes, and were conducted in the court interview rooms for the bailed women. Women in custody were generally seen in the legal rooms in the cells. Occasionally, due to room availability, women were assessed in their cells. This was avoided where possible, as a member of the custodial staff was required to stand outside the cell while the session took place, which had an impact on staff resources. This environment also appeared, understandably, to affect the level of disclosure by the women.

The assessment sessions were tailored as individually as possible around the defendant, but broadly covered the areas of physical health, mental health, housing, finance, dependants and caring responsibilities, income, education, employment and training, meaningful activity, support network, and areas of risk such as alcohol, drugs or abuse. Details of the current offence, any previous offences and other meaningful data, such as equal opportunities monitoring was also collated. All data was collected through self disclosure by the defendant. All women also signed a consent form in order to share information with appropriate agencies and services.

Court custodial staff, and court ushers were all supportive of the pilot, and assisted whenever needed. There were difficulties in completing some assessments, due to interruptions for legal visits to allow the smooth running of the court. Some sessions had to be terminated early as the defendant had been called to court, but it was sometimes possible to meet up again following the appearance to complete it.

Solicitors were accommodating almost without exception. On one occasion only, a solicitor encouraged her client to withdraw her verbal consent to see a CARS mental health nurse as advised by the women's worker, telling her that "it will hold up the case". The same defendant was back in court a week later, and her mental health had deteriorated so significantly that she required an assessment in the cells under the mental health act. Thankfully, this was an isolated incident.

1.4. Engagement levels

86 women in total engaged with the service. The women's worker was available to offer sessions for 52 mornings over the duration of the pilot, after deducting time spent on induction, administration, casework, meetings and annual leave. 149 sessions were conducted in total.

In addition to the 86 Women who engaged with the service, 11 declined contact with the women's worker.
Reasons given were recorded for interest and are as follows:

3 women were in custody and feeling unwell due to drug withdrawal, and were trying to sleep.

2 bailed women had young children with them in court, and felt they did not have the opportunity to talk, or felt it would be too difficult.

3 women were anxious about their childcare arrangements and were keen to leave court at the earliest opportunity.

1 bailed woman stated that contact would be "pointless" if we did not have any influence in court to assist her case.

2 bailed women stated that they did not have any difficulties that required assistance.

Numbers of women passing through the court each day were recorded from time to time to assess how many defendants were being offered assistance, and how many were not. Whilst a maximum of four women were seen per day, but more commonly two or three, there were on average 15 female defendants appearing in court of the days sampled.

Women engaged at a much higher level than anticipated. It was thought that women did not appear to feel threatened by a "women's worker" who identified her role simply as "helping women sort out some of their problems". Women were told the women's worker was attached to a health team in the court, but that the role was flexible, and that she could assist with a wide variety of issues. They were also informed that she had no influence on legal matters, and did not share information with the court.

Feedback from the women on initial engagement included :

1) "Well you seemed nice, so I thought where's the harm?"
2) "I've got so many problems I didn't know where to start, and you said you could help".
3) "You seem to know what you're talking about, and you were friendly"
4) "I've been in a cell for two days and you offered me a chat! I wasn't going to refuse it!."

This was in contrast to a perceived fear of mental health services, outlined later in the report.

Almost all women appeared to talk openly about their difficulties, which enabled meaningful work to be done to resolve or minimise them. At times the main issues identified had a direct link with the offence charged, whilst at other times there were a range of issues that had developed in to a life of chaos and vulnerability. For these women, anecdotally at least, they were participating in activities required for "survival", where the sense of whether actions were considered legal or illegal was secondary to simply getting through each day.

The women's level of engagement was considered extremely successful, when considering that for their initial session at least, they were seen immediately prior to a court appearance. For some women, it was their first time in court, and they were understandably anxious about it. Other women who required more detailed interventions returned to the court on days that they were not appearing, in order to access further support in a planned way, or to report a change in circumstance or a crisis that had evolved since they were seen by the women's worker.

Women were sometimes referred by the women's worker to the CARS mental health nurses. When women declined this response their reasons were recorded for interest, and sample responses are set out below:

1) "I don't want to drag everything (traumatic experiences) up again".
2) "They're not sending me off with the men in white coats!"

3) “I’ll be alright. I’ve coped for this long”.
4) “I don’t want pills. I’ve tried them before and it doesn’t work”
5) “They can have my kids taken off me”
6) “I prefer to keep things to myself”
7) “They can’t change what’s happened to me can they?”

Women did not always return for booked additional sessions. When this occurred, they were telephoned or written to, and offered a new appointment if required. Existing workers who could assist in maximising the chance of further engagement were also notified. This was especially useful with women living at the local women’s hostel. Staff were extremely supportive to the service users and the pilot project, by reminding women about appointments, and assisting them to travel to meetings if necessary.

The women’s worker did not accompany women to appointments outside the court unless it was clear that the woman was unlikely to manage to do this without support. This was due to time constraints. If the role were to be developed in to a full time post, engagement with services would be improved if the worker was able to support women to attend initial appointments with services in the community. An alternative to this would be to involve an outreach worker to do this work, enabling the court based worker to engage with a greater number of women in the court setting.

1.5. Problems identified and referrals made

48 women were referred to statutory services, and 47 were referred to voluntary sector provisions. More commonly, women were referred to more than one provider of specialist support, as they had multiple needs not being met. Support packages were often made up using provision across both sectors. One woman did not require any additional support, as she had a comprehensive package in place.

The greatest number of referrals made was for support around current domestic violence, historical abuse, alcohol and drugs, debt, and housing related and mental health support. Many women required benefit advice, and a significant number were not in receipt of their full benefit entitlement. Training / employment advice and funding was requested regularly, as were requests for advice on issues around children and parenting. Details of all provision used during the pilot is listed in appendix 1.

1.6. Future Considerations

It would be essential for workers in this role in the future to have a varied and sound knowledge base on all of the areas above. Excellent interviewing skills and an ability to establish a rapport quickly is also considered essential, as the window of opportunity to engage with defendants is a short one. A sound knowledge of local provision is also essential. No pc / internet access was available at the court, so it was necessary to gather information on local provision in many areas to store at the court in order to make referrals. All monitoring and administration was done off site.

In Bristol, appropriate provision was found to be available for women in all areas of need. However, there are currently lengthy waiting lists for many kinds of psychological therapy, especially in the area of sexual abuse. Agencies providing debt advice are also reporting a significant increase in demand. Additionally, some charities that provide furniture, white goods and other necessary items to those in need have had to close to new cases for a short time, due to a rise in demand in recent months. State social fund grants and loans are also taking around six weeks to process.

There were two gaps in provision identified by the women assessed:
Firstly, many women had significant difficulties in their past and /or present, which had a dramatic effect on their social network. Many women reported having no one that they could

turn to for emotional support, or even to meet for a coffee. This level of social isolation impacted on all areas of life, and women consistently reported a sense of isolation and low mood, or had a self protective response, such as “I prefer to keep myself to myself. It’s easier that way”. For these women, the thought of enrolling at college or engaging in group work felt unmanageable, with or without support. Floating support workers, tenancy support workers, and resettlement workers are available locally to engage with individuals with a particular set of circumstances, in order to work on a particular set of issues. However, in addition to this, many women report needing friends, to chat to about the ups and downs of everyday life, and to accompany them to the cinema, for a coffee etc.

A limited number of ‘befriending’ and mentoring schemes exist locally, often using volunteers who meet up with service users on a one to one basis, usually on a weekly basis for a limited period. Women who have used these schemes in the past anecdotally have seemed to benefit greatly from this type of provision, as a stepping stone towards greater engagement with society in general. Typical responses were that it made them feel “part of the real world”, or that it gave them “a reason to leave the house”. If this low cost intervention was more widely available, it is felt that more women would be encouraged to reassess their situation, and go on to access more formal provision to address barriers faced.

Secondly, provision is also lacking in the area of childcare. Whilst the majority of fees are funded through the tax credit system for low earners who work, and childcare is paid for some who are enrolled at college, community provision does not often have childcare available. Many of the 86 women assessed for this pilot were carers, and the vast majority of carers were caring for their children. They were also on a low income. As a lack of social network was also reported amongst these women, many sources of provision are impossible to access. Even in a court setting, the women’s worker was engaged in providing emergency childcare on two occasions when the defendant was called in to court and was told that her children could not come in with her!

An unexpected pattern emerged when comparing the work done with women in custody and bailed women. Typically the crimes differed, with the most common offences charged to women in the cells being theft and assault, whilst non payment of council tax or television licence were the most common offences charged to bailed women.

However, with the exception of drug abuse, which was far more prevalent in women in custody, the underlying issues were often very similar, and the level of distress and ability to cope with daily life was comparable. Women who were appearing in the fines courts regularly reported domestic violence and other serious issues, with a common theme being that paying the t v licence was:

“… the least of my worries. I had far bigger things to stress about!”

Worryingly, these women were far less likely to be known to services, or to have any support to address their difficulties. A significant number did not know the many avenues of support available to tackle issues, especially domestic violence. Others were aware of it, but had not accessed it due to fear of “making it a whole lot worse if he finds out”.

With the above in mind, it is recommended that particular attention is paid to fines courts in the future, as the severity of the crime charged did not appear to reflect necessarily the level of need in female defendants. The court was able to provide a timetable of courts that were running a week in advance, which allowed a certain amount of planning for availability during busier times.

Other useful developments of the role would include extension to a full time post. This would allow for sessions to be conducted in the mornings while the court is busy. Administration,

casework and meetings could be restricted to the afternoons where possible, in order to provide a more consistent presence in the court, and offer the service to a greater number of women.

Additionally, as previously mentioned, a linked outreach worker in the community to facilitate engagement for the most vulnerable women would be considered extremely worthwhile. If this post was not in place, some of this work could be done by the court women's worker in the afternoons for the most vulnerable only, but would affect availability to work with greater numbers of service users.

Finally, it would be beneficial to develop strong working relationships with local custody suites, to allow a linked outreach worker to respond to female defendants at the earliest opportunity, to allow for assessments of need for some to be done at an earliest stage in the process. Following on from work done in the court, it would also be beneficial to develop partnership working with the women's prison, to continue work done with women in the court cells, who go on to custody. These women could be revisited prior to release in order to plan access to suitable provision, to compliment any work done in this area by workers based in the prison. The link outreach worker could also be engaged to support the woman to access the agreed provision as soon as she is released from prison.

In summary, the Women's Worker Pilot has illustrated that although historically women who come into contact with the court have not appeared to take up services that may help them reduce their offending; there appear to be very specific reasons for this, many of which are gender specific.

Female defendants were shown to be extremely motivated to engage in support sessions on a voluntary basis, with a voluntary sector worker who they perceived as less threatening than a statutory service worker. Links were then made to appropriate statutory services when required, using an 'alongside' approach which appeared to enhance engagement.

However, many women were supported who were not known to mental health services, and who were not showing any outward signs of distress. These women would have been highly unlikely to have been offered support from the CARS practitioners.
However, they reported some extremely challenging sets of circumstances, which left unmanaged and unsupported, would leave this set of defendants extremely vulnerable on many levels.

Women would be unlikely to reduce reoffending without support in place, as left unchecked, the issues reported have been shown to lead to a significant deterioration of mental health and wellbeing, increased chaos due to impaired decision making and lack of control, and an increased likelihood of risk taking behaviour and vulnerability to abuse.

Intervention from a worker focusing on health and social circumstances is recommended at the earliest opportunity, in order to minimise the impact of the issues raised by the women on themselves, their loved ones and society.

1.7. Case studies.

*** Names have been changed to protect identities.**

Case study 1, Chantelle, seen in the custody cells.
Offence : assault.

Chantelle*, 24, was born in Essex to an alcoholic mother and violent father. She was sexually abused by her father for as long as she could remember. When she was eight she was placed in foster care when the abuse was discovered. She was separated from her brother and mother, and was never reunited with them. Her mother died when she was a teenager, and she lost contact with her brother when he started using drugs. She had no other family.

Chantelle began using drugs when she was 13 years old. She had many temporary homes and schools, and found it difficult to make friends. She was diagnosed with epilepsy and asthma. She also became extremely depressed, and developed an addiction to slimming tablets. Her attendance at school began to decline. She was raped by a stranger while bunking off school aged 14, whilst hiding out in a local park. She did not feel she could tell anyone.

From the age of 16 Chantelle was pressurised into prostitution by a violent older boyfriend. He was the first of a succession of violent partners. Chantelle felt hopeless and began to feel as if she could no longer carry on living. She made frequent life threatening suicide attempts over the next few years, by taking overdoses, cutting her wrists, and once by trying to hang herself. On that occasion, the bunk bed she was using collapsed, and the noise alerted people in the house who managed to cut her free.

At 17 she gave birth to her first child. She managed to look after him for a year before she relapsed on drugs while in another violent relationship, and her son was taken in to care. At 18 she spent some time in prison for drug related thefts. Her son was later adopted. At 19 Chantelle was under specialist services and doing well. She gave birth to a daughter, and cared for her for 18 months her own flat. Chantelle reports that her mental health was quite poor at the time, and her boyfriend became very controlling. She lost control of her finances, and was caught shoplifting on several occasions, stealing clothes, food and things for her baby. She didn't feel able to tell anyone what was happening at home.

She was sent to prison for theft when her daughter was 18 months old. Her daughter went into care, and was later adopted.

Chantelle had another daughter at 21. She was taken by social services at birth. Chantelle relapsed on drugs, and returned to sex work to fund her habit. At 22, Chantelle was offered a rehab place near Bristol, and managed to get off drugs once more. Her mental health remained poor, with frequent self harming (hair pulling and pinching herself), depression and chronic sleep disturbance.

At 23, she completed rehab and met a new partner. He was not violent. They had a daughter 3 months ago, but she was removed from their care at birth.

Chantelle currently lives in a hostel, and has managed to stay clean. She sees her daughter 3 times a week at a contact centre. She is determined not to lose custody of her. Her partner is in prison, but she loves him and feels that they have a future together. Chantelle is in contact with specialist drug services, and is participating in an education programme to improve her skills in literacy and numeracy. Her sleep is still very disturbed by nightmares of the sexual violence she has endured over her lifetime, and of her three children who were

taken from her when she was unable to care for them. She is determined not to lose her new baby, and is engaging with all provision on offer to help her to remain on track.

Chantelle was arrested for assault. She maintained that she had met a man the previous week who seemed friendly. Chantelle reported that she found it difficult to make friends, and was pleased to have someone to go out to social activities with. On the day she received her benefits, he offered to drive her to the post office to collect her money, then on to her contact visit with her baby. On the way, he asked if she'd mind buying him a packet of cigarettes. She maintains that he took her money while waiting for her in the car, while she was in the shop. She reported that when she challenged him on the theft and he denied it, she punched him. She said "I just saw red. It all happened so quickly. I just thought – No more. No more abuse".

Chantelle currently has specialist drug and mental health support. In our sessions together we identified the following gaps in provision, and the additional support required to overcome her difficulties. All of the following, she felt, assisted her to move closer to providing a stable environment to enhance her prospects of having her daughter with her in the future.

1. **"Choosing boyfriends and friends who treat me right"**– Referred to a 12 week 'FREEDOM' programme, run by the Bristol Domestic Abuse forum. The programme focuses on building confidence and self esteem, to improve the quality of their lives and recognise potential abusers.
2. **"I worry that my self harm could get out of control"** – Referred to the Bristol Crisis service for women. Helpline, and advice and guidance around understanding and managing self harm, staying safe, and finding alternatives.
3. **"I want someone to talk to who isn't just paid to be there…. To do normal stuff, like going to the pictures" –** Referred to New Horizons mentoring project, a six month befriending service run by volunteers, to encourage Bristol residents to engage in social activities with a view to moving towards more formal activities and greater engagement in the community in the future.
4. **"To get somewhere permanent to live" - Referred** to Missing Link Housing, a specialist service providing housing and 2 years mental health / resettlement support for women**.**
5. **"To not worry about money every day" –** Application in progress for Disability Living Allowance, on the grounds of mental health, epilepsy, and asthma.

Case study 2, Danielle, seen in the cells.
Offence: Non payment of fines (TV licence).

Danielle, 25, was a lone parent with a daughter aged 15 weeks. She had recently fled from a violent relationship, and had secured a private rental in a new area. Danielle was on maternity leave from her job as a health care assistant in a local psychiatric hospital. She had recently begun to reduce her antidepressant medication following an episode of postnatal depression. She was usually well, but had a stillborn daughter seven years previously. Though she was delighted to have a healthy baby this time, she was struggling with past memories of her lost child. Danielle had left her former partner as she felt unable to bring a new baby into such an unhealthy environment. Her former partner had not attempted to make contact with her through friends of family, and she felt the situation was under control. She had a loving family who offered good support, and was embarrassed and distressed to find herself in handcuffs in custody, being taken away from her young baby.

Danielle had a memory of the fine from her last address, but fled leaving the documentation behind. She stated that she had lost control of her finances while in her former relationship and that things were "in a right mess". She wanted to return to work in the future but wasn't sure if she could, and was anxious about childcare provision. She was advised on her

options, so that she could begin to make some well informed choices over the coming months. Support needs were identified and resolved as follows:

1) **"I had a car on finance for 7 months. I agreed to hand it back to them 4 months ago but they took 3 months to come and collect it, and I'm still being charged the full monthly repayments while they get round to selling it" –** referred to Bristol Debt Advice Centre – caseworker allocated for this matter, and 5k of other outstanding debt.
2) **"I'd like to go back to work when my maternity pay ends in September, but can I afford to?"** Referred to her local New Deal for Lone Parents adviser at a local Jobcentre, who was able to provide her with calculations based on working 16 hours, 25 hours, 30 hours or full time. Calculations illustrated for each scenario how much extra support she would get in tax credits and from partial housing / council tax benefits.
3) **"I'd like my Mum to look after my daughter if possible, but she has to work and I can't afford to pay her not to".** Advised on childcare payments through the tax credit system. Referred to Children's Information Service, who explained that Danielle's mother could train as a childminder on a short course if she wanted to, then be used as approved childcare and paid via the tax credit system. Alternative forms of childcare in Danielle's local area were also discussed.
4) Details of Next Link Domestic abuse services, and SANDS also passed on to Danielle, in case she feels she needs support with domestic violence or around the loss of her newborn baby in the future.

These cases were picked at random from the 86 that made up the pilot. They represent 'typical' cases, with issues that were not uncommon between the defendants assessed.

AN EVALUATION OF THE WOMEN'S WORKER COURT PILOT

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August 2009

2.1 INTRODUCTION

Mental health is recognised as a major public health issue in the United Kingdom (UK) and internationally (Funk et al., 2004). One in 6 people in the UK population will have a mental health issue at some point and a further 1 in 250 will experience a psychotic illness (Department of Health, 1999a, 1999b). The UK white paper *Choosing Health* (Department of Health, 2005) sets out a strategy for action to improve public health based upon principles of informed choice, personalised services and inter agency working, identifying mental heath as one of six priority areas. In spite of this, Friedli (2005) argues that there is still a lack of a public mental health strategy to address the wider determinates of mental health and reducing inequalities within this.

Mental health status is strongly associated with material deprivation, lower educational attainment and unemployment (Department of Health, 2005, Friedli, 2005; Herman, 2001). These health inequalities are perpetuated by the stigma of mental illness that contributes to the sufferers' increased social isolation (MIND, 2004). Disadvantage in this group is compounded by a lack of well-organised primary mental health care, and inadequate links between services leading to delays in seeking or obtaining care (Funk, 2004).

These experiences are profound for individuals with mental illness and facing criminal charges. The association between crime and mental illness is recognised with 90% of the prison population having a mental health or substance misuse problem and complex needs (Staddon, 2009; NHS Primary Care Contracting, 2005; Singleton et al., 1998). Women are recognised as a vulnerable group within the defendant and prison population but their particular health needs are not addressed or separated from the needs of the population as a whole (Home Office, 2007)). For example, between 1995 and 2005, as the women's prison population increased by 126%, nearly 40% of women prisoners lost their homes while in custody (Fawcett Society, 2006) establishing and/or compounding their material deprivation and putting their mental health at risk.

Recent reports (Reed, 2003: Department of Health, 2009) recommend that offenders with metal illness receive appropriate care from health/social services rather than custodial care. In addition to the benefits to the offender, there are financial incentives to providing appropriate community care, as each person who receives good quality mental health care in the community, instead of entering the criminal justice system saves an average of £20,000 in reduced prison costs (Anon, 2009).

In order to assess and support the mental health of defendants in contact with the criminal justice system prior to prison, defendants going through court proceedings prior to conviction, may in the UK have access, although not universally, to mental health liaison services. These services are run by mental health workers who regularly access courts to provide specialist mental health services to defendants. Their purpose is to assess people in custody/on bail, who are awaiting a court appearance, and who have been referred for assessment as they have a suspected or recognised mental health need. Following this assessment, the court liaison service refers clients onto relevant mental health services and makes recommendations for the court with respect to sentencing.

Although these services aim to reduce mental illness in the prisoner population, these may inadvertently perpetuate mental health inequalities. For example, a national pilot of a one such liaison scheme in the SW of England (Staddon, 2009; Hean et al., 2009; Hean et al. in

press) suggested that, although women made up 12.5 % of defendants seen by the mental health liaison services, one in three women previously known to the mental health services going through the court system refuse to access the mental health liaison team within the court, or to allow information about their mental health to be shared with the court. In contrast, the refusal rate for male offenders was only one in ten. This suggests that women in court may not be accessing the appropriate professional support needed to manage their mental health needs, which if addressed could reduce their likelihood of reoffending (Bell, 2009).

In response to the above inequality, a four month secondment opportunity was developed in 2009, for a voluntary sector worker with experience in women's health and social needs, to work alongside a Liaison Scheme, based at Magistrates' Courts in the SW of England (Bell, 2009). This service complied with the Corston Report's recommendations that the criminal justice system transform the way it delivered services for women (Home Office, 2007). The role of the women's worker within this pilot based at the Magistrates' Court was to:

- be based at the Magistrates Court, alongside the liaison team.
- offer as many female defendants as possible an assessment of their needs.
- advise women when needs were identified, with referral to specialist provision where appropriate.
- gather information about existing local community provision that is available to women, and to identify any gaps in provision to meet the needs expressed by the women.

A four month evaluation of this service was conducted and is the subject of this report. The aim of the current evaluation was to assess the need for the service by describing:

- the overall demand for the service in terms of the numbers of women seen on a monthly basis
- the characteristics of the women accessing the service in terms of
    - their home environments,
    - their home responsibilities
    - their general and mental health
    - their financial status
    - the nature of their offences
    - their bail/custody status at the time of accessing the service
    - the nature of support they require and
    - the organisations to whom women are referred and the support outcomes they receive.

2.2 METHODOLOGY

The project worker completed a brief record sheet on each woman defendant consulted over a 4 month period. This record keeping system had been piloted and developed from an evaluation tool used to evaluate a liaison scheme in the same area (Hean et al, 2009; Hean et al., in press). Key variables were identified (Table 1) and the recording tool (see appendix 1) developed through a collaboration of the evaluation team, the project worker and project manager.

Table 1: Key quantitative variable recorded by project worker

Theme	**Variable recorded in project worker database**
General characteristics of women defendants seen by project worker	• Education level, literacy / numeracy issues • Employment history • Age, Faith, Sexuality, Ethnicity,
Demand for service	• number of visits with project worker
Women's home environments,	• marital status • domestic abuse • type of accommodation, • Histories of rough sleeping
Women's home responsibilities	• role as carer and number of dependants
Women's general and mental health	• physical and mental health issues • physical disability • if known to mental health services • GP registration • Histories of self harm, alcohol misuse and drug misuse,
Women's financial status	• Source of income, debt issues,
Nature of Women's offences	• Current offence, previous convictions

Hereby clear disaggregated data was collected on each case seen by the project worker during the pilot. Descriptive statistics for each variable in the evaluation were managed through SPSS V15.0.

The project worker also qualitatively described for each case seen the range of services to which women were referred and the short term outcomes of each referral. A qualitative thematic analysis was conducted on this data and the range of outcomes for women accessing the service presented.

2.3 RESULTS

2.3.1 Demand

The project worker saw 86 women (Table 2) over the four month period of the pilot. The number of women seen by the project worker ranged form 14 in the first month of the pilot to 30 women in the final month, with an average of 22 women being seen monthly.

Table 2: Demand for service over a 4 month period

	MONTH				Total
	April	**May**	**June**	**July**	
Total	14	22	20	30	86

While a large number of women (46.5% 40; n=86) were only seen once by the project worker, more than half (53.5%; 46 n=86) were seen 2 or 3 times (Table 3).

Table 3: Frequency with which women defendants were seen by project worker

Number of times seen by worker	**Frequency**	**Percent**
1.00	40	46.5
2.00	27	31.4
3.00	19	22.1
Total	86	100.0

2.3.2 Demographics

The vast majority of women seen are white (76.7%; 66; n=86) with ages ranging from 15 to 54 years with an average of 31.2 years. The vast majority of women (81.4%; 70; n=86) claimed to have no religion and described themselves as heterosexual. Most women had stayed at school until the age of 16 and/or were educated to a GSCE level (61.6%; 53; n=86). Numeracy and literacy problems were not reported by the women to be a problem with only 8.1% (7; n=86) reporting such issues (Table 4).

Table 4: General characteristics of women defendants in sample

Ethic group	**Frequency**	**Percent**
White	66	76.7
mixed race	5	5.8
black African	2	2.3
black Caribbean	10	11.6
other Asian	1	1.2
other ethnic group	2	2.3
Total	86	100.0
Religion		
None	70	81.4
Christian	10	11.6
Other religion	1	1.2
not stated	3	3.5
Muslim	1	1.2
Sub Total	85	98.8
Missing data	1	1.2
Total	86	100.0
Sexuality		
Heterosexual	81	94.2
not stated	4	4.7
gay/lesbian	1	1.2
Total	86	100.0
Education		
None	19	22.1
GCSEs	53	61.6
A level	3	3.5
Degree	2	2.3
Total	77	89.5
Missing	9	10.5
Total	86	100.0
Numeracy and literacy issues		
Yes	7	8.1
No	71	82.6
Total	78	90.7
Missing data	8	9.3
Total	86	100.0

2.3.3 Home environment

The majority of women describe themselves as single (72.1%; 62; n=86) and a large percentage live in social housing (43.0%; 37; n=86). About a quarter of the sample have had some experience of rough sleeping in the past (26.7%; 23; n=86). More than half the sample have suffered domestic abuse currently or in the past (55.8%; 48; n=86) (Table 5).

Table 5: Characteristics of women's home environment

Marital status	**Frequency**	**Percent**
Single	62	72.1
Separated	6	7.0
Cohabiting	9	10.5
Married	4	4.7
Divorced	3	3.5
Sub Total	84	97.7
Missing data	2	2.3
Total	86	100.0
Accommodation		
Hostel	15	17.4
social housing	37	43.0
private rent	11	12.8
Other	2	2.3
home owner	5	5.8
Friends	4	4.7
Family	6	7.0
B&B	1	1.2
Rough sleeping	1	1.2
Sub Total	82	95.3
Missing	4	4.7
Total	86	100.0
History of rough sleeping		
Yes	23	26.7
No	56	65.1
Total	79	91.9
Domestic abuse		
None	25	29.1
Past	37	43.0
Current	11	12.8
Total	73	84.9
Missing data	13	15.1
Total	86	100.0

2.3.4 Responsibilities

Around a quarter of women have no children (25.6%; 22; n=86), around half have 1 or 2 children (48.9%; 42; n=86) and about a quarter have 3 or more (23.3%; 20; n=86). Almost half (48.8%; 42; n=86) of the sample would describe themselves as carers of some form or another (of children, of older parents etc.)(Table 6).

Table 6: Caring responsibilities of women defendants

Number of children	**Frequency**	**Percent**
0	22	25.6
1	22	25.6
2	20	23.3
3 or more	20	23.3
Sub Total	84	97.8
Missing data	2	2.3
Total	86	100.1
Described themselves as a carer of some form		
Yes	42	48.8
No	42	48.8
Total	84	97.7
Missing data	2	2.3
Total	86	100.0

2.3.5 Health status

Around a third of women in the sample reported a physical disability (30.2%; 26; n=86); over a third describe themselves as having, more generally, physical health issues (39.5%; 34; n=86) and more than half describe themselves as having mental health issues (55.8%; 48; n=86) . Only a small percentage (8.1%; 7; n=86) were pregnant at the time of consultation (Table 7).

Table 7: Indicators of general, physical and mental health of women defendants

Pregnant	**Frequency**	**Percent**
Yes	7	8.1
No	78	90.7
Sub Total	85	98.8
Missing data	1	1.2
Total	86	100.0
Physical disability		
Yes	26	30.2
No	59	68.6
Sub Total	85	98.8
Missing data	1	1.2
Total	86	100.0
Physical health issues		
Yes	34	39.5
No	48	55.8
Sub total	82	95.3
Missing	4	4.7
Total	86	100.0
Registered with a GP		
Yes	75	87.2
No	5	5.8
Total	80	93.0
Missing	6	7.0
Total	86	100.0
Mental health issues		
Yes	48	55.8
No	33	38.4
Total	81	94.2
Missing data	5	5.8
Total	86	100.0
Known by mental health services		
Current	19	22.1
yes, but not in last 2 years	4	4.7
yes, in last 2 years but not current	10	11.6
Never known	47	54.7
Total	80	93.0
Missing data	6	7.0
Total	86	100.0

The vast majority of women are registered with a GP (87.2%; 75; n=86). In contrast, although more than half of women had indicated a mental health issue, only just under a quarter of women acknowledged they were currently in contact with mental health services (22.1%19; n=86). There are limited numbers who report current or past experiences of self harm (16.3%; 14; n=86), alcohol (26.8%; 23; n=86) or drug misuse (37.2%; 32; n=86) (Table 7).

2.3.6 *Financial status*

A large number of women report sickness as being the reason for being off work (40.7%; 35; n=86). The majority rely on benefits (69.8%; 60; n=86) for their income. Debt issues were acknowledged by just over a third of the sample (36.0%, 31; n=86) (Table 8).

Table 8: Indicators of financial status of women defendants

Source of income	**Frequency**	**Percent**
Benefits	60	69.8
None	6	7.0
salary/wages	15	17.4
supported by partner	2	2.3
Total	83	96.5
Missing data	3	3.5
Total	86	100.0
Debt issues		
Yes	31	36.0
No	51	59.3
Total	82	95.3
Missing	4	4.7
Total	86	100.0
Employment status		
Sickness	35	40.7
Carer	18	20.9
Student	3	3.5
unemployment short term	2	2.3
Employed	18	20.9
unemployed long term	7	8.1
Total	83	96.5
Missing data	3	3.5
Total	86	100.0

2.3.7 *Offences*

The women seen by the worker were fairly evenly distributed between those in custody and those seen on bail. For many this was not their first dealing with the CJS, with 57% (49; n=86) having had at least 1 conviction in the past (Table 9).

Table 9: Custody status and previous convictions of women defendants

Custody versus bail	**Frequency**	**Percent**
Custody	46	53.5
Bail	40	46.5
Total	86	100.0
Previous convictions		
None	33	38.4
Once	12	14.0
Between 2 and 5 times before	18	20.9
5 or more times	19	22.1
Sub Total	82	95.3
Missing	4	4.7
Total	86	100.0

Some women were charged with more than 1 crime. There were 92 offences listed for this sample. The most frequently recorded offence reported related to theft or burglary (28.3%; 26; n=92) followed by assault (15.2; 14; n=92) (Table 10) (see appendix 3 for full breakdown of offences).

Table 10: Offences committed by women defendants

	Frequency	**Percent**
No Offence recorded	2	2.2
Assault	14	15.2
Fraud	4	4.3
Theft	26	28.3
Car related offences	10	10.9
TV license	9	9.8
Council Tax	9	9.8
School attendance	2	2.2
Drugs	6	6.5
Criminal damage	3	3.3
Other	7	7.6

Women accused of the following offences were held in custody at the time of accessing the service:[1]

- drugs offences 83.5% (5; n=6)
- fraud 75.0% (3; n=4)
- theft 73.1% (19; n=26)
- criminal damage 67.7% (3; n=3)
- assault, 64.3% (9; n=14)
- no school attendance 50.0% (1; n=2)

[1] As some women have been accused of more than 1 crime, the number of offences is larger than the actual women's sample. Further, it is not clear in multiple offences, whether the women was kept in custody for one or other or both offences and therefore the number of overall women kept in custody by type of offence double counts the number of women in custody and therefore the figures presented in table and table do not coincide, albeit only by 1 case.

- non payment of TV license 33.3% (3; n=9)
- car related offences 20.0% (2; n=10)
- council tax 0.0% (0; n=9)
- other 28.6% (2; n=7)

2.3.8 Organisations helping women

More than half of women were receiving support from statutory organisations before contact with the women's worker (57.0%; n=49; n=86). Their involvement with the voluntary sector prior to contact with the service was less common with less than a quarter of the women (22.1%; 19; n=86) reporting this contact (Table 11).

Table 11: Status of organisations helping women before involvement of women's worker

	Frequency	**Percent**
Statutory involvement		
Yes	49	57.0
No	32	37.2
Total	81	94.2
Missing data	5	5.8
Total	86	100.0
Voluntary involvement		
Yes	19	22.1
No	62	72.1
Total	81	94.2
Missing data	5	5.8
Total	86	100.0

The project worker referred women to a wide range of organisations to receive support in the area of need identified through the consultation. Some women who had already been in the care of statutory or voluntary services were referred to additional support in other areas of their lives where issues were not being addressed within their support package at the time. Most women have multiple needs and were therefore referred to more than one organisation for support. The largest support need related to advice on benefits and finance (47.7%; 41; n=86), followed by support in securing adequate housing (27.9%; 24; n=86) (Table 12) (see appendix 2 for a full breakdown of organisations to which women were referred by project worker).

Table 12 : The support needs of women defendants, the organisations to whom they are referred and specific outcomes of these referrals.

Support need	Exemplars of local agencies to which women defendant is referred	Typical outcome of referral/type of support required	Number of women needing this support	Percentage of total sample
Housing	▪ Hubb (housing advice); ▪ Missing Link (housing and mental health / resettlement support) ▪ Dean Crescent Hostel; ▪ Courts assessment and referral liaison service (CARS) Housing worker; ▪ Second Stop Housing ▪ Compass Centre (one stop' centre for homeless people); ▪ Wayahead (supported housing for young adults) ▪ Redland housing	▪ Housing re/pre settlements ▪ Housing register applications ▪ Applications for housing benefits ▪ Dealing with landlords ▪ Dealing with furnishings within housing, e.g. putting in new carpets ▪ Transfer of the client's property from hostel to prison	24	27.9
Benefits and finance	▪ Department of work and pensions, WRAMAS ▪ Bristol Debt Advice, Fund finders, Citizen's Advice Bureau, Inland revenue, Child support agency	▪ Claim for a range of benefits. ▪ Apply for carers' allowances ▪ Apply for their own disability living allowance or adjust current allowances ▪ Apply for disability living allowances for a child or partner ▪ Apply for bus passes or other transport costs on grounds of disability ▪ Obtain debt advice ▪ Apply for funding for training (for self or child) or returning to work ▪ Redirect benefits to a family member caring for	41	47.7

		children when woman is in prison ▪ Obtain child maintenance ▪ Apply for hardship funds e.g. Crisis loans ▪ Claim for benefits related to maternity or child care, e.g. maternity grants , family man schemes, child tax credits ▪ Open a post office/bank account ▪ Apply for domestic appliances, e.g. washing machine, cookers, pre payment meters for gas and electric, furniture		
Domestic violence	▪ Bristol domestic abuse form, ▪ Next link, Survive, ▪ Llyons Davidson Lawyers, ▪ Womankind	▪ Securing or repairing their homes ▪ General domestic violence support and advice ▪ Resettlement support ▪ Setting up injunctions against abusive partners ▪ Mental health support ▪ Attendance of freedom programme to escape domestic violence ▪ Negotiation of meetings, relationships and visits between partner and children in and outside of prison	15	17.4
Sexual abuse	▪ Touchstone, ▪ Avon Sexual Abuse centre	▪ sex abuse counselling ▪ self harm support and advice ▪ mental health support	2	2.3
General health and social care	▪ Health visitor, GP, Bristol health trainers, Cancer back up, Social services, PLUSS, Brook ▪ Harbour, Dyspraxia foundation.	▪ Emotional support around cancer ▪ Mental health support ▪ Emergency foster placement for children is required and adoption counselling ▪ Informing local GP surgeries of current status or registering the client with a GP ▪ Pet fostering ▪ Mental health support ▪ Pregnancy testing	14	16.3

		▪ Accessing a gym ▪ Therapy if a family member is seriously ill		
Mental health	▪ CARS MH nurse ▪ Mental health nurse ▪ Bristol Crisis centre/BCSW	▪ Self harm helpline support and advice ▪ Mental health support ▪ Mental health act assessment	11	12.8
Support in parenting	▪ Parentline plus ▪ Family welfare association ▪ Sands (Neonatal / stillbirth advice and support) ▪ Children information service	▪ Neonatal bereavement care ▪ Information on child care benefits (e.g. financial and for specific equipment) ▪ Information on child care options ▪ Parenting support	8	9.3
Law	▪ Prison Service/Eastwood Park Prison, ▪ Police	▪ Transfer client's possessions from police station to prison ▪ Transfer Information to the client in prison e.g. resettlement information needed when released ▪ Assist interaction between client when in prison and their friends and family, e.g., assisted prison visits with a partner or children	9	10.5
Education and career advice	▪ Connections ▪ The park ▪ City of Bristol College ▪ Access to work ▪ Bristol University/Bath University ▪ Volunteer Bureau ▪ Swansea council for voluntary service / Swansea college	▪ How to apply for educational funding e.g. adult learner grants ▪ How to find more information and apply for training/retraining programmes e.g., design foundation, basic skills, bricklaying, health and social care training and animal care training courses ▪ Existing studies through helping women obtain extensions for outstanding coursework and apply for educational grants to complete their final year of study. ▪ How to obtain voluntary work opportunities ▪ .Training advice/support was provided for the women but was also provided for their children if requested,	14	16.3
Alcohol/substance	▪ Addiction recovery agency	▪ Services provided support to women with accessing	8	9.3

misuse	▪ SWAN ▪ Swansea Drug Project	drug and alcohol/detox treatment programmes and advice for preventing drug/alcohol relapse		
General counselling	▪ Samaritans ▪ CRUSE (bereavement Counselling) ▪ Relate ▪ NILARI	▪ Bereavement counselling ▪ Helpline support ▪ Relationship counselling	7	8.1
Other	▪ Regrow (gardening) ▪ Post office ▪ South Bristol Advice Centre ▪ Energy issues (British gas; EDF trust) ▪ BCSW ▪ RSPCA Petsafe ▪ Birmingham/Bristol City Council ▪ Bobby Van ▪ Bristol charities ▪ Other charities ▪ League of the helping hand ▪ A to B centre ▪ South ▪ Housemate ▪ DVLA ▪ SARI ▪ BHR		17	19.8
No outcome or session incomplete			10	11.6

2.4 KEY CONCLUSIONS

The key conclusions drawn from this evaluation are:

- The demand for the service was shown to increase over the 4 month pilot period as the service became more established within the court system.
- The evaluation did not investigate the service users' responses to the project worker and the characteristics of the worker that may or may not have made women more confident to access the service. The project worker's gender, age and ethnicity meant she would have had some commonalities with the majority of her client group. This could have had some bearing on their accessing the service.
- A large proportion of women accessing the service are single and report having suffered domestic abuse currently or in the past. This fact, placed in parallel to their high child care and general carer responsibilities, suggests women are largely unsupported in their home environments. This may predispose them to their current offending behaviours. In offering this support, the current service provides a scaffold that reinforces their currently unsupportive home environments. In other words, the social capital they are denied in their challenging home lives, is replaced by the social capital they can now access thorough the current service. The service acts as a gateway to other organisations through which further and more specific support may be achieved.
- Just under a third of women in the sample reported a physical disability; over a third describe themselves as having a physical health issues and more than half describe themselves as having mental health issues. These point to a general need to address the health needs of this population. Specifically, the high level of reported mental health issues appears to be in contradiction to the poor attendance of the CARS service in women defendants, a service aimed specifically at addressing these issues (Bell, 2009). Further work is required therefore to investigate how women perceive CARS and the nature of the mental health advice it provides. It may be speculated that they perceive CARS as a service aimed at more serious mental health issues. The stigma this inflicts on women personally and their ability to maintain custody of their children may be one barrier to accessing this service (Bell, 2010). The lack of perceived utility of the service may be another barrier to accessing the CARS specialised service. In other words, women suffering from less acute mental illness such as stress and depression may wish to access services in which less serious interventions such as counselling and general support are provided.
- Women are charged with a wide range of offences, the most frequently recorded offences being theft/burglary followed by assault/GBH. The women seen by the worker were fairly evenly distributed between those in custody and those seen on bail. Data suggest that women are more likely to be in custody if their crime related to drugs offences, fraud, theft, criminal damage and assault. They are less likely to be in custody if their crime related to non school attendance, non payment of council tax and TV licenses and car related offences. The significance of these finding with current numbers in the sample cannot be established.
- The average education level of women is limited to GCSE level which makes the education and career advice support offered by the women's pilot service particularly useful. Basic numeracy and literacy problems do not appear central to this group and hence adult literacy and numeracy classes are less in demand. Career/education support is particularly useful in this sample where there are such high numbers of women off work and who are highly reliant on benefits.

- It is evident that women have multiple needs ranging from housing, benefit and financial advice to career/education advice, general counselling as well as physical and mental health support. As such a direct referral to CARS when entering the court system may often be inappropriate or of less priority. The women's pilot acts as a triage service in which women are referred to the more specialised CARS service, if and when, a mental health issue has been raised. They are referred to another service alone, or in conjunction to a referral to CARS, if other needs take priority. There is little reason why such a triage service should be limited to female defendants, as it is likely that male defendants will also have multiple, albeit different, needs.
- There is evidence that women receive a wide range of support as an outcome of conversations with the project worker and the referrals she makes to specialised services both in the statutory and voluntary sector. There appears to be a greater reliance on the statutory sector. This means that, if voluntary sector services are in fact available, greater energy or resources needs to be directed to gaining access to these.
- The support provided to women covers various dimensions and can be divided into areas of both practical and emotional support. Examples of practical support include help with making housing applications and the collection and transfer of personal belongings from a hostel to prison, if a woman is convicted. Emotional support is exemplified through bereavement counselling and relationship guidance. In some case support was required for the woman herself but in other cases support was required for a family member.

2.5 KEY RECOMMENDATIONS

The key recommendations of this evaluation are:

- It remains to be determined the percentage that the current numbers of women reported to access the service represents of the total number of women passing though the courts on a monthly basis. This information would inform decisions of whether or not the women pilot service should be a service routinely provided to all women passing through the CJS and determine also whether a single project worker is sufficient to manage the current demand. If not then further human resource would be required to access a higher percentage of women in contact with the CJS. This is particularly cogent when just over half of women require more than a single visit from the project worker when they access the service.
- More work is required to investigate how/why women are encouraged to access the service and if/why they may access the service in preference to the existing CARS liaison service currently in place.
- It is suggested that the women's pilot service not only replace the support that women would ideally receive in their home environments but that, in terms of sustainability, services strive to repair the support accessible in the home environment.
- Further work is required to investigate how women perceive CARS and the nature of the mental health advice it provides.
- The women's pilot service should act as a triage service, through which appropriate referrals of women defendants to specialised services can be made.
- A large scale scoping exercise is required of current voluntary services available locally that offer key support in the areas identified in this study. The project worker has begun such an exercise at the time of reporting.
- An evaluation of the multiple support needs is required of other vulnerable groups within the criminal justice system.

- Long term outcomes of the women's pilot service should also be achieved. For example: How many women attended the meetings with the organisation to which they are referred by the project worker? How many re-enter work or begin a programme of study as a result of accessing the service? Etc...
- The true significance of the impact other service is better determined after it has had time to embed and if the service is extend to access large numbers of women passing through the criminal justice system.

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Appendix 1: Spreadsheet template completed by project worker

Field	Values
User id	Numerical code
Date first seen	dd/mm/yy
Number of times seen	Numerical 1-10
Ethnic origin	White, Mixed race, black African, black Caribbean, Asian, other
Date of birth	dd/mm/yy
Age	Continuous numerical 1-100
Faith	Muslim, Christian, none, not stated
Sexual orientation	Heterosexual, gay/lesbian, not stated
Physical Disability	Yes, No
Marital status	Single, separated, divorced, cohabiting, married
Pregnant	Yes, No
Number of children	Continuous numerical
Carer	Yes, No
Physical health issues	Yes, No
Mental health issues	Yes, No
Known to MH services	No, current, Past
GP registered	Yes, No
Current offence	Free response
Previous convictions	Yes, No
Source of income	Free response
Debt issues	Yes, No
Accommodation	Free response
Rough sleeping history	No, current, past
self harm	Yes, No
Alcohol misuse	No, current, past
Drug misuse	No, current, past
Domestic Abuse	No, current, past
Education level	None, GCSE, A level, Degree
Literacy / numeracy issues	Yes, No
Employment history	Employed, sickness, unemployed short term, unemployed long term
Statutory involvement	Yes, No
Voluntary involvement	Yes, No,
Agencies referred to	Free response
Outcomes	Free Response

Appendix 2 Full breakdown of organisations in area to which women were referred by project worker.

Type of support	Organisation	Number of women referred to organisation
Housing/pre-housing resettlement	Hubb	4
	Missing Link	11
	Dean Crescent Hostel	2
	CARS Housing worker	9
	Second Stop Housing	1
	Compass Centre	1
	Wayahead	1
	Redland housing	1
Benefits and finance	DWP	28
	WRAMAS	3
	Bristol Debt Advice	9
	Fund finders	4
	CAB	1
	Inland revenue	4
	Child support agency	2
Domestic violence	Bristol domestic abuse form	5
	Next link	9
	Survive	1
	Llyons Davidson	2
	Womankind	3
Sexual abuse	Touchstone	1
	Avon Sexual Abuse centre	1
Health and social care	Health visitor	1
	GP	8
	Bristol health trainers	2
	Cancer back up	1
	Social services	1
	PLUSS	1

	Brook	1
	Harbour	1
	Dyspraxia foundation	1
Mental health	CARS MH nurse	6
	Mental health nurse	1
	Bristol Crisis centre/BCSW	5
Parenting support	Parentline plus	2
	Family welfare association	3
	Sands	1
	Children information service	1
Law	Prison Service/Eastwood Park	4
	Police	5
Education and Career Advice	Connections	2
	The park	1
	City of Bristol College	6
	Access to work	1
	Bristol University/Bath University	2
	Volunteer Bureau	2
	Swansea council for voluntary service /Swansea college	1
Drug/substance misuse	Addiction recovery agency	6
	SWAN	2
	Swansea Drug Project	1
General Counselling	Samaritans	2
	CRUSE (bereavement Counselling)	1
	Relate	1
	NILARI	1
Other	Regrow (gardening)	1
	Post office	1
	South Bristol Advice Centre	3
	Energy issues (British gas; EDF trust)	2
	BCSW	3
	RSPCS Petsafe	1

	Birmingham/Bristol City Council	8
	Bobby Van	1
	Bristol charities	5
	Other charities	11
	League of the helping hand	2
	A to B centre	1
	South	1
	Housemate	1
	DVLA	1
	SARI	1
	BHR	2
Incomplete/no outcomes		4

Appendix 3: Full breakdown of offences declared by each woman to project worker

	Frequency	**Percent**
No Offence Recorded	2	2.3
Assault		
Assault	8	9.3
Theft / **Assault**	1	1.2
GBH	2	2.3
GBH – Partner	1	1.2
Breach : Assault DV	1	1.2
Breach :Assault	1	1.2
	14	16.4
Fraud		
Benefit Fraud	1	1.2
Fraud	1	1.2
Immigration Offences/**Fraud**	1	1.2
Tax Credit Fraud (Childcare Element)	1	1.2
	4	4.8
Theft		
Passenger In Car Theft	1	1.2
Burglary	1	1.2
Burglary / Theft	1	1.2
Theft	19	22.1
Theft / Assault	1	1.2
Breach (Burglary)	1	1.2
Breach (Shoplifting)	1	1.2
Breach Of DRR / **Theft**	1	1.2
	26	30.5
Car Related Offences		
Drink Driving	2	2.4
Death By Dangerous Driving	1	1.2
DVLA – Ownership Details	1	1.2
Fine :Car Tax Not Displayed	1	1.2
Non Payment Fine (Untaxed Car)	1	1.2
Fines - **Driving** / TV Licence	1	1.2
Fines – Driving Offences	1	1.2
Fines – **Driving Without Ins** / TV Licence	1	1.2
Non Payment Speeding Fine	1	1.2
	10	12.0
TV License		
Fines – Driving **/ TV Licence**	1	1.2
Fines – Driving Without Ins / **TV Licence**	1	1.2
Fines - TV Licence	6	7.0
Non Attendance At School/**TV Licence Fine**	1	1.2
	9	10.6
Council Tax		
Fines - Council Tax	3	3.5

Council Tax Non Payment	6	7.0
	9	10.5
School Attendance		
Non Attendance At School/TV Licence Fine	1	1.2
School Absence	1	1.2
	2	2.4
Drugs		
Breach : Drug Possession	1	1.2
Breach : Drug Supply	1	1.2
Breach : Possession Of Class A	1	1.2
Possession Class A	1	1.2
Breach Of DRR	1	1.2
Breach Of DRR / Theft	1	1.2
	6	7.2
Criminal Damage	3	3.5
Other		
Antisocial Behaviour	2	2.3
Immigration Offences/Fraud	1	1.2
Noise Pollution	1	1.2
Possession- Offensive Weapon	1	1.2
Non Payment Fines (Unspecified)	1	1.2
DNA Court : Public Order Offence	1	1.2

Appendix 4

A WOMEN'S WORKER IN COURT: SERVICES PROMOTING HEALTH AND SOCIAL CARE FOR WOMEN IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM – a paper submitted for publication in Perspectives in Public Health.

Authors: Sarah Hean, BSc, MSc, PhD; Vanessa Heaslip, BSc, MA, RN, DN; Jerry Warr, RGN, RMN, PGCEA, M.Nurs. PhD; Helen Bell, BSc, Sue Staddon, BSc, CQSW.

BACKGROUND

Mental health is recognised as a major public health issue in the United Kingdom (UK) and internationally [2]. One in 6 people in the UK population will have a mental health issue at some point and a further 1 in 250 will experience a psychotic illness [3, 4] The UK white paper *Choosing Health* [5] sets out a strategy for action to improve public health based upon principles of informed choice, personalised services and inter agency working, identifying mental heath as one of six priority areas. In spite of this, Friedli [6] argues that there is still a lack of a public mental health strategy to address the wider determinates of mental health and reducing inequalities within this.

Mental health status is strongly associated with material deprivation, lower educational attainment and unemployment [5-7]. These health inequalities are perpetuated by the stigma of mental illness that contributes to the sufferers' increased social isolation.[8] Disadvantage in this group is compounded by a lack of well-organised primary mental health care, and inadequate links between services leading to delays in seeking or obtaining care[2]

These experiences are profound for individuals with mental illness and facing criminal charges. The association between crime and mental illness is recognised with 90% of the prison population having a mental health or substance misuse problem and complex needs[9-11]. Women are recognised as a vulnerable group within the defendant and prison population but their particular health needs are not addressed or separated from the needs of the population as a whole[1]. For example, between 1995 and 2005, as the women's prison population increased by 126%, nearly 40% of women prisoners lost their homes while in custody [12] establishing and/or compounding their material deprivation and putting their mental health at risk.

Recent reports[13] [14] [1] recommend that offenders with metal illness receive appropriate care from health/social services rather than custodial care. In addition to the benefits to the offender, there are financial incentives to providing appropriate community care, as each person who receives good quality mental health care in the community, instead of entering the criminal justice system, saves an average of £20,000 in reduced prison costs[15].

In order to assess and support the mental health of defendants in contact with the criminal justice system prior to prison, defendants going through court proceedings prior to conviction, may in the UK have access, although not universally, to mental health liaison services. These services are run by mental health workers who regularly access courts to provide specialist mental health services to defendants. Their purpose is to assess people in custody/on bail, who are awaiting a court appearance, and who have been referred for assessment as they have a suspected or recognised mental health need. Following this assessment, the court liaison service refers clients onto relevant mental health services and makes recommendations for the court with respect to sentencing.

Although these services aim to reduce mental illness in the prisoner population, these may inadvertently perpetuate mental health inequalities. For example, a national pilot of a one such

liaison scheme in the SW of England [9] suggested that, although women made up 12.5 % of defendants seen by the mental health liaison services, one in three women previously known to the mental health services going through the court system refuse to access the mental health liaison team within the court, or to allow information about their mental health to be shared with the court. In contrast, the refusal rate for male offenders was only one in ten. This suggests that women in court may not be accessing the appropriate professional support needed to manage their mental health needs, which if addressed could reduce their likelihood of reoffending. [16]

In response to the above inequality, a four month secondment opportunity was developed in 2009, for a voluntary sector worker with experience in women's health and social needs, to work alongside a Liaison Scheme, based at Magistrates' Courts in the SW of England[16]. This service complied with the Corston Report's recommendations that the criminal justice system transform the way it delivered services for women[1]. The role of the women's worker within this pilot based at the Magistrates' Court, was to work alongside the mental health liaison team, offering female defendants an assessment of their general rather than only their mental health needs. She would advise them when needs were identified or refer them to specialist provision where appropriate. A four month evaluation of this service was conducted.

The aim of this paper is to comment on the usefulness of this type of service by presenting some of the findings of an evaluation of this service highlighting the nature of: the woman defendant's:

- home environment
- general and mental health needs
- the support needs when in contact with the criminal justice system and
- the links made with community organisations to provide this support

METHODOLOGY

The project worker completed a brief record sheet on each woman defendant consulted over a 4 month period. This record keeping system had been piloted and developed from an evaluation tool used to evaluate a liaison scheme in the same area [17 18]. Key variables were identified (Table 1) and the recording tool developed through a collaboration of the evaluation team, the project worker and project manager.

TABLE 1 HERE

Hereby clear disaggregated data was collected on each case seen by the project worker during the pilot. Descriptive statistics for each variable in the evaluation were managed through SPSS V15.0.
The project worker also qualitatively described for each case seen the range of services to which women were referred and the short term outcomes of each referral. A qualitative thematic analysis was conducted on this data and the range of outcomes for women accessing the service presented.

RESULTS

Description of sample

86 women seen over the four month period of the pilot. The number of women seen by the project worker ranged form 14 in the first month of the pilot to 30 women in the final month, with an average of 22 women seen monthly. While a large number of women (46.5% 40; n=86) were only seen once by the project worker, more than half (53.5%; 46 n=86) were seen 2 or 3 times. The vast majority of women are white (76.7%; 66; n=86), ranging from 15 to 54 years with an average of 31.2 years. The vast majority (81.4%; 70; n=86) have no religion and

described themselves as heterosexual. Most women are educated to GSCE level (61.6%; 53; n=86), and difficulties with numeracy and literacy problems are not reported explicitly (only 8.1% (7; n=86) reporting this).

A description of the nature of the women's home environment

The majority of women describe themselves as single (72.1%; 62; n=86) and a large percentage live in social housing (43.0%; 37; n=86). About a quarter of the sample have experience of rough sleeping (26.7%; 23; n=86). More than half the sample have suffered domestic abuse currently or in the past (55.8%; 48; n=86). Around a quarter of women have no children (25.6%; 22; n=86), around half have 1 or 2 (48.9%; 42; n=86) and about a quarter have 3 or more children (23.3%; 20; n=86). Almost half (48.8%; 42; n=86) of the sample would describe themselves as carers of some form or another (of children, of older parents etc) (Table 2).

TABLE 2 HERE

Women's general health

Around a third of women in the sample reported a physical disability (30.2%; 26; n=86); over a third describe themselves as having, more generally, physical health issues (39.5%; 34; n=86) and more than half describe themselves as having mental health issues (55.8%; 48; n=86) . Only a small percentage (8.1%; 7; n=86) were pregnant at the time of consultation (Table 3).

TABLE 3 HERE

Whilst the vast majority of women are registered with a General practitioner/doctor (87.2%; 75; n=86), there was little information available from these women as to whether or not they were currently known by mental health services (or had been in the past). Although more than half of women had indicated a mental health issue, only just under a quarter of women acknowledged they were currently in contact with mental health services (22.1%19; n=86). There are limited numbers who report current or past experiences of self harm (16.3%; 14; n=86), alcohol (26.8%; 23; n=86) or drug misuse (37.2%; 32; n=86) (Table 3).

Financial status

Only a very small percentage of women (20.9%) are in full time employment with a large number of women reporting sickness as being the reason for being off work (40.7%; 35; n=86). The majority rely on benefits (69.8%; 60; n=86) for their income. Debt issues were acknowledged by just over a third of the sample (36.0%, 31; n=86). (Table 4)

TABLE 4 HERE

Offences

For many this was not their first dealing with the CJS, with 57% (49; n=86) having had at least 1 conviction in the past.

TABLE 5 HERE

Some women were charged with more than 1 crime. There were 92 offences listed for this sample. The most frequently recorded offence reported related to theft or burglary (28.3%; 26; n=92) followed by assault (15.2%; 14; n=92) ((Table 6);

TABLE 6 HERE

Support needs of women

Most women have multiple needs and were referred to more than one organisation for support (Table 7). The largest support need related to advice on benefits and finance (47.7%; 41; n=86), followed by support in securing adequate housing (27.9%; 24; n=86). The support provided to women covers various dimensions and can be divided into areas of both practical and emotional support. Examples of practical support include help with making housing applications and the collection and transfer of personal belongings from a hostel to prison if the woman is convicted. Emotional support is exemplified through bereavement counselling and relationship guidance. In some case support was required for the woman herself but in other cases support, was required for a family member.

DISCUSSION

This study suggests that women defendants attending the women's pilot project service have unsupportive home environments. A high percentage of women defendants report themselves as single, very few report themselves to be living with family or friends and just over a quarter of women have a history of sleeping rough. More than half have suffered domestic abuse currently or in the past. These factors suggest their family network is either absent or non-conducive to social capital generation. Social capital is defined as the benefits derived by individual(s) through their membership of a social network (refs). It is a heuristic concept, [19],[20]efined by its *function* (Coleman, 1988). Being part of a social network may be linked to processes of *facilitation*, *co-operation, learning, copying* and *pooling* of skills [19-23]If women have access to a fully functional home network (whether this be family or friendship networks) they have potential to access, for example, knowledge resources held by members of this network, who could guide their application for disability allowances, facilitate efforts to find employment and cooperate by providing child care or parenting advice. A dysfunctional family network may provide none of these benefits. The women's pilot service provides an alternative source of social capital for these women by providing knowledge resources and practical/emotional support directly or linking them to other services/formal networks from which these benefits can be derived. However, to achieve some form of sustainability in women's social capital, services should in the future not only seek to replace the family network but strive to repair the support accessible in the home environment in the first place.

The study also shows these women to have high physical and mental health needs. Although they readily access general health needs through their local doctor, in the case of their mental health needs they appear reticent to access services currently available to them. Just under a third of women in the sample have a physical disability; over a third report a physical health issues and more than half describe themselves as having mental health issues. This points to a general need to address the health needs of this population. Despite, the high level of reported mental health issues, these women are often unknown to the mental health services generally and show poor attendance of the mental health liaison service in court [16]. Further work is required therefore to investigate how women defendants perceive liaison services and the nature of the mental health advice it provides. It is speculated that they perceive these services as designed for more serious mental health issues. The stigma this inflicts on women personally as well as their ability to maintain custody of their children may be one barrier to accessing this service [16]. The lack of perceived utility of the service may be another. In other words, women suffering from less acute mental illness, such as stress and depression, may see liaison services as irrelevant and wish to access services in which less serious interventions such as counselling and general support are provided. More work is required to investigate how/why women are encouraged to access the

women project service and if/why they may access the service in preference to the existing liaison services.

Women defendants have multiple needs that reach beyond their health needs although these may eventually impact upon their health status in the long term [5-7]. Their propensity to reoffend suggests these multiple needs may not have been addressed in the past leading to their reoffending behaviours. They are poor financially and often have high caring commitments to children and other family members. Their needs range from housing, benefit and financial advice to career/education advice, general counselling (as well as physical and mental health support). As such, a direct referral to a mental health or liaison service when entering the court system, may be inappropriate, if women's mental health needs are simply a manifestation of some other underlying need, such as poor housing. The women's pilot acts as a triage service in which women are referred to the specialised liaison services, only if and when, a mental health issue has been raised. As with any triage service, this means women's specific needs are more accurately addressed. In addition, it should lead to be more effective deployment of resources within the liaison service to defendants that have serious mental health needs. There is little reason why such a triage service should be limited to female defendants, however, as it is likely that male defendants, and other vulnerable groups, will also have multiple, albeit different, needs.

The average education level of women is limited to GCSE level which makes the education and career advice support offered by the women's pilot service particularly useful. Basic numeracy and literacy problems do not appear central to this group and hence adult literacy and numeracy classes are less in demand. Career/education support is particularly useful in this sample where there are such high numbers of women off work and highly reliant on benefits. Women require support to enable them to seek and find paid employment, in order to readdress their cycle of poverty.

The multiplicity of women defendants' needs also demonstrates that in order to enhance the public health needs of these individuals' true interagency working and partnership is required. Working across the agency boundaries between health and social care services and the criminal justice system is however known to be problematic as might be expected of working between two public services so distinct in their expectations, priorities and working culture [18]. The record of the wide variety of local statutory and voluntary services accessed by the project worker suggests the service acts as a gatekeeper through which information on/for defendants flows from the court to other organisations through which further and more specific support is provided. As such, the women pilot service, and the like, has the potential to facilitate interagency working between the two systems. Future research should investigate the processes whereby such services can maximise current interagency working.

CONCLUSION

The study suggests that women defendants are a vulnerable group, at higher risk of mental and physical health problems than the general population. This may be caused by unsupportive home environments and a wide range of other needs ranging from financial advice to housing and career guidance. If these wider needs are addressed, by appropriate services, the mental and physical and mental health of this population may improve. In compliance with current public health policy[5], the women's pilot project achieves this by providing a scaffold that supports women in a personalised fashion in the short term during their court proceedings and beyond. It offers women defendants a temporary replacement of social capital they lack from their home environments. The service acts as a triage provider directing women to appropriate services and connecting the criminal justice system and health and social care services more effectively.

This study has hinted at some of the longer term benefits of this type of service. It now remains for the long term impact of services of this type to be addressed by investigating in the medium term if and how women make contact with the external agencies to whom they are referred and to exploring, for example, how many women re-enter work or begin a programme of study as a result of accessing the service. In the longer term, the impact of this service on reoffending and improvements in physical and mental health in this population should be investigated. Services of this type may be one pragmatic strategy to address mental and general health inequalities and contribute to overall public health strategies especially related to mental illness within the criminal justice system.

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Table 1: Key quantitative variable recorded by project worker

Theme	**Variable recorded in project worker database**
General characteristics of women defendants seen by project worker	• Education level, literacy / numeracy issues • Employment history • Age, Faith, Sexuality, Ethnicity,
Demand for service	• number of visits with project worker
Women's home environments,	• marital status • domestic abuse • type of accommodation, • Histories of rough sleeping
Women's home responsibilities	• role as carer and number of dependants
Women's general and mental health	• physical and mental health issues • physical disability • if known to mental health services • GP registration • Histories of self harm, alcohol misuse and drug misuse,
Women's financial status	• Source of income, debt issues,
Nature of Women's offences	• Current offence, previous convictions

Table 2: Frequency distribution of the marital status, accommodation status, experience of domestic abuse, history of rough sleeping, child care or carer responsibilities.

Marital status	**Frequency**	**Percent**
Single	62	72.1
Separated	6	7.0
Cohabiting	9	10.5
Married	4	4.7
Divorced	3	3.5
Sub Total	84	97.7
Missing data	2	2.3
Total	86	100.0
Accommodation		
Hostel	15	17.4
social housing	37	43.0
private rent	11	12.8
Other	2	2.3
home owner	5	5.8
Friends	4	4.7
Family	6	7.0
B&B	1	1.2
Rough sleeping	1	1.2
Sub Total	82	95.3
Missing	4	4.7
Total	86	100.0
History of rough sleeping		
Yes	23	26.7
No	56	65.1
Total	79	91.9
Domestic abuse		
None	25	29.1
Past	37	43.0
Current	11	12.8
Total	73	84.9
System	13	15.1
Total	86	100.0
Number of children		
0	22	25.6
1	22	25.6
2	20	23.3
3 or more	20	23.3
Sub Total	84	97.8
Missing data	2	2.3
Total	86	100.1
Described themselves as a carer of some form		
Yes	42	48.8
No	42	48.8
Total	84	97.7

System	2	2.3
Total	86	100.0

Table 3: Frequency distribution of the pregnancy, physical disability, general physical and mental health, incidences of alcohol and drug abuse and self harm, registration with a GP and whether known to the mental health services of women defendants accessing the service.

Pregnant	**Frequency**	**Percent**
Yes	7	8.1
No	78	90.7
Sub Total	85	98.8
Missing data	1	1.2
Total	86	100.0
Physical disability		
Yes	26	30.2
No	59	68.6
Sub Total	85	98.8
Missing data	1	1.2
Total	86	100.0
Physical health issues		
Yes	34	39.5
No	48	55.8
Sub total	82	95.3
Missing	4	4.7
Total	86	100.0
Registered with a Doctor		
Yes	75	87.2
No	5	5.8
Total	80	93.0
Missing	6	7.0
Total	86	100.0
Mental health issues		
Yes	48	55.8
No	33	38.4
Total	81	94.2
System	5	5.8
Total	86	100.0
Known by mental health services		
Current	19	22.1
yes, but not in last 2 years	4	4.7
yes, in last 2 years but not current	10	11.6
Total	33	38.4
Missing data	53	61.6
Total	86	100.0
Self harm		
None	62	72.1
Past	6	7.0
Current	8	9.3
Total	76	88.4

System	10	11.6
Total	86	100.0
Alcohol abuse		
None	49	57.0
Past	9	10.5
Current	14	16.3
Total	72	83.7
System	14	16.3
Total	86	100.0
Drug misuse		
None	41	47.7
Past	6	7.0
Current	26	30.2
Total	73	84.9
System	13	15.1
Total	86	100.0

Table 4: Frequency distribution of source of income, debt issues and employment status

Source of income	**Frequency**	**Percent**
Benefits	60	69.8
None	6	7.0
salary/wages	15	17.4
Supported by partner	2	2.3
Total	83	96.5
System	3	3.5
Total	86	100.0
Debt issues		
Yes	31	36.0
No	51	59.3
Total	82	95.3
Missing	4	4.7
Total	86	100.0
Employment status		
Sickness	35	40.7
Carer	18	20.9
Student	3	3.5
Unemployment short term	2	2.3
Employed	18	20.9
Unemployed long term	7	8.1
Total	83	96.5
System	3	3.5
Total	86	100.0

Table 5: Frequency distribution of the number of previous convictions reported by women defendants

Previous convictions	Frequency	Percent
None	33	38.4
Once	12	14.0
between 2 and 5 times before	18	20.9
5 or more times	19	22.1
Sub Total	82	95.3
Missing	4	4.7
Total	86	100.0

Table 6: Frequency distribution of the number of previous convictions reported by women defendants

Offence	Frequency	Percent
No offence recorded	2	2.2
Assault	14	15.2
Fraud	4	4.3
Theft	26	28.3
Car related offences	10	10.9
TV license	9	9.8
Council Tax	9	9.8
School attendance	2	2.2
Drugs	6	6.5
Criminal damage	3	3.3
Other	7	7.6

[2]

[2] As some women have been accused of more than 1 crime, the number of offences is larger than the actual women's sample. Further, it is not clear in multiple offences, whether the women was kept in custody for one or other or both offences and therefore the number of overall women kept in custody by type of offence double counts the number of women in custody and therefore the figures presented in table and table do not coincide, albeit only by 1 case.

Table 7 : The support needs of women defendants, the organisations to whom they are referred and specific outcomes of these referrals.

Support need	Exemplars of local agencies to which women defendant is referred	Typical outcome of referral/type of support required	Number of women needing this support	Percentage of total sample
Housing	Hubb (housing advice); Missing Link (housing and mental health / resettlement support) Dean Crescent Hostel; Courts assessment and referral liaison service (CARS) Housing worker; Second Stop Housing Compass Centre (one stop' centre for homeless people); Wayahead (supported housing for young adults) Redland housing	▪ Housing re/pre settlements ▪ Housing register applications ▪ Applications for housing benefits ▪ Dealing with landlords ▪ Dealing with furnishings within housing, e.g. putting in new carpets ▪ Transfer of the client's property from hostel to prison	24	27.9
Benefits and finance	Department of work and pensions, WRAMAS Bristol Debt Advice, Fund finders, Citizen's Advice Bureau, Inland revenue, Child support agency	▪ Claim for a range of benefits. ▪ Apply for carers' allowances ▪ Apply for their own disability living allowance or adjust current allowances ▪ Apply for disability living allowances for a child or partner	41	47.7

		▪ Apply for bus passes or other transport costs on grounds of disability ▪ Obtain debt advice ▪ Apply for funding for training (for self or child) or returning to work ▪ Redirect benefits to a family member caring for children when woman is in prison ▪ Obtain child maintenance ▪ Apply for hardship funds e.g. Crisis loans ▪ Claim for benefits related to maternity or child care, e.g. maternity grants , family man schemes, child tax credits ▪ Open a post office/bank account ▪ Apply for domestic appliances, e.g. washing machine,		

		cookers, pre payment meters for gas and electric, furniture		
Domestic violence	Bristol domestic abuse form, Next link, Survive, Llyons Davidson Lawyers, Womankind	▪ Securing or repairing their homes ▪ General domestic violence support and advice ▪ Resettlement support ▪ Setting up injunctions against abusive partners ▪ Mental health support ▪ Attendance of freedom programme to escape domestic violence ▪ Negotiation of meetings, relationships and visits between partner and children in and outside of prison	15	17.4
Sexual abuse	Touchstone, Avon Sexual Abuse centre	▪ sex abuse counselling ▪ self harm support and advice ▪ mental health support	2	2.3
General health and social care	Health visitor, GP, Bristol health trainers, Cancer back up, Social	▪ Emotional support around	14	16.3

	services, PLUSS, Brook Harbour, Dyspraxia foundation.	cancer ▪ Mental health support ▪ Emergency foster placement for children is required and adoption counselling ▪ Informing local GP surgeries of current status or registering the client with a GP ▪ Pet fostering ▪ Mental health support ▪ Pregnancy testing ▪ Accessing a gym ▪ Therapy if a family member is seriously ill		
Mental health	CARS MH nurse Mental health nurse Bristol Crisis centre/BCSW	▪ Self harm helpline support and advice ▪ Mental health support ▪ Mental health act assessment	11	12.8
Support in parenting	Parentline plus Family welfare association Sands (Neonatal / stillbirth advice and support) Children information service	▪ Neonatal bereavement care ▪ Information on child care benefits (e.g. financial and for specific equipment)	8	9.3

		▪ Information on child care options ▪ Parenting support		
Law	Prison Service/Eastwood Park Prison, Police	▪ Transfer client's possessions from police station to prison ▪ Transfer Information to the client in prison e.g. resettlement information needed when released ▪ Assist interaction between client when in prison and their friends and family, e.g., assisted prison visits with a partner or children	9	10.5
Education and career advice	Connections The park City of Bristol College Access to work Bristol Uni/Bath Uni Volunteer Bureau Swansea council for voluntary service / Swansea college	▪ How to apply for educational funding e.g. adult learner grants ▪ How to find more information and apply for training/retraining programmes e.g., design foundation, basic skills, bricklaying, health and	14	16.3

		social care training and animal care training courses ▪ Existing studies through helping women obtain extensions for outstanding coursework and apply for educational grants to complete their final year of study. ▪ How to obtain voluntary work opportunitie s ▪ .Training advice/supp ort was provided for the women but was also provided for their children if requested,		
Alcohol/substance misuse	Addiction recovery agency SWAN Swansea Drug Project	▪ Services provided support to women with accessing drug and alcohol/deto x treatment programmes and advice for	8	9.3

		preventing drug/alcohol relapse		
General counselling	Samaritans CRUSE (bereavement Counselling) Relate NILARI	▪ Bereavement counselling ▪ Helpline support ▪ Relationship counselling	7	8.1
Other	Regrow (gardening) Post office South Bristol Advice Centre Energy issues (British gas; EDF trust) BCSW RSPCA Petsafe Birmingham/Bristol City Council Bobby Van Bristol charities Other charities League of the helping hand A to B centre South Housemate DVLA SARI BHR		17	19.8
No outcome or session incomplete			10	11.6