

A WOMEN'S WORKER IN COURT: A MORE APPROPRIATE SERVICE FOR WOMEN **DEFENDANTS**
WITH MENTAL HEALTH ISSUES?

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ABSTRACT

Aims

Court liaison services aim to reduce mental illness in prison through early treatment and/or diversion into care of defendants negotiating their court proceedings. However, liaison services may inadvertently contribute to gender inequalities in mental health in the prison system. This is because women often do not access liaison services. This is attributed to services failing to recognise that women have different needs from men. To address this, it is essential that the needs of women in contact with the criminal justice system (CJS) are clearly articulated. However, there is a dearth of research that considers women's needs at this stage of their journey through the CJS. This paper aims to identify these needs before women enter prison. It does so through an analysis of a pilot Women's Support Service based at a Magistrates' Court, a response to concerns that women were not accessing the local liaison service. Characteristics of women defendants attending the service are described, specifically their home environments, general and mental health needs. Their support needs when in contact with the CJS and the links the service must forge with local community organisations to provide this, are also presented. This knowledge will develop/ tailor existing services available to women defendants to improve their access to these and optimise the benefits they can derive from them.

Methods

Proformas were completed by a women specialist worker for 86 women defendants assessed in 4 months. Information was collected on characteristics including education, domestic violence, accommodation, physical and mental health.. This specialist worker recorded the range of needs identified by defendants at assessment and the services to which women were referred.

Results

Access to the Women's Support Service is high, with only 11.3% of women refusing to use the service. Women attending have high levels of physical and mental health issues. Their mental health issues have not been addressed prior to accessing the service. Women often come from single households and environments high in domestic abuse. Women have multiple needs related to benefits, finance, housing, domestic abuse, education and career guidance. These are more frequent than those that explicitly link to mental health. The women's worker providing the service referred women to 68 services from a wide variety of statutory and voluntary organisations.

Conclusions

The Women's Support Service is accessed by a higher number of women, many more than access the local liaison service. It is suggested that this is due to their multiple and gender specific needs being adequately addressed by the former service and the organisations to whom they are referred. Mental health needs may also be secondary to other more basic needs, that makes the generic service provided but the Women's support Service more appropriate than a liaison service that deals with mental health support alone.

Keywords: mental health, women defendants, criminal justice system, support, inequalities.

AIM

There are strong associations between crime and mental illness with 90% of the prison population having a mental health problem^{1,2}. One step in the United Kingdom (UK) towards addressing this was the development of liaison schemes, based in some courts, that have the purpose of assessing defendants with mental health issues³. These services are run by mental health workers who access courts to provide specialist mental health services. Their purpose is to assess people in custody/on bail, awaiting a court appearance, and who have been referred for assessment with suspected or recognised mental health needs. Following assessment, court liaison workers refer clients on to relevant mental health services and make recommendations for the court with respect to sentencing.

The liaison service is a service directed at individuals early on in their contact with the criminal justice system (CJS), before they enter the prison population. It hence aims to reduce mental illness in prison through early treatment and or diversion to care if necessary. However, the liaison services may inadvertently contribute to gender inequalities in mental health in the prison system. This is because liaison services, (and other mental and physical health services based within the male dominated criminal justice environment^{4,5}, have been charged with failing to recognise that women have different health/social needs from men that should be addressed differently.^{4,6}

There is an observed lack of engagement by women with liaison, and similar services^{7,8}. A national pilot, for example, of a liaison scheme in the SW of England³ suggested that, although women made up 12.5 % of defendants seen by the liaison service, one in three women previously known to the mental health services, refused to access the mental health liaison team, 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 fail to access the professional support available to male peers that is needed to manage their mental health needs.⁷ It is feared that this contributes to the gender inequalities in mental health found later on in the prison population where mental illness is found to be more prevalent among women in than males (or in the general population)⁴. This is illustrated in studies showing newly sentenced women prisoners to be more likely to demonstrate psychosis, anxiety, depression, suicide attempts and self harm in the first year of custody than their male peers⁹. Gender inequalities are of increasing concern as, although the proportion of women in the total prison population is low, (5.5% in England and Wales at November 2006), there has been a dramatic rise in the numbers of women in prison from an average of 1560 in 1993 to around 4463 in June 2006^{4,6}. Recent UK policy in the form of the *Gender Equality Duty* support the need to reduce these gender inequities in service provision, but a growing gap has been reported between such policies, and their actual implementation⁶.

To begin to narrow this gap and reduce gender inequalities, it is essential that the specific needs of women in contact with the CJS be clearly articulated. This is particularly true for women early on in contact with the CJS before they enter prison. However there is a dearth of research that considers women's needs at this stage¹⁰ It is therefore the aim of this paper to identify the health/social care needs of women before they enter prison when still acting as defendants. It does so by presenting an analysis of a pilot Women's Support Service based at a Magistrates' Court, a local response to concerns that women were not accessing the local liaison service and that their general, physical and mental health needs were not being adequately addressed. The paper briefly describes some of the characteristics of women defendants attending the service specifically their home environments, their general and mental health needs. It then describes their support needs when in contact with the CJS and the links the service forged with community organisations providing this support. An understanding of these needs, and the range of services within the community or court to whom they can be referred, will assist service deliverers, dealing with women defendants, to design services and train

professionals to be able to cater better for these women's needs. Being able to provide adequate services before imprisonment, may promote improved engagement of women in services prior to entry into prison. This early engagement has been shown to improve health and social outcomes for women when in prison itself¹⁰. It may be particularly beneficial for mental health issues in this population that may have originated from a failure to meet these more basic underlying needs early on in women's contact with the CJS, needs that are associated with poor mental health generally (e.g. material deprivation, lower educational attainment, unemployment and social isolation)^{5, 11-13}. It may also help women better deal with their court processes and prevent them from reoffending in the future.

METHODOLOGY

Context

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 a Magistrates' Courts in the SW of England⁷. This service complied with the Corston Report's recommendations that the CJS transform the way it delivered services for women⁴. The role of the women's specialist 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.

Instrument

A standard proforma sheet was completed by the worker at the time of each consultation based on information she had collected from the client during their visit.. This data collection instrument had been developed and piloted in a previous evaluation of a liaison scheme in the same area^{14, 15}. Key variables included in the proforma sheet can be viewed in (Table 1). The majority of these questions were closed category questions offering the worker one of a range of set responses. There were three open ended questions on the sheet in which the worker was asked to describe the type of support required by the defendant, the agency to which these women were then referred, to receive this support and finally the type of support requested of this service.

Service users/sample

The Women's Support Service is aimed at supporting women defendants post arrest, and who are negotiating their trial appearances. The women's specialist worker providing the service collected data from each client seen over a four month period (the duration of the pilot). Whilst, on average, 15 women were seen in the Magistrates Court daily, with the time and human resources available, the worker was able to make 3 full assessments daily. 97 women were approached to engage with the service. Women were referred to this worker by custody cell security staff, solicitors and the mental health liaison scheme working in the court. The worker also engaged in proactive identification of women defendants through a review of current custody and bail court listings. Attendance of the service was on a voluntary basis. Although the worker was able to complete the majority of the proforma for each case, women were not always comfortable in disclosing some information required for the sheet. The worker did not pressurise women for these responses and these sections of the proforma were therefore left blank and account for any missing data reported.

TABLE 1 HERE

Analysis

Quantitative data collected on the proforma was stored and analysed using SPSS V15.0. creating a disaggregated database of information on each case seen by the women's specialist worker. A thematic qualitative content analysis of the three open ended questions was conducted. Hereby open ended responses were reviewed, common themes/patterns identified with which a coding scheme was created that identified the key needs, services and support received by women defendants in the sample.

RESULTS

Characteristics of service users

Over a four month period the worker assessed 86 women defendants. Eleven women refused to engage in the service. This represents an 11.3% refusal rate. The number of women seen by the project worker ranged from 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 GCSE level (61.6%; 53; n=86), and difficulties with numeracy and literacy problems are not reported explicitly (only 8.1% (7; n=86) reported this).

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) (Table 2). 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 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 HERE

The vast majority of women are registered with a GP (87.2%; 75; n=86). Although more than half of women had indicated a mental health issue (55.8%; 48; n=86), only just under a quarter of women acknowledged they were currently in contact with mental health services (22.1% 19; n=86)(Table 3). 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 (Table 4). Debt issues were acknowledged by just over a third of the sample (36.0%, 31; n=86).

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).

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). Support with domestic violence (17.4%; 15; n=86) and advice on education and career advice (16.3%; 14; n=86) were also high priority. Only 12.8% (11; n=86) of women have needs related explicitly to mental health. 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. The women's worker although addressing a number of the needs herself, referred women onto a wide range of other statutory and voluntary organisations/services (68 services in total).

DISCUSSION

The study has shown that whilst women defendants appear not to access the mental health liaison service in court, attendance of the Women's Support Service is far greater (11.3% refusal if compared to 33.3% in the liaison service). The study has also identified a vast range of needs addressed by the women's support service pilot that would otherwise have been unidentified and unaddressed for women at this point in their journey through the CJS.

Women defendants, as with their peers in the women prison population^{6, 8, 10}, have high physical and mental health needs. Just under a third of women in the sample report a physical disability. This is much higher than the local population in the regional health authority where only 16.1% of the population report limiting long term illnesses and only 3.8% declare themselves economically inactive due to a permanent illness or disability¹⁶. Similarly, more than a half of women

defendants describe themselves as having mental health issues. This is unsurprising when 1 in 4 people in the general UK population are reported as having a diagnosable mental health problem¹⁷. Further, although no data is available regionally or nationally on the health of women defendants, high levels of mental illness in the female prison population is well reported^{6, 8, 10}. It is of concern, therefore, that women defendants in this study are mostly unknown to the mental health services and show poor attendance of the mental health liaison service when in court³. This and the high attendance of women in the Women's Support Service suggest women are otherwise not accessing the mental health services they require before entry into the prison population.

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, 11, 12}. It could be speculated whether it is the multiplicity of these needs that compromise women's ability to cope with their lives and contributes to their offending behaviours. If this is the case, then as more than half of the sample were reoffenders, these multiple needs have not been adequately addressed in the past.

Women defendants' needs range from housing, benefit and financial advice to career/education advice, general counselling (as well as physical and mental health support). 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. Career/education support is also relevant as a high numbers of women are 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.

To address the vast array of needs presented by women, the women's specialist worker had to refer women defendants to a large and diverse range of services to address these needs. Needs related to benefits, finance, housing, domestic abuse, education and career guidance are more frequent than those that explicitly link to mental health. A direct referral of a women defendant by court workers to a mental health or liaison service when she enters the court system, may therefore be inappropriate, if women's mental health needs are simply a manifestation of some other underlying need, such as poor housing and other services are better suited to her needs. The women's pilot acts in effect 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.

Finally, a challenging home environment may contribute to the needs identified in this group: over 70% of women defendants reported themselves as single, compared with only 43% of people in the general population in the same Health Authority covering the court pilot catchment area¹⁶. Few service users reported themselves as living with family/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. This is high, if compared to national reports of domestic abuse standing at 28% of the population between the ages of 16 and 59 years¹⁸. These observably higher levels of domestic violence and/or not being in a stable partnership, suggests women defendants offending behaviours could be exacerbated by a lack of support in their family environment.

Limitations and future research

The study has a range of limitations. Although it is able to give an indication of the needs of women at this early stage of their contact with the CJS, and the range and variety of services to which they may be referred, the data used was collected from a small pilot based in one magistrates' court alone. The size of the pilot and lack of national data on the needs of women at this stage of their CJS journey means the generalisability of the findings to women defendants nationally has yet to be established.

Further, the quantitative methodological approach taken in the study, whilst providing an overview of the needs of women at this stage of their journey within the CJS and raising areas that may be of concern, cannot provide some of the deeper knowledge required to understand the complex nature of these women's lives or the relationship between these circumstances/needs on the one hand and mental health and reoffending behaviours on the other. In depth investigation is now required to explore why women are encouraged to access the women project service and why they may access the service in preference to the existing liaison services. The medium term impact of the service must be explored as to "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. It also must be determined, in the long term, if this service and those of its kind, by both offering support early on the women's CJS journey, as well as targeting women and women's needs, can in fact reduce the mental health inequalities observed between women and men in the prison population and levels of mental illness in prisons in general.

The multiplicity of women defendants' needs and the vast range of diverse services that the women's specialist worker must refer women to, also suggests that 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 CJS is however known to be problematic as might be expected of working between two public services so distinct in their expectations, priorities and working culture¹⁴. The women's specialist worker has a role 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's Support Service, and the like, have the potential to facilitate interagency working between the two systems. Future research should investigate the processes whereby such services can maximise current interagency working. Further, the women's worker shows an eclectic knowledge to work directly with women to resolve some of the needs she encounters. Where she does refer women on to local statutory or voluntary services, she demonstrates again an eclectic and far reaching knowledge of the variety of local services available to her clients. This raises future areas for investigation as to how such professionals can be recruited and/or trained to become these highly skilled and generic workers.

CONCLUSION

Women defendants do not appear to be accessing services in the court or elsewhere that may help them with address their mental health needs. This may mean that, if convicted and given a custodial sentence, they enter the prison system with existing and unaddressed mental health issues. This study has shown, however, that women defendants access the Women's Support Service more than they access the mental health liaison service available to them in court. This

supports the need for women specific service to run alongside the current liaison scheme although more in depth investigation into why women access the service in preference to the liaison service is now required.

The analysis of the data provided by the Women's Support Service has identified that women accessing the service have multiple needs, including mental and physical needs. Over and above these health needs, they require support with a variety of issues including information on benefits, finance and housing. Mental health needs appear secondary to other more basic needs, that makes the generic service provided by the Women's support Service more appropriate than a liaison service that deals with mental health support alone.

The women's worker providing the service must therefore link with a wide number and variety of services to address these. Services may now be developed that specifically cater for these identified needs. It now remains to consider the long term impact of providing a service designed to address women specific needs early on in their contact with the CJS on the levels of mental health in prison and the levels of gender inequalities observed there.

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Table 1: Key quantitative variable recorded by project worker

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

Table 2: Frequency distribution of the marital status, accommodation status and experience of domestic abuse

Marital status	Frequency
Single	62
Separated	6
Cohabiting	9
Married	4
Divorced	3
Sub Total	84
Missing data	2
Total	86
Accommodation	
Hostel	15
Social housing	37
Private rent	11
home owner	5
Friends	4
Family	6
B&B	1
Rough sleeping	1
Other	2
Sub Total	82
Missing	4
Total	86
Domestic abuse	
None	25
Past	37
Current	11
Total	73
Missing data	13
Total	86

Table 3: Frequency distribution of whether women were known to the mental health services.

Known by mental health services	Frequency
Current	19
yes, but not in last 2 years	4
yes, in last 2 years but not current	10
Never known to a mental health service	47
SubTotal	80
Missing data	7
Total	86

Table 4: Frequency distribution of source of income and employment status

Source of income	Frequency
Benefits	60
None	6
salary/wages	15
Supported by partner	2
Total	83
System	3
Total	86
Employment status	
Sickness	35
Carer	18
Student	3
Unemployment short term	2
Employed	18
Unemployed long term	7
Total	83
System	3
Total	86

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
No offence recorded	2
Assault	14
Fraud	4
Theft	26
Car related offences	10
TV license	9
Council Tax	9
School attendance	2
Drugs	6
Criminal damage	3
Other	7

[2]

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 support required
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 Waterloo Regional Apartment Management Association: WRAMAS	Housing re/pre settlement Housing register applica Applications for housing Dealing with landlords Dealing with furnishings housing, e.g. putting in carpets Transfer of the client's from hostel to prison
Benefits and finance	Department of Work and Pensions, Bristol Debt Advice, Fund finders, Citizen's Advice Bureau, Inland revenue, Child support agency	Claim for a range of ben Apply for carers' allowa Apply for their own disa living allowance or adju allowances Apply for disability liv allowances for a child o Apply for bus passes or transport costs on groun disability Obtain debt advice Apply for funding for tr self or child) or return Redirect benefits to a f member caring for childr woman is in prison Obtain child maintenance Apply for hardship funds Crisis loans Claim for benefits relat maternity or child care, maternity grants , famil schemes, child tax credi Open a post office/bank Apply for domestic appli washing machine, cookers payment meters for gas a electric, furniture Securing or repairing th General domestic violenc and advice Resettlement support Setting up injunctions a
Domestic violence	Bristol domestic abuse form, Next link (Women's support charity), Survive, Llyons Davidson Lawyers, Womankind	Securing or repairing th General domestic violenc and advice Resettlement support Setting up injunctions a

		abusive partners Mental health support Attendance of freedom pro escape domestic violence Negotiation of meetings, relationships and visits partner and children in of prison
Sexual abuse	Touchstone, Avon Sexual Abuse centre	sex abuse counselling self harm support and ad mental health support
General health and social care	Health visitor, General Practitioner, Bristol Health Trainers, Cancer Back Up, Social services, PLUSS, Brook Harbour, Dyspraxia Foundation.	Emotional support around Mental health support Emergency foster placement children is required and counselling Informing local GP surge current status or regist client with a GP Pet fostering Mental health support Pregnancy testing Accessing a gym Therapy if a family memb seriously ill
Mental health	CARS (liaison service)Mental health nurse Mental health nurse Bristol Crisis Centre	Self harm helpline support advice Mental health support Mental health act assess Neonatal bereavement car Information on child car (e.g. financial and for equipment) Information on child car Parenting support
Support in parenting	Parent line plus Family welfare association Sands (Neonatal / stillbirth advice and support) Children information service	Transfer client's possess police station to prison Transfer Information to in prison e.g. resettler information needed when Assist interaction betwe when in prison and their and family, e.g., assist visits with a partner or
Law	Prison Service/Eastwood Park Prison, Police	How to apply for educati funding e.g. adult learn How to find more informa apply for training/retra programmes e.g., design basic skills, bricklayin and social care training care training courses Existing studies through women obtain extensions outstanding coursework a for educational grants t
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	

		their final year of study How to obtain voluntary opportunities .Training advice/support provided for the women provided for their children requested, Services provided support with accessing drug and alcohol/detox treatment and advice for preventing drug/alcohol relapse Bereavement counselling Helpline support Relationship counselling
Alcohol/substance misuse	Addiction recovery agency SWAN (Start Winning Against Alcohol Now) Swansea Drug Project NILARI (Community Based Drug Treatment Provider)	
General counselling	Samaritans CRUSE (Bereavement Counselling) Relate	
Other	Regrow (Gardening) Post Office South Bristol Advice Centre Energy issues (British Gas; EDF trust) Bristol Crisis Centre for Women 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	
No of outcomes/sessions incomplete		

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[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.