



Evaluation of the 218 Centre



EVALUATION OF THE 218 CENTRE

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EXECUTIVE SUMMARY

Background

One of the most striking penal phenomena in Scotland during the last decade has been the steady increase in the numbers of women in custody. This, combined with a series of suicides at Scotland's only prison for women, HMP and YOI Cornton Vale, resulted in a wide-ranging review of the use of imprisonment and non-custodial sentences for female offenders. The review concluded that the backgrounds of women who offend and the circumstances which lead to their offending meant that prison was, for the most part, an inappropriate and potentially damaging disposal for this group. It produced a number of recommendations aimed at keeping women out of prison where possible and at improving the conditions for those who were, by necessity, detained. An Inter-Agency Forum was set up to establish services for women in the criminal justice system.

The Inter-Agency Forum recommended, among other things, the creation of 'Time Out' Centres to provide residential and non-residential support services for women. The theory was that female offenders should be able to get 'time out' of their normal (chaotic) environment without resorting to 'time in' custody, where many of them were being placed. The work of the Forum was subsequently taken forward by The Ministerial Working Group on Women's Offending. The 'Time Out' Centre, or 218 as it is now called, was established in August 2003 with funding from the Scottish Executive and opened its doors to women in December 2003.

The research

The research summarised here evaluated the initial stages of 218. The aims of the research were to:

- evaluate the operation and effectiveness of 218;
- highlight examples of good practice and identify areas for improvement;
- determine the extent to which addiction and offending can be addressed together;
- assess the success of 218 in linking women into mainstream services on departure;
- assess and determine the effectiveness of the Centre in relation to costs, outcomes and overall effectiveness in achieving its stated objectives.

The evaluation was conducted through an analysis of material from documents and project records; focus groups and individual interviews with service users; and interviews with project staff and key stakeholders, with interviews repeated after one year where possible. In total 5 focus groups and 66 individual interviews were conducted with service users. Twenty-four interviews were conducted with staff at 218, and an additional 80 interviews were conducted with key stakeholders.

Implementation issues

218 was designed to address the needs of female offenders in Glasgow in order to reduce reoffending and consequently to reduce the number of women who end up in custody. As such it is an innovative project, responsible for providing services for women involved with

the criminal justice system in a relatively unique way. Initial funding has been significant compared to that for other criminal justice services of this size and, despite some minor problems with the layout of the building, the resources have been appropriate, ensuring that the Centre has made the planned services available to clients. 218 hosts a range of services in-house. This has created both benefits to service users, who are able to access support from different agencies in one location, and a number of difficulties in the staffing and managerial structures, some of which have yet to be resolved. These difficulties are generally related to multi-agency working and the management of multi-professional teams and are not unique to 218.

218 as a resource centre for female offenders is the first of its kind. To some extent this has meant programmes, and tools for monitoring these programmes, have been developed pragmatically, evolving over the initial period of service. This has meant that the service as it operated at its inception in December 2003 was quite different from the later structure. The operational changes at 218 posed problems for the evaluation, as the service that existed at the end of the evaluation differed considerably from the one that existed initially. It has also been a challenge to ensure that agencies 218 was intended to serve - namely criminal justice agencies - were aware of its existence and the client group to which it was intended to respond.

The initial operational objectives of 218 and systems for monitoring these were criticised by key stakeholders as lacking clarity from the outset. The project joined together 2 main service providers (Turning Point Scotland and the NHS) without defining clear responsibilities or decisive means of overseeing service provision. Arguably an important problem in overcoming this ambiguity was the lack of a Monitoring or Advisory Group to carry forward the work of the initial Commissioning Group. Such a group, though planned, only came into existence 18 months after the service was operational and had yet to develop an active role.

Referral

Women were referred to 218 from a variety of sources. While many of these were not direct referrals from criminal justice agencies, the majority were related to criminal justice services in some way. Some women needed to be referred a number of times before they engaged in the service. The initial court assessment and 3-stage formal process of assessment was designed to distinguish between those who were ready to engage and those who were not. The women referred to 218 were involved in the criminal justice system, and all were clearly vulnerable women at (usually immediate) risk of physical and psychological harm. The characteristics of service users replicated those of women who end up in prison in Scotland, indicating that the target group for referral and engagement have been identified appropriately.

Referrals from pivotal criminal justice sources such as sentencers did not begin until 218 had been in place for over a year. This meant that initial referrals often related to women who were considered by stakeholders to be 'on the path' to custody rather than at immediate risk. Women who referred themselves to 218 often defined themselves in this way too or, more often, believed they were likely to die without some sort of meaningful help. As the service developed, the proportion of direct criminal justice referrals increased, with more women accessing the service as a direct alternative to custody. However it is important to note that

the service was initially developed to prevent reoffending, to provide alternative methods for dealing with women in the criminal justice system, and to tackle the underlying causes of offending behaviour.

Of the 343 women referred to 218 between 1 April 2004 and 31 March 2005, 143 women engaged with 218 at least once. Levels of engagement were highest among women referred by non-criminal justice agencies; however, referrals from such agencies were often offence-related (e.g. supporting women to exit prostitution).

Service provision

218 is viewed as a distinctive service which provides 'holistic' care for women involved with the criminal justice system. This has required the co-operation of staff from different agencies and with distinctive professional backgrounds. Joint working had led to some difficulties during the implementation of the service in terms of management responsibilities and the role of individual workers. These tensions are invariably a feature of inter-agency working and have been reflected in the operation of diverse professional teams elsewhere. Initial tensions were evident, relating to the management and monitoring of the Centre. There appeared to be an absence of 'joined-up' planning at senior levels, noticeably in relation to health care. Delays in the establishment of a Monitoring/Advisory Group exacerbated this, and the absence of such a group appeared to limit a more structured oversight of the Centre. Despite initial difficulties with communication between different agencies, inter-agency working was viewed positively by respondents from 218 and other agencies, and workers expressed a clear commitment to delivering a unique and effective service

Service users actively praised the regime at 218 and believed it addressed their needs. Some criticism was made of policies regarding family contact and time out of the building for residential service users, but most women also understood and accepted reasons for restrictions. Staff also believed the support at 218 was appropriate and that its strength lay in the emphasis on relationships with service users. Some members of staff were concerned that time-limited service relegated the residential unit to crisis intervention, though longer-term support was available through the day programme.

Support was made available to enable women to address problematic substance use, from both health and addiction workers. This was viewed by service users and staff as a crucial component of the service. The availability of ongoing support was important in the prevention of relapse. Towards the end of this evaluation, increased emphasis was being given to programmes aimed at addressing offending behaviour. However interviews with all respondents illustrated the important correlation between substance use and offending. Notably, 52 women (83% of those interviewed) said their drug use and/or alcohol use had decreased or stopped (mostly the latter) at the time of interview. Reducing and/or ending substance use was considered an important way of reducing and/or ending offending behaviour. This is borne out by other relevant research (Hough et al, 2003, McIvor, 2004). This also had a significant impact on other areas of the women's lives, with 42 women (67% of those interviewed) providing specific examples of direct improvements to their health and well-being, as a result of attending 218.

Linking women with other services

Creating a holistic service to address the needs of female offenders is an ambitious prospect and not without its difficulties. Awareness of 218 initially seemed limited amongst agencies that were expected to have a keen interest in the programmes there. Staff were required to increase the profile of 218 while, at the same time, attempting to link women in with other services. This situation improved however, and 218 staff continued to make active attempts to inform key agencies and services of their work. The 218 Project was an ambitious attempt to link services across a number of areas. For the most part it had received full cooperation in doing so, though an important barrier was the lack of an inter-agency Advisory Group to assist 218 in its links with others.

Not surprisingly the interplay between services created some initial and ongoing problems, primarily in terms of structural relations and clarity of roles between managers and staff employed by Turning Point and those employed by the NHS. The lack of the planned Advisory Group for the project is likely to be part of this problem, though structural problems in the initial terms of service and ongoing ambiguity of required service outputs and outcomes contributed at least as much. Disagreements about the structure of the service remained entrenched with no overarching authority stepping in to clarify the terms of operation. Further effects of the absence of an Advisory Group were the difficulties in ensuring outside agencies were aware of and complied with operational agreements with 218. Links with services to enable service users to move on from 218 were generally good, and important links had been established with social work departments and the Social Inclusion Partnership network. Twenty-one of the women interviewed, indicated that they had been referred to other services from 218 (including counselling, training or other support). More consistent problems existed in terms of finding suitable housing for service users and to some (often related) extent, accessing community-based prescribing services and addiction workers. Nevertheless, 16 women said that 218 had helped them find stable accommodation, when it had previously been unstable. Problems which arose were generally due to difficulties ensuring appropriate provision was available where and when it was needed, often at fairly short notice. Structural problems such as the use of project workers rather than designated outreach staff or external case workers to make such links also hampered attempts to link service users with resources outside.

Outcomes and effectiveness

The effectiveness of a service like 218 is often difficult to measure in quantifiable terms, particularly in light of its broad remit and pragmatic development. Statistics able to identify changes in sentencing patterns and criminal justice outcomes will not be available until the end of 2006, while any meaningful attempt to establish reconviction data requires a 2 year follow up period. Nonetheless, interviews with sentencers and prosecutors have shown that they make use of 218 and value it as a resource. In individual cases, referrals to 218, such as through diversion from prosecution or direct bail, often successfully prevented female offenders from entering custody, at least in the short term. Quantitative and qualitative data indicate that women who have engaged in services at 218 have been actively involved in offending and that they fit the profile of female offenders in custody. So it is likely that women who engage with services at 218 are avoiding custody in the short and longer term.

Cost-effectiveness is impossible to assess at this stage in the absence of measurable outcomes. In terms of costs comparisons, however, we can determine that the average cost per engagement at 218 (£7,701), equals the cost of 2.6 months in prison. The average length of stay at 218 was 2.6 months, but this is based on those cases where complete information was available. Data from project records on the length of time spent at the project was missing or incomplete for just over half of the women, often because they were still engaged with the project. It is also clear from this evaluation and other previous research that there are numerous benefits associated with the range and level of services provided at 218 which are not offered over the course of short-term custodial sentences. However, limiting measurements to quantifiable and immediate criminal justice outcomes misses the contribution 218 is likely to make to longer-term crime prevention.

Women who continue along the path of addiction and offending are likely to end up in custody if they fail to receive some sort of support. 218 has developed a model of intervention based on a recognition of the needs of women in the criminal justice system, which attempts to respond to those needs and in doing so, aims to tackle the root causes of offending behaviour.

CHAPTER ONE INTRODUCTION

The Development of a Time Out Centre

1.1 One of the most striking penal phenomena in Scotland during the last decade has been the steady increase in both the numbers of women given sentences of imprisonment and in the daily average population of sentenced female offenders. In this respect Scotland is similar to other parts of the United Kingdom (Home Office, 2004a; National Offender Management Service, 2005; Scottish Executive, 2005a) and, indeed, to most other Western jurisdictions (Cook and Davies, 1999; Taylor, 2004).

1.2 Towards the end of the 1980s, women who offend began to attract increasing attention from policy makers and practitioners for a number of reasons. First, there was an increase in the number of young women appearing before the courts, largely attributable to an increased incidence of drug misuse (primarily heroin) among young women. Second, as the number of women charged with offences increased, academics, practitioners and policy makers began to question the appropriateness of existing sentences and associated interventions for women who offended (Dobash and Gutteridge, 1986; Carlen, 1990; Gelsthorpe and Morris, 1990).

1.3 Third, and perhaps most influentially, a series of 7 suicides in 30 months at HMP and YOI Cornton Vale, Scotland's only prison for women, resulted in a wide-ranging review of the use of imprisonment and non-custodial sentences for female offenders. The number and timing of the deaths was all the more shocking because only one suicide had ever taken place – some 9 years previously – since the opening of Cornton Vale. Although no single reason for the suicides emerged from the subsequent fatal accident enquiries, it appeared that a history of drug misuse and withdrawal problems shortly after being incarcerated was a common experience among the women who died¹.

1.4 The resultant review, *Women Offenders: A Safer Way*, undertaken by the Social Work Services and Prisons Inspectorate for Scotland, concluded that 'the backgrounds of women in prison are characterised by experiences of abuse, drug misuse, poor educational attainment, poverty, psychological distress and self harm' (1998: 13). It also produced a number of recommendations aimed at keeping women out of prison where possible and at improving the conditions for those who were, by necessity, detained. These included the development of bail provision for women; the development of a unitary fine system; the increased use of supervised attendance orders for women who default on payment of their fines; and the development of an inter-agency project aimed at developing services for women offenders in Glasgow (since the majority of women in Cornton Vale at that time were from Glasgow and the West of Scotland).

1.5 A primary objective of *A Safer Way* was a reduction in the imprisonment of women – at the remand stage, at the sentencing stage and following default on the payment of a fine. However, the published statistics showed that, far from there being a reduction in the

¹ A further 6 women have died at Cornton Vale.

custodial sentencing of women following the publication of *A Safer Way*, the number of prison sentences imposed on female offenders actually *increased* from 950 in 1998 to 1,048 in 1999. The daily female prison population likewise increased over the same 12 month period from 193 in 1998 to 212 in 1999, at that time the highest figure ever recorded. By contrast, the daily male prison population decreased slightly in 1999, to 5,817 compared with 5,825 the previous year. Over the 10 year period, 1990–1999 the average daily female prison population increased by 55%, which was more than double the growth experienced in the male prison population (which increased by 27%) over the same period (Scottish Executive, 2000a).

1.6 While the overall number of custodial sentences imposed in Scotland increased by 1% in 1999, this trend was not replicated across all groups. There was a 21% increase in the number of convictions resulting in a custodial sentence for women aged under 21, and a 12% increase in the use of custody for women aged 21-30. There was, at the same time, a 5% rise in the use of imprisonment among men in the 21-30 year old age group, a 1% decrease among men under 21 years of age and a 5% decrease among men over 30 years of age (Scottish Executive, 2000a.).

1.7 The prison statistics for 1999 revealed that the number of young women under 21 received into custody under direct sentence increased by 17% over the previous year's figure. Female adult direct sentenced receptions rose by 1% in the same period. This was in contrast to decreases of 5% and 7% respectively in the numbers of male direct sentenced receptions. The number of male young offenders received into custody under direct sentenced receptions in 1999 was the lowest level experienced since 1991. However, direct sentenced receptions of female young offenders in 1999 were at their highest level of the decade (Scottish Executive, 2000b).

1.8 One of the recommendations of *A Safer Way* was the establishment of an Inter-Agency Forum to develop services for female offenders in Glasgow. The forum was set up in August 1998, with its membership consisting of all the key agencies dealing with women who offend. This included criminal justice agencies as well as organisations employed in areas of health, housing, employment and addiction. The second annual report of the Forum was published in February 2001 (Inter-Agency Forum on Women's Offending, 2001). It contained a total of 13 recommendations aimed at providing women with access to a range of services and support to address the social and personal problems that contribute to their offending. These included exploring the possibility of establishing a daily court for women, providing additional resources to enable women to address their drug use, building upon and expanding existing diversion strategies at all stages in the system and the creation of 'Time Out' Centres, to provide a wide range of residentially or non-residentially based support services for women. The theory behind this latter recommendation was that female offenders should be able to get 'time out' of their normal (chaotic) environment without resorting to 'time in' custody, where many of them were being placed.

1.9 The work of the Inter-Agency Forum was subsequently taken forward by a ministerial group charged with turning the Forum's proposals into practical measures. The Ministerial Working Group on Women's Offending was established in December 2000 and reported in 2002, by which time a further 2 women had committed suicide in Cornton Vale (Scottish Executive, 2002a). The number of female sentenced receptions into prison in Scotland had also continued to rise as had the average daily female prison population, which showed an increase of more than 17% over the previous year (Scottish Executive, 2002b).

1.10 The Ministerial Group's report, entitled *A Better Way*, concluded that the existing system for dealing with women who offend was not working effectively. Instead, it recommended that greater emphasis should be placed upon alleviating the social circumstances that lead some women to offend, intervening early to ensure that women's needs could be met without recourse to imprisonment, promoting the use of the full range of community disposals (including the 'Time Out' Centre advocated by the Inter-Agency Forum) and shifting the penal culture away from punishment and towards rehabilitation and 'treatment':

"We believe that the broader range of community penalties now available, supported by the Time Out centre and a specialist care management service for women in Glasgow, offers an integrated approach which, with the co-operation of the courts, can reduce significantly the number of women who receive custodial sentences. The message here is that we need to establish services which can give focus to and can energise the work with women offenders, and which can establish a service with which women clients can identify, and whose relevance they can recognise. These should focus on women's needs to create relationships as an influential aspect of programmes which work with women. The process can reduce stigma and isolation and increase confidence and self esteem, improve social skills, alter criminal attitudes and behaviour and so engage with these women." (Scottish Executive, 2002a: 38)

1.11 *A Better Way* recognised the importance of avoiding the simplistic assumption that the 'what works' principles and the programmes derived from them could appropriately be applied to women. The 'what works' principles which drive social work practice with offenders throughout the UK and beyond are based upon research into the effectiveness of interventions with young men and their applicability to women remains largely unexplored. Increasingly, however, practitioners acknowledge that different approaches to those adopted with men may be necessary if women on supervision are to be engaged effectively in the process of change. Both practitioners and policy-makers are paying growing interest to the development of gender specific programmes. These programmes should be better able than existing male-oriented programmes to address women's needs in a safe and non-threatening environment that is conducive to the development of the reciprocal relationships which appear to be central to women's growth and change (Bloom and Covington, 1998; Covington and Bloom, 1999).

1.12 Responding to female offending, as distinct from male offending behaviour, has led to an increasing recognition of the importance of addressing the needs of the women who are involved with the criminal justice system. Ongoing research has identified the high levels of physical and sexual abuse, poverty, problematic substance use, bereavement and family breakdown that characterise the experiences of many women who appear in courts and prisons (HM Inspectorate of Prison, 1997 and 2001; Malloch, 2000; Prison Reform Trust, 2000; Scottish Executive, 2002a; Fawcett Society, 2004; Home Office, 2004a; Loucks, 2004; McIvor, 2004). A growing understanding of the extent of these issues has resulted in recognition of the need for a multi-dimensional, inter-agency response to tackle the 'root causes' of women's offending behaviour (Bloom, Owen and Covington, 2003).

From 'Time Out' to 218

1.13 218² was established in Glasgow in August 2003 with the aim of providing a range of services for women in the criminal justice system primarily within the boundaries of Glasgow City Council. Based on a single site, the Centre provides a day service and supported accommodation. In addition to prescribing facilities, it offers support – residential or daily – for detoxification. The model for the service was developed by the Inter-Agency Forum which comprised representatives of the Scottish Executive Justice Department, Glasgow City Social Work Department, Glasgow City Council Housing Department, Greater Glasgow Health Board and a range of other agencies (Inter-agency Forum on Women's Offending, 2001). It provides residential and community based resources in a safe environment to women aged 18 years of age or over who have involvement in the criminal justice system, who are assessed as particularly vulnerable to custody or re-offending and who may have a substance misuse problem. The Centre is run by Turning Point, an organisation in the voluntary sector which provides support for those with complex social needs, particularly in relation to drug and alcohol issues³.

1.14 218⁴ is a service for women involved with the criminal justice system which is designed to address the root causes of women's offending. It offers programmes of care, support, and development designed to stop women's offending by tackling substance misuse and the trauma and poverty that drive it. 218 is regulated by Care Commission⁵ guidelines for day services for adults, and for residential services to people with drug or alcohol problems.

1.15 The objectives of 218 are to:

- provide a specialist facility for women who are subject to the criminal justice system;
- provide a safe environment for women in which to address offending behaviour;
- tackle the underlying causes of offending behaviour;
- help women to avert crises in their lives; and
- enable women to move on and reintegrate into society.

1.16 Women from Glasgow can access 218 from the courts, from prison, or as part of a criminal justice order. They can be referred or can refer themselves as long as they have been in custody – even police custody – at some time in the previous 12 months. Any agency can refer women to the service. 218 does not provide an arrest referral scheme; however, the Glasgow Drugs Crisis Centre, also run by Turning Point, provides this service which women can access for emergency support. The purpose of 218 is to provide both diversion from prosecution and an alternative to custody.

² The service was named 218 after the street number of the building where the service was located.

³ Turning Point previously provided a service specifically for women, Turnaround. The Turnaround team moved to 218 to continue working with women.

⁴ This information is taken directly from the literature distributed by 218 as well as from field notes and interviews.

⁵ The Scottish Commission for the Regulation of Care (the Care Commission) was established in April 2002 as the new, independent regulator set up under the **Regulation of Care (Scotland) Act 2001** to regulate care services in Scotland.

Evaluating 218

1.17 From the outset, it was agreed that the development and operation of 218 would be evaluated. The evaluation, which was commissioned and managed by the Scottish Executive Justice Department, was conducted by a research team from the Universities of Stirling and Cambridge and an Independent Criminologist.

1.18 The aims and objectives of the research were as follows:

- Evaluate the operation and effectiveness of 218 as a realistic and workable alternative to custody for women;
- Seek to identify ‘what works’ in the context of 218 by highlighting examples of good practice and identifying areas for possible improvement;
- Determine the extent to which addiction issues are able to be addressed successfully in conjunction with offending behaviour;
- Analyse the views of service users, staff and other relevant service providers and key stakeholders;
- Assess the success of 218 in linking women into mainstream services; and
- Assess and determine the effectiveness of 218 in achieving its stated objectives with respect to costs, outcomes and overall effectiveness.

1.19 In addition to these objectives which are specific to particular elements of the evaluation, the study also sought to:

- Assess how innovative the Centre is by outlining the advantages and disadvantages of the model, its level of implementation in practice and its usefulness in achieving its stated aims and objectives;
- Identify and explore women’s diverse needs by focusing on the views and experiences of women with addiction problems, homeless women, those involved in prostitution, women with and without children, women with mental health issues and women from ethnic groups where relevant;
- Assess the effectiveness of the Centre’s overall response to complex needs such as physical, psychological and mental health needs;
- Identify the levels of self-referral, whether there are long waiting periods and the extent to which access to 218 needs to be prioritised; and
- Explore the views and experiences of the Centre in relation to its processes and outcomes from the perspectives of key stakeholders.

Structure of the report

1.20 This report details the findings of the research conducted into 218. This chapter has outlined the background to 218 and to the evaluation. Chapter Two sets out the methodology, while Chapter Three examines issues related to the implementation of the service. Chapter Four describes the referral process and examines the profile of those who have made use of services there to date. Chapter Five outlines the service provision in the day and residential programmes at 218. Chapter Six goes on to discuss 218’s links with other services and how these provide support to women both during their time at 218 and after they leave. Chapter Seven considers current outcomes of the work at 218 where these are

available, and in terms of the qualitative information gathered from the interviews with clients, staff, and key stakeholders. Finally, the concluding chapter summarises the key issues from the research and the guidance other services can take from the experience at 218 in its work with women.

CHAPTER TWO METHODOLOGY

2.1 This evaluation is based on an extensive range of quantitative and qualitative data. The evaluation was conducted in 3 parts: a baseline evaluation, which established the context of services for women in Glasgow and obtained statistical data against which the impact of 218 could be measured; a process evaluation, which examined the implementation and development of the service and described the process through which 218 was established and the policies and procedures that were developed; and an outcome evaluation, which examined the operation and impact of 218. This report presents the evaluation as a whole.

Methods

Analysis of Documentary Material

2.2 The researchers examined all available minutes, consisting of minutes and informal notes from meetings of the 218 Direction and Focus Team (DAFT). The DAFT team consists of the Service Manager, the 2 part-time and 3 full-time team leaders, an administrative team leader, and the (NHS-employed) health team leader. This enabled identification of the aims and objectives of the project and how these might have changed over time as well as identifying any factors that have had a bearing upon the model adopted and possible changes in criteria, procedures and services over time. The DAFT team holds weekly meetings at 218.

2.3 The research team also intended to analyse the minutes of the Monitoring Group for 218. This Group was expected to follow on from the work of the Commissioning Group involved in the establishment and development of 218. The Commissioning Group ceased its work at the beginning of 2004, and the Monitoring Group was intended to include original members of the Commissioning Group. For a variety of reasons, including the retirement of one member and long-term sick leave of another, the Monitoring Group had yet to commence its oversight of 218 while the evaluation was ongoing. Accordingly no minutes were available for examination.

Collection of information from Project Records and Information Systems

2.4 Collection of information from project records and information systems was obtained in order to describe the women accessing 218; to determine whether the service was being accessed by those for whom it was intended; and to begin identifying women whose experiences during and after contact with 218 could be tracked both in the short and longer term.

2.5 Fifty-six women signed consent forms for the research, agreeing to participate in at least some part of it. Due to delays in the establishment of a computerised database, a provisional paper-based system was implemented to collect essential data by hand. The formal paper-based system of data collection began on 1 September 2004, though statistics on referrals and programme completion had been collected from the outset. Where women did not provide active consent for their files to be accessed by the research team, relevant statistical information was obtained in an anonymised form.

Focus Groups

2.6 Focus group discussions were conducted with a number of women who made use of the different elements of 218. The intention was to conduct 4 focus groups consisting of 4-6 women each. These were to comprise of women who had made use of the detoxification and supported accommodation facilities (one group each) and 2 groups of women who had accessed the Day Centre services. The purpose of the focus groups was to elicit women's views about the extent to which the services offered met their needs and to identify any perceived gaps in provision. The focus groups also sought advice in identifying discussion topics for the interviews to be conducted with women in the third phase of the study.

2.7 Staff at 218 found that group sessions of 2 or 3 women were most productive for their programme. This meant that only small numbers of women were generally scheduled to attend each session. In order to minimise disruption to the service, the researchers aimed to coordinate focus groups within the time frame of the regular group programme at 218. This meant that the numbers of women attending the focus groups also tended to be small. The residential facilities for detoxification and supported accommodation had been merged into a single format residential programme, so the researchers did not need to create distinct focus groups for residential participants. They did however, divide participants in the day programme into groups depending on the stage of programme they were in, namely SAFE (the initial stage of community-based support), CONNECTIONS (the next stage of progression for more stable clients), and LOSS (the final phase for women who had progressed through the other programmes and were ready to address underlying issues in more depth).

2.8 In total, the researchers conducted 3 groups with a total of 8 women in the day programme⁶ and 2 groups with 4 women in the residential programme, affording a total of 12 participants. Women were selected on the basis of availability; those who had attended group sessions on the day that the focus groups were organised were asked if they would be willing to participate. The researchers also took part in a series of informal discussions with service users, primarily in the residential unit, and sat in on 2 sessions of the day programme (one for the LOSS group and one 'Free for All' in which anyone could take part).

Interviews with Members of the Monitoring Group

2.9 Individual interviews were planned with representatives of the various agencies represented on the Monitoring Group for 218. The purpose of these interviews was to explore the rationale for the model adopted from the perspectives of different agencies and the extent to which the model, as operated, corresponds to what was originally envisaged. Views were to be sought on the appropriateness of the referral criteria and the mechanisms for accessing and referring to the service and on the ability of the services to meet women's needs (including the effectiveness of mechanisms for linking women into services and supports after they leave 218). As mentioned above, however, the Commissioning Group for 218 had been dissolved, and the Monitoring Group had yet to be established while the evaluation was ongoing.

⁶ On one occasion, only one woman attended for the group. As she was keen to take part in the evaluation she was interviewed alone.

Interviews with 218 Staff

2.10 Interviews were carried out with a cross-section of staff at 218. The purpose of these interviews was to explore with staff their views about the operation of the Centre in its early phase, including the appropriateness of the referral routes and criteria; the ability of the services to meet women's needs; and the effectiveness of the longer-term supports available to women when they left. Interviews also focused upon the training and other support provided to staff, and on the effectiveness of multi-agency work within 218 and with respect to 'in-reach' and other external services.

2.11 The second round of interviews sought the views of workers about how well the project was operating and the extent to which its objectives were being achieved. This included how well they believed 218 was succeeding in addressing issues related to substance misuse in conjunction with offending behaviour and how effective it was in linking women into employment, education, training and other mainstream services and supports. The interviews also sought to identify perceived areas of good practice and gaps in service provision and to explore how effective project staff considered the multi-agency approach to have been.

2.12 Twenty-four interviews with staff employed by 218 were conducted in total. Participants were selected to represent a cross-section of staff employed by Turning Point and included the following posts:

- Chief Executive for Turning Point Scotland
- 218 Project managers
- Team Leader – Residential
- Team Leader – Day Programme
- 2 Project Workers – Residential
- 2 Project Workers – Day Programme
- Support Worker – Residential
- Support Worker – Day Programme
- Assessment Worker
- Team Nurse

Interviews with Key Stakeholders

2.13 Interviews were conducted with representatives of a range of organisations that have an interest in the operation of 218. These included agencies involved in referring cases, in supervising women who attend the service, and in providing services on an 'in-reach' basis or after women have moved on. The interviews explored issues such as the criteria and routes of referral to 218, perspectives on the services provided, and the perceived effectiveness of the services in meeting women's needs and linking them into longer-term supports (including drug services and services related to employment, education and training). As with the staff interviews, the purpose of the second round of interviews was to seek the views of stakeholders about how well the project has operated and the extent to which its objectives have been achieved. Interviews also identified perceived areas of good practice and gaps in service provision and how effective the multi-agency has been. Respondents included:

2.14 *In-reach services*

- Health Team Leader
- GP contracted for work at 218 (2004 and 2005);
- Psychologist
- Occupational Therapist
- Community Psychiatric Nurse (2004 and 2005)
- District Nurse (2004 and 2005)

2.15 *Accommodation services*

- Homeless Social Inclusion Partnership (2004 and 2005)
- Talbot Association (2004 and 2005)
- Simon Community (2004 and 2005)
- Homeless Addiction Team;
- Govanhill Women's Project (2004 and 2 workers in 2005)

2.16 *Social work and addiction services*

- Maryhill SWD Addictions Team (2004 and 2005)
- Easterhouse Community Addictions Team
- Parkhead SWD Addictions Team (2004 and 2005)
- Possil SWD Addictions Team (2004 and 2005)

2.17 *Specialist services for women*

- Base 75⁷ (2004 and 2005)
- Routes Out Intervention Team⁸ (project manager, project worker – 2004 and 2005)
- Routes Out Social Inclusion Partnership Chair and members (2004-2005)

2.18 *Criminal justice*

- 8 Criminal justice social workers (including Bail officers, court officers and Drug Court Supervision and Treatment Team members in 2004 and 2005 and Commissioning and Monitoring Managers in 2005 only)
- 3 Police Representatives (Community Safety) (2004 and 2005)
- 3 Police street liaison team (officers)
- Addiction Officer at Cornton Vale (2004 and 2005)
- Justice of the Peace (2004 and 2005)
- 2 Sheriffs (2004 and 2005)
- 5 Stipendiary Magistrates (2005)
- 2 Solicitors (including one PDSO) (2004 and 2005)
- Solicitor
- 2 Procurators Fiscal (2004 and 2005)
- District Court Clerk (2004 and 2005)

⁷ Base 75 provides a service to all women involved in prostitution and is funded through criminal justice social work.

⁸ This service supports women in exiting prostitution.

2.19 The methods for this series of interviews varied. Most were recorded and transcribed. For stakeholders with less knowledge and experience of 218 notes were taken by hand. In a small number of cases, interviews were conducted by telephone for the convenience of the person interviewed. To avoid identification of individual respondents, all comments and quotations have been anonymised.

Interviews with clients

2.20 The final stage of the research included interviews with women in an ‘intensive’ cohort towards the end of their engagement with 218. In addition, attempts were made to contact for interview those in the sample who left the project early, including women who were in Cornton Vale. It was anticipated that there would be difficulties in contacting this group of women. The interviews sought to identify the extent to which the women perceived the services 218 provides as meeting their needs and as impacting upon their offending and associated problems. We explored perceptions of the arrangements that had been put in place for follow-on support (including employment, education and training and access to drug services) and sought to identify perceived gaps in provision while attending 218 and in the longer term. Brief follow-up interviews were also conducted with a smaller sub-sample of women approximately 3 months after moving on from 218.

2.21 Interviews with the intensive sample were originally planned with 50 participants in the day programme and 35 participants in the residential programme, based on an estimate of the annual throughput of clients. However, many women were referred to 218 several times over the year, so the actual number of women in real terms was much smaller. We therefore based our final figure for interviews on the 143 women who engaged⁹ with the service during the study period. In total, 51 women were interviewed as part of the intensive cohort, 32 of whom were about to move on from the residential unit, though many had taken part in both residential and day services. At least 9 of these women had taken part in a programme at 218 previously and had left the programme completely, usually in an unplanned manner. Fifteen of these women took part in follow-up interviews at least 3 months after leaving 218.

⁹ By ‘engaged’ we mean that women attended 218 and had participated in the services available.

CHAPTER THREE IMPLEMENTATION ISSUES

3.1 218 was established in Glasgow as the result of an Inter-disciplinary Ministerial Group, with an expectation that the Centre would operate as a 'one-stop shop' capable of addressing multiple issues in the lives of the women referred to the service. This meant that 218 was intended to fit within the range of already established services in Glasgow while offering something unique in its own right. This chapter describes some of the basic structures set up at 218 and issues that arose in creating these.

Staff and management

3.2 Setting up the service required the establishment of networks with external agencies while also creating a unified team – made up of workers from a range of disciplines – within 218. The core staff at 218 include a service manager, responsible for the overall running of 218; 4 Team Leaders¹⁰ (Service Co-ordinators) for the day and residential services, with one Team Leader on duty for the day services and two for the residential services, on an ongoing basis; 20 Project Workers, who conduct group work and individual counselling with the clients and liaise with external agencies with regard to clients' care plans; the Assessment Team¹¹, who are trained Project Workers but who assess prospective clients in the Sheriff and District Courts (custody court) and conduct assessments at 218 and, where necessary, at HMP and YOI Cornton Vale; 8.6 nursing posts directly employed by Turning Point; and 8 Support Workers, who assist Project Workers in their role accompanying clients outside 218, running activities for clients, making appointments, and acting as additional supports while Project Workers are engaged elsewhere. Members of staff at 218 also include administrative workers (4.7 posts), a chef and cleaning staff (4 full time equivalents).

3.3 One of the unique features of 218 is the presence of staff from outside agencies located in-house. These include a Health Team leader, responsible for co-ordinating health services in 218; and a number of health professionals, including additional nursing staff; a District Nurse; 2 Community Psychiatric Nurses; a psychologist; an Occupational Therapist; a Women's Health nurse; and part-time services contracted in by 218 from 3 GPs, a physiotherapist, an acupuncturist, a dietician, a dentist, and a psychiatrist. A solicitor from the Public Defence Solicitors Office (PDSO) visited the residential unit once a week to give advice to clients who had no other representation.

Training

3.4 Most workers in the 218 project had some sort of experience in the field of addictions, counselling, and social care before coming to 218, including a number who had previously worked for Turning Point Scotland. At the outset, all staff (including those from outside agencies) had 4 weeks' residential training in counselling skills, trauma, and acupuncture, followed by 6 weeks of programme development. Ongoing training has included Solution Focused Therapy, Cardiopulmonary resuscitation (CPR), and training on new systems of paperwork as they developed. All members of staff had been trained to give ear acupuncture

¹⁰ 4 full-time equivalents (3 full time and 2 part-time) staff members.

¹¹ Included in the 20.46 project worker posts.

(found to be effective in controlling withdrawal symptoms) and Indian Head Massage as a relaxation technique. Many were pursuing further qualifications in counselling skills. Staff were generally positive about the training they had received for their work at 218. Virtually all were keen to pursue additional training and qualifications; team leaders were supportive of additional training, but the demands of their case load made it difficult for them to find the time or cover to take advantage of this. Members of the health team in particular were frustrated with the perceived lack of opportunities for continued professional development, particularly in terms of work in addictions.

3.5 At least as important as training was an expectation of certain attitudes amongst the staff hired at 218. One member of staff described it like this:

"I think [the staff here] share a value system. We share values and share goals...Personal honesty matters, (...) consistency matters. And (...) non-judgment matters. And I think that is a rare thing to achieve in an institution ... that's the indefinable 'other'-ness about the project...."

3.6 And a day programme staff member described things in the following way:

"... we were all brought on because of our attitude, because of the people we were, rather than the skills we had. Although we are all very skilled at lots of different things, there were lots of levels of ... education and experience and all that. But it was the type of people we were... feisty and having attitude and not just going with the flow. It was about fighting for stuff and fighting for clients."

3.7 This emphasis on relationships came out strongly in clients' assessments of the value of 218 as a service and is discussed more thoroughly in Chapters Five and Seven.

Management

3.8 218 is funded by the Scottish Executive Justice Department in conjunction with Glasgow City Council Social Work Department, specifically criminal justice services. Turning Point is responsible for delivering the contract to the Executive through its staff at 218. The Director and the Operations Manager of Turning Point Scotland oversee the work of the service manager at 218, who is directly responsible to the Director of Turning Point. The NHS is also present as a service provider, with its Health Team Leader and staff directly accountable to the NHS rather than to Turning Point. Both of these groups are accountable to Glasgow City Council Criminal Justice Social Work, though the Council's role is for oversight and monitoring, while Turning Point has the primary managerial responsibility.

3.9 The multiple service providers and holistic nature of the service beyond a purely criminal justice role created difficulties from the outset in terms of how the Centre would be managed and monitored. The Service Level Agreement for the Centre was deliberately kept flexible to allow the service to develop as its purpose became more defined with experience. This, however, combined with the delay in establishment of a Monitoring or Advisory Group to follow on from the Commissioning Group, resulted in confusion and uncertainty in the overall management and oversight of the Centre, with no clearly defined outputs and outcomes.

3.10 Within 218, the management team is known as the Direction and Focus Team (DAFT). It is made up of the Service Manager, 2 part-time team leaders, 3 full-time team leaders, administration team leader (Turning Point Scotland) and the Health Team leader (NHS Trust). The team meets weekly and has a standing sub-group known as the rota workshop that also meets weekly. The team directs and manages the workload of all staff operating within the building either directly through line management responsibility or indirectly through shared work goals and agreements.

Staff structure and support

3.11 Almost all members of staff interviewed spoke positively about the support from managers and colleagues at 218 in theory. In practice, the biggest frustration for staff was that the timetables and caseload for all staff and managers meant time for staff supervisions tended to be overlooked or to take lower priority (an issue also highlighted and subsequently addressed in Turning Point's own internal review; see 7.55 below).¹² They believed managers were well-meaning, but they also said they had to chase them up to have the supervision sessions they needed, and delayed or missed supervision sessions seemed commonplace at all levels.

3.12 Particular concern was expressed by and for staff who worked in the residential unit, where they faced staff shortages due to sickness or unfilled vacancies, a particularly demanding client group, and 12-hour shifts. This had led some staff to feel tired and over-worked; however they did indicate that team leaders had noticed this and attempted to respond, and this problem appeared to be easing as the research progressed. The 12-hour shifts in particular were under review at the time of this research.

3.13 The increased case load in the day services (see below) meant that staff there too tended to feel overstretched. Project workers, for example, technically worked a 39-hour week. Within this, however, they were supposed to fit at least 3 one-hour individual counselling sessions with each client in their case load as well as attend court, case reviews, and children's hearing sessions, run group sessions, and take part in any additional training. With case loads running at about 10 clients each on the day programme, staff required, in the words of one project worker, a constant ability to "juggle" the demands on their time.

Resources

3.14 As a long-awaited and hoped for aid in addressing the complex needs of female offenders, 218 received significant funding from the outset. Staff and managers at 218 were aware of the impact this has had on their service:

"I know there has been a lot of money thrown at it I mean it is nice...everything is nice and new and shiny. I think that makes a difference, I think it maybe makes a difference for staff as well, everyone just feels quite good. Everything is the way it should be, but I know now, the second year, that money is...well it's drying up...the

¹² A leaflet produced by the 218 service manager *Guarantees, Promises and Standards* states that staff "will have supervision no less than six times a year".

budgets are slightly less than they were in the first year so... [we have to] pull things in a wee bit". (Member of day programme staff)

3.15 Physical conditions can reflect the value a service places on its clients, intentionally or otherwise (Wood, 2005), and the new service at 218 excelled in this. Equally, staff recognised that a good service could not depend on funding for its effectiveness:

"Because on a pragmatic level, I feel like on a one-to-one, woman-by-woman level, I could have had every single resource that you could wish for and still be unsuccessful."
(Member of 218 management team)

3.16 Concerns about resources related less to budgets and more to the day-to-day operation of the service. Pressures on staff, particularly in the residential unit, meant staff turnover there could be relatively high, occasionally leaving staffing levels under complement. Some 'rationalisation' of staff in the health team was also put forward as an issue in need of attention. Further, planning for the services estimated a case load of 35 clients on the day service at any one time. In practice this had increased to 60 women, with no corresponding increase in numbers of Project Workers.¹³

3.17 The physical structure of the building had some drawbacks. The residential unit was on the top 2 floors of the building, while day services were delivered on the ground floor and basement, with one floor for administrative work and staff offices sandwiched between the 2 services. In practice, this meant there was little integration between staff in the day and residential services. This resulted in some distinctions between the different sections of 218 (one respondent referred to the different work cultures between residential and community staff as being like a "*sort of upstairs/downstairs*"). During the evaluation, office space in the unit for residential staff was almost non-existent, consisting of a small single room with 3 chairs and only enough desk space for 2 people at a time. Larger rooms for staff in the building to meet jointly did not exist, even for team meetings. The number of services on offer and number of clients who attended on a daily basis also meant that rooms to conduct 'one-to-ones'¹⁴, interviews, or other consultations tended to be in short supply.

3.18 On the other hand, the building itself was in excellent decorative order, and its location in Glasgow city centre was ideal. Clients spoke very favourably about the physical conditions in the residential unit: each had her own room with an electronic pass, en suite facilities, television, kettle, and microwave. Shared facilities for laundry and ironing were also available in the unit, as was a large dining area with additional tea and coffee facilities. The upper level of the unit also had a small common room with a television; the room was often used for group work. The only complaints from residents were the lack of an outdoor area for them to use, as the residential unit tended to feel "claustrophobic" for them after a while, and the change in rules for smoking that allowed them only to smoke in their rooms, with the result that women spent more time alone in their rooms rather than mixing with others in the common areas.

¹³ At the time of writing, these issues were under review by Glasgow City Council CJSW.

¹⁴ Individual counselling/support sessions.

Developing the service

3.19 Six months had been allocated to develop the service and to ensure resources were in place before it opened. This in itself was a point of criticism, with senior members of staff at 218 noting that a much longer period of development and preparation was needed. The lack of an operational statistical database to record information about the clients and details of their progress from the outset was one casualty of the relatively short period for development and implementation. More thorough marketing of the services at 218 should also have been possible with a lengthier planning period; instead key agencies were not always aware of 218 and the services it offered (see below).

3.20 Once operational, the service developed by a process of trial and error, where things were tried and tested on an ongoing basis, and services developed accordingly. The groupwork programmes were a prime example of this, and by the end of the research period, staff were still in the process of finding the right type of support packages to deliver at 218. Some were particularly keen that validated, measurable programmes designed for women be used wherever possible – with the obvious problem that few such programmes exist.¹⁵

3.21 Another example of changes in service design was the shift from an approach where women stayed at 218 as long as they felt they needed support to a time-limited period of residence. This followed from the realisation that initial practice had the drawback of creating a dependency on the service, of possibly making women ‘stagnate’ in their progress, and of creating a backlog of clients so that spaces were not readily available to new clients. In practice this meant that the service moved from one in which women could stay ‘on programme’ for months at a time to one that was more specific, giving clients a deadline to work towards and a gap between programmes to ‘practise’ what they had learned.

3.22 The uniqueness and complexity of the service made it difficult to set specific goals or outcomes at the beginning, and there was a view among the staff team that this specificity could be self-defeating. Instead, it was seen as important to try a method and then to adjust and alter it along the way as needed. It had taken some time to develop the service but this was seen as necessary to “*get the basics right first*”. This meant that the service had developed pragmatically, and change was ongoing. While this was generally viewed as beneficial, there was an acknowledgement that it could be more inclusive. For example, a shift to more structured programmes was seen as an important development, but it impacted on the access that some staff had to the women:

“They have quite a strict sort of timetable programme and it’s trying to slot in what you have to do and the kind of time slots when they’re available and when mealtimes are and sort of trying to initiate that.” (Member of health team)

3.23 The functions of 218 were viewed as crucial by 218 staff and workers in external agencies. 218 was viewed as providing ‘holistic’ care, something that was seen as important for women who needed different levels of help at different stages in the recovery process. 218 could offer women support with the development of their self-esteem and self-confidence – something which traditional agencies, particularly criminal justice services, were not considered to do particularly effectively.

¹⁵ The psychologist at 218 has since developed an offending based programme for women to be implemented in early 2006.

Working with other agencies

3.24 218 was very proactive from the beginning of the service in establishing an identity and publicising the service to other agencies. However, this was a slow process, and awareness of 218 was piecemeal in developing, particularly through the criminal justice system (also noted in earlier research by Brown et al, 2004). This impacted on the levels of referrals made (see Chapter Four) and use of the service by other agencies. Additionally, until other agencies were familiar with 218, there were difficulties in sharing and accessing information on individual women. This was a particular issue for the health team as, on occasions, other health services were reluctant to forward information such as case notes as they did not fully comprehend the primary care set-up within 218.¹⁶

Joint Working

3.25 One of the significant attributes of 218 is the importance of providing a service able to deal with all the issues a woman may face, in one place. This meant that workers from a range of disciplines were located together and required to work together as a team while retaining their own identity and working to the ethos of their own professional background. Co-existence between agencies does not always go smoothly. Some members of health staff had experienced confusion regarding their role and where they fitted into the management and service structure. By the end of this evaluation, the issue had yet to be resolved.

3.26 The confusion in role was also reflected in practices of line-management with workers in some cases being required to supervise others from the same professional background but employed by a different contractor and who were subsequently working to different policies and procedures. Other difficulties included policies on the disposal of client records, which varied between NHS and non-NHS staff in term of the length of time records were retained.

3.27 Such issues appear destined to arise in the course of inter-agency work (Eley et al, 2002; Malloch et al, 2003; Popham et al, 2005) and are a recurrent feature of work between different professions. As one respondent commented: *“interagency work can often appear to be co-located rather than integrated”* (member of Routes Out SIP). It seemed however that the historical development of 218 had contributed to the separate identities that appeared to exist to some extent between workers from different backgrounds. Staff appointed by Turning Point were in place from the outset and were joined much later (in January 2004) by staff employed by the National Health Service (NHS):

“I mean it was obviously part of the initial planning, but NHS being the NHS it didn’t plan ahead as quickly as Turning Point did, so all your (Turning Point) staff are in post, the project opens unofficially in December so therefore all the staff were around, they were all setting it up, they were all building furniture and working together and getting to know each other...” (Member of health team).

3.28 As well as different experiences of involvement in the development of 218, different working practices and expectations had caused some tensions between different workers. Issues raised in interviews included uncertainties about line management; different policies

¹⁶This fits with experiences within Youth Offending Teams in England and Wales, for example, where engaging health services has proved difficult because of certain established protocols.

and procedures utilised by different professionals; blurred boundaries in relation to roles and responsibilities (particularly regarding addiction work); and lack of clarity about decision-making processes. This was perhaps a particular problem for team nurse project workers: their role was increasingly focused on nursing and dispensing, yet they were employed by 218 rather than by the NHS, and lines of responsibility were not always seen to be clear by those involved.

3.29 Some NHS staff in 218 appeared to feel isolated in their tasks and had started to develop their own recording and auditing practices. The issue of recording has subsequently been identified as an area for improvement in the 218 action plan (Turning Point, 2005:2) in terms of monitoring and evaluation¹⁷. In some cases, certain individuals required to be supervised outwith 218 due to their professional status and the fact that they were the only one with a specific remit within 218. Additionally some workers (employed by the NHS) were expected to supervise other workers who were not employed by this body: *“Sometimes it’s kind of hard to supervise someone who is not in your service...”* (Health team member).

3.30 A number of NHS workers described the difficulties they experienced in *“finding their feet”* and identifying how they were expected to fit into the working environment of 218: *“I’m still struggling to clearly define it (role), and I don’t think it’s even possible”* (Health team member).

3.31 Posts in the health team appeared to be filled by a number of extremely qualified and enthusiastic people who then had to slot into a particular niche within the service in order to fit in with those around them. A number of individuals felt they had not been able to develop their role in a way that fulfilled their potential or enabled them to use their experience and develop more skills. This frustration was felt particularly in relation to addiction work and illustrated some confusion about the roles and responsibilities of team members.

3.32 It was acknowledged that communication was crucial in the development of joint work and continuation of effective working: *“it’s how you provide holistic care in that setting, you have to have excellent communication with each other to make sure that we’re all doing our bit”* (member of health team). However, given the size and complexity of the organisation of 218, communication was problematic:

“I think communication is probably the biggest issue at 218, that’s my feeling about it, because there are a lot of different types of people involved and you’ve got drug workers, maybe social work background, you’ve got nursing staff, you’ve got doctors, you’ve got psychiatrists, you’ve got CPNs, so that there is a lot of people. I don’t think it’s perfect yet but I think it’s getting better.” (Member of health team)

3.33 This is not an experience unique to 218 and appears to be encountered whenever diverse professional teams are established. Even with somewhat disparate approaches on occasion, all the staff interviewed believed people in 218 worked towards a common purpose, and almost all believed they managed to do this as a team. Overall, there did appear to be a strong commitment, particularly at an individual level, to work together and to provide the best service possible for women using the centre.

¹⁷ See also Effective Interventions Unit (2002).

Summary

3.34 218 is viewed as a distinctive service which provides 'holistic' care for women involved with the criminal justice system. This has required the co-operation of staff from different agencies and with distinctive professional backgrounds. Joint working had led to some difficulties during the implementation of the service in terms of management responsibilities and the role of individual workers. These tensions are invariably a feature of inter-agency working and have been reflected in the operation of diverse professional teams elsewhere. Initial tensions were evident however, relating to the management and monitoring of the Centre. Delays in the establishment of a Monitoring/Advisory Group exacerbated this, and the absence of such a group appeared to limit a more structured oversight of the Centre. Despite initial difficulties with communication between different agencies, inter-agency working was viewed positively by respondents from 218 and other agencies, and workers expressed a clear commitment to delivering a unique and effective service

3.35 Initial funding has been significant compared to that for other criminal justice services of this size and available resources were viewed positively. Nevertheless, the increasing number of women accessing the day programme has impacted on staff workloads and working shifts were under review. Despite minor problems regarding the availability of communal space for staff and the lay-out of the building itself, the resources available have been appropriate. Programme development has been pragmatic and informed by knowledge gained in the process of service-delivery. The six month development period was considered helpful; however a longer planning period may have increased the profile of 218 before the service opened, hence limiting delays in referrals from appropriate agencies.

CHAPTER FOUR REFERRAL

Criteria

4.1 The Commissioning Group for 218 established the eligibility criteria for the service as:

- Women offenders 18 years old or more with involvement in the criminal justice system;
- Women assessed as particularly vulnerable to custody or re-offending; and
- Women who may have a substance misuse problem.

4.2 Women from Glasgow¹⁸ can access 218 from the courts, from prison, as part of an order, or can refer themselves as long as they have been in custody (including police custody) at some time in the last 12 months, or if they are facing prosecution for any offence. Any service can refer women to 218. Although it is generally hoped that women will have a criminal justice care manager or supervising social worker, this is not a requirement. A team of workers (Assessment Team) has a presence in the District and Sheriff Courts on a daily basis and can assess women appearing in court for their suitability for referral to 218. Workers also liaise regularly with the Drug Court. Women who appear for warrants may also be assessed at the request of sentencers, Procurators Fiscal, social work, solicitors, or the clients themselves. Full assessments are then carried out at 218, though they can also be undertaken at court for women provisionally destined for Cornton Vale; or at HMPs Cornton Vale and Greenock where women may be held in custody.¹⁹ If the court deems it appropriate, 218 can accept a woman directly for a full assessment if it prevents her being remanded in custody.

4.3 Women considered suitable for attendance at 218 undertake a full assessment, which includes a social care and health assessment that highlights both support and treatment needs (see Annex One). Assessment usually takes place in 3 stages. This is intended to explore the exact nature of the woman's needs and to design services accordingly. The purpose of conducting this assessment over 3 sessions is to ensure that a potential client appears committed to attend 218 on the required basis. In practice the third assessment session for clients needing the residential service takes place as she enters the unit. In addition, the 3 stages can be collapsed into one if the woman is otherwise at immediate risk of custody.

4.4 The service does not provide arrest referral. Such cases would normally be referred to the Glasgow Drug Crisis Centre (also run by Turning Point) or another appropriate service. Priority for referral to 218 goes to the criminal justice system including the Drug Court, Procurators Fiscal, and court orders. Self-referral is possible, but priority is given to existing referrals from direct criminal justice routes.

Who was referred?

4.5 The data for this section were collected manually from clients' case files. The information is therefore a rough description of the overall characteristics of the clients: the

¹⁸ While 218 is aimed at women from Glasgow, appropriate referrals can be accepted from other areas as long as the woman is deemed to have a designated worker (eg criminal justice social worker) in her home area.

¹⁹ By the time this evaluation was complete, women from HMP Greenock had been transferred to Cornton Vale.

quality of the data is tempered by the extent to which details were recorded and the extent to which the researchers were able to locate the relevant information. Most of the information was collected from the clients' initial assessment forms.

4.6 From August 2005, 218 project staff began to record the characteristics of clients on a computerised data base. These records are based on a core data set, standardised throughout Turning Point Scotland; and the Christo Inventory for Substance Misusers, which records social functioning, general health, risk behaviour, psychological factors, occupation, criminal involvement, use of drugs and alcohol, ongoing support, compliance, and working relationship.

Source of referral

4.7 From 1 April 2004 – 31 March 2005, 493 new referrals²⁰ were made to 218, involving 343 women. Referrals came from a variety of sources, and a single referral could come from more than one source. The highest proportion of referrals came from criminal justice sources: of the 483 referrals that listed a source, 36% (n=174) came from a purely criminal justice source (see below). These included referrals from Procurators Fiscal, Criminal Justice Social Work, the Sheriff Court, Drug Court and District Court as well as 13 from other criminal justice sources such as bail teams (4), Clyde Place diversion team (4), Cornton Vale (4), and the Youth Justice Team (1). Criminal justice related services were also responsible for a high proportion of referrals. These included addiction teams and addiction related services such as Cranstoun (9), Turning Point services such as Cactus (7), 218 (6), the Drug Crisis Centre (7), and Link Up (1), and the Homeless Addiction Team (1). Additional referrals were listed simply as 'social work', which in practice usually included drug workers. Other closely related services included Base 75, Routes Out Intervention Team (2), and SACRO (1). Direct criminal justice referrals were initially low; however from 1 April 2004 – 31 March 2005, the number of criminal justice referrals (both direct and indirect) accounted for 68% (n=327) of all referrals.

Table 4.1: Source of all referrals to 218

Source of referral	Number of referrals (N=483)	Per cent of referrals
Procurator Fiscal	52	11%
Criminal Justice Social Work	46	10%
Sheriff Court	38	8%
Drug court	17	4%
District Court	8	2%
Other criminal justice	13	3%
Addiction services	71	15%
Social work	49	10%
Base 75	30	6%
Other sources	159	33

²⁰ This only includes referrals for formal assessment to enter 218 rather than preliminary assessments conducted in court or continuations of clients from one 218 programme into another.

4.8 Referrals from criminal justice sources, though part of the core purpose of 218, were in themselves a point of contention. Staff and clients alike believed people referred to 218 as part of a criminal justice order were likely to attend the service for the ‘wrong reasons’:

“I think to a degree it changes their motivation because there’s a different level of motivation from someone who chooses to come here from someone who is sent here or ... you know, where the choice is go to prison or go to 218”. (Member of 218 staff)

4.9 The suggestion that people who self refer may be more likely to have positive outcomes was not a consistent view but was one that was shared by both staff and clients. However there was also some support for the opposite view. One client sent to 218 by court order believed this helped her:

“Because you don’t have your own choice, you’ve got to stick with it, you’ve got to stay clean or whatever, I mean a court order does sort of make you, it kicks you up the backside a bit, but it is your own choice because there are a lot on court orders and they don’t do it..., so it just depends.” (Focus group 2)

4.10 This issue is discussed further in relation to effectiveness in Chapter Seven.

4.11 While referrals from criminal justice sources were initially slow to develop,²¹ this soon increased as awareness of 218 developed. The Drug Court supervision and treatment team for example, would contact 218 when assessing any woman referred to the Drug Court. Appropriate clients were referred on to 218 particularly for structured deferred sentences. Criminal justice respondents noted the importance of liaising and identifying the needs of individual women at the earliest possible point and thereafter enacting effective joint working to provide a longer menu of options to the court and a wider range of options for the women.

4.12 One criminal justice worker suggested that there had been problems in the past in obtaining assessments from 218 for women on remand, or when women required an urgent treatment plan. However, this appeared to have been resolved with the increasing number of assessments carried out at Cornton Vale. Indeed the number of assessments carried out while women were in prison had increased significantly, with 18 assessments conducted with women in Cornton Vale since April 2005.

4.13 The next highest proportion of referrals came from the women themselves, with 23% (n=109) of the referrals listed as self-referrals. This enabled women to access help when they believed they were ready for it:

“... it’s good that you can self refer to it as well... you can put yourself in. There are a couple of lassies that were in when I first came in that have self referred and like I say, there is no really long waiting list, I got in really quick, so that’s a good thing too. Because I think when you put your mind to doing something like this, I think the longer it gets left, the more nervous you would get.” (Exit 16)

²¹ For example the first Sheriff Court referral was received one year after the Centre opened, while the first District Court referral did not occur until February 2005. A senior Social Work official noted that 218 initially accepted referrals from a wide range of sources in order to get the service started. Once the service became more established, criminal justice referrals could begin to take priority

4.14 Anecdotally ‘self-referrals’ could also come from a criminal justice base, such as women who spoke with members of the assessment team in the custody court then chose to contact 218 at a later date, or those who learned about 218 from a criminal justice social worker or addiction worker but who chose to make contact with 218 directly.

4.15 Other referrals came from housing sources (25, or 5% of the total), health sources (16, or 3%) including mental health services (8 referrals) and physical health services including 2 from a clinic that provided a needle exchange service. Fifteen referrals came from other agencies such as Say Women, the Young Women’s Project, Barnardo’s, the Family Support Group, and the Community Casework Team.

218 Assessment Team

4.16 As noted above, members of the Assessment Team at 218 attend the custody courts at both the Sheriff and District Courts every day. Team members conduct brief assessments of individuals to determine their suitability for intervention from 218 and to apply for diversion for these women where appropriate. From September 2004 – March 2005 (the proportion of the study period for which statistics are available), the Assessment Team conducted a total of 1,207 interviews in the Glasgow District (737 interviews) and Sheriff Courts (470 interviews) with women both with new charges and with warrants. The team applied for diversion in 183 cases (126 in the District Court and 57 in the Sheriff Court). Diversion was granted in only 7% (n=12) of these, 6% (n=7) in the District Court and 9% (n=5) in the Sheriff Court. The Assessment Team applied for diversion for women considered appropriate for 218, but in most cases these women received some other form of disposal.

Criminal justice status

4.17 The criminal justice status of women referred to the project varied, and some women fell into more than one category. Of the 375 referrals that had information on criminal justice status at the time of the referral, 30% (n=112) of these listed outstanding (96) or pending (9) cases. Twenty percent of referrals (n=74) made to 218 were for people on probation, though in only 4 cases was 218 recorded as a condition of probation (in 3, 218 was not a condition, while records of the remaining 67 referrals did not record this information). In 15% of cases (n=55), women were referred to 218 on diversion from prosecution. In 13% of cases (n=47), referrals to 218 were for women who were actively offending. Twenty-seven records (7% of the total) cited bail as the criminal justice status, including 2 cases in which women were bailed directly to 218 and 3 cases of supervised bail (though whether 218 was a condition of this was unclear). In one further referral a woman was referred to 218 upon breach of her supervised bail. Five percent of referrals (n=18) recorded criminal justice status as ‘previous offending’, while 17 referrals were for women subject to Drug Treatment and Testing Orders (DTTOs). Remaining referrals recorded criminal justice status as reports²² (7), deferred sentence (6), custody (2), post-release (2), and a small number of referrals from individual agencies.

²² This would appear to be court or criminal justice social work requests for assessment reports.

The assessment process

Staff perspectives

4.18 Few 218 staff were familiar with the assessment process (see Annex One), as this was the remit of designated workers. The general impression was that the assessment process worked fairly well and that the division of assessment into 3 stages helped determine which women were genuinely willing to participate. Members of staff who conducted assessments seemed generally content with the tools²³ they had and believed they were able to reflect the needs of the individual women. With the assistance of the psychologist and community psychiatric nurse, they were working on an assessment tool (now completed) that gave more detailed information about mental, emotional, or physical risk. The nursing staff had just begun to develop a role in the assessment process. Staff believed the women themselves could express their views regarding care plans and that staff reviewed this with them regularly.

4.19 Staff seemed generally content with the referral routes, though some believed these could be opened up more to include women who had not yet been involved in the criminal justice system but were at risk of doing so. Most referrals were believed to be appropriate (bearing in mind that most staff would only come in contact with women who had already been through the assessment screening process). On one or two occasions staff said they had experienced some difficulty with women who had mental health problems that detracted from their ability to fit in with the residential programme:

"I mean we've had ones where women... that have come in ... and have quite severe mental health problems and obviously there's self-harm and there was a suicide attempt, and it's really how best can we manage that and keep the unit safe because obviously then that impacts on the women... We've also had someone with ... learning disabilities who hasn't perhaps got the ability to sit in a group and that, ... what came out of that is really we need to be looking at material and ways of working to be able to offer a service... to women with ... learning disabilities." (Residential staff member)

4.20 This is not to say that staff did not feel able to manage such clients, but rather that they needed full information and practical supports in order to do so. They believed the revised assessment process would give them more information and an opportunity to prepare to deal with such cases. Staff in the residential unit, however, were keen for information about clients due to stay on the unit to be passed to them prior to the client's arrival – something which did not always happen in practice²⁴:

"I've never seen an assessment for a woman before she's actually been sitting in front of me in residential." (Residential staff member)

"...you don't know who is coming in, what their background is, you know, we get no information before they arrive. Which is difficult because you know one person can

²³ The assessment form, which is currently being developed, is used to obtain detailed information on the woman's current situation, accommodation, children, offending, drug/alcohol use, health and experience of trauma/safety.

²⁴ By the end of this evaluation, Residential Team Leaders were participating in admission meetings and therefore had prior knowledge of each client prior to admission.

completely alter the shape and the dynamic of the unit, you know, and if there's 14 women it can be chaos." (Residential staff member)

4.21 The value of assessment is, of course, only as good as the information the women are willing to provide, something of which staff were fully cognisant.

Client perspectives

4.22 With one exception (a client who tried to self-refer during a brief period in which self-referrals were not being accepted), clients were offered a place on the programme at 218 very quickly following 2 or 3 assessments. Clients viewed the speed of access to services very favourably: *"When I came up for my interview I thought it was going to take absolutely months you know the way you get into a rehab normally, you wait months" (Focus group 1).*

4.23 Most women understood and appreciated the fact that assessments were spread over a short period of time: *"It was ok because it gave me time to get into my mind. You really didn't do that because if it happened on the spur of the moment I'd have got away, I really would have... I think it would have been all too much too quick". (Focus group 3)*

4.24 Others were clearly anxious to get help as quickly as possible: *"I would have liked it to have been the next day, to be honest with you ... but ... I mean, it would be really ... it would be excellent if there could be something like that." (Exit 44)*

Who engaged with the services at 218?

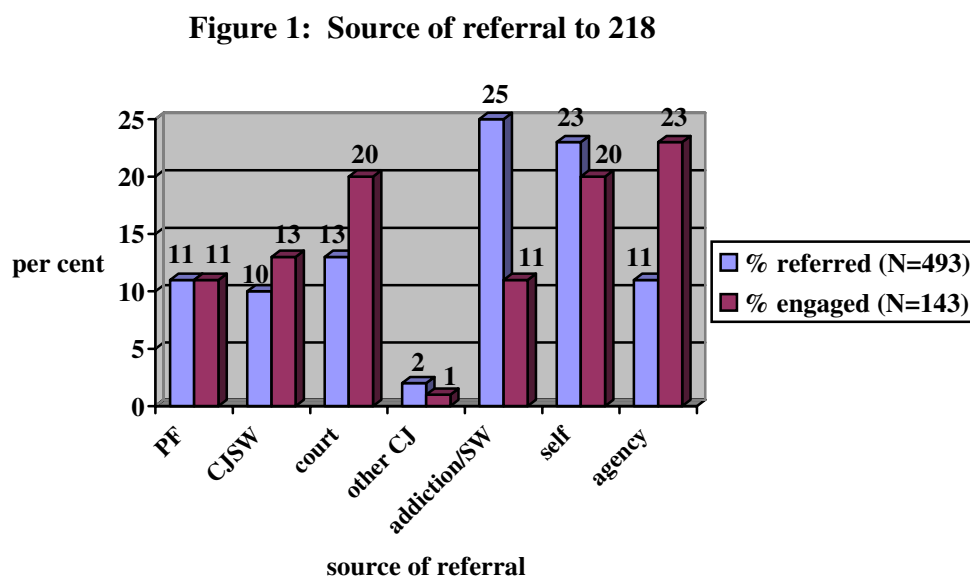
4.25 Of the 343 women (and 493 referrals) made to 218, 143 women engaged with the services there at least once from 1 April 2004 – 31 March 2005.²⁵ Because they completed assessments and engaged in the service, considerably more detail is available about this sample. It is important to note however, that this information is based on information recorded in client files and in some cases, is based on initial assessments of women during which, some women may not have been ready to divulge complete details of their background.

4.26 Reasons women did not engage with services at 218 were not always clear. These were often women who failed to turn up for one or more of her assessments, despite repeated attempts from the assessment team to encourage this. Clients themselves said people did not engage until they were ready to do so and that the 3 assessments were a useful means of distinguishing between those who were ready and those who were not. In a few cases, the reasons clients failed to engage were recorded: 4 were remanded in custody; one was diverted from prosecution; one was transferred to services in another area; in one case the Procurator Fiscal opposed referral to the service; one was assessed as not appropriate for the service; and in one case the client died.

²⁵ This is a slightly different subset of women: the number of referrals records women *referred* to 218 from 1 April 2004 – 31 March 2005, while the number of engagements refers to those who *engaged* in services during the same period. These are mostly the same women, though some who engaged in that time will have been referred before the study period; equally some referred during the study period will have engaged after the cut-off.

Source of referral

4.27 Sources of referral for women who engaged with services at 218 tended to come from Criminal Justice sources. Figure 1 below shows some variation in sources, however:



4.28 Figure 1 suggests that women referred from non-criminal justice agencies were the most likely to engage with services at 218, at least as a proportion of those referred. This does not mean that these agencies are not criminal justice related services, however: recall that most of the ‘other agencies’ include those such as Base 75. Women referred from court were the next group who were more likely to engage in services at 218, at least in the short term, generally because they were there as part of a court order. Least likely to engage, proportionally, were those referred from addiction teams or general social work services (often drug workers, though this was impossible to tell from the method of recording). Recorded sources of referral appear roughly similar to those reported in Pagan (2004), though differences in definition make direct comparisons difficult.¹

Offence history

4.29 The women who engaged with services at 218 had been involved in a variety of types of offences prior to their referral there. Table 4.1 shows these offences in descending order of prevalence:

¹ The categorisation of sources of referral for 218’s records have since been clarified, though backdated information was not available to clarify sources of referral during the study period.

Table 4.1: Offence history of women who engaged in services at 218

Offence	Number	Percentage
Shoplifting/theft	100	70%
Violence	69	48%
Other offences	65	46%
Breach of the peace	61	43%
Drug offences	51	36%
Section 46 ²⁷	46	32%
Breach of CJ order	35	25%
Fraud	19	13%
Driving offences	12	8%

4.30 Consistent with statistics on female offenders generally, the highest proportion of women had committed at least one offence of shoplifting or other theft (Scottish Executive, 2002a; Home Office, 2004a). More surprising perhaps was the high proportion who had committed an offence of violence. However, this was largely accounted for by charges of minor assault and bag-snatching, or police assault (which can include ‘technical’ assaults such as spitting). Resisting arrest can also be placed in this category. The next most prevalent category of offending was ‘other’ offences. This included offences such as perverting the course of justice, possession of a weapon, opening a lockfast place (OLPs), vandalism, and public order offences. Arguably all of these offences, as well as most of the remaining offence categories, relate to the women’s addiction. This is either to feed their addictions (i.e. shoplifting or prostitution), behaviour resulting from the addiction (such as violence or public order offences), or offences that follow on from the ensuing chaotic lifestyle (i.e. breach of Criminal Justice orders). Levels and types of offending reported in Pagan (2004) were roughly similar, with the exceptions that 90% of women admitted to shoplifting and 50% to prostitution.

Criminal Justice history and current status

4.31 Less than half of the women (57, or 40%) were recorded as having been remanded or sentenced to custody. Half (70 women, or 49%) had been or were currently subject to a probation order, and (n=85) 59% had received another sanction at some stage (i.e. fines, Community Service Orders, suspended sentences). The relatively small proportion of custodial experience seems surprising in view of the requirement for women who enter 218 to have been in custody at some point in the previous year. However the requirement for custodial experience includes custody in police cells; statistics collected in a ‘snapshot’ survey within 218 found that, while only 41% of clients had ever received a prison sentence, all had been locked up in police cells (Pagan, 2004).

4.32 Where information was recorded, the highest proportion of women who engaged in services at 218 had outstanding or pending cases at the time of their referral (40 women, or 28%) or were subject to probation orders (39 clients or 27%, with 6 of these listing 218 as a specific condition of their order). 12% of women (n=17) had been sent to 218 as a diversion from prosecution, while 11% (n=15) were on bail (7 women) or conditional bail (8). Eleven percent (n=16) were listed as current offenders. The remainder were subject to a variety of

²⁷ Section 46 of the Civil Government Scotland Act (soliciting)

criminal justice interventions, including deferred sentence (7 women), reports (6), and Drug Treatment and Testing Orders (6).

General characteristics

4.33 Women who engaged in services at 218 ranged in age from 18 – 57 years, with an average age of 30 and a median age of 31 (also the case in Pagan, 2004). All but one were white, including one with Irish nationality. The one ethnic minority client described herself as half Indian, half Scottish. Clients came from a variety of areas across Glasgow, though with higher proportions from post codes G21 (9%) and G22 (8%) – the Springburn and Maryhill areas - and 21% (30 women) were listed as having No Fixed Abode.²⁸ Four percent (n=6) were referred from outside Glasgow, including Aberdeen, Edinburgh, Paisley, and Stirling.

4.34 Information on employment history and qualifications was patchy. Only 10% (n=14) of women out of the 143 who engaged with 218 were recorded as having ever been in employment, and none were currently employed. Only 8% (n=12) were recorded as having any type of qualification, though equally only 2 were recorded as having learning difficulties.

4.35 The lives of the women prior to entry to 218 were often focused entirely on supporting their addictions:

"... my probation officer phoned up because my life was chaotic. I was working the streets.... I've got my own house and that, but I wasn't caring, and I wasn't doing nothing, I wasn't spending time with the kids, didn't know what 'normal' was. I got up in the morning, got ready, go and score in my pyjamas in a taxi, come back, sleep all day, go out at night." (Focus group 4)

Children

4.36 Sixty seven percent of the women (n=96) who started a programme at 218 had at least one child (also Pagan, 2004), and another was pregnant with her first child. Of those with children, 29% (n=28) at least one child was in care or adopted. Forty-four percent of women (n=42) had children in the care of a family member, though in 4 cases the client had no access to these children. Seventeen percent of the women (n=16) had at least one adult child; in contrast, 15% (n=14) were primary carers of a child upon entry to 218.

4.37 Previous research states clearly that children must be included in any discussion of disposals for female offenders (see Fairweather, Loucks, and McIvor 2003; Scottish Executive, 2003; Scottish Executive, 2004a). Service provision at 218 in relation to children is discussed more thoroughly in Chapter Five.

²⁸ Exploration into why a higher proportion of clients came from particular post codes would be a useful area for further research but is beyond the remit of the current evaluation. See Scottish Executive (2005b).

Housing

4.38 Housing was clearly unstable for the majority of women who entered 218. Forty percent of clients were of No Fixed Abode or in other temporary accommodation such as temporary residence with family or friends. An additional 8% (n=11) were in supported accommodation, while 20% (n=28) had accommodation which was unsafe or otherwise unsuitable (i.e. in a house with an abusive partner or with someone who misused drugs or alcohol). Thirty-one percent of women (n=44) were in stable accommodation.

Abuse and trauma

4.39 Abuse and trauma were a significant feature of the lives of the women at 218. Based on client records, 21% (n=30) were recorded as currently being in abusive relationships, while 41% (n=58) were recorded as having suffered abuse in the past and 46% (n=66) were recorded as having suffered a major trauma other than abuse. It is worth bearing in mind that these numbers are likely to be underestimates: they are based on the initial assessment of women who may not have been ready to reveal present or past abuse as well as on information the researchers were able to glean from the case files. Direct interviews with arguably similar populations of women on this subject, such as those conducted in HMP and YOI Cornton Vale in 1997 (Loucks, 1998), have revealed higher rates of abuse.

4.40 An interview with one client, while more extreme, shows the type of backgrounds and experiences many of the women shared:

"I had a couple of miscarriages and I had an abortion when I was 14 ... so ... that was just after my dad died.... I tried to gas myself, and my brother found me, ...I don't remember much about it, but I just know I had been raped and all that Then after that ... I was taken away to a quarry in Greenock and dumped for dead when I was 16 ... I've had a few bad [relationships]... I went out with a guy ... he used to beat me up for 5 year as well.... then I was going out with another guy. We were on a motor bike and we had a crash and I smashed my pelvis and my legs... he died on the road there...."(Exit 6)

Substance misuse

4.41 The majority of women entering services at 218 said they had been using heroin or heroin had been an issue for them in the past. This was the case for 120 women, or 84% of those who engaged with services in the study period. Other drug use included diazepam (100 women or 70%), alcohol (74 women or 52%), cannabis (85 women or 59%), and cocaine or crack cocaine (67 women or 47%). In addition over half (82 women or 57%) had used other substances such as temazepam, illegal methadone, or solvents. The daily cost of clients' substance misuse, based on their own estimates, ranged from £10 - £400, though a further 7 women said they were already stable when they engaged with support services at 218.

4.42 Reported figures of substance misuse were higher in Pagan (2004). For example 97% of women said they had used heroin regularly. This figure is likely to differ because she interviewed people after they had engaged in services, while the figures on client records were based on the initial assessment, a time in which clients may deliberately

underestimate drug use or choose to withhold information. Regardless, addiction was clearly a long-standing problem for many of the women:

“... I touched downers, and I started alcohol since I was 12. And then I touched hash when I got older, when I was about 14.” (Exit 39)

“... by the time I was 12, I was in detox.” (Exit 21)

Physical and mental health

4.43 Poor physical and mental health characterised the clients who entered 218. Besides the immediate problem of addiction, 66% of clients (n=94) were recorded as having a poor diet, including one reported eating disorder. This was often directly related to their drug use, especially heroin: women who used heroin tended to stop eating and to have serious deterioration of their teeth and gums. Asthma was also commonly listed as a problem (40 women or 29%), which tended to result both from smoking (Pagan, 2004 reported that all 30 women in her sample were smokers) and from poor general health and living conditions. Problems with mental health, also evident in previous research (Loucks, 2004), were common in the client base at 218. Most had previous or ongoing problems with depression (119 women, or 83%), anxiety (94 women, or 66%), a history of self-harm or attempted suicide (not including suicidal thoughts; 64 women, or 45%) or other problems with mental health (i.e. mood swings, PTSD; 85 clients or 59%).

4.44 Chronic health problems were commonplace, including depression, hepatitis C and HIV, blood clots, infections, and abscesses. One woman had recently had her leg amputated due to a loss of blood supply below her knee. Two women in a group discussion talked with us about such problems:

“I’m the same with my arms [injecting], I did try my feet a couple of times but it was too sore... and there was one time actually...my heart and pulse and everything had stopped for 3 minutes and I had to get rushed to hospital.... See the next day when they told me, they were like ‘you were so lucky to be alive’... Well that was such a fright and that was when I came clean, that 9 months.”

“It’s sometimes like that, a near death situation for you to go, I better stop doing this you know. Like I was, last year I was in hospital, I had a blood clot from my groin going up to my heart. The doctor said... if I hadn’t went on the Saturday come the Monday morning I would have had a massive heart attack with the clot travelling up... and I got out the hospital and what do I do? Go ‘well it’s in that leg, so it’s alright I’ll go to the other one now’.” (Focus group 4)

4.45 Chaotic use of drugs and alcohol was a common denominator in the health problems for all clients:

“... the first time when I came in I was using £580 worth of coke and £50 worth of heroin, as much diaz[epam] as I could get, about 40 valium, it would last me about 2 days. I got into prostitution to feed my habit, the coke.... I came here and I was under six stone.” (Exit 39)

4.46 Clients often viewed referral to 218 literally as a lifesaver:

"... when I went there ... it was about 2 weeks later or something because of how I was and everything ... and... the state my health was in ... I got took in right away because... I was, em ... what do you call that ... em ..."

(interviewer): "Dying?"

"Aye, well ... (LAUGHTER) ... em ... 'high priority'." (Exit 43)

4.47 Research by Zadar et al. (2005) into drug-related deaths in Scotland bears out the relationship between the poly-drug use (especially benzodiazepine and alcohol) and the chaotic life-styles of many of the individuals who died as a result of drug misuse.

Previous support

4.48 Every client had accessed some form of support in the past. This ranged from very little (i.e. GP only, or 'only family and prison', though this was rare), more commonly to contact with a wide range of services over many years. The extensive range of previous supports reinforces the understanding that addiction is a long-lasting and highly complex issue to address, and that many attempts and relapses are likely. The following excerpt from an interview with an older client exemplifies the pattern: *"...since the age of 22, I had 58 to 60 detoxes ... in the hospital as well, you know, all the way through. At least twice, three times a year I was in there." (Exit 6)*

4.49 In practice the level of previous support differed from that in 218: *"I didn't find the [outside addiction service] very helpful. It was basically just getting a prescription and that was it" (Exit 16).*

Summary

4.50 Women were referred to 218 from a variety of sources. While many of these were not direct referrals from criminal justice agencies, they were almost always related to these in some way. For example addiction services, social work or agencies aimed at supporting women involved in prostitution. Women may need to be referred a number of times before they engage in the service. Between 1 April 2004 and 31 March 2005, 343 women were referred to 218. 143 women engaged with the service, attending at least once. A number of women were referred at least twice before they engaged. The initial court assessment and 3 stage formal process of assessment was designed to distinguish between those who were ready to engage and those who were not. Levels of engagement were highest for women referred by non-criminal justice agencies, however some of this intervention was often offence-related (eg supporting women to exit prostitution). Although initially slow to develop, court-based referrals had increased as knowledge about 218 was disseminated. Links between Cornton Vale and 218 workers were viewed positively by both agencies and this contact had alleviated initial difficulties of assessing women held on remand.

4.51 The women referred to 218 were clearly involved in the criminal justice system some more actively than others - and all were clearly vulnerable women at (usually immediate) risk of physical and psychological harm to themselves and to others. The characteristics of clients are similar to those of women who end up in custody (Loucks,

2004). Addiction and trauma were long-standing issues for the majority of women who attended 218, and depression, anxiety, self-harm and mental and physical health problems were a feature of their lives. All of the women had been in police custody during the previous year and could thus be viewed as vulnerable to custody or re-offending. Not all the women were facing the prospect of a custodial sentence at the point of referral to 218, but all were at risk of progressing in this direction. Therefore, 218 has met the criteria for eligibility the Commissioning Group established in terms of involvement with the criminal justice system, vulnerability to custody or re-offending, and incidence of substance misuse problems.

CHAPTER FIVE SERVICE PROVISION

*“218 exists to reduce offending behaviour amongst women and to offer courts realistic alternatives to custody. We help women discover the strength to change by entering into open, honest and respectful relationships. We create an empowering and safe place in which most women can achieve their potential. We leave no stone unturned to offer a meaningful and engaging service which tackles the root causes of offending”.
(218 Mission Statement)*

Programmes at 218

5.1 218 consists of both residential support and a day programme. The residential unit accommodates women who need more structured support, (which can include women who self-refer as well as agency referrals) or who would otherwise be taken into custody. The unit holds up to 14 women at any one time. Residents normally participate in the SAFE programme (described below) though take part in this separately from women in the community-based programme²⁹. The residential unit is also available to women taking part in later stages of 218’s programmes, for example if they wish for support during ‘detox’ from methadone or Subutex.

5.2 Women in the residential unit have access³⁰ to their own individual rooms and common areas in the residential unit but are otherwise escorted throughout the building as well as outside, for the safety of the residents³¹. The building is not a secure facility, however, and staff cannot detain women who choose to leave. Women originally stayed in the residential unit for up to 12 weeks, depending on an ongoing assessment of need. Following long-term consideration of the women’s progress, 4 - 6 weeks was found to be a more constructive length of time, and the general duration of the residential programme was reduced.

5.3 The day programme consists of 3 main parts. The programmes consist of a flexible package or menu of services and individual sessions which are intended to meet the needs of individual women. These are SAFE, CONNECTIONS, and LOSS. The SAFE programme is the introductory programme that centres on substance misuse, offending, and stabilising. This includes learning to work with a key worker, substitute prescribing, finding suitable accommodation, reducing offending, claiming benefits, and self-maintenance/care. The programme is delivered through 3 individual sessions each week over 12 weeks as well as a ‘low key’ group programme and additional support during “the many personal crises that emerge as she begins to let go of chaos”.³²

5.4 CONNECTIONS is the second stage of programming, offered to women assessed as mostly stable, who are offending less often, and who are ready for more sustained group work. The closed weekly group session is designed to help women work towards reducing or ending their use of substances and/or offending behaviour. In addition, 3 individual sessions

²⁹ 218 is not meant for use as a homelessness unit.

³⁰ Electronic passes

³¹ in particular, to avoid any drug trafficking in the building or locality.

³² ‘218 the alternative’ information leaflet.

each week over 16-18 weeks are designed to help develop relationship skills with friends, families, and authorities. An evening group programme is optional for women to “sample new experiences, new ways of handling reality and learn to look after others as well as themselves”.³² It aims to build women’s networks of personal supports and prepare them for a life without substance abuse.

5.5 The final stage, LOSS, prepares women to “let go of their substitutes”³² following a period of stability. This stage more actively helps women prepare for an independent life through training, education, or work as well as therapeutic work to address underlying issues that led to their substance misuse. The LOSS programme does not currently operate to a specific time-frame but responds to client needs as appropriate.

5.6 Programmes at 218 can be run repeatedly until a woman is ready to move on to the next stage. Programmes are never shorter than any court order imposed, though they may be longer. Women can finish a programme and return later to take part in a further stage. Group size will vary depending on demand, but groups are generally small in order to enable women to feel safe and for workers to be able to give all participants appropriate attention. Group lunches are an important feature of the daily activities at 218. These are aimed at encouraging women to develop an awareness of the importance of physical and emotional nourishment, and to gain experience and satisfaction from preparing meals and interacting as part of a group.

Services at 218

5.7 Support provided at 218 includes regular individual intervention from a key worker. Other services including group work and alternative and mainstream health interventions are provided in line with the woman’s assessed needs. Services are “person centred and designed with the woman, her needs and capabilities in mind.” Services can include:

- ‘One-to-one’ sessions and group work;
- Alternative therapies such as acupuncture, Indian Head Massage, and yoga;
- Detoxification;
- Psychological and psychiatric services;
- Reproductive health;
- Food programmes;
- Dental and physical health;
- Emotional support; and
- In-house 12-step attendance.³³

5.8 Importantly for the clients, timing for services is flexible. The residential services are particularly client-led:

“... my first and second week it was hell, you know, I was going through hell because you are on methadone you do still rattle a bit, it doesn’t take away your full rattle; because the staff give you acupuncture, and if you’ve got sore legs they rub your leg, they give you Indian head message, anything you want, any time four o’clock in the morning, amazing they are angels, honest to god.” (Focus group 3)

³³ Narcotics Anonymous, Cocaine Anonymous and Alcoholics Anonymous.

5.9 Structured activities were also available in the evenings and at weekends for women on the day programme, should they feel they needed the extra support. These were suspended after the research period due to lack of uptake from the clients, though they may be considered again in future.

5.10 Most of the services are provided 'in house' by the NHS providers and by Turning Point staff and nursing staff. Daily prescribing support and treatment are given to women in need of drug or alcohol substitute prescribing. The substitute prescribing service is headed by the project's GPs who are contracted from the NHS Trust. Medical services are delivered by GPs and Team Nurses. 218 is rooted in primary care systems, and women can access additional care and support through referral systems to mainstream services.

5.11 The health care team based at 218: screen for mental illness and physical health; deliver on-going assessment; reduce harm caused by substance use; provide advice and support relating to sexual health; provide access to medical and nursing staff at a primary care level; offer psychological interventions; and prescribe where necessary as part of a reduction/stabilisation service.

5.12 Client progress is reviewed formally on an ongoing basis with the service team leader, key worker and service user, and workers from other agencies are invited to take part as appropriate. In addition, 218 aims to establish care pathways to existing mainstream and specialist social, health care and judiciary services, including Cornton Vale, generic liaison to the criminal justice system, educational, training/employment and social inclusion projects (see Chapters Six and Seven). These can be informal links to community-based resources as well as more formal ones such as outings to local parks, galleries, or health clubs:

"... it like gives you a bit of security for when you go outside as well, like yesterday we went along to Kelvin Park, like a few of the girls that were with me, they had drink problems before they came in here, and like there was crowds of youngsters in the park drinking, sitting with carry outs and that. And I think they were like 'oh no', but then you have got to get used to seeing things like that because you are going to see that a lot wherever you go. You have just got to learn to have willpower to stay back from all of these things." (Exit 26)

Remit

5.13 All members of staff were clear about their remit and about the role of 218. Residential staff expressed some concerns that their role had been relegated more to crisis management than to addressing root causes following the reduction of time clients spent there (see Chapter Three). Even so, staff seemed united in their belief that all professionals working at 218 shared a common goal and that, for the most part, they work effectively together as a team (recent problems in co-ordination with the health team were sometimes an exception to this; see Chapter Three). All believed 218 offered an alternative to custody for women. While all staff respondents believed the general criteria were appropriate, many also stressed the importance of a woman's willingness and readiness to engage in the service: a woman may choose to come to 218 rather than go into custody, but if she is then not willing to engage with workers in the support they offer her, many commented that her presence there wastes the effort of staff and interferes with the efforts of women who genuinely want to change. This is discussed more fully in Chapter Seven.

5.14 Also clear from the interviews was that staff saw 218 as offering something different to clients, primarily in terms of relationships (see below), but also in terms of philosophy. Part of this difference in philosophy was an understanding of addiction that meant that relapse was an acknowledged feature in the process of recovery. Clients who relapsed were not automatically excluded from the programme; on the contrary, they were encouraged to return as soon as possible. The issue of relapse in relation to perceived effectiveness of services at 218 is discussed more thoroughly in Chapter Seven.

5.15 Programmes were flexible enough to take into account the personal circumstances of clients and other agency providers recognised the broad remit of service provision at 218 and the importance of this:

“Well, the overall thing is to try and deal with root causes of women’s offending and substance use. Whether that be mental health problems or housing, poverty or any relationship issues or whatever. It’s to try and address and tackle the root causes is what the blurb says on the sheet.” (Health professional)

5.16 Key stakeholders were clearly of the opinion that 218 provided a valuable service and were generally highly impressed with the way it operated.

Programme participation

Initial information

5.17 Most women who came to 218 knew little or nothing about the service before they attended. Staff informed clients of the rules and programme at 218 upon entry, and each client signed a contract of agreed behaviour, including protocols for searches, urinalysis, and breathalysing. Clients generally felt these rules were clear and fair, though one believed rules could be explained more clearly to family members who attended the service to visit or to hand things in. In contrast to the culture in women’s prisons (see for example Loucks, 1998; Malloch, 2000), clients themselves were for the most part quick to enforce rules and did not define telling staff about drugs in the building as ‘grassing’:

“... in your one to ones you get asked all the time ‘have you been offered drugs near the building or in the building’.... But the one time that has happened to me I went to the staff and told them, I don’t think it’s grassing I am keeping myself safe and anybody else around about me that’s...would maybe be tempted.... But I don’t agree with it anyway, you see if you are coming to a place like this, why bring in drugs, or why use drugs, because there is a big wide world out there, go out and use, do you know what I mean? There are people in here trying to get help.” (Exit 27)

5.18 Some clients in the residential unit were surprised at the level of restriction in terms of exit from the unit (staff escort clients anywhere outside the unit, and the number of trips outside the building are restricted), though the extent of such restriction varied over the course of the research as staff tried to find the best approach. Most clients, however, seemed pleasantly surprised at the quality of service: *“I didn’t expect it to be as good...” (focus group 3)*. Of the 143 women who engaged in services at 218, 21% (n=30) took part only in

the residential programme, while 39% (n=55) took part only in the day programme during the study period. One of the more common pathways was for women to take part in both the residential and the day programme (58 women, or 41%). Statistics recorded at 218 for the last 6 months of the study period (the statistics that were available during this time) showed that clients were admitted to the residential unit on 41 occasions, 54% of which (n=22) were referred from criminal justice sources. Over the same period, clients were admitted to the day service 21 times, 62% (n=13) of which came from criminal justice referrals. This figure is for new admissions, which does not include women who continued on to the day service following a period in the residential unit.

5.19 One of the best ways to distinguish between the programmes at 218 is to describe the outcomes expected at the end of each intervention, based on 218's own Service Outcome Check. Table 5.1 sets these out in detail:

Table 5.1 Expected programme outcomes

	<i>SAFE</i>	<i>CONNECTIONS</i>	<i>LOSS</i>
Criminal Justice	Sorting legal business and attending court	Attending court Reducing cases	None – coming to terms with previous offending
Drugs/alcohol	In treatment, though may still be using on top (safer)	Stable – not using on top considering options for detox	Drug free
Offending	Reduction	No further offending Attending court	None
Benefits	Claiming benefits	Maximise benefits	Maximised benefits
Accommodation	Temporary – roof over head	mid to long term	Long term – stable
Relationships	Attending appointments and has relationship with worker	Relationship with children, family, resources and services	Relationship with losses from the past
Physical	Self-care routine and physical assessment	In treatment	Improving health – optimum
Emotional	Safe and identified wreckage	Creating coping mechanisms, using supports	Optimum well-being
Mental	Psychological assessment	Working with mental health professionals on problems	Optimum mental health

5.20 Table 5.1 shows that women referred to the SAFE programme are those just beginning their recovery who have come to 218 to stabilise from a chaotic lifestyle, dangerous both to themselves and to others. Those who move on to CONNECTIONS should be those who have achieved some level of stability, with the acknowledgment that they still have some way to go. CONNECTIONS is designed to help people move further away from criminality and substance misuse, as well as the many things that go along with these such as poor housing, financial instability, poor physical and mental health, and damaging relationships. LOSS, the final stage, is for women who have largely recovered from their addiction and are attempting to move on with their lives.

5.21 The main criticism the clients had about attendance at 218 was that they believed women should genuinely want to be there. In their view, women who were there subject to a

court order often did not want to engage with the support on offer and that this could interfere with their own recovery and that of other women, for example if reluctant attendees brought drugs into the residential unit (see Chapter Four).

Client input

5.22 218 operates as a person-centred service, meaning it aims to empower clients to take responsibility for their own treatment and to participate fully in decision-making. This approach has proved particularly important in work with women (Bloom and Covington, 1998; Bloom et al, 2003). With a couple of minor exceptions involving personal conflicts with individual members of staff, clients universally believed they had a voice in what happened to them at 218. A care plan for the client is discussed at the outset, followed by regular reviews. Programmes at 218 are fairly structured in that individual sessions and group work are compulsory, especially for residential clients, but clients recognised a degree of flexibility in the regime: *“Choice is a big thing in here” (Exit 12)*. Even where clients were unaccustomed to such autonomy, staff guided them through the various options: *“They’re always pushing me to ask ... if you need anything just to ask....” (Exit 8)*.

5.23 The fact that the programme was voluntary was an important feature for the clients:

“I know the door’s always open and I can leave whenever I want, so I’ve stayed. It’s my choice.”

(interviewer): “Did it help that you know you can leave whenever you want to? That you’re not locked in.”

“Aye. Aye. It helped.” (Exit 33)

“... ultimately if ... a woman decides that ‘yeah, I want to go’, obviously we talk through that with her, but it’s ultimately her decision at the end of the day....” (Residential staff member)

5.24 Staff perceived client input as a means both of empowering women and of building relationships with them:

“... we are supposed to be taking a person centred approach and involved in negotiation and communication, it’s not ‘right come in, sit down, I’ll do this up for you and here’s what you’re going to do’. It wouldn’t help to build relationships if we came at it from that side, so yes, the woman should be involved all the way along in the process and have a say, have an opinion, and is entitled to all that.” (Residential staff member)

5.25 Clients also recognised that expressing their views and listening to the views of others was necessary for maintaining relations in the residential unit. Importantly, empowering women throughout their participation in the programme was a means of preparing them for life after 218:

“When I came in here I was dead irresponsible, I put bills and everything in the bin and wouldn’t answer the phone... When I came in here I was like ‘no, I can’t do that’ ...and she (staff member) said ‘what do you mean you can’t?’ I went ‘I don’t know

how to talk to them about things like that. No I don't like it.' She said 'just say what you think', and it was like 3 phone calls like to the council tax... and I did it all within 5 minutes. See the weight off my head that day, just, it was so simple, it was nothing... "Aye, they made me do it, do you know. They didn't make me, they just said 'try it'." (Focus group 4)

‘Typical’ pathways

5.26 As part of our assessment of cost-effectiveness (see Chapter Seven), we attempted to identify ‘typical’ pathways of progress through the programmes at 218. We quickly found that no path was ‘typical’, specifically because the service is designed to be user-led based on the individual needs of the client. No ‘package’ of service was cast in stone, and clients could start and stop a programme as often as they needed to, depending on their own readiness to participate.

5.27 That said, 218 operated under a loose framework of service structured roughly as follows: a client begins with a placement in the residential unit (if deemed necessary) on the SAFE programme. Placement on the residential unit lasts an average of 4 weeks, with the option for extension where necessary, before the client leaves the residential unit and continues the remaining 8 weeks of the SAFE programme through the day facility.

5.28 Upon completion of the SAFE programme, a client will be linked into community resources, ideally with a prescription from a GP or addiction team based outside of 218, contact with other agencies, and with the knowledge that she can contact the staff at 218 or return to the service should she need to in that time. After this short period, the client then returns to 218 for assessment to continue her work at 218 for 18 weeks with the CONNECTIONS programme. Alternatively a client may wish to repeat the SAFE programme and can do so as many times as necessary until she is stable enough to continue with a further programme.

5.29 For the first several months of the research, the time frame for participation in programmes at 218 was much looser. Time in the residential unit was expected to last about 12 weeks, though in practice this varied considerably. Equally, women in the day programme could participate as long as they felt they needed it – with the result that many stayed on programme for months at a time while making little real progress. The staff at 218 recognised this and for the most part now agree that the time limit motivates women to work towards improvement and opens up spaces in the programme for others to take part³⁴.

5.30 While they understood and agreed with the principle of time limits, staff in the residential unit in particular were concerned that 4 weeks restricts the residential unit to the role of crisis management and that difficulty in finding appropriate housing meant that women were more likely to be discharged to a hostel, where *“they are almost guaranteed to fail”* (residential staff member).

³⁴ Interestingly, discussions with staff revealed that the original design of the programme at 218 was for 12-week programmes with gaps in between, based on research into best practice. This design was altered in view of objections from staff, who subsequently found that time limits may indeed be more beneficial both to clients and to the overall service in the longer term.

5.31 Many clients were also apprehensive about this, although they seemed to understand the necessity of the limit on their time with 218, as long as this had been explained to them:

"No I think that's alright. The last time I was in, there were lassies that had been in for a while, and I think you can start relying on the place too much, and it's no good because you have got to be able to do it out there...." (Follow-Up 9)

"...[I]t is for the best, because I was getting too dependent on the place, do you know what I mean?" (Exit 36)

Graduation

5.32 At the end of a client's programme at 218, the staff put in special effort for a graduation ceremony. This is set up as a small party for the clients who have completed a programme and includes handing out certificates and brief speeches by managers and whoever else wishes to speak:

"...it's a nice kind of party atmosphere.... But that's nice because it gives the girls a boost as well. They think they have achieved something, and they have achieved something. So it's nice, and I remember the last graduation this girl said 'I have never had a certificate for anything in my life'. I thought that's quite sad.... She had never had one ever. " (Day programme staff member)

The regime at 218

5.33 The hub of the work at 218 centres around the individual contact with project workers (one assigned worker for the day programme, or a rota of project workers in the residential programme, available 24 hours a day) and group work, described at the beginning of this chapter. Individual case counselling and group work are central to most drug treatment and support programmes and can be present in court-ordered disposals such as Probation and Drug Treatment and Testing Orders. We were therefore interested to know whether 218 was 'just another service' on a menu of services across Glasgow, or whether it differed somehow from the rest.

Differences between 218 and other services

5.34 Virtually all the women had been in contact with other agencies prior to time at 218. Most of this was extensive contact with a number of agencies over a number of years, such as moving in and out of detoxification and rehabilitation programmes, housing agencies, and prison. They believed that most of these agencies adopted a more restrictive, punitive approach rather than the therapeutic, supportive regime they said they found at 218. 218 had already developed a very positive reputation amongst women outside, but clients were still impressed with the positive, non-institutional atmosphere and the quality of support from staff. Their experience of getting a place on the project had been very straightforward, and they believed the process of assessment was appropriate. All women believed they had a voice in what happened to them at 218, for example in terms of their care plan and participation in the project.

5.35 A number of factors seemed to set 218 apart from other services in the area. For the most part this centred on the quality of the relationship between clients and staff. This is not to say that quality relationships do not develop elsewhere; rather, relationships made up the main focus of the service at 218:

"I think ultimately the main priority needs to be to try and build a relationship with the women, because you can't really work on anything unless you build that. I mean you can try and you can start to chip away at things, but you're going to get further if you have that consistent relationship, and one that's built on trust." (Residential staff member)

5.36 Relationships did not always go smoothly between staff and clients,³⁵ though clients were quick to say that problems with staff were exceptional: *"The staff are excellent; I have never been in a place where I could honestly say there is no staff that I don't like. That is quite amazing"* (Exit 20).

5.37 The literature on programmes for women repeatedly highlights the importance of relationships to women and their recovery and indeed to their willingness and ability to persevere with a programme. Comparison of a number of studies has indicated that appropriate work with relationship factors, in particular 'family process', was very effective with women – indeed even more effective in reducing offending than cognitive skills training (Dowden and Andrews 1999). This was recognized by external agency workers and key stakeholders and was particularly evident when we asked clients specifically what made 218 different from, for example, contact with drug workers or Criminal Justice Social Work:

"I was quite self aware of the stuff that was going on with me, so ... I could sit and actually ... work out myself why I was feeling things, and as things came up, I could talk about them, and I got a lot of help off the staff, ... to guide me." (Exit 44)

"[other services] have got 30-odd people in the addiction unit and only a few staff, do you know what I mean? So you are not getting the same attention." (Exit 42)

5.38 Also of importance was the work done informally with the women at 218. In the residential unit, project workers were available 24 hours a day, so women had someone to speak with whenever they needed. Support workers were also available, not for in-depth sessions, which were the remit of the project workers, but to have someone there to talk with over a cup of tea or to facilitate activities. Informal support was available 24 hours a day and meant a great deal to the clients.

5.39 Support staff, as described in Chapter Three, were a new innovation for 218. This 'informal' support to enable continuous social and emotional support and to ease the transition from 'institutional' life to independent living appeared to be a very valuable means of assisting the women in moving on from 218: *"... I've been going to services for years. And this one has actually made a difference.... It's the only place that is really supporting me"* (Exit 4).

³⁵ One clash resulted in the client instigating a formal complaint against a member of staff (which the client believes was handled adequately) and leaving the residential unit early to begin day services.

A regime for women

5.40 The clearest difference between 218 and other services was its focus on women. Literature on female offenders continually emphasises the need for programmes designed specially for women rather than merely adapted for women from a male-centred treatment model or ‘added on’ to programmes for men (see for example Bloom, Owen, and Covington, 2003; Covington, 1998). The programme at 218 was designed with this in mind, building on work that had been started in the Turnaround project for women with addictions. The emphasis was both on delivering a programme designed specifically for women and, at least as importantly, creating a safe environment in which to deliver it. Responses from clients were slightly mixed on the need for an all-female environment. Criticisms referred to the ‘bitchiness’ of an all-female environment and the need for a male presence to temper this. In contrast, some women indicated that their time at 218 had provided the first opportunity to develop meaningful relationships with other women. Overall, both clients and staff were supportive of a women-only service (see also Rumgay, 2004):

“... a lot of the women are quite vulnerable when they are coming off drugs, and the guys know that, and they take advantage of that.” (Exit 26)

“... apart from anything else, it gives the women time... to concentrate on themselves.” (Residential staff member)

5.41 Relationships with the (few) men who worked at 218 were particularly important in this context:

“With it being a women only project, because I have got a lot of issues with men, which makes this place so much better, and so much safer, which I think a lot of people have to be honest with you. That’s why I think it works so well, because it’s all women.... They keep it to a minimum of men on the staff as you know, and even then the male staff they are fine, I don’t know, they seem to hand pick them.... You get on really great with them, the men that come in.... Even down to the cleaners, it’s certain people...they have not got an attitude problem, they have not got anything about them.” (Exit 27)

Best and worst aspects

5.42 When asked what 218 was particularly good at, almost all of the external respondents referred to the ability of 218 staff to engage with the women. In many ways, the relationships which were developed between staff and service-users provided the basis for all further developments:

“I’ve had the opportunity to view health services out there and I don’t know a lot about other addiction services you know, I can’t say we’re any better than anywhere else, but it’s one of the best places I’ve worked in terms of that and in terms of the positive, non-judgemental positive regard for people, I would say it’s by and large the best place I’ve ever worked.” (Member of health team)

“I think that 218 gets to be known as a place of safety and a place of support and a place where they know there is no prejudice and no pre-conceived notions, so they are

more likely... I think that's why they continue to engage, so the more services they have in it the less de-stigmatised these services can become." (Member of health team)

5.43 Staff too most commonly noted that the best thing about 218 was the quality of relationships they developed with the clients:

"I believe when women come here they get treated with respect, and they can feel like human beings, and I think that's probably one of the biggest positives we've got here is the respect that's shown and expected back and forward. Yes I think so, relationships." (Residential staff member)

5.44 This aspect of the service was emphasised by clients too. The group and one-to-one sessions in particular were highly valued by the women:

"It's made me realise I can actually talk about my problems without thinking there's no one there, no one cares, you know. And it's made me realise that I'm a confident and clever lassie. It's good." (Exit 47)

5.45 The welcoming physical environment was also mentioned as a positive feature: *"I came up and it was like IKEA, that was the first thing I thought, IKEA..."* (focus group 1). Some staff and clients mentioned the holistic approach as the most positive feature – *"just everything"* (Exit 3) – and that *"a bit of time out"* (Exit 46) helped them discover a life outside of addiction and offending.

5.46 A notable feature was that women appreciated having former/recovering substance users making up a proportion of the staff there.³⁶ They believed this was an important and useful part of the service in that they felt staff genuinely understood what they were going through and served as role models to the clients:

"It's the fact that everybody here can relate to... I found before I started coming here people that I was dealing with were 'text book' people, and I found it difficult with that, although they are prescribing things for you and all the rest of it, I find that unless people have actually been where you've been, I don't really feel they can properly understand what it feels like, so that's what's great about this place, most of the women that are counselling you have been where you've been, and they understand totally, and everybody here is in the same boat..." (Exit 11)

5.47 Responses regarding the most difficult thing about being at 218 varied. For the most part, clients believed nothing needed improvement: *"I don't think you can change anything, honestly"* (focus group 3). However this perception could vary with the stage of recovery of the client:

"At one point I would have said the breathalysing [policy should be changed], when I was drinking, but now I know they are only doing that for my own good, because drink and methadone just don't work. It's more dangerous than drink and drugs." (Exit 40)

³⁶ This reflects similar findings in other studies, for example Loucks (1998) and literature on 'What Works' such as Mair (ed) (2004).

5.48 Some women who had been in the residential unit mentioned difficulty living in a group situation in which everyone was feeling vulnerable and volatile, especially when clients are at different stages of recovery:

“...The only thing ... is the bitching between the lassies but you’re always going to get that. You can’t change it. It’s just putting so many needy people in the one place ... It’s just... lassies wanting attention ... so you’ve just got to deal with it.” (Exit 45)

5.49 In such situations even small problems can take on great significance; disagreements regarding levels and types of medication were one of these problems for some women. The physical setting could sometimes be difficult as well, namely because of the noise from the street (and previously from a night club directly across the street, now no longer there), and because of the restricted opportunity to spend time out of doors. Other suggestions for improvements to 218 included a bath for the residential unit; more activities around cooking, baking, and general nutrition; more support for clients with agoraphobia who may need more assistance to reach the project; and reconsideration of the financial allowance for clients in the residential unit, especially if they have children.

5.50 Gaps in the service were equally difficult to identify. A couple of staff members said they wanted to see more work done in terms of after-care and resettlement for the women, such as an outreach service. Some of the clients mentioned issues with moving on as well as a desire for placements rather than referrals and a more gradual process of ‘winding down’ from the service at 218. Both staff and clients also believed more could be done for the continued long-term recovery of clients who are doing well and have remained stable. A small number of both staff and clients said they wanted to ensure all women who needed such help were eligible to enter the project rather than restricting the service to those actively engaged in the criminal justice system. Some respondents believed that a parallel service should be made available for men.

5.51 Staff were more likely to comment about structural issues such as staffing levels, though some clients mentioned this as well:

“...it’s annoying when there is not enough staff on, I would say that, that’s really annoying. But they do their best, it’s not their fault, it’s all the cut backs and all that, so they can’t be blamed.” (Exit 42)

5.52 An early structural difficulty was the regime in the residential unit, which both staff and clients thought needed to be firmer. A client who had experienced both the original and the (later) more structured regime noted the improvement:

“When I first came in here I thought it was a bit lackadaisical, do you know what I mean? They kind of let you away with a lot more... But this time they have set a whole new structure, and they really insist that you do go to the groups and participate. They don’t come down heavy, but they kind of drum it into your head, they would prefer you to be at the groups, not unless you have really got a valid reason for not being there.... So I think they are that wee bit tougher, and I think that’s what is needed in a place like this....” (Exit 15)

5.53 Ongoing structural issues included communication between members of staff at 218, clarity of roles, particularly with regard to the health team, and improved transition to other services such as housing.

Child care

5.54 Of direct relevance to a regime for women is the question of child care:

“... it’s very difficult for me. I am trying to build bridges with my family but.... You want to do things for the better of yourself, to better your wains but there is always this childcare issue that comes into...do you know what I mean? It comes into every situation....” (Exit 41)

5.55 The previous chapter on referrals showed that 67% of the clients had children, though substantially fewer were primary care-givers at the time they entered 218. Even so, a number were directly responsible for the care of young children (see also Scottish Executive, 2003; Scottish Executive, 2004a). While 218 can access facilities for children while women attend day-programmes,³⁷ the residential unit had no provision for children. Clients were not always aware of the possibility of negotiated access to child care:

“... childcare... is going to be the main thing for me [in terms of continuing with the day programme]. Social work are looking at a private nursery, so we will wait and see what happens, but I don’t know. But I do know I want to continue in the day program, but I need to wait until childcare is sorted.” (Exit 41)

5.56 The literature is divided regarding assistance with child care for women in treatment. Bloom and McDiarmid (2000) note that engagement with families, particularly with children, can be highly effective in programmes for women. Chapple (2000: 34) states that “involving the children of a female offender in a residential program often helps to keep the woman in treatment”, in which case the woman herself should retain primary responsibility for her children, and any residential facility must be designed to serve the children as well as the mother. Critics of this approach (i.e. respondents interviewed in Fairweather, Loucks, and McIvor, 2003) expressed concern about the disruption for children. If a woman fails to complete a programme, for example, the child as well as the mother must leave, and the child may feel he or she has somehow failed.

5.57 Other authors, such as Jacobs (2000), argue that women need to focus on themselves first, then move gradually towards reunification with their children. Non-residential programmes tend to be organised in this way. Some programmes offer child care on site, though other service providers believe this is too distracting for programme participants (see discussion in Fairweather, Loucks, and McIvor, 2003). Other programmes provide child care allowances for the women. The Asha Centre for Women in Worcester, for example, gives women the option of an on-site crèche or an allowance to arrange their own child care (Rumgay, 2004). The on-site crèche enables staff to watch the children’s behaviour and to offer mothers information and assistance if necessary.

³⁷ A nursery was available directly across the street from 218, and managers said they were able to negotiate access if this were necessary.

5.58 The logic behind 218's decision not to provide facilities for children has been based on a number of practical considerations. First, the staff noted that the women who come to 218 need time to concentrate on themselves rather than on dealing with their children. Second, they believed child care facilities should be designed specifically for children and not as an 'add-on' to a facility designed to address criminal justice issues: the belief was that children should have support in their own right as children rather than because of the status of their parents. Child protection was a concern here, not least because of the chaotic and unpredictable behaviour of the client group.

5.59 Perhaps surprisingly the clients agreed with this approach, and only one (above) expressed difficulty in making arrangements for their children:

"My mum and dad have got my wee boy... for a few years now, em ... 'cause I've been staying in the homeless units and that... so it's [given] me a chance to go into supported accommodation...." (Exit 29)

5.60 Some of the women did, however, have very mixed feelings about arrangements for family contact in general at 218.

Family contact

5.61 218 runs a confidential service, meaning staff were not at liberty to tell anyone who enquired whether a client attended the service at 218, residential or otherwise. Clients were however allowed to provide staff with a list of 'safe' contacts, in other words people who were allowed to ring and to visit the client. The main comments regarding family contact at 218 related to provision for visits for women in the residential unit. Visits were limited to half an hour once a week – less than the provision for women in prison: "... aye, half an hour my wee laddie comes every time and sits down and give us a wee kiss wee cuddle 'what you been up to', time to go." (focus group 1).

5.62 While visits took place in a comfortable room with facilities for tea and coffee, a member of staff usually remained in the room for the duration of the visit³⁸:

"[You're] Not to make contact with anybody [on visits]. A cuddle, that's all I'm wanting.... There's a worker, plus you're no allowed to sit and cuddle or nothing. So what's the point in having them? It's worse than a prison actually." (Exit 5)

5.63 In addition to the precautions taken on visits, letters and parcels were opened in front of clients to prevent any prohibited articles being sent in, and telephone calls took place with a member of staff present.

5.64 In terms of family involvement at 218, nothing specific was in place, though one client thought provision for family group conferencing or mediation would be a useful addition to the service. Staff at 218 did however provide active support in assisting women with family contact more generally, such as for visits with children, custody disputes, contact

³⁸ 218's 'person centred approach' means each visit is assessed for risk, so staff will not be in the room if they deem the visit safe enough to be monitored by CCTV alone. Interviews with clients suggested that such unsupervised visits were not common.

with social workers, and participation in the Children's Hearings System. Family support and involvement at 218 is due to be reviewed in January 2006.

Addressed needs

5.65 Responses were universally positive about 218 in terms of its ability to address their needs and offer support. Services at 218 were thought to be very comprehensive and staff believed that these met the needs of the women who came to them. The most effective aspect of 218 was believed to be the way that services were delivered and the environment 218 provided, in terms of the integration of programme content and modes of delivery. Most of this again seemed to be due to the staff rather than due to any specific aspect of the programmes. Clients felt that staff were readily available for them and provided a genuinely client-centred approach. They also emphasised the non-institutional atmosphere and sense of safety as beneficial. The clear perception was that women using the services of 218 were valued and treated with respect. The ability of 218 to address the needs of the people who used the service is discussed more fully in Chapter Seven.

Summary

5.66 218 offers both residential and community-based support as well as 3 distinct programmes, depending on the client's stage of recovery. Programmes are designed both to address immediate needs and, alongside this, root causes of offending. The intended overall outcome is a reduction in reoffending, but this is approached primarily through non-criminal justice issues such as addiction, physical and emotional health, housing, budgeting, and relationships. Clients take an active role in their own care plan and programmes are flexible enough to address their personal circumstances. While services are now designed as time-limited 'packages' with time to apply what they have learned in the community, clients may return to 218 for further assessment and repeat programmes where necessary. This is a positive development which means that programmes are focused within a set period of time, but clients have the option of revisiting any area of personal development as deemed necessary. Concerns were expressed that a time-limited service relegated the residential unit to crisis intervention, though longer-term support was available through the day programme. On the whole, clients and staff understood the reasoning behind restrictions on the length of time a woman could be accommodated at 218 and appreciated the importance of avoiding creating a dependency on the service itself.

5.67 Clients actively praised the regime at 218 and believed it addressed their needs. Some criticism was made of policies regarding family contact and time out of the building for residential clients, but most also understood and accepted reasons for restrictions. Key stakeholders were clearly of the opinion that 218 provided a valuable service and were generally impressed by the way it operated. The Centre was viewed as offering a unique service in terms of focus and philosophy. The emphasis given to the development and quality of relationships within the Centre was significant. Staff believed the support at 218 was appropriate and that its strength lay in the emphasis on relationships with clients. Client input was crucial and was viewed as a means of empowering women through the development and maintenance of positive relationships. Clients appreciated this and equally stressed the importance of relationships within 218 and the support this provided them with both in the Centre and in the process of moving on. The voluntary attendance at 218 was viewed as

important, while clients who were attending as part of a court order but who did not actively engage with the service were often viewed as potentially jeopardising the recovery of others.

CHAPTER SIX LINKS WITH OTHER SERVICES

Awareness of the service

6.1 Initial interviews indicated that awareness of 218 and the aims and objectives of the service varied considerably among external agencies. At the outset of the evaluation in 2004, the researchers were regularly asked to provide information on 218, and on one occasion the researcher attended a team meeting to conduct interviews with staff only to discover the team expected her to conduct a presentation on 218 and its services. Interviews with key stakeholders and the referral rate to date suggests that some agencies are very knowledgeable about 218 and make regular contact to refer or accept referrals.³⁹ However, other agencies were less aware of what is on offer there and continue to be so.

6.2 218 staff have been very proactive in their attempt to inform services in Glasgow about their remit.⁴⁰ In addition to the production and distribution of leaflets and cards, agencies have been invited to visit 218,⁴¹ and 218 staff have conducted a number of briefing meetings with relevant services. The initial 218 promotion leaflet was also redrafted into 3 different versions, with one each designed for courts, agencies, and clients, and 3 short DVDs have also been produced for these groups. The concern from staff was that lack of knowledge risked reducing the number of referrals from key criminal justice agencies such as courts: *“I think a lot of [criminal justice agencies] don’t really know what we’re doing ...”* (day programme staff member).

6.3 Lack of clarity in the overall management of 218 arguably hindered its approach to other services. A senior official commented that 218 had to approach key agencies “through the back door” because of the uncertainty of its role in contacting them. Did alerting Sheriffs about 218, for example, fall to 218 or to the City Council for whom they were delivering the service? Managers at 218 eventually took the role upon themselves, though Criminal Justice Social Work at Glasgow City Council has since contacted a number of key agencies about the existence and purpose of 218.

6.4 Agencies who initially had limited contact with 218 were unsure about the criteria for referral to 218 and whether the project offered anything different to other services in Glasgow. All of those who had heard of 218 knew it was a project for women only, but beyond that their impressions were fairly diverse. Most information they had received was through leaflets about 218, though all had been invited to visit the project. The residential element of the service was only mentioned briefly in the initial printed information leaflet, which may have contributed to the fact that some agencies were unclear that supported accommodation was available as part of the service.

6.5 Those who were more familiar with the work of 218 were generally positive about it and believed it offered an important service for women in Glasgow. 218 was seen to provide a safe environment which could provide women with time out and a breathing space. The holistic approach that 218 offered through the provision of a wide range of services, was

³⁹ For example the Drug Court Treatment and Supervision Team will contact 218 whenever a woman is assessed for the Drug Court.

⁴⁰ However some agency representatives commented that they were unaware of the role of 218 staff in court.

⁴¹ Friday mornings are ‘open’ by appointment for agency visitors to tour the building.

considered innovative, and it was acknowledged that 218 could be important in helping women to stabilise their drug use, and their lives, with ongoing support from project staff. Several respondents indicated that they would appreciate more information about the daily activities offered at 218 and the content of programmes and interventions (i.e. what was available to address offending behaviour in particular).

Meeting Women's Needs

6.6 As awareness of what was on offer at 218 increased, external agencies were able to develop links with the service and in doing so, became more aware of what 218 had to offer women (see Chapter Five). The residential provision at 218, the overall atmosphere of the building and the range of services, including 'alternative' therapies, were viewed as 'very effective' in providing a resource for this group of women. These aspects of the service and its focus on a women-only approach were viewed by other agencies as clearly distinguishing 218 from other services in existence in Glasgow. It was also acknowledged that 218 could respond to women who had problems associated with alcohol use as well as drug use, something which some agencies (particularly those in the criminal justice system such as Drug Treatment and Testing Orders and the Drug Court) were not wholly equipped to deal with. Indeed, respondents who pointed out that the criminal justice system as a whole deals inadequately with women were appreciative of the services and support that was available through 218.

6.7 All respondents from other agencies were optimistic about the potential for 218 to provide an alternative to custody, although they acknowledged that this may operate in the longer term rather than directly⁴² (this issue is discussed in Chapter Seven). One respondent noted that while it was unlikely that the population of Cornton Vale would be drastically reduced, 218 should identify the most vulnerable women to prevent them from serving a custodial sentence in the first instance. Important aspects of the service were the safety and stability it provided by being a 'woman only' environment.

Working with other agencies: practicalities

6.8 While respondents from other agencies appreciated the helpfulness of 218 staff when referring a woman to the service, the flexibility of the process⁴³ often meant that the criteria for referral could be unclear. At points, the referral list had been closed, although external agencies had not always been aware of this.

6.9 Respondents viewed the range of services available at 218 as excellent and considered the structured approach to after-care as significant. This consisted of a move to the day programme on leaving the residential service and ongoing contact with the project (for individual sessions and group work) after completion of the day programme. 218 provide

⁴² While women accessing the service could not always be considered to be at immediate risk of custody, respondents believed that the intervention of 218 was very likely to reduce the likelihood of custody in the future by working to reduce offending and substance use.

⁴³ This flexibility was evident around the criteria of 'contact' with the criminal justice system which could mean current charges or be translated more generally i.e. soliciting and therefore at risk of charges. A period of custody could also refer to a period in prison under sentence or remand, or being held in police custody.

this contact on an appointment or arranged basis, as opposed to the open drop-in provisions which characterise many other services when formal contact has been completed.

6.10 However the complexity of the service provision at 218 and a large staffing group had, on occasion, led to problems in communication with external agencies. Respondents indicated that there had been difficulties contacting specific workers when making or receiving a referral from/to 218. The lack of identified key workers (particularly in the residential unit where shift work had more of an impact) was viewed as making co-ordination and communication with external agencies more difficult, described by one referrer as constituting a *“breakdown in communication”* (addiction worker). *“If there was an identified worker that was kind of co-ordinating and overseeing the whole case I think that might make things a bit easier you know, certainly in terms of communication”*. Where identified workers were in place, such as on the day programme, communication appeared to be more effective.

6.11 Problems had been experienced with information-sharing and communication both within and beyond 218. One worker commented that 218 was a key service for their client group and expressed a desire to set up clearer lines of communication with 218 in order to keep in contact with women attending/entering the residential unit, and to enable them to attend reviews, for example: *“I’m not saying we have a fast track service, what I am saying is that that’s part and parcel of an integrated service surely – to be able to share information”* (community project manager).

6.12 The transfer of information between 218 and other agencies seemed generally unproblematic, although there had been ‘teething problems’ in this respect, particularly in the case of medical case notes (see Chapter Three). By 2005, difficulties in communication (between 218 and social work departments in particular) appeared to have improved, despite initial difficulties. Structural arrangements in some outside agencies had proved problematic, namely during the (lengthy) development of Community Addiction Teams, though this too was easing by the end of this evaluation.

6.13 It was noted that some operational systems still needed to be improved. A specific example of this was the difficulty experienced in changing a woman's bail address. A Day Programme staff member commented:

“We should technically change their bail address straight away. That took a worker two weeks to change that. So it’s another system, whereby we could get a lot of work done a lot faster if we all sat down and said ... right ... maybe we just need a bit of paper ... but we all really need to sit round the table and say ... what’s the easiest way of doing this. I don’t know what the easiest way is ... but I know from our point of view, it takes a long, long time.”

6.14 Outside agencies, having developed links with 218 staff, were perceived to be more willing to share information. Notable exceptions were the Benefits Agency, which 218 staff said tended to be unhelpful, though this was not a consistent problem. Staff from government agencies who appeared to have undergone recent training in data protection could be very guarded about the information they were willing to discuss.

6.15 Social work teams were willing to send copies of Social Enquiry Reports to 218 on the understanding that this information would be returned or shredded once staff had seen it:

“Social work’s policy is that clients don’t read their SERs, so we can’t have an SER in a woman’s file because they could read it. So it can be quite sort of complicated so we, any SERs we need to read it and send it back or read it and shred it, because of the two different confidentiality policies.” (day programme staff)

6.16 Access to data from the Scottish Criminal Records Office was also very difficult due to data protection issues and significant time delays, so staff at 218 were unable to follow a client’s progress, especially after leaving 218, unless they came across the client at court or the client referred herself back to the project.

6.17 Although there was a recognition that different agencies often work to different agendas, overall communication between agencies appeared to be operating effectively. It was becoming an increasingly regular practice for 218 workers to attend reviews with other agencies and *vice versa*. If a woman had gone into 218 with an identified worker from an outside agency, the worker would generally be contacted and invited to attend the woman’s case review.

6.18 The changing nature of the service provision, and the fluidity with which services developed along the lines of ‘what works’ and a ‘trial and error’ format, was not always made clear to external agencies. Other service providers did not always feel well-informed about changes in 218 policy/practice which could be problematic when working directly with women or when referring women to 218. For example, changes in the use of the residential unit from 12 weeks to 4 weeks (see Chapter Three) appeared to cause some confusion.

6.19 Similarly, as the service developed, non-criminal justice agencies said they had increasing difficulty getting women in to 218 and wondered if there had been any change in the assessment criteria, but did not know if this was the case. There was also a view that it may be best if 218 was not linked into the criminal justice service (voiced by agencies which were not themselves linked to criminal justice): *“It’s a shame it’s linked to the criminal justice system, would be better if this weren’t a requirement” (housing project worker)*.

6.20 A number of clients and staff at 218 expressed the same view. Evidence from the interviews supported the perspective that clients may be prepared to offend in order to benefit from the service:

“... I was just in total despair and self destruction before I came in here, so ... I would have taken any help at all to get clean, you know, and I remember when I phoned up to see if I could come in here, I said, I’ll go out and offend today if that’s what it’s got to take to get me in here and get help.” (Exit 44)

6.21 Agencies had not experienced problems making referrals to 218, although the low level of referrals from 218 to other agencies was noted as a concern initially, but one which appeared to have improved by the final stages of the evaluation: *“we have had difficulty receiving referrals from them, not sure the structure is fully in place for that yet, we need to close funding gaps and improve joint working in terms of the appointment of care managers etc” (addiction worker)*.

6.22 Staff at 218 did not perceive any major problems in working with other agencies to provide the services the women needed. Problems could arise in trying to place a woman with a GP who was willing to prescribe her with the medication they believed she needed,

pharmacists who were willing to distribute medication, and to find appropriate housing at relatively short notice. They generally believed such problems were not insurmountable, however, and were often a feature of working with their particular client group.

6.23 The 218 environment, with the availability of ongoing support, meant that women appeared to manage well on relatively low doses (in comparison to external provider levels) of methadone. However, when women left, they were often unable to cope on the same amount, and it was suggested that doses of methadone should be increased for women moving back into the community. The use of Subutex as an option available in place of methadone was also considered a potential problem if a woman wished to continue this in the community:

“I think with Subutex it’s a problem..., because GPs aren’t used to prescribing Subutex, so as soon as they hear they are on Subutex then they maybe more wary about taking them on. They are not experienced with it, and they don’t get paid to prescribe it. They get paid to prescribe methadone, but they don’t get paid to prescribe Subutex, so there will be less incentive for a GP to take on a drug user and to have to see them as much as they will for methadone but they don’t get a penny for it” (member of Health Team).

Partnership working: strategic level

6.24 Glasgow is comparatively well-served by services for women, and many of these are co-ordinated through the Social Inclusion Partnerships (SIP), particularly Routes Out of Prostitution and Homelessness. Respondents who were involved with the Routes Out Social Inclusion Partnership (SIP)⁴⁴ tended to be well informed about 218 and stressed the importance of services working together across Glasgow to provide the best service for women. This SIP consists of a Board, Working Groups, a support team which helps direct strategy and service the Board, an Intervention Team, crisis service and a ‘network’. Key representatives from a range of statutory and voluntary agencies have been involved in the Partnership’s Board and Working Groups (MacKay et al, 2004).

6.25 Respondents from the SIP believed that women accessing 218 were likely to be the same group of women for whom the SIP was working. While they were impressed with the range of services available through 218, concern was expressed that more dialogue in the early stages of the project’s development would have been beneficial. Given the network of services available through the SIP in the broader community, it was viewed as important that 218 was aware of these provisions to help women move on from the service and to reintegrate them into the broader community. Members of the SIP were keen to see the establishment of some form of structure which would chart how 218 linked in with other services and *vice versa* and had developed an overview of this (see Annex Two).

6.26 Developments had taken place through joint work and ongoing contact between workers in 218, the Routes Out Intervention Team and Base 75. However, there was a view that better communication should be established at more senior management levels. It had

⁴⁴ The Routes Out SIP was funded in response to growing concern about the scale of the problem of street prostitution in Glasgow and the subsequent problems experienced by the women involved resulting from vulnerability, abuse and multiple deprivation.

been anticipated that the SIP would have a representative on the 218 Monitoring Group, but this had not occurred to date. Given that some of the agencies involved had been part of the planning and commissioning stage, they had expected to be involved with the Monitoring/Steering group and were very disappointed when this did not happen.

6.27 One view expressed was that there was a distinct lack of joined-up planning at senior levels (particularly in relation to health). Similarly, a number of services providing support to women at the time that 218 was being developed perceived a lack of consultation in the planning stages. Indeed, a number of respondents were critical of the way in which 218 had been set up: *“It was set up without taking the wider context into account and without putting any kind of requirement on the service to fit with that wider context”* (member of SIP).

6.28 With the delay in establishing a Monitoring Group for 218, combined with a number of structural changes within Glasgow City Council, concerns were expressed that 218 wasn't linking into the strategic planning for the development of other services in Glasgow⁴⁵: *“It's quite difficult to assess whether it has maximised the opportunities that exist in the city to link with a whole range of activities to support women and to help them to exit prostitution...”* (member of SIP).

6.29 The delay in establishing the Monitoring Group was also cited as a reason agreed protocols may sometimes fail to be communicated or enforced. Equally, a small number of key agencies that had been invited to take part failed to attend when the group was eventually set up. This potentially limits the effectiveness such a group can have in practice. A prime example of this arose when police entered the residential unit at 218 to arrest a client – something 218 had agreed with senior officials would not take place. A similar problem arose when arrangements had been made for a client to enter the residential unit at 218 upon release from prison, *“... and she walked out the gates and got arrested for an outstanding offence”* (residential staff member). One member of staff commented:

“If they went up the road [received a custodial sentence], it would set them back like a whole year, not just a couple of months, it would be away back to the very beginning, and then when they come back out they would be back at the very start”.

Helping Women to Move On

6.30 Despite the range of services that exist in Glasgow, agency respondents indicated that there continued to be areas where women were likely to experience difficulties in accessing services, particularly when they were due to move on from 218. Women were often viewed as not fitting the criteria for services while accommodation, for example, could be limited and was not always appropriate for individual women. Agencies indicated that more resources were needed to make a significant improvement for women. These included the availability of, and access to, single sex rehabilitation (for women with or without children)⁴⁶; access to counselling services; resources for those who have experienced child sexual abuse/incest/severe childhood neglect; better and more alcohol services; crèche facilities at court; greater number of Drug Treatment and Testing Orders and Drug Court referrals for

⁴⁵ Following the evaluation period, more active efforts have been made to link 218 with other services in Glasgow, and Criminal Justice services in particular.

⁴⁶ See Effective Interventions Unit (2004).

women; and consistency of services, ensuring that follow-on support is available and appropriate to women's ongoing support needs. This required a co-ordinated approach between statutory and voluntary sector services.

6.31 In order to address the women's ongoing needs, inter-agency work was seen as crucial for many respondents. The 218 project was viewed as an opportunity to develop this work, particularly if agencies could be linked into the provision of longer term support for individual women. Twenty-one women interviewed indicated that they had been referred to services outside 218 (for counselling, training or other support). Given the multiple problems many women in contact with the criminal justice system faced (health, housing, childcare, legal, addiction, etc.) a multi-agency approach was viewed as a positive way forward. This was also considered a useful way of avoiding duplication of services and providing a 'package' of services for the client. Early liaison and assessment was viewed as providing a potential for effective joint working and consequently a larger range of options for individual women, and the courts.

6.32 Other respondents pointed out the importance of linking women into mainstream services and the need to monitor how effectively the 218 project is able to do this. It was noted that ensuring a smooth transition between services requires a significant degree of co-ordination and co-operation in addition to awareness of broader issues around social equality and inclusion. Linking women with mainstream services unaccustomed to dealing with a more chaotic client group was often a problem:

"Now the nature of the women that we work with, they are fairly chaotic, and just because they move in here doesn't mean that the chaos goes, some elements, the actual chaotic of their being is still there. So they cancel appointments at the last minute or they don't want to go because they feel bad or, you know, they are struggling with their medication so they don't want to do this, and the [service] was finding that quite difficult to deal with." (residential staff member)

6.33 The lack of coherent 'joined-up' provision was perceived as particularly problematic and limited the effectiveness of linking into other services when women were 'moving on' from 218. The lack of any overall co-ordination in this respect was commented upon. This includes the situation in which clients who were arrested and taken to prison were not always continued on the regime for medication arranged in her care plan: *"There was no consideration taken of the work that she had done [while at 218] either"* (residential staff member). The complexities of funding arrangements for accessing after-care resources was seen as very problematic, and respondents identified a need for strategic oversight in this area⁴⁷.

6.34 A number of agencies viewed developing services in the longer term as crucial. They noted that 'joined-up' services are required to address the complex problems a woman may face, but also that supports are needed within the community to ensure ongoing engagement with a woman when her statutory involvement with services may have ended.

⁴⁷ Where appropriate 218 now asks referrers to name a Care Manager to ensure that community-based services are involved from the outset.

6.35 218 staff had expressed some concerns regarding the resources available for women to move on to outside 218. These were mainly in terms of finding appropriate housing and, in turn, finding a GP willing to offer the prescribing services they needed in that area.

6.36 Housing was by far the most pressing issue⁴⁸; local authority flats were available, but not necessarily those that were safe for vulnerable clients recovering from addiction:

“Housing is a particular problem, you have to consider the quality and the surrounding environment. Housing may be available, but what good will it do to spend £5000 on treatment for a woman, then put her in a flat surrounded by 25 drug users?” (Addiction worker).

6.37 Equally, some housing services were perceived as having difficulty with clients referred to them:

“...the [housing service] can sometimes be - I don’t know the word, how you would term it - but surprisingly for people who work with the homeless and with people who’ve got addictions and a whole load of mental health issues, they are not particularly tolerant. So if people get referred down to the [housing service] sometimes they don’t get the treatment they deserve or they get treatment that they don’t deserve.” (Residential staff member)

6.38 Staff at 218 also noted problems with women who were ‘intentionally homeless’:

“Well some people say if they live in a certain area or that...maybe not violence that they have reported to the police, or grief, or harassment, or something, if they leave that place, they are then intentionally homeless. The council won’t look at them for a year...” (Day programme staff member)

6.39 Considering the domestic circumstances of many of the clients at 218 in terms of domestic abuse and partners or family members who also use drugs, the ‘intentional homelessness’ of those who want to leave that situation is a very real concern.

6.40 Despite these difficulties, 16 of the women interviewed, noted that they had been able to access stable accommodation with the support of workers at 218, when previously their accommodation had been unstable

Summary

6.41 Awareness of 218 initially seemed limited amongst agencies that were expected to show a keen interest in the programmes there. This improved over time, and 218 made active attempts to inform key agencies and services of their work. The 218 Project was an ambitious attempt to link services across a number of areas. For the most part they had received full co-operation in doing so, though an important barrier thus far was the lack of an inter-agency monitoring group to assist 218 in its links with others. Such a group, though

⁴⁸Glasgow Homelessness Partnership has developed a RESPONSE domestic abuse link project through which certain agencies can access temporary furnished accommodation directly. 218 has been included in the development of their protocols. Scatter flats can now be accessed by women leaving 218.

planned, only came into existence after a year and a half of operations at 218 and had yet to develop an active role. The delay in establishing the Monitoring Group was cited as a reason agreed protocols sometimes failed to be communicated or enforced. Equally, a small number of key agencies that had been invited to take part failed to attend when the group was eventually set up, while representatives from other agencies felt excluded from this process. This potentially limits the effectiveness such a group can have in practice.

6.42 Evidence from the interviews suggests that the initial planning stages for 218 generally could have been handled more effectively. A number of services providing support to women when 218 was being developed perceived a lack of consultation in the planning stages, and a distinct lack of joined-up planning at senior levels (particularly in relation to health) was evident throughout the research. This meant that, while members of the staff teams worked well together at an individual level, staff structures and roles as well as lines of responsibility and accountability were often unclear.

6.43 Links with services such as social work, women's projects, community education, and supported accommodation to enable clients to move on from 218 were also generally good. More consistent problems existed in terms of finding suitable housing for clients and to some (often related) extent, finding community-based prescriptions and addiction workers. Problems were not due to lack of good will or lack of resources so much as ensuring appropriate provision was available where and when it was needed, often at fairly short notice. Such problems can have an impact on the outcome of services delivered at 218.

CHAPTER SEVEN OUTCOMES AND EFFECTIVENESS

7.1 Perhaps the greatest challenge for this evaluation is how to measure the effectiveness of a project like 218. The Centre aims to provide a realistic and workable alternative to imprisonment for female offenders aged 18 years of age or over who have involvement in the criminal justice system and who may have a substance misuse problem. However the nature of the service provided and the way resources are used goes well beyond most traditional service provision. Tackling the ‘root causes’ of women’s offending behaviour involves addressing a wide range of issues with a complex array of consequences; 218 may be funded solely by the Justice Department, but its potential benefits - not least in terms of health, housing, preparation for employment, and longer-term benefits to children - are clearly much wider.

7.2 All respondents viewed 218 as being exceptionally good at engaging with women, and workers (within 218 and external service providers) gave anecdotal evidence of women they had encountered in other community settings who continually failed to engage with services, but who had come to 218, appeared to be making good progress, and who were attending regularly. The benefits of such engagement are likely to go well beyond the potential savings for the criminal justice system, and previous research has noted the importance of service retention in reducing reconviction rates (Hough et al, 2003; McIvor, 2004). This chapter addresses the outcomes that can be identified and highlights some of the difficulties in measuring these outcomes.

The impact of 218 on sentencing patterns

7.3 In order to assess the effectiveness of 218, particularly in relation to reducing the use of custody for women, we examined a range of statistical data. Baseline data obtained prior to the opening of 218 provided an indication of the outcomes of Social Enquiry Reports (SERs) on women by Glasgow City Council Social Work Department and by local authorities across Scotland as a whole; figures on women appearing with charges in Glasgow courts; and prison receptions from Glasgow courts.

7.4 Given the time-scale of this evaluation it has not been possible to obtain data over a period of sufficient length to indicate any changes in sentencing practices or prison receptions for women in Glasgow that could be attributed directly to the operation of 218. It is also noteworthy that other services have developed or been consolidated during this period, notably the co-ordinated services of the Routes Out SIP. The operation of other services may have had an impact on women and their dealings with the criminal justice system in Glasgow (particularly in terms of SER outcomes, sentencing patterns and custodial rates). Similarly, developments such as the introduction of Mandatory Supervised Attendance Orders may have had some impact on female prison receptions for fine default, though practitioners in this area have suggested that this figure is likely to be low.

7.5 Data available from Glasgow courts was collated up to 2003 with limited provisional data available for 2004. Information on the outcomes of SERs was available up to 31 March 2004. As 218 only began to accept referrals in December 2003, this does not allow a sufficiently long period to show any effect on the figures or outcomes. SER data prior to this were problematic in that they included some degree of ‘double-counting’ where requests for

reports rather than individuals were monitored, so breach reports, for example, could not be identified separately. According to council staff, the implementation of a new database by Glasgow City Council in 2004 has improved this situation. However, they appear to have ongoing difficulties in extracting the data, ranging from data quality (recording practice) to issues related to the operation of the databases. Researchers at Glasgow City Council are currently examining this situation, which appears to be both a result of data collection and software problems. Similarly, while information on prison receptions is available, the limited time-frame for the evaluation makes any statistical analysis partial and inconclusive. A follow-up study which enables accurate examination and analysis of sentencing practice, court disposals (SER analysis) and prison receptions would therefore be appropriate.

7.6 Qualitative data from respondents do, however, provide some indication of the impact that 218 had on women who accessed the service and agencies which had some experience of referring women to the service.

Cost Analysis

7.7 This element of the research identifies the unit costs of 218 and compares these with alternative outcomes for women who offend. A distinction is made between start-up and recurrent costs, with the latter providing the basis for the calculation of unit costs.

7.8 218 provided the following information about expenditure. Since cost data were incomplete for the latest financial year (2005-6), and since the first year of project funding included non-recurrent start-up costs, we have concentrated on expenditure during the financial year 2004-5. Financial data provided by 218 and Glasgow City Council are summarised in Table 7.1.

Table 7.1: 218 costs

	<i>FY 2004/2005</i>
Staff costs	1,048,635
Publicity	13,313
Office equipment and materials ⁴⁹	28,476
Travel and subsistence	14,492
Insurance/health & safety	16,491
Therapy equipment and medication	30,034
Legal and professional costs	11,704
Training	22,640
Recruitment	15,392
Client and staff welfare	26,011
Project review	8,270
Running costs ⁵⁰	56,614
Equipment	47,235
Building costs ⁵¹	90,664
Support costs	111,696
TOTAL	1,541,667

⁴⁹ Includes printing and stationery, computer supplies, publications and subscriptions, office equipment hire, telephone and faxes, mobile phones and postage.

⁵⁰ Includes electricity, gas, food, laundry and cleaning.

⁵¹ Includes day to day maintenance, cyclical maintenance, repairs and rent.

7.9 One of the problems in determining unit costs is that project workers did not consistently record the dates women went on and off programmes. Second, we do not know how active participation was: a client could be in every day for several months or may only show up once or twice in that time before being taken off the programme. Third, in the absence of accurate data about the amounts of time spent in the residential and non-residential parts of the programme, it is not possible to separate out residential and non-residential unit costs. The unit costs calculated, therefore, are average *programme* costs rather than costs for residential or non-residential engagement.

7.10 With these caveats in mind, across the period from April 2004 – March 2005, a total of 143 women engaged with the 218 project⁵². Most of these clients (79) engaged only once while 35 engaged twice, 8 engaged 3 times and 2 engaged 4 and 6 times respectively. The women who were referred to 218 had an average of 1.4 engagements with the project. This results in a unit cost per engagement of £7,701. Data from project records on the length of time spent at the project was missing or incomplete in just over half of the 143 cases (often because women were still engaged with the project). In the 70 cases for which complete information was available, the average length of stay was 2.6 months, with a range from one day to 8.5 months (though information about programme duration was often missing in the case of longer-term clients)⁵³. In FY 2004-5, therefore, 218 provided 372 programme months to the 143 women who engaged with 218 at a cost of £4,144 per programme month or £1,010 per week. The cost per referral to 218 (including those who did not take up the service) was £3,127 (based on 493 referrals involving 343 different women).

7.11 Clearly, day programme costs will be considerably lower than participation in the residential programme. Further cost data made available by Turning Point indicated that in 2004-5, the day service accounted for approximately 42% of the budget and the residential services (detox and supported accommodation) accounted for approximately 58%. This results in a total day service cost of £647,500 and a total residential cost of £894,167. Of the 143 women who engaged with 218, 30 participated only in the residential programme, 55 participated only in the day programme, and 58 participated in both. Thus the mean day service cost was £5,731⁵⁴ and the mean residential cost was £10,161^{55 56}.

Costs of treatment and alternative disposals

7.12 While evidence indicates that good quality treatment can deliver long-term savings in a number of areas, initial costs are significant. For example, Godfrey et al. (2004) estimated that the total costs for a basic outpatient methadone-prescribing service were around £98 per person per week, rising to £1,112 per week for individuals in residential rehabilitation. At an

⁵² Engagements are counted as distinct, separate periods of time. In other words, if a client started in the residential unit, then moved straight on to the day SAFE programme then straight on to CONNECTIONS, that counts as one engagement. If, however, she had a gap between programmes, that counts as two engagements, because she would have to be re-referred. The latter is now standard practice, but it was not for the majority of our study period.

⁵³ Although some women were still engaged in the programme beyond 31 March 2005, only time spent on programmes during the FY 2004-5 has been included.

⁵⁴ £647,500 divided by 113 participants

⁵⁵ £894,167 divided by 88 participants

⁵⁶ These figures show the costs for each woman over the course of the financial year. Costs per engagement will be less than this, as women often engaged with services at 218 more than once, as noted above.

average cost of £10,161 per stay, the costs of the residential component were equivalent to just over 9 weeks of residential rehabilitation.

7.13 The costs of the potential alternative outcomes for women had they not been referred to 218 can be derived from published data on the costs of the criminal justice system. In 2003-4 the average cost of a probation order was £1,173 and of a community service order was £1,499. Given the range of support made available to clients through access to 218 (in relation to health, welfare and ‘coping’ skills), it is important to acknowledge the considerable benefits associated with this intervention as opposed to other community disposals and, significantly, to custodial sentences. However, since the 218 project is intended to serve as an alternative to imprisonment (including a custodial remand), comparison with the costs of imprisonment are more relevant.

7.14 In 2003-4 the cost of 6 months in prison was £16,622 (Scottish Executive, 2005), and the average annual cost per prison place for 2005-6 is expected to be £35,000. This excludes capital charges, exceptional compensation claims and the cost of the Escort Contract (Scottish Prison Service, 2005). At £7,701, the average cost of an engagement at 218 would be similar to the cost of around 2.6 months in prison⁵⁷. The impacts of the resources available at 218 are likely to be much more significant in their longer-term benefits than those accessed during a short-term prison sentence. The average cost of a referral (at £3,127) would be equivalent to just over one month in prison⁵⁸. Note, however, that the per diem costs of short prison sentences are likely to be higher than the published cost of 6 months in prison because the costs associated with the processing of prison admissions are spread over a smaller number of days. It is also likely that the costs of imprisoning women are higher than the costs of imprisoning men because the latter will be associated with greater economies of scale.

7.15 While engaging women with services is likely to deliver a range of economic savings, particularly in terms of reduced drug use and offending behaviour, retaining individuals in treatment is likely to increase these benefits further (Hough et al, 2003; McIvor, 2004). One of the very noticeable issues in relation to 218 was the ability of the service to retain clients and to develop relationships that clearly encouraged women to maintain contact on an ongoing basis.

7.16 A study by Simoens et al (2002: 14) highlights the complexity of attempting to measure treatment and economic effectiveness in interventions with opiate dependent drug users. They point out, however: *“Although there was no strong evidence to support the cost-effectiveness of any particular intervention, cost-benefit studies of treatment pointed towards positive net benefits from intervention.”*

Substance misuse

7.17 The majority of women entering services at 218 said they had been using heroin or heroin had been an issue for them in the past. This was the case for 84% (n=120) women of those who engaged with services in the study period. Other drug use included diazepam (100 women or 70%), alcohol (74 women or 52%), cannabis (85 women or 59%), and cocaine or crack cocaine (67 women or 47%). In addition 57% (82 women) had used other substances

⁵⁷ For which the stated prison sentence would be just over 5 months.

⁵⁸ Equivalent to a sentence of just over 2 months.

such as temazepam, illegal methadone, or solvents. For the 84 clients for whom we were able to record daily cost of substance use, based on their own estimates at their initial assessment, daily cost ranged from £5 - £400. Less expensive use was for people who used alcohol rather than costlier drugs. Average cost per day for clients was £61, with a lower median of £35 per day.⁵⁹ A further 7 women said they were already stable when they engaged with support services at 218.

7.18 One can speculate to some degree about the reduction in more direct costs in terms of drug use. Chapter Four outlined the daily cost of drug use for clients before they entered 218. Each of these clients engaged with the programme at 218; if they reduced or stopped their use of drugs and alcohol in the time they were engaged in services and stabilised on methadone, even for a short period, the reductions in costs would be substantial. For example, the client who said she spent £400 per day on drugs said she funded this entirely through theft. If this client were able to stabilise even for a week, this is an immediate reduction of £2,800 in acquisitive crimes, not to mention costs involved in policing, arrest, prosecution, court costs, legal aid, and indirect costs to victims. Even reduction in the smaller average cost of substance misuse (£61 per day) would result in immediate cost savings of £427 per week. Reduction in the use of alcohol is also likely to have substantial cost benefits: although the cost of alcohol itself is low compared to other drugs, alcohol is more often linked to more serious offending such as violence (Scottish Executive, 2002c). Of the women interviewed, 52 (83%) said their drug use had decreased or stopped (usually the latter) since coming to 218.

7.19 Pagan (2004) found that 87% of the clients she canvassed committed theft to pay for their drug use, while 50% engaged in prostitution and 13% paid for their own use through drug dealing. With up to 74 clients engaged at 218 on a given day, one can surmise the cost benefits would be substantial, even if calculating exact figures is problematic.

Perceptions of an alternative to custody

7.20 Procurators Fiscal were clear that while 218 had the potential to stop women going to prison, they used it as a diversion from *prosecution* rather than as a diversion from *custody*: “*If somebody is likely to be a custody, then they are going to custody*”. Procurators Fiscal may take the decision to divert people from *prosecution*, but ultimately only Sheriffs or Magistrates have the power to divert people from *custody* once the decision to prosecute has been taken. However, diverting women to 218 was viewed as a preventative measure that could avoid the use of custody in the longer term: “*in that sense it is an alternative to custody, but not as an alternative to a custody court or short-term custody remand. It actually is a diversion to give them a chance to get away from the court system altogether. To actually break the link. That’s the way I see it*” (criminal justice professional).

7.21 In the initial stages of the development of 218, some workers noted that courts did not seem to be sending women to 218 *instead* of sending them to prison. There was a general view that initially, the service was taking women who were unlikely to have been facing custody at the point of admission to the service. The impression was that the service was

⁵⁹ These costs are likely to be underestimates, both because clients may be less willing to disclose the full extent of their drug use upon initial assessment, plus average daily cost was taken for each client. For example, clients often gave a range of daily use, such as £70 - £90 per day, in which case daily cost was recorded as £80.

used more in conjunction with penalties such as probation and community service. In saying this, the belief was that women who came to 218 were those who would otherwise have ended up in custody at some point, even if not immediately (see Hedderman, 2004).

7.22 Since 218 has become more embedded as a service, the expectation is that prosecutors and sentencers will have the confidence to start referring more serious offenders and using 218 as a direct alternative to custody. As 218 developed credibility with sentencers and court officials it appeared likely that the service would be used increasingly in this way:

“The availability of supported accommodation and specifically accommodation with in-built support is a valuable resource and is something I would look at carefully to divert someone away from the custodial route.” (Criminal justice professional)

7.23 Staff at 218 believed it was an important resource to the courts in this sense:

“... I think it’s a positive alternative to custody, because I think for the client group that we work with, giving them custodial sentences is not addressing the issue, so it’s a waste of time, because the issue is drug use, and unless you take that out of the equation, then you’re going to continue with the custodial sentences, because it’s not a deterrent on the whole.” (Residential staff member)

As a voluntary disposal, however, 218 was not designed as a secure facility:

“The doors are locked to keep people out, not to keep people in, and anyone who wants to leave has to say ‘I want to leave’, and the door will be unlocked, and they can go whenever they want.” (Residential staff member)

7.24 A further concern from both staff and clients was whether 218 should be used as a direct alternative to custody (see also below):

“... I think a lot of the women who don’t want to be here, or just see it as an easier option than maybe going up to Cornton Vale, don’t do as well. I think their head is in the wrong place, and I think you still put in the same effort and the same work, and you are not maybe getting such a good end result, but that’s not to say these women don’t deserve that opportunity as well. It’s just that maybe they are not ready to look at that.” (Day programme staff member)

Since the Commissioning Group for 218 specified that eligible clients were those “assessed as particularly vulnerable to custody or re-offending” (see Chapter Four) rather than those at *immediate* risk of custody, emphasis on the use of 218 as a *direct* alternative should perhaps be less pronounced as a measure of effectiveness.

Perceptions of Cost-Effectiveness

7.25 Respondents were asked to comment on their views of the service in terms of cost-effectiveness. Very few staff members at 218 felt able to comment on this issue, though most seemed to agree that the service was likely to provide cost-savings in the long term if the support they offered successfully kept women out of the criminal justice system:

“I think if you’re taking the long term view it does work, well, my impression is that it works better than sending them to prison, and I think from that point of view it must be cost effective, because even though it’s probably ridiculously expensive when you look at it for how much you’re spending on an individual and how many staff input you have, if it makes a difference for one or two, then that has to be beneficial, because you’re not going to solve the problem en-masse, you’re not going to be able to take away addiction, you know. You have to start somewhere, and I think it’s worth the cost.” (Residential staff member)

7.26 While acknowledging that the project was still new, staff respondents were optimistic that it would have a positive long-term impact on women who genuinely engaged with the project, both in terms of addiction and offending. In the short term, *“if they’re in here, they can’t be out stealing or... you know, prostituting or breaking into people’s houses...”* (residential staff member). In the longer term, any reduction in offending was viewed as saving money that would otherwise be spent on processing people through the courts, Legal Aid, arrest and imprisonment, and the costs of crime and victimisation in general. The difficulty was that other costs and cost-savings were not always quantifiable:

“... regarding the cost effectiveness, ... it’s a 24/7 service, we’ve got health input ... I know we need to again be accountable for the big aim of reducing the number of women going to Cornton Vale or remand and different things like that, but on a day to day basis we can see the impact on somebody’s life, and that’s what I think ... we’re actually doing more work than we actually are showing people ...” (Day programme staff member)

7.27 Equally, stakeholders viewed 218 as being cost-effective in the longer term, particularly in terms of tackling the causal rather than secondary issues associated with women’s drug use and offending behaviour. But it was also noted that government thinking tended to be short-term and this had to be counter-balanced for a project of this complexity.

7.28 Taken as a whole, however, there was a perception that costs had to be measured widely, and while the service may be perceived as operationally expensive, the alternative in terms of continued offending and drug use would also prove costly in the long-term. As one social worker noted:

“Well, anything good costs, doesn’t it? But then bad things cost too, drug addiction costs, I reckon all the services – the police, health service, childcare services, costs lives. ...I mean I reckon if you tackle the difficulties that people have with addiction then it must be cost effective, if you get even so many people not using the other services then surely it must balance up... Addiction costs the community big style so 218, I would probably say we need more services like that”.

7.29 Criminal justice professionals, in particular, were keen to indicate that reductions in offending (e.g. for shoplifting) on a weekly basis soon multiplied into considerable savings on a yearly basis. Therefore some form of intervention was necessary and would inevitably be costly: *“Give them a chance, take them away from bad influences and occupy their time, it will take a load of resources, it is expensive. I think, generally speaking, without looking at the figures, it’s money well spent”* (Criminal justice professional).

The benefits of 218

7.30 It should be borne in mind that while attention is often focused on the costs of interventions and their alternatives, the reported value of a service such as 218 by the individual women is considerable but practically impossible to quantify. This evaluation has, however, given some indications of the impact of 218 on women's lives and general well-being as referred to in interviews with 218 staff, workers from other agencies and service-users. Other studies have noted the omission of most cost analyses to measure the improvements in the lives of drug users (Godfrey et al., 2004; McIvor et al., forthcoming). Respondents in this evaluation of 218 commented frequently on the improvements they had witnessed and/or experienced in term of physical health, appearance and ability to 'cope'. These outcomes are crucial and worthy of recognition, although they cannot be measured in terms of monetary value.

Potential for reductions in offending

7.31 Findings from other research suggest that the programmes and services provided by 218 are likely to contribute to reductions in offending in the longer term. Godfrey et al. (2004) note in their study that clear economic benefits to treating drug misusers in England could be identified. These economic benefits were largely accounted for by reduced crime and victim costs of crime.

7.32 Drug-related crime in Scotland is likely to be significant. The Scottish Executive's Drugs Action Plan, *Tackling Drugs in Scotland: Protecting our Future* (Scottish Executive, 2000c) notes that 8,500 heroin injectors in Glasgow may be responsible for drug-related thefts estimated at a cost of £200 million.

7.33 The National Treatment Outcome Research Study (NTORS 1996) analysed treatment outcomes for a number of clients who were either in residential or community settings. Although there were recognised difficulties with this data, the study concluded that for every pound spent on drug misuse treatment, there was a return of more than £3 in terms of costs savings associated with lower levels of victim costs of crime and reduced demands upon the criminal justice system. The study pointed out that the total costs savings to society could be even greater than this. This provides a clear example of marginal social benefit exceeding marginal social cost, and indicates that social welfare would be increased by an increasing in expenditure on drug misuse treatment.

7.34 Brand and Price (2000: 38) estimate the average cost per theft (under the category of 'other' which includes theft from the person but not from a shop) to be, on average, £340 per theft. Theft from a shop was estimated to cost around £100 for each incident (*ibid.*: 46), while the average cost per incident of criminal damage offences were £510 for damage against individuals and households and £890 per incident of commercial and public sector criminal damage. No estimated costs were available for fraud and forgery or for drug possession and supply offences due to the complexity of the offence and lack of any reliable information with which to assess individual incidents.

Measuring Effectiveness

7.35 Statistical data were often a poor measure of the individual changes a woman made through her attendance at 218. While reconviction data, for example, is a useful measurement of changes in behaviour, the time-frame of this study meant that such data do not provide any conclusive results at this stage.

7.36 In 2008 complete data could be obtained for 2005 and 2006 and provisional for 2007 which would generate a full one year follow up period and a provisional 2 year follow up for all of the women.⁶⁰ It would also be possible to look at patterns of offending behaviour before and after referral to 218 and to compare this among those who engaged with the service and those who did not, with caveats provided. Offending behaviour could be compared for the 1 or 2 years before 218 referral, with 1 or 2 years after 218 referral.

7.37 Identifying a comparison group would be useful, but there are likely to be challenges in identifying a sufficiently similar group of clients. 218 clients are not all referred by direct court order: many are referred by other agencies such as social work services, and procurators fiscal. In the majority of cases we therefore do not know the offence which led to their 218 referral. By determining what offence the 218 women had committed and narrowing down the comparison sentences we wanted to consider (e.g. only those cases where custodial/community sentences are given), then results for a comparator group would be more useful. However, another difficulty might be that, with increasing use of 218, there must be some reason why women in Glasgow are not being referred there, and to compare these with the 218 women might not be sensible. It might be more useful to look at another urban area e.g. Dundee or Aberdeen and compare with women there who have no access to such a service.

7.38 While evidencing the impact of a service such as 218 is very difficult, respondents were clear that its impact was significant:

"I don't know how you would show it, but just seeing the graduations and knowing that there are people out there going to college, and they are clean and living a crime free life - if there is like 10 of them out there, then it's a success. If you think about the money and the misery that their lives...their previous lives were, and now they are not like that.... And because of this place, it's amazing." (Day programme staff member)

7.39 Staff respondents believed most of the measures were 'soft' measures such as the visible changes in the women who engaged with the services there, participation in 'normal' activities, and basic self-care. Some measures were more quantifiable, such as completions of the various programmes on offer, decreases in drug use and/or the levels of medication prescribed, cessation or reduction in offending, registration with a GP, and placements in stable accommodation. The fact that many of the outcomes for 218 were not immediate criminal justice outcomes were also of concern since funding for the project depends entirely upon criminal justice sources. The frustration was that limiting measures to quantifiable criminal justice outcomes missed the potential contribution 218 made to longer-term crime prevention:

⁶⁰ The standard reconviction follow-up period is 2 years.

“I think in some respects some people think, OK, criminal justice is fantastic, and it is, but if you don’t look at a woman’s problems or issues as a whole like the housing, like the medication, like the health stuff ...you’re never going to get her right out the criminal justice system, you know. That’s really important. So for me it’s ... that she was in hostel accommodation and by the end of SAFE she’s got her own tenancy. Fantastic. But we need to prove that we’re doing that” (Day programme staff member)

7.40 Staff noted that assessments at entry and exit now attempted to measure changes in the clients on measures such as psychological well-being. Recognising the chaos that existed for many of the services’ clients in their daily lives resulted in broad definitions of what constituted an achievement. As one worker noted, in order to gauge success: *“you have to measure it in different ways and I think a lot of it, it depends on the person and for one person it might be that they did have a safe place to be for a little while...” (Housing project worker).*

7.41 A member of staff at 218 described it like this:

“Success I think in this field in general is very difficult to measure. I don’t think you can have a set line and say that... anybody that jumps above that line is successful and anybody that doesn’t, isn’t. Success for any one person, a big success for one person might be the fact that they haven’t actually stuck a needle in their arm for 24 hours. That might be an achievement; that might be a success for someone... Someone whose been on methadone for 10 years and comes in and detoxes off their methadone and goes home and gets a re-hab place and makes it through re-hab, that might be a success, but there’s not a straight line to measure it by. It’s very individual.” (Residential staff member)

7.42 Progress for this client group was something that often had to be measured in small steps:

“... I have been on the day program before, but I have always been that pissed that I couldn’t come in, so I am not now, so like this week I got told ‘try and come in every single day at 11 o’clock’, and I have done that. Whereas, I would never have done that, never, there would have been excuses flung everywhere.... And I have done it this week, every single day at 11 o’clock.”

(interviewer): “That’s a really big deal for you to be able to do that.”

“Aye. And not coming in drunk, trying to just get myself sorted out....” (Exit 40)

Clients noted that evidence of the effectiveness of 218 largely constituted improvements in their physical appearance, health, and well-being. Of the women interviewed, 42 (67%) gave specific examples of direct improvements in their mental/physical health and general wellbeing as a result of attending 218. These improvements included improvements in physical well-being and self-care (ie they were now eating), improved mental health and a cessation in self-harm or suicide attempts). Such evidence of effectiveness was in abundance, although often anecdotal: *“... 218 saved my life. It really saved my life, because I don’t think I would be here anymore...” (Exit 24).*

7.43 Staff reported that incidents of self-harm and attempted suicide were much lower than they had anticipated. However, 218 had no formal system of recording such incidents during

this research other than recording them in individual case files. Unlike Prison Service establishments, 218 was not required to file official 'incident report' forms on such occasions, though staff are now looking at developing a more formal means of collation. Incidents of self-harm and attempted suicide were managed very differently at 218 than they were in establishments such as prisons: self-harm was recognised as a coping technique, and project workers and community psychiatric nurses worked with women on behavioural harm reduction techniques⁶¹ rather than attempting to create an artificially risk-free environment.

7.44 As Zander et al. (2005) have indicated, individuals need to engage with services that recognise their personal and social circumstances in order to prevent drug-related deaths. This is something that 218 is perceived as doing exceptionally well:

"I feel like it has [worked].... I couldn't have asked for more help, they have done everything I came in and asked them. I wanted to put more weight on, I have done it, I wanted my tenancy, I have got it, I wanted to be stable, I am." (Exit 20)

7.45 The examples continue. One woman said she had no memory of entering a shop with money in her pocket for conventional purchases such as magazines or sweets before (she had usually only entered shops to shoplift and used her money for drugs), and that this was a very good feeling. A previously chaotic user of heroin and cocaine had stabilised on methadone, reduced to 20ml at the time of interview. Others said they had purchased clothes for themselves for the first time, had left abusive relationships, or had stopped working the streets.

7.46 When asked whether 218 had addressed their needs, clients were universally positive:

"Everything as required... has been there." (Exit 47)

However, clients seemed realistic about their futures:

"... if you really think about it, people can be doing whatever they're doing for years and years in their life and it really doesn't take 3 months just to fix it all out." (Exit 7)

"218 has saved my life and I am grateful. I have got my wain back, but like I was saying I have still got a lot of issues when I get out of here. It's not going to be [easy]...it's a day at a time." (Exit 41)

Staff too tried to be fairly realistic about what they could achieve:

"At the moment I think that maybe we are trying to be all things to all women, and I don't think that we can be. Currently I think that's how we are operating, and I think that's just about the fact that the staff care, the staff want to try and do stuff, and sometimes you get caught up in that 'do' kind of philosophy, you know, 'I have to do something', when maybe the best thing is sometimes not to do something." (Residential staff member)

⁶¹ i.e. using ice to cause pain without harm, or slashing clothing rather than themselves.

7.47 Like the clients and staff, representatives from external agencies emphasised that dealing with the root causes of offending and addiction is a long-term process and was much more effective than imprisoning someone:

“I think it does seem to be accepted that the first thing to go is your offending, and then we will try and work on your drug use” (health team).

“I think it [success] would be a reduction in offending, an improvement in their lives, improvement in their health and maybe going into the mainstream and living normal lives. (...) I don’t think you can look at it in the short term and say, ‘that’s great, then turn around and ten minutes later it could all change again” (criminal justice professional).

7.48 218 was seen as particularly appropriate, given the opportunities it made available for women who were committing petty offences and who were likely to face custody as a result of accumulated, rather than serious, offending. Gelsthorpe and Morris (2002), for instance, have suggested that it was the increasing use of imprisonment for petty persistent female offenders that helped explain the major increases in the number of women sent to prison in England and Wales since the early 1990s (see also Tchaikovsky, 2000; Home Office, 2004b).

7.49 Interviewees acknowledged that a woman’s receptiveness to 218 often depended on her current situation and her ability to utilise the services on offer. Nevertheless 218 was seen to offer something unique that women could potentially use to make significant changes in their lives:

“218 opens doors for people, but at the end of the day, they have to want to change. It gives stability to women whose lives are totally chaotic” (criminal justice respondent).

“If women aren’t coming back into the criminal justice system, not going back to jail, the courts etc that is success. Many women are very damaged when they get to the stage of being on orders. I’m not sure you can fix that, or it is fixable, so it is about helping people develop coping skills, get a normal life, be as stable as they can be” (criminal justice respondent).

7.50 Towards the end of this research, Turning Point Scotland conducted an internal review of services at 218 using the standardised IMPAQT scale, developed in collaboration with Turning Point England and referenced to National Care Standards, the EFQM Excellence Model, and Investors in People. This review also found the biggest problem at 218 to be the lack of meaningful measurements of its activities and outcomes beyond anecdotal evidence and feedback. Like our research, however, a survey of service users revealed overwhelmingly positive responses of 100% agreement that staff listened to them and respected them; 100% belief from clients in the day programme that they were fully involved in their care plan and that 218 had helped them reach their goals; and 75% agreement from clients in the residential unit that they felt better since engaging in services at 218.

7.51 Respondents acknowledged that creative measurements were required to address the effectiveness of the unique impact of a service such as 218, and the gender dimensions were also acknowledged as crucial in examining successful outcomes: *“the criminal justice system is so male, and so structured. If you impose these outcome measures on women, they don’t fit” (criminal justice professional).*

“I guess when you look at methadone or look at drug misuse treatment at all, it’s very, very difficult to measure and you’re looking at reduced morbidity and reduced mortality and retention rates and you know, surely it’s effective if that girl was in complete chaos and she came in for two weeks and survived that and felt better, but you can’t measure that”. (health provider)

7.52 Measuring success can be done, to some extent, by looking at different aspects of a woman’s life and charting any direct improvement, but this requires clear systems for monitoring change in terms of reductions in drug and alcohol use, offending behaviour and developing the ability to form healthy relationships:

“If nothing else the offending has minimised to a large degree as has their substance use. They are predominantly stable and other aspects of their life, which has an impact on the family, so from what they say, it’s got an effect certainly for the individual and for the immediate family. From our point of view, yeah, we can show it as a definite sort of service that has been worthwhile and does work.” (health team member)

7.53 Not all clients will persevere in a drug and crime-free life after leaving 218, nor will all even manage to do so before their contact ends. This does not however mean that a service such as 218 is not worthwhile:

“... we become complacent as workers, because we think we haven’t achieved that much, but I think in respect of what these clients have been through, they have achieved a huge amount.” (Day programme staff member)

Relapse

7.54 As in most areas of drug work, relapse is viewed as a regular occurrence and indeed forms a part of the recovery process for some individuals. Because of this, workers indicated relapse had to be considered when measuring success:

“There’s some clients who I see who do all the right things, go through the motions then go right back out into their old ways, but the fact is, and for a few of them, I’ve noticed when they come back, they’re not right back to square one...they have learned some skills even though they chose not to use them...every time they come back they are a bit stronger and a bit more knowledgeable and they are moving their lifestyle on. I know it’s not to say ‘yes, we are always here’ so to speak, but I think if they fall off the track they can come back here if they want to re-engage with us.” (Health team member)

7.55 As noted above in measuring effectiveness of a service like 218, staff were very clear that progress must often be made in small steps, and that relapse is likely to be part of this. Importantly, ‘relapse’ did not necessarily equate with ‘failure’ and could provide the opportunity for clients to develop coping mechanisms in the longer term. A number of clients in the ‘intensive’ sample we interviewed had been to 218 previously. This meant we were able to explore why people relapse. Each case was slightly different, but general themes were evident. Personal crises often triggered relapse:

“... I mean ... everybody’s got the best intentions, going to do this and going to do that, but all it takes is for one thing to knock you off, and you start taking a nosedive. [I managed to be stable on methadone for 2 and a half years, but] ... after my brother died ... things started going wrong. So all it takes is just one thing to knock you off balance.” (Exit 45)

Others believed they had not been ready to stop their drug use, while others outlined problems they had experienced moving on to community-based services and supports:

“I stayed clean for 5 months, and then I got struck off my methadone. I was collecting my script, and they didn’t give me it.... So I started using again....” (Exit 20)

7.56 Interestingly none of the women interviewed blamed 218 for their relapse, nor did they believe the staff at 218 could have done anything to prevent it or to support them more than they had. A number of clients commented that relapse was to some degree a learning experience – that perhaps they *“needed to fall to get back up again”* (Follow-Up 7) and that they were much more cautious afterwards, now recognising the danger of complacency after a long period of stability. Equally all the women appreciated the supportive and non-judgmental response from staff at 218 once they chose to return:

“I was quite nervous actually coming back in the second time.... But I think it’s just the fact that you are kind of admitting that you have started slipping, do you know what I mean? Kind of denial to begin with so...but the second I came in the door, that was it, I was alright, so I was like ‘god I have been nervous for nothing’.” (Follow-Up 9)

As women engaged with the service, they were more likely to attend appointments and to access services that they may not have done previously (e.g. reproductive health, nutrition), obviously with preventative costs in the longer term.

Longer-term impact

7.57 Many respondents acknowledged the need to consider the longer-term benefits that 218 could provide to the women who engaged with the service. One respondent, when asked to consider what the main impact of this service was likely to be, commented: *“The potential really to improve the social implications and aspects of their life and their health issues, and it’s got quite a kind of long-term, I mean it’s not a kind of short fix...”* (Health provider).

7.58 Staff at 218 mirrored this view, saying that longer-term impact depended on the extent to which they truly had the opportunity to address ‘root causes’. Referrals to other agencies clients may not have used before and continuing support through 218 and through organisations such as Alcoholics and Narcotics Anonymous assisted them in this. Staff commented that for some clients, longer-term impact could be in the form of very basic stability, such as: *“putting on weight and getting proper sleep, re-building their sleep pattern, things like that”* (residential staff member). While such developments may appear minor, they were considered crucial in helping women get their lives back together.

7.59 Staff said they had already seen longer-term benefits in some of the clients who had been through 218, including cessation of offending and drug use and engagement in college

courses or employment. For others, lasting change was likely to take longer, but staff believed this was to be expected:

“... it’s like chipping away, it’s just a wee tap, tap, chipping away and chipping away and hoping that somewhere along the line there’s going to be enough to say ‘right, maybe I do deserve something a wee bit better’.” (Residential staff member)

7.60 Considering the overwhelmingly positive response from clients about the effectiveness of the service overall, we questioned whether they believed the impact of 218 would last beyond their time there and beyond the ‘euphoria’ of new-found stability. Clients were still fairly optimistic in this regard:

“I think it will [help in the longer term]. Obviously I could probably have a lapse, because everybody could go through a bad time in their life, because I used to think I wasn’t good enough to lead a good life, and I didn’t think I could do it.... I think this time it will [work]. You have got to want to do it and I do, I want to do it.” (Exit 19)

Passing it on

7.61 Another qualitative measure of the effectiveness of 218 was whether clients were willing to recommend the services to others. Without exception clients said they would do so, and many had already done so: *“... it’s the best thing that ever happened to me” (Exit 15)*. We then asked whether they believed the programme was suitable for everyone. Here, the same dichotomy arose in that the service was appropriate for those who were motivated to take part in it, but less so for those who were ‘there for the wrong reasons’, namely those sent by court order:

“I think that should be something that they check out a bit more ... that people are actually wanting to be here ... if they’re just here because of the [court] ... because they’re wasting a lot of money and resources on people that aren’t interested in using them. And somebody else could have the place that is serious about coming off drugs like that.” (Exit 46)

7.62 In saying this, a significant minority of clients believed everyone should at least be offered the opportunity to attend and that even people who originally attended the service reluctantly often benefited from it:

“You see the people that are here on court orders, you can see they are trying. They don’t want to be here at first, but I mean, say after about 2 weeks, they want an extension, and they want to do well. They are really keen on seeing out the program....” (Exit 42)

Moving On

7.63 To judge from the comments of the staff themselves, the ability for women to move on from the services at 218 often ‘makes or breaks’ the impact it has had on them. This is where the ‘other’ services – those not directly related to criminal justice – come to the fore even more clearly:

“... it always seems to me women reach a certain point where they have looked at these things, they are doing what social work want, they do what the government wants, they are looking at the root causes, they get clean, they stop offending, but they are still in shabby accommodation, they still carry a Section 46 on their record, which prevents them going for a job.” (Day programme staff member)

7.64 Respondents noted that new initiatives are constantly being developed and services created. However there can often be problems due to a lack of connection or interlinking between agencies. For women to be able to maintain the progress made at 218, there has to be consistency and continuity when women move on; going back to their communities requires that they be linked into mainstream services, which is problematic if there are insufficient resources. It was noted that there has been an emphasis on crisis intervention for services in Glasgow, but it was just as important that resources were available for preventative and follow-on services.

7.65 Respondents in strategic positions and from community-based agencies continually reinforced that preventative and follow-on services were necessary for longer term success. There was perceived to be an identifiable need for co-ordination to ensure a number of services weren't trying to do the same thing (overlapping resources), and a strategic overview was required to ensure there were no gaps in service provision. The absence of a Steering/Monitoring Group for much of the development of 218 has clearly been problematic. It was viewed as necessary for feeding into local partnerships and resources and into decision-making resources in other arenas.

7.66 As outlined in previous chapters, the importance of appropriate accommodation, and follow on support were considered extremely important:

“I am still waiting to be allocated a worker. It's been a nightmare trying to get one. I mean I saw them about 4 weeks ago, and they said I would get allocated somebody the following week. I am still waiting, I mean the staff have been phoning every day, and they keep saying they will phone back, and then they don't, because I really wanted to have that place before I went out.” (Exit 16)

Clients were very positive about the difference a supportive doctor could make to their continued recovery. For the most part clients believed they were ready to move on from 218 when the time came, not least because appropriate supports had been put in place, and because of the reassurance that they could always return if they needed to:

“... I know that any time, day or night, I can phone here, or I can come down here, and I would be all right, you know, that way.” (Focus group 2)

7.67 Staff worked hard to ensure that adequate supports were in place before clients left the service:

“We wouldn't put somebody back out into the community if they were struggling, you know. It's only if we believe they could actually do it. So it's just about reassuring them that it is positive, and that they are doing well and they can do it.” (Day programme staff member)

Support workers assist clients in making links with supports outside 218 in terms of setting up appointments and accompanying clients to these. It was suggested that this type of 'outreach' could be developed further within 218 and that better use could be made of external project workers.

Developing 218 elsewhere

7.68 Ensuring links with outside services were available to clients upon leaving 218 was more difficult where clients came from outside Glasgow. 218 was designed to cater for clients in the Glasgow area specifically so they could be linked back into community-based services. However, referrals have included clients from Edinburgh, Stirling, Aberdeen, and the Shetland Islands.

7.69 Respondents, particularly those from other agencies, indicated that services such as 218 were needed throughout Scotland. They also stressed that difficulties faced by women are compounded by the lack of appropriate residential rehabilitation facilities capable of meeting the needs of women. It was acknowledged, however, that one difficulty in attempting to provide similar services elsewhere was due to the fact that other cities did not have the same services in place as Glasgow (particularly in comparison to the Routes Out SIP and the services developed through this Partnership). Similarly it was suggested that other areas did not tend to have the same volume or type of drug problems either. Nevertheless, the positive responses to the woman focussed service provided by 218 clearly illustrates the significance of developing gender-sensitive services elsewhere, within a multi-agency context where appropriate.

7.70 The individual skills of many of the workers at 218 and the expertise they had developed through previous resources was perceived to be something which would make the service difficult to replicate elsewhere. However, it was noted that other services in Glasgow had started to follow the lead of 218 in developing their services and making them more 'user-friendly' for women.

Summary

7.71 Effectiveness of a programme like 218 is often difficult to measure in quantifiable terms. Even where this may be possible, statistics on sentencing patterns and criminal justice outcomes were not available for this analysis and will not be available until the summer of 2006 at the earliest, since the standard follow-up period for reconviction is 2 years. Statistical evidence of any impact on sentencing patterns has thus far been inconclusive. Interviews with sentencers and prosecutors have, however, shown that they make use of 218 and value it as a resource. The interviews and statistics cannot say for certain whether the women referred to 218 would otherwise have ended up in custody in the short or long term; what they do say is that women who have engaged in services at 218 have been actively involved in offending and that they fit the profile of female offenders in prison.

7.72 Cost-effectiveness is impossible to assess at this stage in the absence of measurable outcomes. In terms of costs comparisons, however, we **can** determine that the average cost per engagement at 218 (£7,701), equals the cost of 2.6 months in prison. The average length of stay at 218 was 2.6 months, but this is based on those cases where complete information

was available. Data from project records on the length of time spent at the project was missing or incomplete for just over half of the women, often because they were still engaged with the project. It is also clear from this evaluation and other previous research that there are numerous benefits associated with the range and level of services provided at 218 which are not offered over the course of short-term custodial sentences. However, limiting measurements to quantifiable and immediate criminal justice outcomes misses the contribution 218 is likely to make to longer-term crime prevention. As this evaluation has shown, women who used the services available at 218 identified significant decreases in drug and/or alcohol use (83%), improvements in their health and well-being (67%), access to stable accommodation and referrals to longer-term support services. Other research suggests that the programmes and services offered by 218 will contribute to reductions in offending over the longer-term. In terms of the current research, most support for the effectiveness of 218 comes from 'testimonies' of clients, staff, and stakeholders. Such feedback was almost universally positive.

CHAPTER EIGHT CONCLUSIONS

8.1 A number of key themes are evident from this evaluation. This chapter discusses each in turn.

8.2 218 was set up to address the root causes of women's offending, and in so doing, to reduce the number of women from Glasgow who end up in custody. It was designed to do this through a series of sequential programmes, each of which addressed the needs of female offenders at various stages in their progress through 218.

8.3 218 offers both residential and community-based support through 3 distinct programmes designed both to address immediate needs and, alongside this, root causes of offending. The intended outcome is prevention of reoffending, but this is done by focusing on non-criminal justice issues such as addiction, physical and emotional health, housing, budgeting, and relationships. Although these issues appear to form indirect pathways to crime, both interventions and benefits extend well beyond the criminal justice arena. Clients take an active role in their own care plan and may return to 218 for further assessment and repeat programmes where necessary. Clients actively praised the regime at 218 and believed it addressed their needs. Staff also believed the support at 218 was appropriate and that its strength lay in the emphasis on quality relationships with clients.

Evaluation of a developing service

8.4 As a new service, 218 went through an initial planning phase to develop the services it would offer as well as methods for monitoring these services. In practice, the services offered were not 'cast in stone' from the first day 218 accepted clients; rather, services evolved to meet the needs of the clients more directly and as various means of service delivery were tried and tested. Equally, methods of monitoring the services had to change, both as the services changed and as the methods themselves proved more or less effective at gathering the appropriate information.

8.5 This mode of practice is ideal for a new service attempting to meet the needs of a vulnerable client group. It is not, however, conducive to meaningful evaluation in the short term. The evaluation presented here has looked to some degree at a 'moving target'. We have presented the evaluation in such a way as to reflect the changing nature of the service, ideally so that similar services may benefit from 218's experience. As Bloom et al. (2003: 89-90) have noted in relation to such innovative services:

"Ideally, outcome measures used in evaluations should be tied to a program's mission, goals and objectives. Also, outcome measures should go beyond traditional recidivism measures to assess the impact of specific program attributes on pathways to female criminality".

218 as an alternative to custody

8.6 218 was designed as a criminal justice resource and is funded entirely through criminal justice budgets. As such, the emphasis from funders has been the extent to which 218 is used by criminal justice agencies to prevent reoffending and to reduce the population of women (from Glasgow in the first instance) at HMP and YOI Cornton Vale.

8.7 To some extent the emphasis on reducing the population at Cornton Vale contrasts with the initial criteria for eligibility to the service defined by the Commissioning Group for 218. Again, these criteria were:

- Women offenders 18 years old or more with involvement in the criminal justice system;
- Women assessed as particularly vulnerable to custody or re-offending; and
- Women who may have a substance misuse problem.

8.8 It is useful to return to the source material for the origins of 218. The joint Inspectorates' report, *Women Offenders – A Safer Way*, called for a dramatic reduction in the population of women in prison in Scotland. The Inter-Agency Forum on Women's Offending that followed *A Safer Way* echoed this, as did the subsequent Ministerial Working Group's report, *A Better Way*. However, the reports equally emphasised that women's offending was strongly linked with the 'three A's' – Addiction, Anxiety and other forms of psychological distress, and past or current Abuse, all of which in turn were rooted in women's experience of poverty. Each report notes that offending will only be averted once these basic root causes are addressed. The 'Time Out' Centre (now 218) proposed by the Inter-Agency Forum and taken forward by the Ministerial Working Group never claimed its existence would make an immediate impact on the prison population, though it was likely to have an impact in the longer term, particularly where more persistent offenders could be removed from the system. Where referrals can be for women who would otherwise go directly to custody, all the better – but this was never intended to be the sole remit of services at 218.

Referrals to 218

8.9 Women were referred to 218 from a variety of sources. While many did not come directly from criminal justice agencies, they were almost always related to criminal justice in some way. Women often needed to be referred a number of times before they engaged in the service. The assessment process was designed to distinguish between those who were ready to engage and those who were not. The women referred to 218 were clearly involved in the criminal justice system, and all were clearly vulnerable women at risk of harm to themselves, and to others through their offending behaviour.

8.10 Initial referrals from 218 reflect the wider remit of longer-term diversion from custody. Stakeholders often mentioned referring women who were 'on the path' to custody rather than at immediate risk. Women who referred themselves to 218 often defined themselves in this way too or, more often, believed they were likely to die without some sort of meaningful help. The later increase in referrals from sentencers meant that 218 was more likely to make a direct impact on the prison population, at least in the short term. The

drawback here was that clients referred in this context were perceived as less likely to be at 218 for the 'right reasons' and that they may not benefit from the service as readily.

Structural issues

8.11 Awareness of 218 initially seemed limited amongst agencies that should have a keen interest in the programmes there. This improved over time, and 218 had made active attempts to inform key agencies and services of their work. The 218 Centre was also an ambitious attempt to link services across a number of areas. An important barrier was the lack of an inter-agency monitoring group to assist 218 in its links with other agencies and services. Such a group only came into existence after a year and a half of operations at 218 and had yet to develop an active role.

8.12 Creating a 'one-stop shop' to address the needs of female offenders is an ambitious prospect and not without its difficulties. 218 has integrated a range of services under one roof and developed links with a range of additional services throughout Glasgow and, in some cases, in other parts of Scotland. Not surprisingly the interplay between services has had some initial difficulties, primarily in terms of relations between staff employed by Turning Point and those employed by the NHS. Relations were very good in general, but lines of accountability and ultimate responsibility for the various members of staff was blurred. Expected outputs and outcomes also needed to be defined. Clients did not perceive any detrimental effect on the service, but some staff tended to struggle and ultimately to become disillusioned with the way the service was run and their role in it.

8.13 The lack of a Monitoring Group to carry forward the work of the Commissioning Group is clearly part of this problem. Disagreements about the structure of 218 remained entrenched with no overarching authority there to clarify the terms of operation. Further effects of the absence of a Monitoring Group, combined with the initial structural problems within the Council, was the difficulty in ensuring outside agencies were aware of and complied with operational agreements with 218. A classic example of this was police entering the residential unit to arrest clients, in breach of agreed protocols between 218 and Strathclyde Police⁶². On occasion, old warrants were enforced on clients who were engaged in or had successfully completed programmes at 218. Respondents suggested that improved communication between 218 and relevant decision makers such as the police, prosecutors, and courts regarding clients' progress would be useful in such instances (see also Over 21s Visiting Committee, 2005). While decisions on the enforcements of warrants are dealt with on a case by case basis, returning a woman who is making good progress at 218 to custody, for a warrant that existed but had not been served prior to her participation in 218, is likely to detract from the potential benefits of 218 interventions. Equally, respondents queried the benefits of sentencing a woman to custody for charges that were pending during her time at 218 or, arguably, that may have been incurred during a period of relapse (depending of course on the circumstances of the offences) where her participation was otherwise showing positive changes in her behaviour.

8.14 Finally, the broader context of services available throughout Glasgow must be taken into account in the evaluation of 218. Clients invariably had to move on from 218 to other services, and for the most part this was possible. The availability of appropriate housing was

⁶² Although this difficulty was eventually addressed by management within the two agencies.

the main exception to this. Housing in itself was not necessarily a problem, but appropriate, safe housing for vulnerable clients who may previously have been unable to retain a tenancy or who were 'voluntarily homeless' was more difficult. Finding appropriate housing at the time it was needed could also be a problem, especially as this often had to be arranged at fairly short notice. Co-ordinating housing with community-based prescriptions and addiction support added another facet. Structural problems such as the use of project workers rather than designated outreach staff or external case workers to make such links also hampered attempts to link clients with resources outside. The ability for 218 to find suitable resources for clients to move on to, especially in terms of housing, could arguably 'make or break' their successful recovery from addiction and offending. Problems were not due to lack of good will or lack of resources so much as ensuring appropriate provision was available where and when it was needed, often at fairly short notice.

Measuring effectiveness

8.15 Reliable quantitative information to measure the impact 218 has on its clients is remarkably difficult to find. Even where figures are available, for example figures for the number of receptions into custody for women from the Glasgow area, it is not safe to attribute any changes in these figures specifically to the existence or otherwise of 218. What we can say is that, in individual cases, 218 has been used as a diversion from prosecution, for deferred sentence, and for direct bail, and as a condition of probation. Many of these approaches have successfully prevented female offenders from entering custody, at least in the short term.

8.16 The database now in place at 218 should make analysis of client characteristics and progress there (including criminal justice outcomes) dramatically easier to complete. The proposed standardised and validated assessment tools should also make this process both easier and more meaningful. Analyses using these resources would be sensible to conduct in the first instance after the database and assessment tools have been in operation for at least six months to a year - in other words, by spring 2006 at the earliest.

8.17 For the most part we cannot say whether the clients who engage with services at 218 would otherwise have ended up in Cornton Vale. What we can say is that they have previously been in custody and that the lifestyles and overall characteristics of these women are the same as those who do end up in prison. Women who continue along the path of addiction and offending are likely to end up in custody if they fail to receive some sort of support (Malloch, 2004). Often these are frequent and fairly short periods of custody, less due to the seriousness of a woman's offending than due to her failure to appear in court or to comply with community-based penalties (see for example Loucks, 2004; McIvor, 2004).

8.18 Most importantly, we can say that clients, staff, and key stakeholders overwhelmingly supported the work of 218 and, even where there were criticisms, believed these were not insurmountable.

8.19 The effectiveness of a programme like 218 is difficult to measure in quantifiable terms. Even where this may be possible, statistics on sentencing patterns and criminal justice outcomes are not yet available. Statistical evidence for any impact on sentencing patterns has thus far been inconclusive. Interviews with sentencers and prosecutors, however, show that

they make use of 218 and value it as a resource. The interviews and statistics cannot say for certain whether the women referred to 218 would otherwise have ended up in custody in the short or long term; what they do say is that women who have engaged in services at 218 have been actively involved in offending and that they fit the profile of female offenders in prison. Similarly, it is too early in the operation of 218 to obtain meaningful data on reconviction rates, with the standard follow-up period being 2 years. Nevertheless, evidence from other studies has illustrated the correlation between engagement with services and reductions in re-offending.

8.20 Costs are equally difficult to assess as analyses of cost-effectiveness are based on crimes we assume have been prevented through a client's participation in 218 - in other words, based on what the client *might* have done. This evaluation has compared the costs of 218, as far as possible, to the cost of alternative options such as imprisonment and the longer-term savings that might accrue for any resulting reductions in offending that are achieved. The resources available at 218 have the potential to impact on many areas of a clients life and accordingly, it is crucial that wherever possible, the cost-benefits of preventative health care are considered while also acknowledging the unquantifiable benefits (such as improvements in appearance, coping ability and self-esteem). Most support for the effectiveness of 218 comes from 'testimonies' of clients, staff, and stakeholders. Such feedback was almost universally positive.

8.21 218 has developed a model of intervention based on a recognition of the needs of women in the criminal justice system, which attempts to respond to those needs and in doing so, tackles the root causes of offending behaviour.

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ANNEX ONE

Assessments of women referred to 218

All females in court for fresh charges are interviewed automatically by members of the Assessment Team at 218. The **court assessment** collects basic information including:

- Basic demographics;
- Information about any children and their carers;
- Contacts with other services;
- Current use of drugs and alcohol, and how she is funding this;
- Why she is in court, any current criminal justice orders and disposals; and
- Current accommodation and whether she feels this is safe.

Very briefly, the court assessment also looks at physical, mental, and emotional health and benefits. The assessor then summarises the level of need and asks the woman whether she is interested in making contact with 218.

Women who are referred to 218 or who are interviewed at the courts must go through three further assessments before they are accepted into a programme there. These assessments are not only to collect information on a woman's needs and appropriateness for the service, but also to test her motivation to attend the service; if she is able to appear for the requisite three assessments, she is more likely to turn up for the programme as well.

At the time of this research, the **first assessment** covered the following:

- Basic demographic details and contact information;
- Substance use
 - Severity Index (Scotland) (Asi-Lite) (Wilson et al.)
 - Fast Alcohol Screening Test (FAST) (Hodgson et al. 2002);
- Motivation for participating in 218; and
- Offending history and previous contacts with the CJS and Children's Panel.

The **second assessment** was conducted entirely by the District Nurse. This included:

- Detailed medical history;
- Physical examination;
- Physical and mental health (Avon Mental Health Measure); and
- Psychological functioning.

Finally, the **third assessment** consisted of:

- Goals for their time on the programme;
- Any personal circumstances, including care arrangements for children;
- Current accommodation;
- Employment and benefits;
- Life skills;
- Clinical assessment of life skills and access issues (Avon Mental Health Measure);
- Checklist of any prescribing; and
- Checklist of information given to the client about the programme.

Once the client has completed the assessments and has decided to take part in a programme, each programme has a final and very brief **check-in assessment** to ensure clients understand the policies and procedures that apply to them and whether they agree to these.

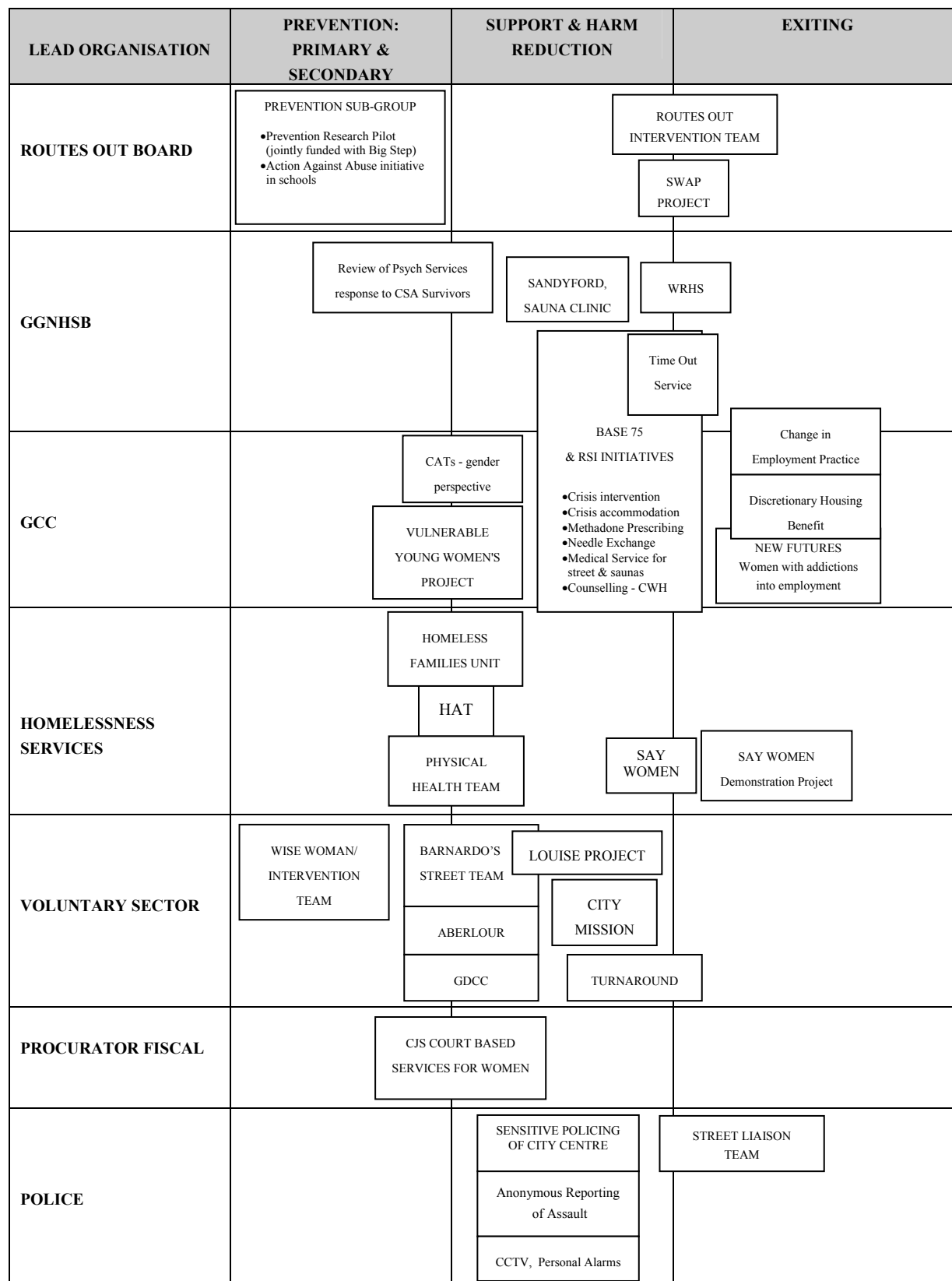
Once a client takes part in a programme, she is subject to regular reviews of her progress. Part of these reviews is a **Service Outcome Check**, which consists of stages or targets women are expected to reach before they may progress to the next level of service. Each programme – Safe, Connections, and Loss – sets specific outcomes for the women. The issues with stated outcomes include the following:

- Criminal justice issues;
- Substance misuse;
- Offending;
- Benefits;
- Accommodation;
- Relationships;
- Physical health;
- Emotional health; and
- Mental health.

The decision to move a client forward to the next stage or to keep her in a more basic programme is based on her progress towards these outcome measures.

Annex Two

WOMEN IN PROSTITUTION IN GLASGOW - NATURE OF THE RESPONSE



S:SIPROOP/Doc for H&H Group (updated 5th November 2002)

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