

September 2016



CLINKS
RESPONSE

Clinks' response to the consultation on *Women in the Criminal Justice System in London: A Health Strategy*

About Clinks

Clinks is the national infrastructure organisation supporting voluntary sector organisations working with offenders and their families. Our aim is to ensure the sector and those with whom it works are informed and engaged in order to transform the lives of offenders and their communities. We do this by providing specialist information and support, with a particular focus on smaller voluntary sector organisations, to inform them about changes in policy and commissioning, to help them build effective partnerships and provide innovative services that respond directly to the needs of their users.

We are a membership organisation with over 500 voluntary sector members including the sector's largest providers as well as its smallest, and our wider national network reaches 4,000 voluntary sector contacts. Overall, through our weekly e-bulletin Light Lunch and our social media activity, we are in contact with over 15,000 individuals and agencies with an interest in the Criminal Justice System (CJS) and the role of the voluntary sector in the resettlement and rehabilitation of offenders.

Clinks is a joint partner, with Nacro and Family Lives, in the Health and Care Voluntary Sector Strategic Partner Programme, funded by the Department of Health, NHS England and Public Health England. The Programme brings the power of the voluntary sector with the health and care system, to work together for better health and care for all.

About this response

Clinks welcomes this consultation from the NHS London Health in Justice and Other Vulnerable Adults Clinical Network on their strategy for women in the Criminal Justice System in London.¹ Our response is based on Clinks' existing knowledge combined with intelligence gathered from prior research and engagement with our members, including our *Who Cares*² report, which explores the experience of services supporting women in contact with the CJS.

CLINKS

supporting voluntary organisations that
work with offenders and their families

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Our response

Q1 & 2 / Do you agree with this draft health strategy? What aspects do you support?

Clinks welcomes this strategy for strengthening health services for women in the Criminal Justice System in London and agrees with the overall intentions and direction of travel.

Importance of continuity of care

We support the underlying logic for change outlined in this document. As women in contact with the CJS are likely to experience various transition points between the community and custody which can disrupt their access to health care services, we would particularly highlight the importance of continuity of care and prevention, as demonstrated in the consultation document, for improving health outcomes for this group.

Transforming Rehabilitation is the Government programme for the management of people in contact with the CJS in England and Wales. The reforms have replaced the previous 35 individual Probation Trusts with a single National Probation Service responsible for the management of those deemed to be high-risk, and 21 Community Rehabilitation Companies (CRCs) responsible for the management of low to medium risk people. The reforms sought to "introduce a fundamental change to the way we organise the prison estate, in order to put in place an unprecedented nationwide 'through the prison gate' resettlement service, meaning most offenders are given continuous support by one provider from custody into the community."³

Recent reports, including those by the HM Inspectorate of Probation⁴ and the National Audit Office,⁵ have found that through the gate resettlement services vary greatly and in many areas are not yet operating as intended, leaving some women without the support they need at the time of release from prison. These findings were echoed in Clinks' recent report *Change and Challenge*.⁶ The report was based on research, undertaken in partnership with the NCVO and the Third Sector Research Centre, into the voluntary sector's involvement in Transforming Rehabilitation. It is imperative that all through the gate services are fully engaged in implementing this strategy to ensure that women receive appropriate continuity of care.

We also strongly agree that delivering this strategy will require greater connectedness across the whole system. This is especially relevant given that the majority of women in contact with the CJS will never receive a prison sentence. Better partnership working with both commissioners and providers of services in the community will be crucial to achieving the desired outcomes.

Building resilience and self-confidence

We welcome the focus on building women's resilience, self-confidence and ability to manage their own health. Recent research has shown that building resilience is key to the process of women's desistance from crime⁷ and practitioner approaches that nurture safety, empower women and offer choice are vital in enabling this to happen.

It is also essential that women receive a gender sensitive response, as recognised in the strategy. A gender specific response can include access to a women-only space, as highlighted in case studies of The Nelson Trust Women's Centres⁸ and Anawim Women's Centre.⁹ This is important for many women as it enables them to feel safe and therefore able to meaningfully engage with services.

Q3. What parts do you not support and why?

The strategy highlights the intention to establish primary care and mental health outreach services through the new women's hubs that the London CRC has proposed to develop. Although Clinks supports this intention, it is unclear what the timeline for implementation is. We recommend that in order to prevent delays, the London Health in Justice and Other Vulnerable Adults Strategic Clinical Network seek to develop outreach services in partnership with existing services, rather than waiting for the new CRC hubs to be established.

Many voluntary sector organisations, such as homeless services, women's centres or community centres, already provide valuable services to vulnerable women in London. Offering outreach services in a setting where women feel safe and have established trust with staff and volunteers may make it easier for them to engage with health care services. London Voluntary Service Council (LVSC) operate a London-wide Safer Future Communities network of voluntary sector organisations with an interest in criminal justice, crime prevention and/or community safety issues.¹⁰ LVSC may be able to assist the London Health in Justice and Other Vulnerable Adults Strategic Clinical Network in identifying suitable partner organisations. Alternatively, Clinks' online Directory of Offender Services¹¹ includes over 50 voluntary sector organisations working with women in London.

Q4. What could be improved?

Partnership working with the voluntary sector

The voluntary sector are embedded in their local communities and are key partners in supporting women in contact with the CJS. They have considerable expertise in providing holistic, gender-specific services – as recognised in the section titled Effective partnership working between providers, on page 14 of the consultation document. Voluntary sector organisations have substantial knowledge and expertise about the local communities they work in, the service users they work with and the strategies needed to meet their service users' needs. It will therefore be important to include the voluntary sector as full, strategic partners in order to achieve the ambitions of this strategy.

Clinks' reports, *More than a Provider*¹² and *Who Cares?*¹³ demonstrate the value the voluntary sector can bring to supporting women in contact with the CJS and the importance of involving them and their service users at all stages of the commissioning cycle. We recommend that the proposals for strategic action are strengthened by including explicit reference to the role of the voluntary sector and the need for them to be involved as equal, strategic partners, alongside statutory providers of health services.

In addition, we welcome the intention expressed in the strategic action on health promotion to commission specialist interventions from voluntary sector providers. We would recommend however, that grants are considered and used where appropriate to fund these services, rather than relying solely on subcontracting. Grants provide a more flexible funding mechanism that may attract a wider range of smaller organisations or those looking to test out innovative approaches.¹⁴

Measuring outcomes

Agreeing and measuring outcomes across multiple partners and commissioners, as will be required to successfully evaluate this strategy, is a recurrent challenge. We would recommend the London Health in Justice and Other Vulnerable Adults Strategic Clinical Network consider adopting the 'London Women's Shared Evidence Toolkit' as a means of doing so.¹⁵ The toolkit was developed during 2015-16 in partnership with stakeholders, including specialist voluntary sector service providers, commissioners of women's services and women themselves. It provides an outcomes framework that articulates good practice in working with women in contact with the Criminal Justice System and tools for collecting quantitative evidence of impact against the outcomes in the framework.

Resource to facilitate peer mentoring

We welcome the commitment to deploying peer mentors to support women in the CJS, as an effective means to provide health advice and information and to support women to engage with health and other services. As well as this, being offered the opportunity to train as a peer mentor can be an important step for women in building resilience and developing a positive identity to support the recovery process and desistance from crime.¹⁶ In some cases, mentoring can provide a route to employment opportunities, particularly where mentors are provided with accredited training.

However, peer mentoring schemes require careful planning and management. Peer mentors may be voluntary or paid and in either case, effective training and supervision of peer mentors requires significant resource, both financial and in personnel.¹⁷ Currently, it is not clear from the strategy how these mentors would be managed and who would provide the necessary resource. We recommend including a clear indication in the strategy of who would be responsible for funding and deploying peer mentors, to ensure this is given appropriate priority. It is worth highlighting that the voluntary sector have a strong track record of deploying and managing peer mentors to support people in the CJS.¹⁸

Engaging with those responsible for sentencing

The anticipated outcomes listed include a reduction in custodial sentences for low-level offences but there is no mention of sentencers in the list of stakeholders for this strategy. We would recommend developing a plan to engage with those responsible for sentencing, for example through the Sentencing Council and the Magistrate's Association or through the plans being developed for problem-solving courts, in order to establish whether this outcome can be achieved.

Q5. Any other comments?

Figure 1 (in section 2: Context and Purpose) is difficult to understand and would benefit from further explanation if it were to be included. For example, it would be helpful to know how the strategic framework was developed, what the different elements in the figure refer to (e.g. services, actions or outcomes) and how the framework has informed the development of the priorities for action identified in the strategy.



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Conclusion

We welcome the opportunity to respond to this draft strategy and believe that, if implemented, it could make a significant contribution to improving health outcomes and reducing health inequalities for this vulnerable group of women. Clinks is happy to continue to engage with the London Health in Justice and Other Vulnerable Adults Strategic Clinical Network in further developing this strategy, including facilitating contact with our members who work with this client group.



Clinks supports, represents and campaigns for the voluntary sector working with offenders. Clinks aims to ensure the sector and all those with whom they work, are informed and engaged in order to transform the lives of offenders.

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Notes

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2. Clinks (2014) *Who Cares? Where next for women offender services*, Online: www.clinks.org/resources-reports/who-cares-where-next-women-offender-services (last accessed 07.09.2016)
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6. Clinks (2016) *Change and Challenge: the voluntary sector's role in Transforming Rehabilitation*, Online: www.clinks.org/resources-reports/change-challenge-voluntary-sector-role-transforming-rehabilitation (last accessed 07.09.2016)
7. Clinks guest blog, *Women's Desistance from Crime: Recovery and building resilience*, Online: www.clinks.org/community/blog-posts/womens-desistance-crime-recovery-and-building-resilience (last accessed 07.09.2016)
8. Clinks (2016) *Nelson Trust Women's Centres in Gloucester and Swindon*, Online: www.clinks.org/resources-case-studies/working-women (last accessed 07.09.2016)
9. Clinks (2016) *Anawim Women's Centre*, Online: www.clinks.org/resources-case-studies/working-women (last accessed 07.09.2016)
10. More information about the Safer Future Communities network can be found here: www.lvsc.org.uk/projects-networks/safer-future-communities-london.aspx
11. Clinks' *Directory of Offender Services* can be accessed here: www.clinks.org/directory
12. Clinks (2014) *More than a provider: the role of the voluntary sector in the commissioning of offender services*, Online: www.clinks.org/resources-reports/more-provider-role-voluntary-sector-commissioning-offender-services (last accessed 07.9.2016)
13. Clinks (2014) *Who Cares? Where next for women offender services*, Online: www.clinks.org/resources-reports/who-cares-where-next-women-offender-services (last accessed 07.09.2016)
14. See *Grants for Good*, www.dsc.org.uk/grantsforgood
15. For more information see www.clinks.org/support-evaluation-and-effectiveness/shared-measurement-0
16. Clinks (2016) *Guide to service user involvement and co-production*, Online: www.clinks.org/resources-guides-toolkits/guide-service-user-involvement-and-co-production (last accessed 07.09.2016)
17. For more information see for example Clinks (2016) *Volunteer peer support*, Online: www.clinks.org/sites/default/files/Volunteer_Peer_Support.pdf (last accessed 12.09.2016)
18. For example see: Clinks (2015) *Pecan: Moving on – through the gate mentoring for young women in south east London*, Online: www.clinks.org/health-case-studies (last accessed 07.09.2016) and Clinks (2016) *A guide to service user involvement and co-production*, Online: www.clinks.org/resources-guides-toolkits/guide-service-user-involvement-and-co-production (last accessed 07.09.2016)