March 2015

CLINKS SURVEY

Health and care services for women offenders

A snapshot of health and care provision for women in contact with the Criminal Justice System

Introduction

This report provides a snapshot of current health and care provision for women in contact with the Criminal Justice System (CJS), to help identify strengths in current practice, and highlight gaps in services which need to be addressed.

People in contact with the CJS are known to experience significant health inequalities compared to the general population[1], and these inequalities are even greater for women than for men[2]. Women make up only 5% of the prison population, and 15% of those under supervision in the community[3], meaning their needs can often be overlooked by a system which has primarily developed in response to the profile and behaviour of male offenders[4]. In comparison to the male population, women in the CJS experience higher rates of self-harm and eating disorders; are twice as likely to suffer from depression and anxiety; are more likely to have symptoms associated with post-traumatic stress disorder; and are more likely to have a mental illness[5].

"The evidence suggests that services that work for women at risk tend to be integrated; holistic; women-only; take women's lives, relationships and trauma histories seriously; and foster women's self-esteem and problem solving abilities[12]"

• 71% of female prisoners suffer from two or more mental disorders (including personality disorder, psychosis, neurosis, alcohol misuse and drug dependence)[6].

• Women are 69 times more likely to die in the week following their release from prison than women in the general population[7].

• 39% of female prisoners are hazardous drinkers, compared to less than 25% of women in the general population[8].

• 70% of women entering prison require clinical detoxification[9].

• 40% of female prisoners have a long-standing physical disability, and over 30% of young women in custody report a long-standing physical complaint[10].

• Women accounted for over 25% of the incidents of self-harm in prisons in 2013, despite making up less than 5% of the prison population[11].

Since the Corston Report in 2007, and much subsequent research, it is widely recognised that a gender-specific approach is required to effectively address the needs of women offenders:

"The evidence suggests that services that work for women at risk tend to be integrated; holistic; women-only; take women's lives, relationships and trauma histories seriously; and foster women's self-esteem and problem solving abilities"[12].

Despite this recognition, integrated and gender-specific provision is not always embedded in policy changes or in practice[13 14].

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Methodology

The data presented in this report was collected through an online survey of voluntary sector organisations during December 2014. The survey was designed to capture information about:

- the health and care services provided by the voluntary sector
- how these services are delivered
- the health needs of the women they work with
- how these organisations work in partnership with other providers.

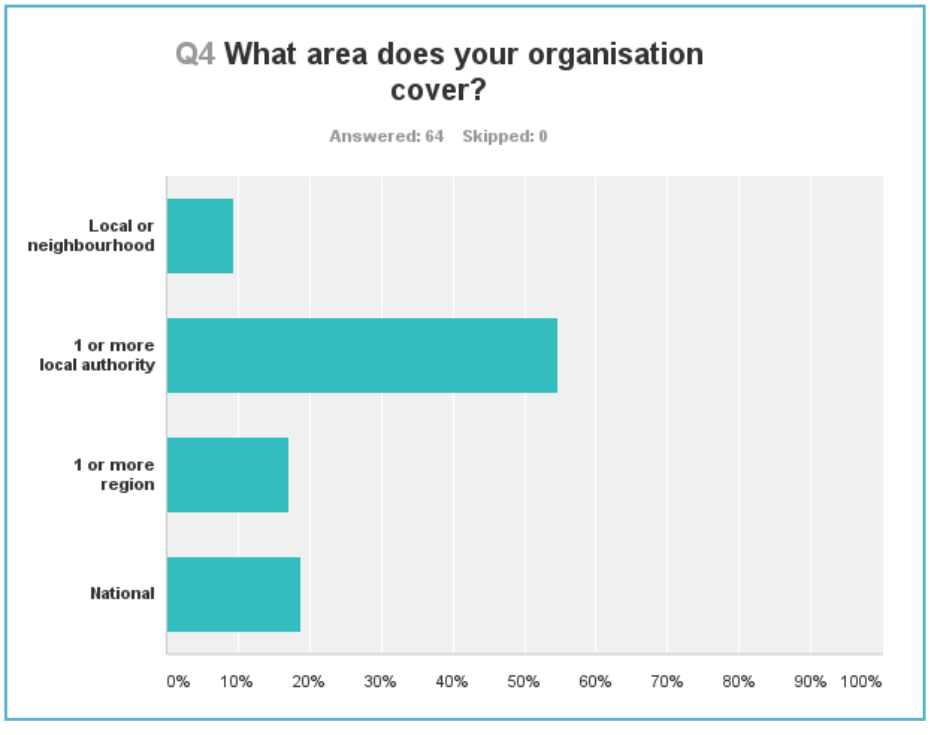
To ensure the information gathered was specific to women (rather than men) in the CJS, we chose to target the survey at organisations working only with women, or which provide some gender-specific services.

About the respondents

A total of 64 organisations responded to the survey, of which 51 completed all sections.

Of the 64 organisations, 23 work exclusively with women, while the other 41 provide at least some women-only services. Around half (35 organisations) said that health and social care forms the 'main' or a 'significant part' of the services they provide. Only five solely provide health and social care services, while for over a third (24), health and social care is not their main service. This suggests that health and social care services are provided by a wide range of organisations with, potentially, quite different approaches to supporting women in the CJS.

The majority (54%) of organisations work across one or more local authority area, with smaller numbers of national, regional and local/neighbourhood organisations (see chart 1 below). However, it is worth noting that several of the national and regional organisations reported only offering women's services in particular areas; for instance, one national respondent stated that they only have one women-specific project in London currently. This may reflect a difference in the availability of funding or commissioning opportunities, since it is unlikely this need does not exist anywhere else in the country.



Findings

Where organisations work

The survey presents a picture of uneven service provision across the country. A significant number of the organisations responding to the survey were concentrated in certain areas, particularly: Brighton and Sussex; Bristol/Bath; West Yorkshire; and London. Many of these organisations referred to one another within their answers, either as specific partners or as being aware of the services they provide, suggesting there are clusters of organisations working together to support women offenders in these places. It is worth noting that each of these areas is served by one or more women's community centre, which may act as a 'hub' for connecting services as well as directly providing support. This could indicate that certain parts of the country have invested both financially and strategically in women's services, whereas others may not have.

By contrast, there were many other parts of the country where none of the organisations responding work. However, further research would be needed to establish whether services exist in other areas but were unable to respond to the survey, or whether there are any genuine gaps in coverage. Only five organisations said they are not aware of any other voluntary sector services working with women offenders in their area.

Significantly, 62% of the organisations responding to the survey provide services both in custody and in the community. This shows the strong potential for voluntary sector organisations to assist in ensuring continuity of care for women on release from prison, an area that has been shown to be of particular importance in addressing negative health outcomes among those in contact with criminal justice agencies[15]. Thirty per cent of respondents work only with women in the community, with just 7% providing services exclusively in custody. This is of note, as statutory health services are usually commissioned separately in prison and in the community, making through-the-gate care difficult to coordinate.

Services provided

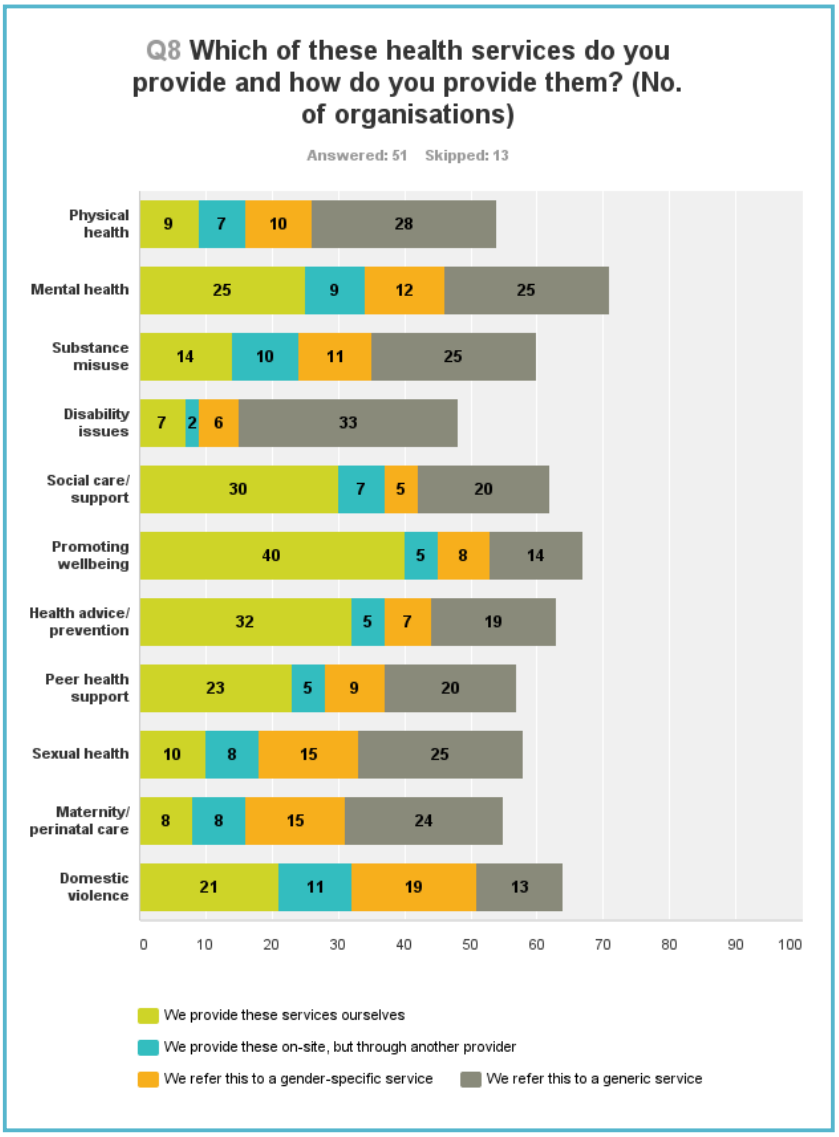
The survey asked respondents to identify what types of health and care support they are able to offer to women offenders; and whether they provide these services themselves, through another provider coming to their location, or by referring women to another provider. Where they were referring to another provider, we also asked them to specify whether this was to another gender-specific service or to a generic one.

The most common types of service provided in-house are:
- promoting well-being
- health advice and prevention
- social care support
- mental health (including counselling)
- peer support
- domestic violence services.

Organisations are most likely to refer women to external services when they have specific needs relating to:

- disabilities
- sexual health
- maternity and perinatal care
- physical health

Many organisations also reported referring women to external mental health services, as well as providing these in-house. This echoes the findings of a recent report into mental health provision in women's community services, which showed that many of these services referred clients to off-site mental health services where they had specialist needs, such as bereavement support[16].



Where organisations refer women on to health services at another provider, this is more than twice as likely to be to a generic service than to a women-specific one. Given the wealth of evidence supporting the effectiveness of women-only services for this client group, this is far from ideal, particularly for areas such as mental health and substance misuse where a trauma informed approach is recommended[17]. One respondent commented that the lack of a gender-specific substance misuse service in their area to refer women to is a barrier to women receiving effective support.

Of particular concern is that almost half of the respondents (25 organisations) refer women to a generic sexual health service. This may be because gender-specific services do not exist, or because those services can only be accessed via a generic gateway. Encouraging women to engage with all relevant health services, regardless of whether or not they are gender-specific, is clearly important. However, one organisation which provides these services in-house commented that even then "many of the women who need to engage with sexual health services are not doing so as regularly as they should", suggesting these services should be made as easy to access as possible to ensure women receive the support they need.

Gaps in service provision

Fourty-four per cent of organisations report having to turn women away from their service, although of these, only 13% indicated having to do so 'often'; 17% 'sometimes'; and 70% only 'occasionally'. The most common reasons cited for needing to do so were a lack of capacity, or inappropriate referrals. Although it is encouraging that most organisations never or only occasionally have to turn women away, it should still be of concern that any woman has to be refused support. This is especially true since the voluntary sector often acts as a safety net for people who would otherwise fall through the gaps between services[18].

In addition, 25 organisations (57% of those who answered this question) said the women they worked with had health needs which were not being met by any service. The most frequently raised areas of unmet need were:

- Mental health (12 mentions)
- Post-traumatic stress disorder / trauma-informed support (8)
- Substance misuse and addictions (6)
- Complex needs, including dual diagnosis (5)
- Support for those who don't meet service or assessment thresholds (3)
- Personality disorders (2).

This echoes the findings of Clinks' recent report into the experiences of women offender projects and their service users, 'Who Cares? Where next for women offender services?' This research found evidence of increased and more complex needs among the women using these projects, with mental health a common crisis point, and concerns that women with low level but complex needs were falling below the thresholds of many services and so not being offered support[19]. In addition, Clinks' State of the Sector surveys have repeatedly found that as statutory sector services have closed or raised their thresholds, the voluntary sector is being left to pick up more, and more severe, cases than previously[20].

The lack of trauma-informed support is a particular issue, given the high number of women in the CJS who have experienced domestic violence or sexual abuse[21]. Trauma-informed responses are extremely important in developing effective gender-specific services for women offenders[22], and "limited availability of trauma informed mental health services can lead to poor responses to this client group"[23].

It is also clear from the survey that the voluntary sector is a crucial provider of support for women who fall beneath the thresholds for statutory services. In several cases, organisations reported receiving referrals from health agencies for women who did not qualify for other social care or health services, or because they felt "there was nothing more they could do for them". This is significant because providing support for women in these situations may help to prevent them from falling further into crisis and requiring more intensive support at a later date.

Partnership working

Many of the respondents described working in a range of positive partnerships with other providers from all sectors to deliver health and care services. Examples include joint delivery of recovery clinics and other substance misuse services by cross-sector partnerships; a women's community centre contracted by a social enterprise to deliver counselling as part of an Improving Access to Psychological Therapies service; and partnerships with other agencies including GPs, housing providers and domestic abuse services. Close working relationships between staff at different agencies were frequently cited as the reason for successful partnerships, showing the importance of individual as well as strategic commitment to working together.

However, organisations also reported a number of barriers to effective partnership working. Making referrals to statutory health services was frequently cited as problematic for a number of reasons:

"Difficult to identify thresholds and make appropriate referrals."

"Gaining access to mental health services can be difficult at times due to substance misuse issues / thresholds for care co-ordination."

"All referrals have to come through GP services and even when referred it can take many months before support is provided."

"The waiting list for counselling is long."

"It can be difficult to get women appropriate mental health support."

Some organisations felt a lack of supportive relationships with GPs was a particular problem:

"[We] have attempted to forge links with local GPs or students to offer on-site health clinics, but distinct lack of interest means that this has not been possible. Staff have struggled to even get a response to letters, e-mails or telephone calls."

"Receptionists in GP surgeries are often the biggest barrier when trying to register or book an appointment for a chaotic client."

This suggests there is a need to work closely with GPs to improve their understanding of, and response to, the needs of women in the CJS.

Several respondents cited information sharing as a challenge for effective partnership working. A number of examples emerged indicating a reluctance from statutory services to share information, and difficulties establishing multi-agency protocols for data sharing. This has the potential to make services less effective, leading to repeated needs assessments, inappropriate referrals, and potentially delaying support.

In addition, some respondents felt there was a lack of understanding about the role of the voluntary sector among statutory health providers:

"Mainstream services do not always understand the role of a voluntary sector organisation offering mental health services in the CJS - it has been more around sharing information and responding promptly to requests rather than issues with referrals."

"We are sometimes seen as insignificant and too small."

"There have been occasions where partnership working and the sharing of information between statutory services and ourselves has not been effective. For example, referrals made to us with little information about the needs of the client."

Engagement with mainstream services

As well as providing services, the voluntary sector can also play a key role in helping women to engage with health and care services and act as a link point between fragmented services[24] [25]. 92% of organisations responding to the survey provide support to help women access statutory health services:

- 78% signpost women to relevant health services
- 67% accompany women to appointments
- 49% make referrals via specific partnership agreements
- 65% make referrals without a specific partnership agreement.

Women's engagement with mainstream health services (such as GP services or community mental health teams) was mixed, with 41% of organisations saying most of the women they work with are engaged with mainstream health services; 52% that some are engaged; and just 7% that few or none are engaged. People in contact with the CJS, especially those with multiple or complex needs, are often reported to have poor engagement with community health services, leading to overuse of costly emergency services by this client group[26]. It is likely that without the support that organisations responding to this survey provide to facilitate engagement with other health services, women's participation with them would be even lower.

Co-location of outreach services is another means by which organisations enable women to access health services, with 45% of organisations (23) reporting that they host health services from other providers at their site. A 2013 survey of women's community services by Women's Breakout also showed that 8 out of 9 centres hosted regular substance misuse, mental or physical health services from other providers (both voluntary and statutory) at their centre[27]. This is important as "co-location is regularly cited as beneficial for providing a holistic service, bridging the statutory and voluntary sector and enabling up-skilling of staff in both sectors"[28], as well as making it easier for women to access the services they need and for health services to reach these women.

Conclusion

This survey presents a mixed picture of health and care services for women offenders across England. It is clear there are many examples of good practice, where organisations are working together to provide flexible, holistic support to women through creative partnerships, co-locating staff and co-delivering services.

The survey has highlighted a number of areas where support needs to be improved to successfully address the health inequalities of women in contact with the Criminal Justice System. These include:

- the availability of, and high thresholds for, mental health services
- a lack of trauma-informed services or support for women with post-traumatic stress disorder
- gaps in provision for those with complex, low-level needs, and dual diagnosis of mental health and substance misuse needs
- challenges with sharing information and making referrals between services
- poor understanding of the role of the voluntary sector amongst statutory health providers, especially GPs.

Although this survey can only offer a snapshot of current services, the findings reflect those of other recent research by Clinks, Prison Reform Trust, Women's Breakout and others. Together, these could form the basis for further work to better understand the extent of the unmet health and social care needs of women in the Criminal Justice System. This could assist providers from all sectors to understand the issues affecting the health and wellbeing of these women, to explore how they are currently being addressed in different areas, and to create a clearer strategic approach that addresses these issues and supports women to desist from crime and live fulfilling lives.

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Published by Clinks

Clinks is a registered charity no. 1074546 and a company limited by guarantee, registered in England and Wales no. 3562176.

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