

**EVALUATION OF THE 218 SERVICE: EXAMINING  
IMPLEMENTATION AND OUTCOMES**

**Helen Easton and Roger Matthews, London South Bank University**

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## **GLOSSARY OF ABBREVIATIONS**

CAT	Community Addiction Team
CHCP	Community Health and Care Partnership
CJSW	Criminal Justice Social work
CMG	218 Service Contract Monitoring Group
DTTO	Drug Treatment and Testing Order
GAS	Glasgow Addiction Service
GCC	Glasgow City Council
GCSS	Glasgow Community and Safety Services
MSP	Member of Scottish Parliament
SDS	Structured Deferred Sentence
POP	Persistent Offender Project
GDCC	Glasgow Drug Crisis Centre

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Helen Easton

Roger Matthews

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# 1 EXECUTIVE SUMMARY

1.1. The 218 Service opened in Glasgow in December 2003 in response to growing concerns about the needs and treatment of women offenders in the criminal justice system. Since this time, the service has provided holistic, women centred support for adult women offenders through a partnership between Turning Point Scotland (TPS) and Glasgow Addiction Service (GAS). This report presents a summary of the findings of a second evaluation of the service and provides an estimate of key outcomes for women offenders and the cost benefits of the service.

## Main Findings

- 1.2. The 218 Service has continued to evolve and remains a highly regarded, holistic, 'person centred' residential and day service for adult women offenders. The maximum period of engagement permitted has changed to six months for the Residential Service and 12 months for the Day Service. The programme has also been updated to focus on offending behaviour and to incorporate a recovery focussed model of change (Prochaska and DiClemente, 1982) which provides increased flexibility, improved measurement of change, and has potential to increase levels of engagement.
- 1.3. Police-recorded offending reduced by 21% following contact with the service among the cohort of 320 women referred to the service between 1 June 2007 and 31 May 2008. Among women engaging with the service beyond their assessment overall offending reduced by 31% and dishonesty offences by 44%.
- 1.4. A conservative estimate of the cost benefit established that for every £1 invested in the service there was a potential saving of £2.50 per year. Further savings are likely if longer term impacts such as the impact on women offenders' children are taken into consideration.
- 1.5. Most referrals to the service are made by the courts (43%) or Criminal Justice Social Work (CJSW)(16%) and are aged 25-39 years (66%). From 2007 to 2009 there was a reduction in referrals of women aged 20-34 (71% of referrals reducing to 57%) and an increase in referrals of women aged 35-44 years (21% increasing to 33%). CJSW referrals had declined slightly from 19% to 16% of the total over the same period.
- 1.6. The number of assessments increased slightly from 198 in 2007 to 214 in 2009. A total of 439 women were assessed 630 times by the service. Multiple assessments accounted for half (51%) of all assessments compared to two thirds (67%) of referrals.
- 1.7. Over half (54%) of all referrals were assessed. Referrals from the Drug Court, Social Work, CJSW, and Community Addiction Teams were more likely to be assessed than referrals from other sources.

- 1.8. The combination of decreasing numbers of referrals, increasing numbers of assessments and lower numbers of multiple assessments than referrals could suggest an improvement in the quality of referrals made to the service.
- 1.9. Over half (52%) of the women offenders assessed engaged with the service. Those aged between 25-39 years and referred by CJSW, the Sheriff Court, CATs, Social Work and the Drugs Court were more likely to engage.

## **Context**

- 1.10. The last 15 years has seen a steady rise in the number of women offenders and women in prison and a growing awareness that the causes of women's offending and the needs of women offenders are different to those of their male counterparts; that the causes of women's offending are not addressed by the criminal justice system; that many women are imprisoned on short sentences for non-violent crimes; and that fairness of treatment does not necessarily mean equality of treatment between women and men in the criminal justice system (Scottish Parliament, 2009; Fawcett Society, 2009; Corston, 2007).
- 1.11. The 218 Service was opened in Glasgow in December 2003 in response to these concerns. The Scottish Executive provided funding for the service which was originally a partnership between Greater Glasgow and Clyde NHS and Turning Point Scotland (TPS). In 2006 Glasgow Addiction Service (GAS) began providing health related interventions at the service. The 218 Service supports women who are aged over 18 years and who have current or recent involvement in the criminal justice system. Users of the service are usually subject to statutory supervision and have complex needs including: substance misuse, mental and/or physical health problems, experiences of domestic abuse, problems with housing or accommodation, and a pattern of offending behaviour. An initial evaluation of the service was published in 2006 (Loucks et al, 2006).
- 1.12. Current criminal justice policy is focussed on reducing reoffending, reducing the use of short term imprisonment and remand and increasing the use of community penalties while also reintegrating those who have received a community or custodial punishment. It focuses on addressing the underlying causes of offending and encouraging offenders to move towards a crime free lifestyle (Scottish Executive, 2006; Scottish Government, 2007). The 218 Service continues to provide a mechanism through which criminal justice policy and women's offending can be addressed.

## **Aims and methods**

- 1.13. The evaluation aimed to examine the effectiveness of the 218 Service in relation to its ability to meet its key objectives:
  - To provide a specialist facility for women involved in the criminal justice system
  - To provide a safe environment in which women can address offending behaviour

- To tackle underlying causes of offending behaviour
- To help women avert crises in their lives
- To enable women to move on and reintegrate into society.

1.14. A further aim was to examine the cost benefits of the service and to provide a 'toolkit' of good practice for policy makers and practitioners.

1.15. The evaluation had two elements: a process and an outcome evaluation. The process evaluation focussed on the delivery of the 218 Service including an examination of referral, assessment, care planning, direct work with women offenders, strategic and operational partnership working and the management and implementation of the service. The outcome evaluation focussed on the impact of the 218 Service on the sentencing of women offenders, on outcomes for individual women offenders and on the cost benefits of the service.

1.16. A mixed methodology was adopted which combined the analysis of quantitative data, semi-structured qualitative interviews and qualitative data provided by the service. The quantitative data examined included:

- Operational data for the 218 Service – GAS and TPS - for three years between 1 January 2007 and 31 December 2009.
- Strathclyde Police data on reported offending behaviour for a cohort of women offenders referred to the service between 1 June 2007 and 31 May 2008.
- Christo Outcome Measurement System scores for a sample of 60 women offenders in the above cohort.
- Scottish Government data about women aged over 21 who were sentenced to prison between 1998/99 and 2008/09.

1.17. The qualitative elements of the evaluation involved:

- In-depth semi-structured interviews with a sample of 25 women offenders – 19 who were currently engaged with the service and six who had been referred but who were not currently involved with the service.
- In-depth semi-structured interviews with 19 key stakeholders and 17 members of the 218 staff team.
- Examination of key qualitative data held by the 218 Service, CJSW and GAS.

### **Operation of the 218 Service**

1.18. The 218 Service provides a programme of residential and day support which can be combined or used separately dependant upon need. A nurse led medical clinic provides substitute prescribing, and a wide range of physical and mental health interventions delivered by nursing and other specialist staff.

1.19. The Residential Service provides supported accommodation for up to 12 women offenders providing residential assessment, detox, stabilisation, and direct bail facilities. The Day Service works with up to 50 women offenders. The structured programme involves a combination of one to one support, group

work and a wide range of other activities and interventions. Each woman who engages with the service is fully assessed and provided with an individually tailored care plan.

1.20. A full time Service Manager is employed by TPS and is supported by five service co-ordinators from TPS and a Nurse Team Leader from GAS. Since 2006 communication and joint working between GAS and TPS and the Day and Residential Service have significantly improved and the service has developed clear operational management policies and procedures. There have been some problems in recruiting and retaining appropriately skilled staff and in the joint working between GAS and TPS around staff roles and responsibilities and staffing budgets.

1.21. Governance arrangements have also improved with key partners involved in the Advisory and Operational groups. The only exceptions were the ongoing absence of the Procurator Fiscal and a short term absence of a GAS representative on the Advisory Group.

### **Programme structure and delivery**

1.22. Since mid 2009 the programme delivered at 218 has been focussed on offending behaviour and structured around four key stages. The new staged programme breaks the programme into milestones aligned with the stages of change (Prochaska and DiClemente, 1982). This structure has been adopted as it allows women a sense of progression and achievement and allows the service to better monitor change and measure success. The staged programme also means women can *'pick up where they left off'* following a period of non-engagement. Both staff and service users viewed the new programme positively and it also appeared to be improving levels of engagement.

### **Referral, assessment and care planning**

1.23. Most referrals to the service are made via the criminal justice system either through the courts (43%) or through CJSW (16%). Women may also be referred by Community Addiction Teams (CAT), voluntary sector services, Cornton Vale Prison, or they may self-refer. Referral to the service may be entirely voluntary, negotiated and agreed with a Care Manager, or directly ordered by the court. A total of 644 women were referred to the service 1173 times between 1/1/2007 and 31/12/2009. There was an overall downward trend in the numbers of referrals made since 2007. Self-referrals significantly reduced (from 22% to 8% of total referrals) although this was considered to be due to a change in policy rather than a shift in the reputation of the service. There was also a general downward trend in the number of referrals made by CJSW (19% to 16% of total referrals). The recent introduction of a diversion from prosecution scheme is thought to have further reduced referrals from the Procurator Fiscal.

1.24. Multiple referrals were quite common with two thirds (67%) of the women being referred more than once. This is not surprising considering the current literature about the process of desistance and may be due to the involvement of women offenders with multiple referral agencies and parts of the Criminal Justice



System. There were concerns that some women offenders were referred to the service without being given appropriate information about the service or without their informed consent. Women and practitioners felt this may be in part due to women being referred during periods of intoxication or crisis. The route and process of referral have implications for the nature and extent of a woman offenders' engagement.

- 1.25. Between 1/1/2007 and 31/12/2009 439 women were assessed 630 times by the service. The number of assessments conducted increased slightly from 198 in 2007 to 214 in 2009. Multiple assessments accounted for half (51%) of all assessments compared to two thirds (67%) of referrals. The combination of declining numbers of referrals, increasing numbers of assessments and lower levels of referrals suggest an improvement in the quality of referrals made to the service.
- 1.26. Over half (54%) of all referrals led to an assessment with referrals from the Drug Court, Social Work, CJSW, and CATs being more likely to be assessed than referrals from other sources. This suggests that these agencies have a better knowledge of the 218 Service and the needs of women offenders.
- 1.27. While some stakeholders appeared frustrated by the timeframe for the assessment process, it was felt that this was key to the delivery of a needs focussed, structured programme of support. Some women reported that it took time for them to disclose their personal circumstances fully due to the nature of their life experiences. These findings support the policy of the service to take time and be thorough with the assessment and care planning process in order to achieve the best possible outcomes for women offenders.

### **Service users**

- 1.28. The majority of referrals made to the 218 Service from 2007 to 2009 were for women aged 25 - 39 years (66%) with the largest proportion of women aged 25-29 years (26%). There was a reduction in referrals of women aged 20-34 (71% reducing to 57%) and an increase in referrals of women aged 35-44 years (21% increasing to 33%). Most of the women offenders referred were White Scottish (96%). Only 3% were not from a Glasgow postcode. The most commonly experienced issues were offending issues (78%), mental health problems (48%), non injecting drug use (39%), physical health problems (38%), alcohol use (37%) and relapse (29%). Nearly two thirds (63%) reported using more than one substance including alcohol.

### **Engagement with the 218 Service**

- 1.29. Over half (52%) of the women offenders assessed engaged with the service in some capacity. Those aged between 25-39 years and referred by CJSW, the Sheriff Court, CATs, Social Work and the Drugs Court were more likely to engage. Overall 84 (19%) of the 439 women assessed were reported as having 'completed' the programme at the time their file was closed, although this is likely to be an underestimate of the full extent of change made by women

offenders. Although only recently introduced it appears that the new phased programme has increased rates of completion.

- 1.30. Key reasons for non-engagement included initial concern about others attending the service, not feeling 'ready' for the level of commitment required or being involved with a coercive or drug using partner. These findings and those about patterns of multiple referral and assessment are consistent with the literature about desistance and recovery which suggest that multiple attempts are required before engagement and behaviour change. It may also be useful to identify referral routes and develop services for younger and low level women offenders who were less likely to engage.

### **Effectiveness of the operation of the 218 Service**

- 1.31. Referral agencies and key stakeholders have a highly positive view of the service. The management of the service has worked proactively to develop practices, policies and processes that are responsive and flexible and that are grounded in good practice for women offenders. Regular self evaluation has allowed the service to identify key areas for its own development although at times progress has been limited as the result of external factors, for example, service users and 218 Staff reported occasional problems with Care Management arrangements with community based case managers.
- 1.32. A key strength of the service is the unique combination of GAS and TPS approaches within the same building. This means the service can effectively work with women who are substance misusers and who suffer with mental health issues. Since 2007 relationships between the two organisations have been streamlined with only minor barriers to joint working remaining. These include the difficulty of balancing criminal justice responsibilities with a 'person centred' approach, and ensuring that the service is responsive, accessible and able to undertake meaningful 'recovery focussed' work without simply becoming a 'crisis' facility.
- 1.33. Some key areas of improvement include: outreach to identify suitable referrals and conduct assessments; outreach to women offenders as part of their reintegration and to support their continued desistance; and development of provision for lower level or younger women offenders. The service faces a number of key challenges including: working with limited physical space; a reduction in the real budget as costs increase; and ensuring that stakeholders making referrals to the service are well informed about the service, referral routes, eligibility criteria, and key aspects of provision.

### **Outcomes for women referred to the 218 Service**

- 1.34. The key findings from the evaluation indicate that those engaging with the 218 Service have reduced their levels of offending by 31% following contact with the service with more significant reductions in dishonesty related offending (44%). The net improvement in offending before and after involvement was 21% for all women referred to the service whether or not they engaged. Sixty of the cohort of 343 women offenders had two Christo scores from which a comparison in

outcomes could be made. Overall there was a 39% reduction across ten key outcome indicators. Larger reductions were seen in sexual / injecting risk behaviour (61%) and criminal involvement (46%) than in other areas measured by Christo.

- 1.35. During interviews women reported significant reductions in offending, substance misuse and violent behaviour. Many reported positive improvements to their mental and physical health and noted that their relationships with their families and children had improved. Perhaps most moving were the testimonies of women who had seen major changes to their self-esteem and confidence.
- 1.36. Data provided by the Scottish Government suggests that in Glasgow the sentencing of women offenders to periods of imprisonment has reduced between 1998/09 and 2008/09. There was a significant reduction in the number of women sentenced to periods of imprisonment in Glasgow (202 to 153) compared to a large increase seen in Scotland overall (614 to 1169). There was also a significant reduction in the rate of women offenders imprisoned in Glasgow as a proportion of the Scottish total (33% to 13%). While these figures represent a positive trend it is not possible to attribute these entirely to the presence of the 218 Service.

### **Cost Benefit of the 218 Service**

- 1.37. An examination of the cost benefit of the 218 Service was undertaken. This calculation was based on the current costs of delivering the service per year (£1.886m); a conservative estimate of the reduction in offending of a cohort of women offenders who had been involved with the 218 Service between 1 June 2007 and 31 May 2008 (21%); and the wider costs to Scottish society per problematic drug user in a year (£61,000) (Casey et al, 2009). Using this approach, for each £1 invested in the service there is the potential to save £2.50 across health care, criminal justice, social care, the economy and in costs to wider society. Research suggests that these benefits may be considerably higher if longer term benefits such as moving away from reliance on benefits and improvements to the circumstances of children of women offenders is taken into consideration (New Economics Foundation, 2008).

### **Conclusions**

- 1.38. The 218 Service has continued to evolve since the initial evaluation conducted in 2006. Joint working between GAS and TPS has improved and only minor issues remain. The service is highly regarded by sentencers and practitioners working with women offenders although there are some misunderstandings about the most appropriate women to refer. Those referred tended to be older and face more complex problems although the service is also capable of providing support to less serious and younger offenders as well. The service delivers a wide variety of interventions to support desistance and recovery and as such is supporting the Scottish Government in meeting a number of its core objectives. There is evidence that the 218 Service is having an impact on outcomes for women offenders, with a reduction in police-recorded offending of 31% following contact with the service. Qualitative data indicated that the

service can help improve women's mental and physical health, their self-esteem and family relationships. A conservative estimate of the cost benefit of the service suggests that each £2.50 is saved for every £1 of investment but that these benefits may be significantly higher if longer term impacts on women offenders and their families and communities are taken into consideration.

## 2 INTRODUCTION

- 2.1 The 218 Service for women offenders opened in Glasgow in December 2003 in response to growing concerns about the needs and treatment of women offenders in the criminal justice system in Scotland. Since this time the service has been providing an integrated, woman centred, residential and day support program for adult women offenders.
- 2.2 An initial evaluation of the service was undertaken in 2006 (Loucks et al, 2006) but was unable to clearly establish the outcomes of the service. The Scottish Government have since commissioned a second evaluation with the intention of providing evidence about outcomes and cost benefits of the service as well as providing information for those working with women offenders about elements of the 218 Service that could be adopted elsewhere. This report presents the findings of this evaluation.

### Background

- 2.3 The last 15 years have seen an increased focus among academics, policy makers and government on women in the criminal justice system as the number of women offenders and women in prison has steadily risen over this time. Jurisdictions such as America (Hill and Harrison, 2005) Australia (Gelb, 2003), Canada (Kong and AuCoin, 2008) England and Wales (Home Office, 2002) and Scotland (Scottish Executive, 2005) have all seen rapid and considerable increases in women's offending and in the average daily population of sentenced female prisoners. According to the Scottish Government, in 2007-08 the average daily prison population was 7,005 men and 371 women, with women representing 5% of the overall prison population. Recent figures show that over the last decade the average daily female prison population has increased by 87% (Scottish Prisons Commission, 2008). There has also been widespread acknowledgement that the causes of women's offending and the needs of women offenders are different to those of their male counterparts; that many women are imprisoned on short sentences for non-violent crimes; that the causes of women's offending are not addressed by the criminal justice system; and that fairness of treatment does not necessarily mean equality of treatment between women and men in the criminal justice system (Scottish Parliament, 2009; Fawcett Society, 2009; Corston, 2007).
- 2.4 Such issues became particularly relevant in Scotland in the late 1990s following the suicides of seven women offenders in Cornton Vale prison. These events prompted a review of the use of community disposals and custody for women offenders. A Ministerial Group on Women's Offending was convened which made three key recommendations: 1) early intervention to prevent and delay women entering the criminal justice system; 2) increased and wider use of community disposals aimed at addressing offending behaviour in order to prevent and delay the use of custody; and 3) improving work with women in prison and after care services to prevent reconviction and re-sentencing (Scottish Executive, 2002). The need for a 'time out' centre for women offenders was identified both as a way of improving the use of community disposals and of addressing offending behaviour. It was identified that such a

service was of particular need in Glasgow and would *'offer the courts a specialist facility for women who are subject to the criminal justice process and who may or may not have co-existing addiction problems. It would offer safety and certain limits, in a community setting, whilst keeping the focus on the treatment of problems.'* (Scottish Executive, 2002). In December 2003, the 218 Service was funded by the Scottish Executive and began operating from its current location in Glasgow City Centre as a partnership between Turning Point Scotland (TPS) and the NHS.

- 2.5 In recent years Scottish criminal justice policy has focussed on reviewing the use of imprisonment (Scottish Prisons Commission, 2008; Scottish Government, 2008a); reform of community penalties (Scottish Government, 2007a); on addressing the underling causes of offending and on encouraging offenders to move towards a crime free lifestyle (Scottish Executive, 2006; Scottish Government, 2007a). The report of the Scottish Prisons Commission (2008), for example, recognised that prison was increasingly being used for those who are *'troubled and troubling rather than dangerous'*. It recommended reducing the use of short-term prison sentences and remand (two types of imprisonment that particularly relate to women offenders) and that a duty be created *'to reintegrate both those who have paid back in the community and those who have served their time in prison'* across all Government departments, public services and communities. The Government made a commitment to delivering on such recommendations in *Protecting Scotland's Communities – Fair, Fast and Flexible Justice* (Scottish Government, 2008d).
- 2.6 The needs of substance misusing offenders have also been the focus of Government policy. The Ministerial Task Force on Health Inequalities *Equally Well* recommended that substance misusing offenders be provided with rapid access to drug treatment when leaving prison and highlighted the need to address the 'wider problems' and 'life circumstances' of those misusing drugs. *The Road to Recovery* (2008) recommended a 'person centred' and recovery oriented approach to the care and treatment of substance misusers that recognises periods of lapse and relapse as part of the recovery process (Scottish Government, 2008c). The Government has also made a wider commitment to reducing health inequalities (Scottish Government, 2008b), tackling poverty and income inequality (Scottish Government, 2008e), and improving the skills of all people in Scotland (Scottish Government, 2007b).
- 2.7 Specifically in relation to women offenders, the 2009 report of the Scottish Parliament Equal Opportunities Committee, *Female Offenders in the Criminal Justice System* identified the 218 Service as a good example of community provision for women but also highlighted the need for further improvement (Scottish Parliament, 2009). In early 2010 the Scottish Government provided funding to each Community Justice Authority for this purpose and in Glasgow this has been used to create a prison based post to link women offenders to community resources upon their release; a service to collect women offenders from prison and take them to an identified service; and to support community reintegration. A commitment has also been made to create a Women Offenders Forum to provide strategic leadership, monitoring and evaluation in relation to women offenders (Glasgow Community Justice Authority, 2010). In 2010 the

council also published an updated policy on prostitution (Glasgow City Council, 2010).

### **Initial development of the 218 Service**

- 2.8 The 218 Service is a key mechanism through which the city can deliver on national criminal justice objectives and improve provision and outcomes for women offenders. Since 2003, 218 has provided an integrated, responsive, person centred service for women offenders to support them in dealing with the issues that they face in relation to their offending. In the original service specification, the 218 Service Commissioning Group established the following objectives of the service:
- Provide a specialist facility for women subject to the criminal justice system;
  - Provide a safe environment in which women can address offending behaviour;
  - Tackle the underlying causes of offending behaviour;
  - Help women avert crises in their lives; and
  - Enable women to move on and reintegrate into society.
- 2.9 Three key eligibility criteria were also established: 1) women offenders 18 years old or more with involvement in the criminal justice system; 2) women assessed as particularly vulnerable to custody or re-offending; 3) women who may have a substance misuse problem. The service has always been intended to accept referrals from the courts, prison, as part of a criminal justice order, or by the women themselves provided they have either been in custody (including police custody) in the last 12 months or if they are facing prosecution for any offence.
- 2.10 The 218 Service is unique as it has provided both residential and day support for women offenders delivered through a health and social care partnership with NHS staff employed to work permanently in the service. As a result of this approach an extensive range of intervention and provision has been available for women offenders at the service. This included one to one keywork, counselling, psychology and psychiatry, group work, physical health advice and intervention, a scripting and medication service, occupational therapy, chiropody, dentistry, dietary and nutritional advice, acupuncture, group exercise and outings in an individually focussed, flexible programme of support which responded to each individual woman's needs.
- 2.11 A full outcome evaluation of the 218 Service has not yet been undertaken, although an initial evaluation was conducted in 2006 (Loucks et al, 2006) and the 218 Service has continued to develop since this time. While the remit of the service is fundamentally the same, there have been some significant changes to the structure of the programme and other elements of its operation. Identifying and examining these changes and the way they affect outcomes for women offenders in Glasgow is therefore the central focus of this evaluation. The findings of this evaluation will also contribute to wider knowledge about interventions specifically designed for women offenders and to the further development of policy in this area

### 3 AIMS AND METHODOLOGY

#### Aims

- 3.1 An evaluation of the 218 Service was published in 2006 following the opening of the service in December 2003 (Loucks et al 2006). This initial evaluation necessarily focussed on the early stages of the operation of the 218 Service but was unable to provide robust analysis of the outcomes of the service.
- 3.2 This subsequent evaluation of the 218 Service therefore aims to examine in more detail the outcomes of the service in relation to its impact on sentencing patterns, rates of reconviction, the uptake of mainstream services as well as other 'soft' outcomes for women offenders. The formal aims of the evaluation are to examine the effectiveness of the 218 Service in terms of its ability to meet its key objectives:
- To provide a specialist facility for women subject to the criminal justice system;
  - To provide a safe environment in which women can address offending behaviour;
  - To tackle the underlying causes of offending behaviour;
  - To help women avert crises in their lives; and
  - To enable women to move on and reintegrate into society.
- 3.3 A further objective is to provide an estimate of the cost benefits of providing such a service for women offenders and to document elements of good practice in a 'toolkit' for practitioners.

#### Methodology<sup>1</sup>

- 3.4 The aim is to develop a multi-faceted form of analysis that moves beyond a pragmatic 'what works' approach to develop an understanding of the mechanisms by which the 218 Service works to support different types of women offenders to desist from further offending (Pawson and Tilley, 1997; Pawson, 2006). To achieve this objective, the evaluation has used a combination of qualitative and quantitative methods designed to allow the development of both 'extensive' and 'intensive' investigation of change at the individual, operational and structural level (Sayer, 1993). This combination of methods is known as triangulation and allows a form of analysis that is both extensive and intensive (Sayer 1993). The triangulation of data in this way is

1.1 \_\_\_\_\_

<sup>1</sup> Further detail about the methodology employed, and the caveats and limitations that apply are available in Appendix 1.



recognised as benefiting the reliability and validity of the results of research (Denzin, 1978).

3.5 The evaluation involved elements of both process and outcome evaluation and explored the following questions:

- What have been the patterns of referral into the 218 Service?
- What are the outcomes for women who engage with the centre compared to those who haven't engaged in terms of:
  - Rates of re-offending?
  - Degree of resettlement, stabilisation, employment, education and so on?
  - Engagement with mainstream services in Glasgow?
  - Other outcomes eg. motivation, self-responsibility, confidence, improved relationships with family and local support networks, use of generic council services?
- What has been the impact of the 218 Service on patterns of sentencing?
- Has there been an impact on women remanded and sentenced to short term custody in Glasgow?
- How has the 218 Service contributed to these outcomes and worked to tackle the underlying causes of offending behaviour?
- What are the costs incurred by the service and the value of the benefits attributable to the service?
- What barriers exist in the effective operation of the 218 Service?
- What measures could be used to overcome these barriers?
- How could the effectiveness of the 218 Service be improved?
- What are the key areas of good practice which could be disseminated to other areas?

## **Data Sources**

### ***Quantitative data***

3.6 The 218 Service provided general operational data for the period between January 2007 and December 2009. This included details of the numbers of women offenders referred to the service, the numbers assessed and engaging, the extent of repeat contact with the service, the demographics of those referred, reasons for leaving the service, the underlying needs of those referred and details about women offenders' personal circumstances at the time of their referral. This data was used to provide general descriptive statistics about the operation of the 218 Service. Details about the number and type of individual and group interventions provided to women engaged with the 218 Service by on-site GAS staff between January 2007 and December 2009 was extracted from PIMS.

- 3.7 In order to compare the outcomes for women offenders before and after their involvement with the 218 Service a cohort of 343 women offenders who were referred to the service between 1 June 2007 and 31 May 2008 was identified<sup>2</sup>. This period was chosen in order that there would be a sufficient number of women offenders in the sample and also to allow a 12 month follow up period and time for data systems to update. Data available about this group of offenders was gathered from Glasgow Community Safety Services, Glasgow Criminal Justice Social Work, Glasgow Addictions Service and NHS Glasgow and Clyde. 'Soft' outcomes were measured for a subset of 60 women offenders using Christo Scores provided by the 218 Service.
- 3.8 Data held by the Scottish Executive for the period 1988/09 to 2008/09 about women aged over 21 who were sentenced to prison in the Scottish Courts in Glasgow City and across Scotland was used to examine the influence of the service on patterns of sentencing in Glasgow.

### ***Qualitative data***

- 3.9 The analysis of quantitative data was combined with an analysis of the data gathered in 61 qualitative semi-structured interviews - 19 with key stakeholders 17 with staff working at the 218 Service and 25 with women offenders who had been in contact with the 218 Service.
- 3.10 Interviews with stakeholders and 218 staff included the views of those in a range of positions. They gathered information about provision at the service, the processes of referral and assessment, management and delivery of the service and outcomes for women offenders who were referred. The sample of women offenders included women from a range of different demographic backgrounds, with different underlying needs and patterns of offending, at different stages of involvement with the 218 Service and with different patterns of engagement. Six of these interviews were undertaken with women who had been in contact with the 218 Service but who were no longer engaged. Interviews with women offenders provided self report information about the impacts of the 218 Service on offending behaviour, attitudes, self esteem and other areas of women offenders' lives as well as details about their involvement with the service.

### **Examining processes**

- 3.11 This element of the evaluation focussed on the delivery of the 218 Service to determine if it was meeting its key objectives. It included an examination of the processes of referral, assessment, care planning and direct work with women offenders. It also looked at the effectiveness of strategic partnerships, multi-agency partnership working and the overall management and implementation of the service.

### **Examining outcomes**

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<sup>2</sup> This cohort represents all the women offenders referred to the 218 Service during this period.

- 3.12 This element of the evaluation focused on the impact the 218 Service made on the sentencing of women offenders, on the outcomes for individual women offenders, and on the cost benefits of providing such a service. The outcome evaluation aimed to assess as far as possible the impact of the 218 Service on the women offenders with which it had contact in terms of offending behaviour, self esteem, levels of drug use and personal circumstances such as mental and physical health, employability and living arrangements.
- 3.13 A calculation was conducted drawing on the key findings from the evaluation about the re-offending outcomes for women offenders involved in the 218 Service between 1 June 2007 and 31 May 2008. This information was analysed in relation to Scottish Government data about the costs of problematic drug users during 2006 (Casey et al, 2009). An estimate of the cost benefit of the 218 Service was established based on these two proxy measures.

## 4 CURRENT OPERATION OF THE 218 SERVICE

4.1 Since 2006, the 218 Service has continued to provide fundamentally the same service for women offenders as that originally designed. There have however been changes to the structure and organisation of the programmes delivered, the management of the service, the roles and responsibilities of staff, the duration of engagement permitted, the gathering and use of data held by the service and so on.

4.2 Key objectives and operating principles

4.3 The key objectives for the service remain the same as those outlined in the original specification. The *218 Service Specification* (Jan 2008) also outlines the following set of objectives for the 218 Service:

- To reduce the number of women from the Glasgow area being remanded into custody and/or receiving a custodial sentence;
- To reduce the number of women being prosecuted for offences where a diversion would be an appropriate option;
- To interrupt the pattern of offending behaviour displayed by the identified client group;
- To identify on an individual basis the issues and needs relating to offending behaviour and create an appropriate Care Plan;
- To provide immediate health assessment and intervention;
- To provide service users with the opportunity to participate in positive life planning;
- To encourage service users to establish a healthy lifestyle through dietary and nutritional plans;
- To provide comprehensive assessments;
- To ensure a high quality service that allows for women to develop skills and strategies to redefine their lifestyles away from offending behaviour and associated patterns.

4.4 The service is located in Glasgow City Centre in a sandstone 'B' listed, end terrace building *leased* to TPS by Glasgow City Council. The building has five floors and provides purpose built and disabled accessible accommodation including offices, meeting rooms, a residential unit over two floors, a day services unit and other ancillary accommodation. From this location, the 218 Service provides both a residential and a day support programme which can be combined or used separately dependent upon need. It combines a structured group work programme, intensive one to one support, a varied activity programme and in house physical and mental health interventions delivered by a team of health professionals.

- 4.5 The 218 Service operates according to the core values and principles of TPS. These principles *dictate* that service users should be treated with respect and should be empowered through being given ownership over the processes in which they are involved. The Service also aims to remain flexible and responsive; be integrated and provide a package of support suitable to individual service users; work in partnership and seek expertise from other agencies; work with people excluded from other services; be accessible and provide clear and transparent information, criteria and systems to all; and to respect families and involve them as stakeholders. The Service is also committed to making sustained efforts to engage, retain and re-engage women offenders and to connect or re-connect women with resources available to them within the community. The overall ethos of the 218 Service is stated clearly in the mission statement:

*'The 218 service is committed to finding ways of working effectively with women who are marginalised by society. We aim to engage women with complex needs who are involved in the criminal justice system in accessing relevant, individualised services, by means of well trained staff teams who are skilled and confident to deliver a range of exciting and dynamic programmes. Through the experience of being part of this service we aim to empower women to make a more positive contribution to their lives, their families, communities and society.'* (218 Mission Statement)

#### **Target group and eligibility criteria**

- 4.6 The *218 Service Specification* indicates a slight shift in the eligibility criteria for the service compared to that outlined in Loucks et al (2006). While the original criteria included women who were vulnerable to custody or re-offending and women who may have a substance misuse problem, the criteria outlined in the Service Specification states that the 218 Service will work with women from Glasgow who are 18 years and over who have current or recent involvement in the Criminal Justice System during the last 12 months. The specification further explains the types of women who are likely to use the service as well as those for whom the service cannot cater. Guidance is also offered about the provision of services to women who offend in Glasgow but who are not originally from the city.
- 4.7 Users of the service are usually subject to statutory supervision and often have complex needs such as *substance* misuse, mental and physical health problems, experiences of domestic abuse, involvement in prostitution, a pattern of offending behaviour or difficulties with housing and accommodation. The 218 Service is not equipped to work with women with acute mental health problems (eg. drug induced psychosis or serious self harm); who require hospitalisation due to physical illness (eg. Delirium Tremens); who are in an acute phase of illness; or who require constant observation due to their behaviour. Priority is given to the referral of women offenders within Glasgow City, although women

from other areas will not be refused particularly if their vulnerability would be likely to cause further harm should their referral be denied<sup>3</sup>.

- 4.8 Examination of key documents and interviews with key stakeholders both indicated that there had been some drift since the outset of the project in relation to the eligibility criteria. It was reported by both the manager of the 218 Service and the Social Work Services Operations Manager (Criminal Justice), that in the early stages of the service the eligibility criteria were widened to include women with substance misuse issues (but who also often had criminal justice system involvement) in order to increase referrals and uptake of the service in early days. The creation of the Advisory Group and arrival of a new Service Manager resulted in a refocusing of service delivery which included the regulation of the eligibility criteria. The criteria are now regularly reinforced to ensure appropriateness and to minimise any confusion. Improvements to data collection within the 218 Service have also allowed better monitoring of the suitability of referrals.

### Programme Structure

- 4.9 A key change to the 218 Service has been in the programme structure. In mid 2009 a new, structured, four stage programme replaced the original Safe, Connections, Loss model which had been used in the Day Service since 2003<sup>4</sup>. Important *changes* have also been made to the period a woman offender is permitted to remain involved with the service.

### Day Service

- 4.10 The Day Service is registered to work with a maximum of 50 women offenders who remain in the *community* while attending one compulsory group and up to three further contacts a week. Women offenders can also voluntarily attend other creative or practical groups offered at the service. The minimum period of engagement with the Day Service is three months while the maximum is twelve months<sup>5</sup>.
- 4.11 Since mid 2009 the programme delivered in the 218 Day Service has been structured according to four key phases with an increased focus on offending behaviour<sup>6</sup>. Each phase has two main components: one to one key work and participation in structured groups. The new Day Service programme was adopted as it broke the programme into a set of milestones aligned with the

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3 Women from other areas are admitted to the service only when no other Glasgow based service user would be disadvantaged and when the referring authority guarantees to provide a Care Manager for the duration of a woman offender's involvement with the service. The Care Manager's role is to maintain contact and co-operate with all the requirements of the placement.

4 See Loucks et al (2006)

5 Some women however may engage with the service for slightly longer depending on their pattern of engagement with Day and Residential Services. The Service may also maintain contact with a woman following this time without re-referral as a way of preventing relapse however this is on an 'as needs' basis dependant upon an individual woman's circumstances.

6 The key aims and components of each of these stages are outlined in Table A2.1.

model of change already adopted by the service<sup>7</sup>. These milestones allowed women a sense of progression and achievement throughout the programme, something which service user feedback sessions had identified as important. This approach also allowed improved monitoring and evaluation of progress as a woman who dropped out of the service without completing may otherwise have looked like a 'failure' within the formal data. This approach also means that women can 'pick up where they left off' following a period of non-engagement if appropriate. A degree of flexibility has also been built in which allows the service to respond to the needs of service users. For example, in the first phase, women are permitted to begin attending the orientation group if they are deemed ready and want to progress faster than the programme may otherwise allow. Later women in stage two are permitted to move into stage three while continuing to work on the 'making changes' course.

- 4.12 Both staff and service users viewed this new approach positively, although some service users reported that they felt the process of assessment had held them back from progressing through the four stages that this was frustrating and de-motivating. In *response* to this, the programme was slightly modified to allow women to start the orientation group whilst undergoing their assessment if they were considered suitably stable.
- 4.13 During their engagement with the Day Service each service user is provided with a person centred care plan<sup>8</sup>; medical, physical, and mental health support as identified in *their* assessment; fortnightly progress reports to their care manager and other workers involved in their care; a progress report for the court if they are on a statutory order or if one is requested by the court; bus fares or a bus pass if they are attending as agreed in their care plan; and lunch. A service user's progress is reviewed every six weeks until they have completed each stage. An End Review is then undertaken to confirm move-on support outside the 218 Service.

## Residential Service

- 4.14 The Residential Service provides supported accommodation for 12 women offenders over the top two floors of the building<sup>9</sup>. There is a minimum of four weeks and maximum six months engagement period. The Residential Unit provides assessment, detox *and* stabilisation and direct bail. The initial four weeks involves a comprehensive assessment of each woman's needs culminating in the creation of a tailored care plan. Following the initial assessment women remain in the residential unit or return to the community and continue their involvement with the 218 Day Service. In the Residential Service women are expected to attend both one to one sessions and the structured programme of activities beginning at 8.30am and finishing at 10.15pm Monday to Friday and 9am to 10.15pm on the weekend<sup>10</sup>. The group

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<sup>7</sup> Prochaska and DiClemente (1982)

<sup>8</sup> For women in phase 1 this is called an initial care plan which operates until their comprehensive assessment is undertaken.

<sup>9</sup> Originally, the service had 14 individual bedrooms across two floors, however, in Dec 2007, two bedrooms were converted to create a common space for TV and evening socialising.

<sup>10</sup> Table A2.2 provides an example of the timetable operating in the Residential Unit.

work and activities vary across the week. Women new to the unit are given a choice about how they participate beyond the structured programme.

### **Programme Delivery**

4.15 TPS staff deliver the majority of the core and optional group work. GAS staff run the 'Maintaining Changes' group work, groups focussed on physical and mental health issues and provide a range of health based interventions. Both GAS and TPS deliver one to one work with women offenders.

### **One to one key work**

4.16 One to one key work is a structured element of both the Day and Residential Service. Each service user is expected to engage with at least one key work session per week throughout the duration of their engagement in Day Services and three one to one sessions and two 'check in' sessions throughout their engagement in the Residential Service. Key work is delivered in a woman centred, collaborative manner with both the project worker and the service user negotiating and discussing key elements of the care plan together. Feedback gathered at the Day Service User Focus Session conducted in April 2010 suggested women valued the range of activities that were undertaken in one to one sessions (for example, being accompanied to external appointments, practicing and role playing in preparation of difficult everyday situations, building self-esteem and setting goals, or using the telephone to call other agencies with the support of their 218 worker). Some women reported that they felt happy to have an opportunity to talk in depth to someone who wouldn't judge them although others felt that they had been encouraged to go too deeply into some of their personal issues. Five of the women interviewed saw this as the most valuable part of their work with the service. As one woman explained:

*'When I got told about this 218 I just thought it was the same as [another criminal justice voluntary sector service]. This is nothing like that. It's brilliant in here you do one to one meetings and you learn and learn and learn...'* (Interview 18, 43 years)

### **Group work**

4.17 Group work participation is a structured element of both the Day and Residential Service. The programme has been redesigned by the 218 Psychologist following consultation *with* staff and service users and is now aligned with the new four stage approach. The Orientation Group was designed to welcome women to the service, introduce them to group work and involve them in creative activities designed to deepen engagement<sup>11</sup>. All

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<sup>11</sup> Women in the Residential Service take part in a four week Orientation Group which can be repeated if women are not sufficiently stable to move on.



women attend this group unless they are ready to attend the Making Changes group<sup>12</sup>.

- 4.18 The Making Changes group includes three modules of eight two hour sessions: Managing Emotions, Offending, and Substance Use. Women access this group in the second stage of the Day Service and in the Residential Service. It is designed as a rolling programme so women can join the group at any session. The Managing Emotions module was redesigned to focus on Dialectical Behavioural Therapy (DBT) and on supporting women to identify emotions, control impulses, self soothe, relax and improve self care rather than focus on past trauma. The Offending Module supports women to look at why they offend, the consequences of their offending and society's response to this behaviour. Later sessions aim to develop and practice skills in expressing beliefs and needs, setting limits and negotiating solutions while treating others respectfully and protecting relationships. Key themes include assertiveness, communication, problem solving, managing conflict and developing and maintaining self-esteem. The Substance Use module is structured around the stages of change (Prochaska and DiClemente, 1982).
- 4.19 The Maintaining Change group was redesigned by GAS and TPS staff to provide two six week groups focussed on the 'action' and 'maintenance' stages of change (ibid). The first group focuses on graded exposure to self-identified high risk situations. The second group is a closed group focussing on mood and the principles of Cognitive Behavioural Therapy (CBT). Women are assessed for *suitability* prior to starting this group and relevant psychometric tests are used to measure progress<sup>13</sup>.

### Key interventions

- 4.20 GAS provides a diverse range of individual and group work interventions in-house for service users at 218. During the three years 2007-2009, the most commonly provided services were addiction support (1617); assessment (598); cervical *cytology* / colposcopy (cervical screening) (568); and family planning (467)<sup>14</sup>. GAS staff also facilitated a number of groups for 218 service users. A total of 1564 service users contacts with groups delivered by GAS between January 2008 and December 2009 with significantly more contacts in 2009 (1158) than in 2008 (406).

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<sup>12</sup> Most women in the Residential Service however remain in Orientation to stabilise and prepare for participation in other elements of the programme.

<sup>13</sup> These include the Brief Situational Confidence Questionnaire (BSCQ), Inventory of Drug Taking Situations (IDTS) and the General Health Questionnaire (GHC) which are self report instruments which are widely used in the substance misuse field.

<sup>14</sup> See Table A2.3 in Appendix 2. This data does not provide an outcome focussed assessment of these interventions. For example, the data records intensive one to one work in the same way as a brief discussion about smoking cessation and provides no indication of success. The data is also influenced by the number and type of staff employed by GAS. GAS are working towards improving the measurement of health outcomes for women attending the 218 Service.

- 4.21 The groups delivered by GAS have changed over time according to both the staff available and the needs of the women at the service<sup>15</sup>. GAS currently deliver two groups focussing on Physical and Mental Health. The Physical Health group includes sessions on healthy eating, contraception, overdose awareness and CPR, sexually transmitted diseases, physical exercise, breast awareness, first aid, physical effects of alcohol, smears / colposcopy, smoking cessation, and pregnancy / emergency contraception. The Mental Health group operates on a 12 week rolling programme and includes CBT sessions about assertiveness, anxiety, aggressive behaviour, managing low mood and depressive symptoms; psycho-educational sessions about the effects of drugs and alcohol on mental health and sleep management as well as a range of creative sessions in between.
- 4.22 TPS staff deliver a wide range of interventions in addition to ongoing one to one and group work support. These include practical support such as preparing for and attending appointments with the Courts, Social Workers, Children's Panels, probation and *medical* practitioners; helping women with issues such as finding work and housing and maximising access to benefits; creative initiatives such as knitting, art, card making, jewellery making, journaling and creative writing; skills development sessions such as computing, basic literacy, life skills, baking and clothes altering; physical activities such as walking, aerobics, swimming, and belly dancing; self care including acupuncture, Indian Head Massage, self care and wind down sessions, and dietary support; spiritual activities such as supporting women to attend church and confession; social activities such as weekend outings, themed lunches, visits with family, and bingo; evening activities such as TV nights or quizzes; and activities aimed at developing independence such as shop runs, graded exposure, and home visits.
- 4.23 Interviews with women offenders showed that they were not able to make clear distinctions between provision by TPS and GAS, commenting rather in broad terms about the holistic *nature* and overall style of the provision rather than specific elements. They were impressed with the structure and delivery of the programme at 218 and with the range of support and activities on offer. This range of interventions illustrates the ways in which the service responds dynamically and creatively to the individual needs of service users.

## Operational Management

- 4.24 The staff working within the 218 Service reported having clear line management and supervisory arrangements. Supervisory meetings were held with line managers every six *weeks*. Regular internal meetings were also held to discuss key issues about service users and other operational issues. Each staff member has a performance development plan in which key training needs are identified and suitable training arranged<sup>16</sup>. While most of those interviewed

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<sup>15</sup> For example, the Life Skills group was devised and originally delivered by the GAS Occupational Therapist but is now run by TPS staff. It covers topics including household tasks, budgeting, food shopping, cooking (food safety, cheap and healthy meals), grocery shopping, organising your home, home safety and maintenance, household tasks, and dealing with housing issues.

<sup>16</sup> The joint working between GAS and TPS has meant that TSP staff have also been able to access training provided by GAS.

acknowledged that internal communication could be improved it was also recognised that progress had been made in this area. Staff reported significant changes to the handover of service users between Day and Residential Services as well as improvements to communications between GAS and TPS staff as they became clearer about each others' roles.

- 4.25 The service has been proactive in developing its operational policies, protocols and agreements which now include guidance about visitors to the 218 Service; personal telephone calls; 'graded exposure' to unsupervised outings and items brought into the Residential Unit. These documents are clearly linked with the structured programme, with risk assessment procedures and with other agreements and protocols designed to facilitate respectful and trusting relationships between staff, residents and other service users<sup>17</sup>.
- 4.26 A number of measures have been taken to monitor performance and to ensure quality service delivery. Internal monitoring and evaluation has improved and quarterly statistical reports are produced for the 218 Advisory Group. These reports provide information on referrals to the service, interventions undertaken and changes in the underlying needs of women offenders using the service. GAS conducts monthly audits of its activities and of community nursing standards. The 218 Service regularly seeks feedback from women currently using both Day and Residential Services. The service is also subject to regular external evaluation by the Care Commission.
- 4.27 Interviews with key stakeholders and 218 staff indicated that at times there had been problems recruiting and retaining appropriately skilled staff for the service. For example, during the *evaluation* period there were delays in replacing the GAS Psychologist, Occupational Therapist, Reproductive Health Nurse and Addiction Nurses. Staff shortages meant that in the interim TPS staff were required to take on additional responsibilities<sup>18</sup>. The 218 Service Manager reported that as TPS held overall responsibility for the service it was expected that they would fulfil this role despite no additional revenue being redirected for this purpose. There was some concern among 218 Staff and the Social Work Services Operational Manager (Criminal Justice) that the collective impact of this may be a temporary dilution of the primary services offered by TPS staff.
- 4.28 There was a perception among TPS staff that the process for recruiting new GAS staff was slow and created staffing gaps. The GAS Secondary Services manager explained, *however*, that recruitment in GAS followed procedures determined by the NHS and that some of the staffing issues were unrelated to issues of recruitment but instead were the consequence of other issues such

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<sup>17</sup> Policies have also been developed about friend and family visits; computer and internet use; service user food policy; search procedures; possession of drugs; weekend take-home prescriptions; 218 Staff On-Call procedures, homely remedy protocol, the patient medicines protocol, and prescription wording guidance for Controlled Drug Instalment Prescriptions

<sup>18</sup> The 218 Service Manager reported for instance that while the position of Reproductive Health Nurse was unfilled this required Project and Support Workers to walk individual women to the Sandyford Initiative, wait for them to have their consultation and then walk them back to the 218 Service. A similar situation had arisen with the departure of the GAS Occupational Therapist who had originally run the Life Skills Group but which had now been taken over by members of the TPS staff team.

as a national shortage of NHS psychologists and an internal re-evaluation of the staffing needs of particular roles.

## Governance

- 4.29 Three multi-agency groups have been convened to direct and manage the successful operation of the 218 Service: a Contract Monitoring Group<sup>19</sup>, an Advisory Group<sup>20</sup> and an Operational Group. While the early evaluation of the 218 Service reported that there had been delays in the set up of the Advisory Group, at the time of this evaluation each of the groups were operational.
- 4.30 Membership of the Advisory Group has been fairly stable with key members including the Head of Social Work Services (Criminal Justice), the Senior Operations Manager Social Work Services (Criminal Justice), Principal Officer Social Work (Criminal Justice) and Social Work Services Commissioning Officers as well as members from the Scottish Executive, GAS, Strathclyde Police, Cornton Vale Prison, the Sheriff Court, TPS, a councillor and an MSP. The notable exception in the initial stages of the Advisory Group was a representative from the Procurator Fiscal. Interviews with key stakeholders indicated that this had possibly resulted in difficulties keeping prosecutors effectively briefed about the service (particularly the prioritisation of women *on bail*) and had perhaps impacted on the number of referrals made via this route. Key stakeholders from 218 and the Advisory Group reported that despite regular attempts it had not been possible to secure a named contact or any regular commitment to attending meetings from the Procurator Fiscal.
- 4.31 The Advisory Group has had regular attendance from the GAS Secondary Service Manager with the exception of a period of six months over 2009/10. During this absence another GAS manager fulfilled line management responsibilities but held no direct responsibility for the 218 Service or attendance at the Advisory Group. Key stakeholders reported that during this time some of the decisions made by GAS were taken without consultation or knowledge of the needs of the service and that this had resulted in; unexpected impacts on the work and budgets of TPS; delays in key processes such as recruiting and improving the recording and monitoring of health outcomes for women offenders; and the development of health provision in line with women offender's needs. This lack of representation also meant that TPS have not had an effective route to consult or negotiate directly with GAS / NHS management about the specialist needs of the service.

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<sup>19</sup> The Contract Management Group (CMG) was established in 2006 to monitor the overall commissioning and structure of the 218 Service following the initial commissioning process. The Advisory Group was convened in 2005 to facilitate strategic level partnership working.

<sup>20</sup> Since October 2009, when the evaluation of the 218 Service commenced, the remit of the Advisory Group shifted and for the period of the evaluation the group became a Research Advisory Group. The membership of the group was deliberately reduced in order to increase the focus of the group. Membership of the Research Advisory Group was drawn from TPS, the Scottish Government, Glasgow Community Justice Authority and Glasgow Criminal Justice Social Work. The group met every six weeks to monitor and steer the evaluation. Links with strategic partners originally in the Advisory Group were maintained through the joint membership of the Chair of the Research Advisory Group on a number of key strategic partnerships across the city. These groups include for example the Homelessness Policy Implementation Group and the Criminal Justice Interface Group.

4.32 More recently, an Operational Group was established to monitor referrals; identify and respond to good practice, gaps in service provision and issues raised from quarterly 218 reports. It is also a forum to report any contractual / budget issues; discuss and agree service development and refer any significant proposals for change; identify and access opportunities to engage with sentencers *through* the court social work team; and record and monitor health outcomes through GAS. The group meets every six weeks and its membership includes the manager of the 218 Service, the 218 Nurse Team Leader (GAS), the Senior Officer Commissioning, representatives from four Community Health Care Partnerships (CHCP) and the Senior Addiction Worker from the Drug Court<sup>21</sup>.

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<sup>21</sup> In early 2010, the membership and timing of the 218 Operational Group were changed and staff from the courts and CHCPs were identified and invited to attend in order to strengthen links, encourage higher rates of referral and improve levels of understanding.

## 5 REFERRAL

### Processes of referral

- 5.1 The main routes of referral to the 218 Service are via the Criminal Justice System usually through CJSW or the *courts*. Referrals can be made at a variety of points including:
- When a Social Enquiry Report is requested at court as an aid to sentencing;
  - During the process of preparing a Social Enquiry Report;
  - As a condition of a deferred sentence;
  - As a direct bail option for women to reside in 218 and / or as a condition of supervised bail during statutory supervision to enhance service provision;
  - As a condition of probation or a DTTO;
  - As an enhancement to statutory supervision;
  - As a condition of parole or license.
- 5.2 Women may also be referred from other agencies such as Community Addiction Teams (CAT), *voluntary* sector services, Cornton Vale Prison or they may also self-refer. A woman offender's solicitor may also suggest the service to both the woman herself or to the court. From 2008 women offenders may also be referred to 218 as part of the Glasgow Diversion from Prosecution Programme. Engagement with the service may be entirely voluntary, negotiated and agreed with a Care Manager or directly ordered by the court. The way a referral is made may therefore have implications for the nature and extent of a woman offenders' engagement. Referrals can be made from court or direct with the service by telephone<sup>22</sup>.

### Numbers of women offenders referred to the service

- 5.3 According to data held by the 218 Service, in total 644 women were referred to the service between 1 January 2007 and 31 December 2009, however, these women had been referred a total of 1,173 times<sup>23</sup>. The number of referrals peaked in 2008 at 419 and dropped back to 331 in 2009<sup>24</sup>. The main sources of referral to the service were the courts – District Court (23%), Sheriff Court (18%) and Drug Court (2%) – accounting for a total of 43% of the referrals. A significant number of referrals were received from CJSW (16%) and a number of women self-referred to the service (12%). A smaller number of referrals were received from other sources which are listed in Table 7.1.
- 5.4 With a couple of exceptions, generally the pattern of referrals remained stable over the three year period. There was a significant reduction in the rate of self

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<sup>22</sup> Further detail about referral routes is available in Appendix 4.

<sup>23</sup> Only 627 of the women had been referred during the time period. This is an artefact of the way the data is collected and the three year time frame chosen for analysis.

<sup>24</sup> There were 23 cases where a year was not specified in the data.

referral from 22% of the total referrals in 2007 to 8% in 2009 which has been attributed to a change in practice by the 218 Court Worker who limited referrals only to those women suggested as suitable by the Sheriff or other practitioner. The 218 Service Manager indicated that women in the court cells who wanted to self-refer often did so when they were most vulnerable and usually did not attend the service for an assessment. As referrals such as these took up significant amounts of staff time and negatively affected statistics about the numbers of assessments completed, it was decided to not actively pursue women held in custody in court without a direct recommendation. The data also shows the role of the 218 Court Team diminished and no referrals were received from this source after 2007. Referrals from CJSW represented nearly a fifth of referrals in 2007 but this dropped to 16% by 2009.

### 5.5 Table 7.1 Source of referral by year<sup>25</sup>

Source of referral	2007	2008	2009	Missing	Total
District Court	86 (23%)	104 (25%)	76 (23%)	7 (37%)	273 (23%)
Sheriff Court	67 (18%)	81 (19%)	56 (17%)	4 (21%)	208 (18%)
CJSW	74 (19%)	63 (15%)	53 (16%)	1 (5%)	191 (16%)
Self referral	83 (22%)	24 (6%)	28 (8%)	0 (0%)	135 (12%)
CAT	32 (8%)	55 (13%)	31 (9%)	1 (5%)	119 (10%)
Agency	21 (5%)	17 (4%)	6 (2%)	0 (0%)	44 (4%)
Other	2 (<1%)	11 (3%)	18 (5%)	1 (5%)	32 (3%)
Base 75	0 (0%)	16 (4%)	14 (4%)	1 (5%)	31 (3%)
Drugs Court	4 (1%)	13 (3%)	9 (3%)	0 (0%)	26 (2%)
Social Work	4 (1%)	12 (3%)	9 (3%)	0 (0%)	25 (2%)
218 Court Team	19 (5%)	0 (0%)	0 (0%)	2 (11%)	21 (2%)
Procurator Fiscal	2 (<1%)	8 (2%)	7 (2%)	0 (0%)	17 (1%)
Voluntary Organisation	0 (0%)	8 (2%)	4 (1%)	0 (0%)	12 (1%)
CHCP Pilot South	0 (0%)	0 (0%)	8 (2%)	2 (11%)	10 (<1%)
CHCP Pilot East <sup>26</sup>	0 (0%)	0 (0%)	8 (2%)	0 (0%)	8 (<1%)
Turning Point	2 (<1%)	1 (<1%)	1 (<1%)	0 (0%)	4 (<1%)
Prison	2 (<1%)	2 (<1%)	0 (0%)	0 (0%)	4 (<1%)
POP	0 (0%)	0 (0%)	3 (1%)	0 (0%)	3 (<1%)
<b>TOTAL</b>	<b>398</b>	<b>415</b>	<b>331</b>	<b>19</b>	<b>1163 (100%)</b>

Source 218 Service

### Who is referred?

5.6 The data held by the 218 Service about the 1163 referrals showed that the majority of women referred to the service are White Scottish (96%); reside in and around Glasgow (97%) and are aged between 25 and 39 years (66%). An examination of the appropriateness of referrals conducted by the 218 Advisory

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<sup>25</sup> The data by year and by source of referral have been analysed separately and included in the same table for comparison. The two sections of the table are based on a slightly different number of cases as in ten cases the source of referral was not present and in 23 cases the year was not coded correctly within the data.

<sup>26</sup> A three month pilot Satellite Assessment Service took place between 12/01/09 and 01/04/09 in East and Greater Pollok Community Health and Care Partnerships (CHCPs). This pilot was established to identify and assess appropriate referrals and to aim to reduce the number of women who do not present for an assessment.

Group showed that the only women referred to the service who did not have a criminal justice connection had been referred via mandatory drug testing.

### Repeat referrals

- 5.7 In many cases women were referred to the service more than once<sup>27</sup>. While the majority of service users had been referred to the service only once (382), some women had been referred up to ten times. In fact, women referred more than once made up two thirds of the total number of referrals<sup>28</sup>. Discounting multiple referrals a total of 644 women were referred to the service during this period.
- 5.8 The high number of repeat referrals in comparison to the number of women referred suggests that women offenders may have contact with several areas of the criminal justice system and other possible referral agencies at any one time and that multiple referrals may be made as a direct result of this. This indicates that there could be some room for a more co-ordinated approach to referral in future, although one Criminal Justice Social Worker with good knowledge of the service reported that it was likely that an individual woman would report different elements of her needs to her different workers and that no one worker may have a clear picture of all of her underlying needs, thus perhaps prompting multiple individual referrals. On the other hand, she also noted that where possible, Care Managers would make contact with one another to discuss a prospective referral. She admitted however that this was often difficult to organise with multiple Care Managers and that this might also have an impact on the multiple referral of individual women offenders in relation to a single episode.
- 5.9 The literature on desistance and substance misuse indicates that the process of change is not linear and that several attempts may be needed before desistance or abstinence is *achieved* (Maruna, 2000; Prochaska and DiClemente, 1982). It may therefore be the case that women referred to the service multiple times are in need of support and are preparing to make change but haven't yet fully engaged with the process. With this in mind, the high rates of repeat referrals are positive as it shows agencies are still attending to the needs of women offenders and haven't ruled out the possibility that the 218 Service may assist *them* to change their behaviour. This shows that most agencies have a positive view of the service and are prepared to keep referring women offenders despite their initial lack of engagement.
- 5.10 The interviews conducted with women *offenders* support this view. While thirteen of the 19 women interviewed reported that this was their first referral to the 218 Service, six had previously experiences of referral. One had received three referrals in the past. Another admitted it was the first time she had attended for an assessment as she had previously not felt confident to do so.

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<sup>27</sup> See Table A2.4 in Appendix 2.

<sup>28</sup> In the same period, there were 630 assessments of 439 women. While this appears to be a low rate of conversion from referral to assessment there are a number of explanations for this finding which are explained in the section on Assessment.



Another had previously completed the programme following a referral from the Sheriff Court and one had previously attended the service but felt she had needed longer than the service would allow. All six women were currently engaging with the service and benefitting from their work there and their experience suggests that multiple referrals are in fact important in supporting the process of desistance and change.

5.11 While the literature supports the need for multiple opportunities to make change and this appears to be provided by the multiple referral of individual women, some stakeholders felt *that* multiple referrals may occur as some women may not be suitable for referral to the service or may simply not be ready to change. A similar view was reported by one of the Sheriffs, who felt eventually there is ‘*no option*’ other than to send a woman offender to prison when she fails to comply with the offers of support and sanctions of the court<sup>29</sup>. As the GAS Nurse Team Leader explained:

*‘We accept sometimes people might have to be here 5 or 6 times, but there comes a point when 218 is obviously not the place or that woman isn’t ready’.* (Nurse Team Leader, 218 Service)

5.12 With these factors in mind it seems important to examine multiple referrals more closely to understand how they arise and whether they are the product of the process of desistance or the result of a problem in the process of referral that can be addressed. Case Study 1 illustrates the decision making of one woman offender about being referred to and later engaging with the 218 Service.

### Case Study 1 - Jean<sup>30</sup>

General details:	Single, White, 28 years old. Born in Glasgow and lived in rented accommodation Attending Residential Service
Personal details:	Recent and historic experiences of bereavement Experiences of depression and anxiety Experience of sexual abuse as a child Left home at 15 years
Employment history:	Periods of employment in the past but currently unemployed.
Substance misuse:	Commenced prescription drug and alcohol use at nine Current poly drug and alcohol use
Offending history:	Convicted of theft, shoplifting, breach of the peace, drug possession and attempt to supply and several violent offences connected to her past.
Referral experience:	First referral from Police Cells but did not attend as she was concerned her benefit would be stopped and she was not ready for six months residential treatment. She changed her mind when threatened with a prison sentence. Her supervising officer told her about the service and she was referred by the Glasgow Sheriff Court. She reported that she no longer wanted a chaotic lifestyle that she wanted to

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<sup>29</sup> Although there is some evidence to suggest that the service has been influential in reducing the rate of imprisonment of women offenders in Glasgow. See paragraphs 10.25 and 10.26.

<sup>30</sup> A pseudonym.

have a 'normal' life. A key factor in her decision-making was the desire to be there for her niece whose mother had recently died as she had faced a similar experience in her youth. She reported having a desire to change her life but knew she needed help to go beyond the changes she had already made.

## Views of the referral process

### 5.13 Women offenders' experiences of the referral process

5.14 Of the 19 women interviewed, six reported that they had been told little about the service and they had as a result felt reluctant to attend or had been deterred from attending the service. As one woman who was accompanied to the service by her supervising officer explained:

*'[I was not told about 218] until I came to the service. That is why I was so reluctant to attend. Then I realised what I could achieve.'* (Interview 4, 32 years, Day Service)

5.15 The interviews with key *stakeholders* reflected the women offenders' experiences. There was some concern that a proportion of cases that were referred were deterred from attending as they were not well informed about the nature of the service, the type of provision on offer or what to expect when they arrived. Staff at the 218 Service also expressed concern that some women had been referred to the service without their consent. Women offenders reported that in early contact with the services they were often heavily intoxicated or in crisis and therefore unable to remember what they had been told. As a GAS Senior Addiction Nurse at the 218 Service explained:

*'The service users themselves, are not always aware of the service provision prior to their arrival. When they arrive we give them leaflets, and a handout is given to the women going in to residential. But sometimes they are just too intoxicated to take it all in.'* (Senior Addiction Nurse, 218 Service)

5.16 It was not possible to gather much information about women who wanted to be referred but who had in some way slipped through the net. One interview identified a case where *despite* wanting to engage with the 218 Service and having been assessed the woman had not been offered a place. Her Care Manager reported that he had made repeated contacts with the service but that there had been no response. While this is only one instance and may simply be a problem of communication regarding the outcome of the assessment, it could also represent an issue in the referral process that needs to be addressed<sup>31</sup>.

5.17 Five of the women interviewed reported that they had self-referred to the service. On further investigation, the majority of these women had entered into a discussion with the care manager or key support service who had suggested the 218 Service to them. Only one or two women reported that they had self-referred to the service after finding out about it through friends, family or

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<sup>31</sup> In an example of the reflexivity of the 218 Service, the management team are already reviewing this process.

voluntary support services. One woman, for example, reported that she had found out about the service through Alcoholics Anonymous despite having a care manager in the CAT. This finding is interesting, as it appears that some women offenders for whom the referral was not a condition of a sentence, order or supervision, had been involved in a discussion about the service and had agreed to attend voluntarily. These women appeared to view their attendance as a self-referral rather than as coercion by social work or the courts and this may have implications in relation to their motivation to change.

### Stakeholder's views of the referral process

5.18 Although both Stipendiary Magistrates and Sheriffs expressed support for the 218 Service they also acknowledged that there was some variation in the rate of referral among their colleagues. When asked about this one Stipendiary Magistrate explained that rather than being an issue of reputation, it was rather that some magistrates may be more proactive in identifying suitable cases for referral through their familiarity and interest in the service. She explained:

*'Among the magistrates there are no negative views of 218. Some have it at the forefront of their minds others perhaps don't.'* (Stipendiary Magistrate)

5.19 Such feedback indicates that rates of referral could be increased through the wider promotion of the service as well as through the development of systems which identify the 218 Service as an option for referrers. Both Magistrates and Sheriffs alike felt that *the* important link in the referral chain was for CJSW to include a recommendation for a referral to the service in a woman offenders' Social Enquiry Report<sup>32</sup>.

5.20 Views about self-referral among *stakeholders* were mixed. Many 218 Staff viewed women who had self-referred as displaying a greater level of commitment and engagement with the process of change, however this view was not held by all. For example, the GAS Nurse Team Leader explained that she felt some women who had self-referred were taking advantage of the general provision at 218 rather than accessing support to change their chaotic behaviour. She said:

*'I think there should be less self-referral. I feel sometimes the self-referrals were just looking for somewhere to go and have lunch or a break from their chaotic lives, looking for comfort rather than any therapeutic work.'* (Nurse Team Leader, 218 Service)

5.21 Other 218 Staff and key stakeholders felt that while a woman may not initially take up a service or be active in making changes this positive and regular contact with the service allowed women to build the necessary trust to engage with the service at a later *date* and also provided staff an opportunity to motivate women to begin to make even small changes.

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<sup>32</sup> A formal process has since been developed to ensure this is the case.

- 5.22 One of the two Magistrates interviewed *expressed* some frustration about his attempts to refer a woman offender to the service on bail. He reported that on the five or six occasions he had attempted to bail a woman offender from court no beds had been available at the service. While he was aware of the constraints within which the service worked and held highly positive views of the service, he suggested that experiences such as these among other referrers might deter them from making referrals in future.
- 5.23 A number of key stakeholders felt that the introduction of the pilot diversion from prosecution scheme in July 2008 had made a significant impact on the number of referrals and the channels through which referrals were made. The 218 Service Manager, for example, reported that direct referrals from the Procurator Fiscal had *dropped* off significantly since the introduction of the scheme. This view was echoed in an interview with a Principal Depute, who felt that the original process of referral to the 218 Service had been 'cumbersome'. Rather than refer women offenders via this route, he indicated that the low numbers of women offenders in his jurisdiction were likely to be diverted from prosecution and that it was then the responsibility of Criminal Justice Social Workers to refer suitable women onto the 218 Service if they were deemed appropriate. There was no suggestion by the Principal Depute that any attention was given to providing women offenders information about the availability of the service or indeed suggesting that they may also like to self refer.
- 5.24 The impact of the diversion from prosecution scheme may therefore be a perception in some spheres that the responsibility for identifying and referring women offenders to the Service can be avoided as suitable cases will be identified at other stages of the process. This reliance on the diversion scheme was considered problematic by staff at the 218 Service as it added another layer of involvement in the woman offender's life and also as it may in fact delay her access to support. There are other possible consequences of this development, particularly, that key agencies can avoid engaging with individual issues around the gendered nature of women's offending, particularly as this now appears to be addressed in broader criminal justice policies. This means in practice that key referrers may in fact become less skilled in identifying and referring more serious women offenders in future due to a decrease in knowledge about the suitability and availability of services such as 218.
- 5.25 Another issue affecting the referral of women to the service were misunderstandings among referrers about the eligibility criteria for the service. Indeed stakeholders from several key agencies indicated that they thought the service was only for women offenders with substance misuse problems. An interpretation of the criteria in this way may be limiting the numbers of women without substance misuse issues being referred for support. There is also evidence from the interviews with women offenders that they were reluctant to attend due to their perceptions of the service users. As the majority of women offenders involved with the service do have substance misuse issues it is unclear whether this is the cause or a product of this view.
- 5.26 It was generally felt by key stakeholders from the Drug Court, the Sheriff and Stipendiary Magistrates Court, Criminal Justice Social Workers and 218 Staff

that women offenders referred to and engaging with the 218 Service were generally older than the overall population of women offenders and were often facing physical decline following years of substance abuse and chaotic lifestyles<sup>33</sup>.

*'I visited 218 not long ago and was struck when the Service Manager told me that the average age of engagement was over 40 years and by then the health of the women is already breaking down. By their mid 40s their lifestyle is deteriorating and you can see that.'* (Stipendiary Magistrate 2)

5.27 A Senior Addiction Worker at Glasgow Drug Court, for example explained that it was more difficult to engage younger women with the idea of attending the 218 Service, a view which was echoed by other key stakeholders including Stipendiary Magistrates, Sheriffs and Criminal Justice Social Workers. It was suggested for example that younger women offenders were not yet committing violent offences or facing periods of imprisonment on remand or under sentence and that therefore the deterrent effect of these was not providing sufficient motivation for women to consider attending the service. Furthermore, for offenders of this type there was no need to 'order' them to attend as part of a condition on bail or statutory order. It was also thought that experiences of social work intervention earlier in their lives may create an immediate resistance to social work support among some young women.

5.28 Older women, on the other hand are in a different position and may also have stronger personal motivations to engage due to the extreme chaotic nature of their lives, physical health problems, their involvement with coercive partners or through the loss of children into the care system. It therefore appears that while the service may be suitable for women offenders of all ages and levels of offending, that there is a proclivity to refer older, more chaotic, more serious and drug involved women offenders. It may be useful to identify referral pathways and develop services for lower level and younger women offenders.

5.29 What appeared influential among those making referrals were personal positive experiences with the service either through direct visits, personal testimonies or through engaging with a woman offender who achieves a degree of positive change. Several key stakeholders referred to one woman offender [Case Study 2 – Cathy] with whom they had been in contact and remarked on the extent of the change she had achieved during her engagement with the 218 Service. As a Stipendiary Magistrate who had worked with this woman offender expressed:

*'...the difference in her appearance and way of presenting after being involved with the 218 service is astonishing.'* (Stipendiary Magistrate 2)

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<sup>33</sup> This is also reflected in the data which indicates the average age of referral to be between 25 and 39 years.

- 5.30 Such experiences were crucial in encouraging ongoing attempts at referral of women offenders, particularly among stakeholders who may only see women offenders during periods of failure such as when they are returned to court or hear about cases who have walked out of the 218 Service whilst on bail.
- 5.31 A final factor which seemed connected to the commitment to refer women offenders was the degree of acceptance or awareness about the reality of women's gendered experiences in life and particularly within the criminal justice system. Generally, practitioners and stakeholders with a good understanding of these issues were more proactive in making referrals and developing strategies to streamline the process of referral. Among Criminal Justice Social Workers, Sheriffs, Procurator Fiscals and Stipendiary Magistrates interviewed there was clearly a relationship between levels of understanding and commitment to issues of gender and the ways in which decisions were made about referring women offenders.

## 6 ASSESSMENT

6.1 The assessment process has seven stages beginning with an initial assessment of the referral. Following this an appointment is made for a woman offender to attend the service to begin the assessment process. Once fully assessed a comprehensive, individually tailored care plan is created<sup>34</sup>.

### Number of Baseline Assessments

6.2 Between 1 January 2007 and 31 December 2009 a total of 439 women were assessed. There was a slight upward trend in the number of assessments conducted in 2008 (n=214; 34%) and 2009 (n=207; 33%) compared to 2007 (n=198, 31%). The upward trend in assessments during a period of decline in the number of referrals could suggest improvements in the quality of referrals being made to the service.

6.3 Multiple assessments accounted for over half (51%) of all assessments undertaken by the service during the three year period. Table A2.5 shows that of those assessed, 306 women had one assessment, 90 women had two assessments, 32 women had three assessments, nine women had four assessments and one woman had five and another had seven assessments.

6.4 Of the 630 assessments conducted by the 218 Service, the majority had been referred by CJSW (20%), the Sheriff Court (18%) and the District Court (17%). A further 12% were referred by CAT and 10% of assessments were completed on women who had self-referred to the service. There were low numbers of assessment for referrals made by the 218 Court Team, Procurator Fiscal and via the Prison Referral (see Table A2.6).

### Relationship between referral and assessment

6.5 An examination of the proportion of referrals converted into assessments shows that on average just over half (54%) of all referrals are assessed. Table 8.1 shows how this rate varies by the source of referral. While the District and Sheriff Court make a high number of referrals, the proportion of referrals which are then assessed, are lower than average. Referrals made by the Drug Court (85%), Social Work (72%), CJSW (66%) Base 75 (65%) and CATs (63%) were higher than average.<sup>35</sup> This suggests that perhaps these referral agencies have a better knowledge of the service and how it can support the underlying needs of the woman offender. They may therefore be better able to identify suitable cases for referral. Further investigation of this data might provide more information about how to refine referrals to improve levels of engagement.

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<sup>34</sup> Further detail about each of these stages is discussed in Appendix 4.

<sup>35</sup> Data about referrals from other sources (such as the CHCP Pilot East, Prison and Turning Point) should be interpreted with caution due to the low number of referrals.

**Table 8.1 Proportion of referrals leading to assessment by source of referral**

Source of referral	Referrals	Assessments	% of referrals assessed
CHCP Pilot East	8	7	88%
Drugs Court	26	22	85%
Turning Point	4	3	75%
Prison	4	3	75%
Social Work	25	18	72%
CJSW	191	126	66%
Base 75	31	20	65%
CAT	119	75	63%
Agency	44	27	61%
Voluntary Organisation	12	7	58%
Sheriff Court	208	110	53%
Other	32	15	47%
Procurator Fiscal	17	8	47%
Self referral	135	62	46%
218 Court Team	21	9	43%
CHCP Pilot South	10	4	40%
District Court	273	107	39%
POP	3	1	33%
Missing	10	6	60%
<b>TOTAL</b>	<b>1173</b>	<b>630</b>	<b>54%</b>

Source: 218 Service

### Views of the assessment process

- 6.6 Seventeen of the nineteen women interviewed felt that the assessment process had been clear. One woman admitted that she did not remember the assessment process as she had been drinking heavily for a long period prior to her attendance. Several women commented that they had not provided full information to their worker at their initial assessment but had since begun to open up more. Another woman explained how the assessment had allowed her some clarity about her own situation. She explained: *'I did not know I was so vulnerable'*.
- 6.7 Interviews with key stakeholders found that some referrers felt that the process of referral and assessment were lengthy and 'cumbersome' and that this hindered access to the service.

*'The process could be more effective if they had more bed space, the lack of space is an issue, that and the engagement process. There are a lot of individuals that can benefit from the service out there, but they have to go through a process, that is, two weeks in assessment before starting the process off.'* (Senior Addiction Worker, Persistent Offender Project)

- 6.8 The Senior Addiction Worker in the Persistent Offender Project (POP), who also work with substance misusing and chaotic repeat offenders, reported that there was a need for rapid access to drug treatment services for women within



the city. He explained that rapid access was one of the key strategies for reducing re-offending and that the lengthy referral and assessment process at the 218 Service slowed this process down. He explained:

*'Most of the women we work with are involved in prostitution. If you look at that group they are extremely chaotic, vulnerable and nomadic. What we've found to be successful for these women is providing a service there and then – right now, to provide an exit for them, rather than slowing it down to "OK you've got an appointment in 2 weeks, we will look towards getting you a script, but you need to get assessed first, and we will look towards getting a residential placement – the process is just not productive... If we can access residential services or methadone or community options there and then, you've got a better chance of keeping them in treatment'. (Senior Addiction Worker, Persistent Offender Project)*

- 6.9 The 218 Service Manager, and the Operational Manager Social Work Services (Criminal Justice) both strongly held the view that the remit of the service is not to work as crisis accommodation for women offenders but rather to thoroughly identify underlying needs, screen for issues such as serious mental health problems and to provide a structured programme to meet these needs. Both felt strongly that while crisis support may be needed across the city, that this was not the role of the 218 Service.

## 7 SERVICE USERS<sup>36</sup>

7.1 The majority (66%) of referrals made to the 218 Service between 1 January 2007 and 31 December 2009 were aged between 25 and 39 years with the largest proportion of women (26%) aged 25-29 years<sup>37</sup>. Over the three years there was a reduction in referrals of women aged 20-34 (71% of referrals reducing to 57%) and an increase in referrals of women aged 35-44 years (21% of referrals increasing to 33%). The majority (96%) of women offenders were White Scottish with a further 2% White Other and 1% of Mixed ethnicity<sup>38</sup>. Only 3.3% of women were who were referred to the service were not from a Glasgow postcode – 1.8% from other areas in Scotland (mostly Strathclyde), 0.9% of no fixed abode, and 0.6% from England. A postcode was not recorded for 251 (21%) of women.

### Personal circumstances and presenting issues from 218 Service data

7.2 Details about the living arrangements of women offenders at the time of their assessment were available in 372 cases. Of these 46% were living in their own tenancy; 15% were either of no fixed abode or living in homeless or hostel accommodation, 14% were living with family, 9% were living in supported accommodation, 7% lived with their partner, 5% were renting, 4% lived with a friend and 3% were living at the 218 Service. Around 7% had 'other' living arrangements. A total of 229 (36%) of the 644 women referred to the 218 Service reported claiming benefits - Income Support (63%), Incapacity Benefit (22%), Disability Living Allowance (11%), Job Seeker's Allowance (10%), Child Benefit (6%) and Employment and Support Allowance (6%). Information was available about employment status in 118 of the referral records – 83% were unemployed for greater than one year, 9% were unable to work due to a long-term illness and 2% were involved in paid employment at the time of the referral to the 218 Service.

7.3 Of the 630 assessments conducted, in 125 cases (20%) the woman had one child, 40 (6%) had two children, 20 (3%) had three children and 8 (1%) had four or more children. The majority of children were living with extended family (48%). Only 17% of these children were living with the woman offender at the time of the assessment, with 18% living in a foster home, 7% with an ex-partner, 4% with a current partner, 4% with adoptive parents and 3% in care.

7.4 The data provided by the 218 Service included 740 records about 287 women offender's use of alcohol and other licit and illicit drugs<sup>39</sup>. The most commonly used substances were Methadone (23%), Benzodiazepenes (19%), Alcohol (18%) and Heroin (16%). Over a third (37%) used only one substance with 63% using two or more substances and 11% using five or more substances.

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<sup>36</sup> The data reported in this section is based on 3776 'points of engagement', 644 women offenders of whom 627 had referrals to the service totalling 1163 referrals.

<sup>37</sup> See Figure A2.1 in Appendix 2.

<sup>38</sup> In a further 1% of cases the offender's ethnicity was unknown.

<sup>39</sup> Five cases reported abstinence and these have been left out of this analysis.

7.5 The most commonly experienced issues among women referred to the service were legal and criminal matters (78%) followed by mental health (48%), non injecting drug use (39%), physical health (38%), alcohol use (37%), relapse (29%) and injecting drug use (23%)<sup>40</sup>. In terms of criminal justice involvement 34 women offenders were directly bailed to the 218 Service between 2007-2009. Three of these women had been directly bailed twice each. Forty six women had been referred to the service while on probation – one of these women had been referred via this route twice. A total of 68 women had been referred to the service via a deferred sentence with two women referred twice and one woman referred three times via this route.

### **Needs and circumstances reported among women interviewed**

- 7.6 The 19 women interviewed had reported a range of underlying needs and experiences. Ten women described their family history as 'traumatic' or 'difficult' as they had experienced physical, emotional or sexual abuse. Nine reported experiences of parental alcoholism (either one or both parents). Many had experienced bereavements, having lost parents, partners, siblings and children - two reported the murder of their fathers before they were 15 years old and the harrowing consequences of this on their families. Several women had witnessed violence against their mothers and had experienced domestic violence within their own relationships. Only three women reported having 'very good' or 'supportive' families.
- 7.7 The most common types of offending reported by the women interviewed were shoplifting and breach of the peace. A number of women (13) had committed violent offences such as assault of a police officer, assault of an ex-partner or racial assaults. Nine of the women had experienced custodial sentences or had narrowly avoided them through being referred to the 218 Service.
- 7.8 Eleven women reported physical health problems including cervical cancer; arthritis; asthma; cirrhosis of the liver; damaged kidneys and pancreas; bowel problems; minor stroke; blood clots in lungs and heart; lower back and stomach pain; epilepsy, fits and narcolepsy; and other more minor complaints. Two women reported being the victim of violent attacks and accidents which had left them with permanent physical health problems such as memory loss and loss of function in limbs. Fifteen women reported a range of mental health problems including: clinical depression for which they were medicated and saw psychiatrists; anxiety; self harm; panic attacks and a range of other related symptoms.
- 7.9 Of the 19 women interviewed, 17 reported struggling with addiction. The types and combinations of drugs and alcohol used varied significantly. Eight women reported poly-drug and alcohol use together. At least 12 of the women reported problematic drinking; eight were addicted to prescription medications including diazepam (Valium), temazepam, dihydrocodeine, and methadone. While not

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<sup>40</sup> See Table A2.7 in Appendix 2.

explicitly discussed in the interview process a number of women also reported involvement in prostitution.

## **8 ENGAGEMENT WITH 218 SERVICE**

8.1 This section of the report aims to examine women offender's engagement with the 218 Service beyond the initial assessment stage<sup>41</sup>. The findings in this section of the report are based on data provided by the 218 Service for the three years between 1 January 2007 and 31 December 2009, case study data and qualitative interviews with women offenders.

### **Overall engagement with the 218 Service**

8.2 Figure 10.1 shows the number of periods of engagement connected to each stage of the programme for women who were assessed by the 218 Service. There were a total of 334 engagements with the Residential Service during this time. There were also a total of 535 unique engagements with Day Services (336 with the original programme and a further 199 with the new phased version)<sup>42</sup>.

### **Nature and extent of engagement**

8.3 The data provided by the 218 Service was examined according to the engagement of individual women according to their unique client number. Engagers and non-engagers were identified by screening out women offenders who had been referred to the service and assessed but who did not continue on to any other stage. This analysis indicated that of the 644 individual clients identified 334 (52%) engaged with the service in some capacity after their assessment while 310 (48%) did not.

### **Who engages?**

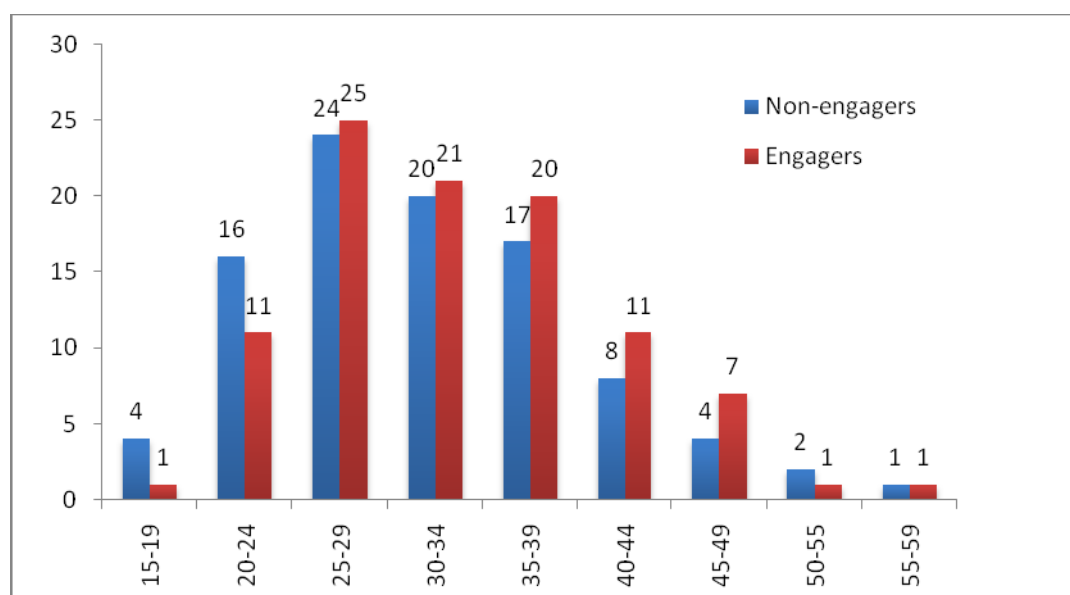
8.4 Examining the 218 Service data for the two groups – engagers and non-engagers highlighted some important differences in the characteristics of these women<sup>43</sup>. Figure 10.1 shows that that there were a greater proportion of women engaging with the service in age groups between 25 and 39 years.

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<sup>41</sup> It is important to note that during this period there were significant changes to the duration of engagement a woman offender was permitted and to the programme on offer at the service. This is reflected in the data available for this period. The data is also collected according to unique Periods of Engagement, that is, a single woman offender may have multiple contacts with the service. Where possible, the data has been analysed with the aim of reconciling these two factors, however, in some instances this proved problematic. See Appendix 1 for further information about the 218 Service dataset.

<sup>42</sup> While the numbers of engagements with each individual phase of the new programme appear small, there are two key reasons for this. Firstly, the duration of engagement allowed with the service has been significantly extended and the new phased programme only began operation in 2009 which will affect the figures in this section of the report.

<sup>43</sup> See Appendix 1 for details of the limitations of this methodology.

**Figure 10.1 Differences in age between engagers and non-engagers (%)**

Source: 218 Service

- 8.5 A higher proportion of women referred by CJSW, the Sheriff Court, CATs, Agencies, Social Work and the Drugs Court were engaging with the service<sup>44</sup>. A higher proportion of women who self referred or who were referred from the District Court were not engaging with the service. This information is useful in determining where to target efforts at improving the rate and type of referrals made.
- 8.6 Differences also emerged between the proportion of engager and non-engagers who presented with a selection of key issues<sup>45</sup>. Women who engaged with the service more often reported all of the key issues except legal and criminal matters and self-neglect. For example, 46% of women who engaged with the service had health issues compared with only 21% of those who didn't engage. This data suggests that women offenders engaging with the service suffer from a greater number and perhaps variety of underlying needs. Further examination of this data is suggested to understand how different presenting issues intersect with one another. Interestingly, women who didn't engage more often reported neglecting themselves than those who did engage.

### Programme completion

- 8.7 In total over the three years there were 469 points of engagement by 84 women where the reason the file was closed was because the programme had been completed. Table 10.1 shows that examining each of the types of engagement more closely in 91 (30%) of the 307 cases involved in the original version of the Day Service the reason for file closure was that the programme

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<sup>44</sup> See Figure A2.2 in Appendix 2.

<sup>45</sup> See Table A2.8 in Appendix 2.

had been completed. A smaller number had either fully or partially achieved goals while involved with the service. This compares to 29% completing Phase 1, 53% completing Phase 2, 76% completing Phase 3 and 100% completing Phase 4 of the new programme<sup>46</sup>. Of the 334 engagements with the Residential Service 29% were completed.

**Table 10.1 Numbers of cases assessed that went on to engage by type of engagement and number and proportion completing**

Type of engagement	Number in stage	Valid number in stage	Number completing	% completing
Residential	334	270	77	29%
Day Service	336	307	91	30%
Phase 1	111	68	20	29%
Phase 2	59	34	18	53%
Phase 3	25	17	13	76%
Phase 4	4	4	4	100%
Throughcare Addiction Service	4	4	4	100%

Source: 218 Service

8.8 Figures such as these suggest firstly, that the new phased approach improves the capacity to measure change among women offenders and secondly that there have been improvements in the rate of completion among women offenders who are participating in the revised programme. While the numbers completing all four stages may appear low this is likely to be the product of the increased time frames of the programme which means that few women have progressed to this stage during the timeframe for the evaluation. The 218 Service Manager also reported that few women offenders are expected to require ongoing support at Phase 4 as many will have successfully left the service at Phase 3. Lower numbers in the final phases are also expected due to the nature of women's engagement with the service with many women making progress to Phase 2 leaving (either planned or unplanned) and later returning to the programme where they left off. This finding was reinforced in the interviews with women offenders who had previous experiences of involvement with the 218 Service and felt that the opportunity to engage for a longer period of time was beneficial.

### **Women offenders' views of their engagement**

8.9 For 13 of the 19 women interviewed this had been their first engagement with the 218 Service. For another woman it was the first time she had actually attended her assessment appointment and engaged with the service despite being referred previously. The remaining five women had been in contact with the service on a number of occasions. The interviews with women engaging with the service indicated that they felt positive about their experiences. For

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<sup>46</sup> Where a reason for file closure is missing in the data this has been removed and the base figure adjusted to calculate percentages. For example, there were only 307 cases of 336 in Day Services where a reason for file closure was present therefore this is used as the base for this calculation.

many a key aspect of this was the support offered even when they had 'slipped up'. One woman explained that it was this support which had allowed her to return to the service:

*'I think it was just knowing that they were always there... and because I had done it before I knew what I had to do to complete it. I knew what I had to put in. It wasn't just a case of you've relapsed and you're failed, that's it, you can't do it any more...It's not just a case of putting you out the door.'* (Interview 20, 28 years, Day Service)

- 8.10 Other women appreciated the wide range of support, particularly with court attendances, legal matters, discussion with social services and housing officers, and referrals for outside support. All but one of the 19 women felt that these needs had been met during their engagement with the 218 Service.
- 8.11 While the views of women offenders about their engagement at the service were mainly positive, some of those interviewed expressed a number of complaints. These seemed to focus on a few key areas including the supervision of visits and telephone calls, the limited space in the service's van, the lack of outside space and exercise equipment and a feeling that some of the rules were patronising or infantilising. While many of these views were expressed during interviews with the evaluation team both the 218 staff and management were aware of and addressing these issues.

### **Reasons for non-engagement**

- 8.12 Of the six women who were identified as non-engagers - one had completely desisted from offending; one took drugs at the service and was asked to leave and is now engaged with treatment elsewhere; one wasn't ready to engage and has recently left prison but has also significantly changed her offending behaviour; one left the service as she felt it wasn't for her but has taken steps on her own in conjunction with community based services; and one had not been contacted following her assessment by the service. Four of these women had been involved with the 218 Service on more than one occasion. One woman felt her initial experiences at the service during her medical assessment had deterred her from attending further.
- 8.13 Interviews with women offenders and key stakeholders indicated that in some cases low level women offenders were initially reluctant to engage with the service as they didn't identify as 'offenders' or feel that the programme on offer at the service would be relevant to them. Despite these concerns most did go on to engage with the service either after an initial referral or sometime in the future.
- 8.14 On the other hand, one woman offender who had made much progress at the service but who had since chosen not to continue to engage, explained that she had in fact felt the inverse of these feelings and worried about attending a service which may also be used by non-drug users. She said:

*'I wasn't aware of the scope of the 218 when I first went in. I thought it was only for prostitutes and drug users, when in fact it is for a range of*

*people... I didn't feel comfortable being there with people who weren't users. It would be better if everybody was in the same boat.* (Interview 20, Non engager, 28 years)

8.15 There was also evidence from the interviews and data held by the 218 Service that women may accept a referral in order to avoid alternative punishment, to please others or to obtain some respite from a violent partner without being fully motivated or 'ready' to change. In three of the six cases, women explained that they weren't ready to leave their partner to attend residential treatment or that their partners were not seeking their own treatment and that this had affected their ability to engage with the service. The role of partners in a woman's ability to engage was recognised by a number of key stakeholders. As a Project Worker from the 218 Service explained:

*'[A woman's] improving sense of self through group work and so on may create dissonance for the woman between her needs, goals and current circumstances. It is hard to hold those two places at one time. They may have partners clock-watching outside. There might be a degree of dissociation. They are also protective of their partners too as they protect women while they are working. Women will perhaps work on their relationships with men when their partners are in prison. They often have a different assessment of where they are when their partners are not around as they are free from the control and dependency.'* (218 Project Worker, 218 Service)

8.16 These findings highlight the importance of allowing women offenders multiple opportunities to engage with the service. The interviews with women offenders who were not engaged with the service suggest that there are many instances where women may be initially reluctant to engage but return later due to positive initial contact with the service. Others may initially engage then drop out due to their current personal or social circumstances only to return at a later time. There may also be a number of women who have significantly changed their lifestyle and who are no longer offending but who are not recorded as 'completing' a programme. This suggests that the 218 Service has the potential to produce sustainable benefits beyond those that are formally recorded and recognised.



## 9 EFFECTIVENESS OF THE OPERATION OF 218

- 9.1 As the initial evaluation conducted by Loucks et al (2006) identified, the service experienced some difficulties during its initial phase of operation. There have however been significant developments in the management and overall operation of the 218 Service since the initial evaluation. This section of the report examines the current strengths and limitations of provision and the key barriers to the effective operation of the service.

### Views about the service

- 9.2 The 218 Service was seen by sentencers as a *'rigorous alternative to custody'* with an *'intensive regime'*. Both of the Stipendiary Magistrates considered the provision available at the service as crucial to their work as magistrates. Of particular importance was the service's capacity to provide ongoing information from which further sentencing decisions could be made. As one explained:

*'I can't think of another service that assesses people, that comes back to the Stipendiary Magistrate and says they can or they can't help and who works on underlying issues... reports from the 218 Service are important for reviews. Information about whether they have continued to attend, whether they have engaged well, if they have progressed to a new module.'* (Stipendiary Magistrate)

- 9.3 There was also a general feeling that such provision is widely needed and that there are currently limited appropriate and holistic resources within the community for women offenders with complex underlying needs. These views were echoed within the interviews with women offenders, with one woman explaining very clearly, the significance of having a service such as 218 in Glasgow. As she said:

*'The staff are wonderful. They don't judge anybody...I was told it was a service for women to rebuild their lives [By 218 staff in court]...I came to see 218 on the advice of the Sheriff...the 218 has been a valuable project in my life and I would recommend it to anyone. If you get the chance to go to 218 then take it 'cos it does improve your life...It's a fabulous thing changing your life around.'* (Interview 7, 38 years, Residential Service)

### Strengths of current service provision

- 9.4 A new manager was recruited to the 218 Service in July 2007. This was considered by many of the key stakeholders as a key turning point in the operation of the 218 Service. As one explained:

*'I think the 218 service has changed immensely over the last two or three years. At one time it used to be that a woman used to have a live order and since [the current service manager]'s become the manager she's made fairly radical changes in there. Now they just need a criminal justice connection not a live order.'* (Senior Officer Glasgow Addiction Services, Glasgow City Council)

This view was also held by staff working within the service with one of the Service Co-ordinators in the Day Service saying:

*'I think it had a reputation in the past for being "somewhat alternative" and not always in a good way. The present management team have altered the perception of the 218 for the better.'* (Service Co-ordinator, 218 Day Service)

- 9.5 The new manager of the service was highly proactive and had developed the service extensively. The key activities undertaken by the service under her management include: the development of an extensive range of operational guidance and policy; created feedback and improvement strategies; reviewed key elements of the service had initiated an exit interview process; improved the relationship between the advisory group and the service; developed processes for internal monitoring and evaluation through improving data collection and analysis; undertaken significant marketing activity; widened access to the service; arranged for the redesign of programmes; and extended allowable periods of engagement. In addition to this staff generally viewed the new manager as approachable and transparent in her decision making. The service has also been highly rated by the Care Commission (Care Commission, 2009).
- 9.6 Since 2007 the 218 Service has also benefited from the arrival of a new GAS Nurse Team Leader who has assisted in streamlining processes between TPS and GAS, has provided leadership for nursing staff and has worked with the 218 Service Manager to challenge and develop health related practice.
- 9.7 A key strength of the service is this unique combination of GAS and TPS approaches within the same service and while some friction is to be expected in any partnership of this kind, the benefits of this growing relationship are great. For example, GAS offers the service improved governance, access to training, guidance regarding professional practice, feedback regarding service development, clinical expertise, knowledge of formal health service procedures and protocols and skilled staff with whom responsibilities can be shared.
- 9.8 Another key achievement of the service is the extremely low frequency of violence experienced, particularly considering the vulnerable and chaotic women with which it works. The manager of the service attributed these low levels of violence to the programme and ethos of the service which clearly sets expectations for unacceptable behaviour, uses mediation to resolve potential conflicts and supports women to have choice and be empowered.

### **Limits to provision by 218 Service**

- 9.9 A key area identified for improvement by strategic and operational, internal and external stakeholders was outreach provision to women in the community – both as a mechanism to support increased referral and assessment of women offenders and as a support to those women moving on from the service following a period of engagement.

- 9.10 Outreach to obtain improved quality and rates of referrals and assessments has been undertaken with criminal justice social work, Cornton Vale Prison, Community Health Care Partnerships and other key agencies and is an ongoing activity undertaken by the 218 Service management team.
- 9.11 At the time of the evaluation several key stakeholders recognised that there was no post engagement outreach to women, however, a proposal had been made to develop the service in this direction. An aftercare, outreach service was considered important to continuing to support women's desistance beyond their involvement in the service. As the Operations Manager explained:

*'We could develop an outreach service, which might help with bridging the gap, and I know women in the residential service get the opportunity to use the day service, but it might help to broker women into other services, or keep people tied in so we don't lose them, and I think an outreach would be really useful in doing that.'* (Senior Operations Manager, Turning Point Scotland)

- 9.12 Another area being considered by the management of the 218 Service was provision for lower level women offenders, or women at risk of involvement in the criminal justice system, particularly as they have expertise in working with and meeting the underlying needs of this group of women. A number of women offenders reported that had they been able to access support such as that offered at 218 then they would not be in their current situation or that such support should be provided for women before they end up in Cornton Vale. While this was a commonly reported view, there is also evidence from interviews with women offenders that at earlier stages of offending women may not be ready to engage with a service such as 218 due to the stigma they felt was attached to using the service.

## **Barriers to effectiveness**

### ***Multi-agency partnership working***

- 9.13 While there are multiple benefits of the joint working relationship between TPS and GAS which have been outlined earlier in this report, there are also challenges faced through working in a multi-disciplinary team. It was widely acknowledged by key stakeholders and 218 Staff for instance that it was not the function of the service to monitor the quality and effectiveness of the delivery of services provided by key agencies. However, those working with women offenders to improve their lives were able to identify key gaps and barriers which impacted on their own work and on the women offenders themselves. Central to these were problems with accessing housing, maintaining contacts with care managers and transferring scripting arrangements.
- 9.14 As a step towards improving barriers to accessing housing, the service has now been allocated a worker from the Hamish Allen Centre (Homeless Accommodation Glasgow City Council) who takes assessments from the service, assesses the woman's housing needs and identifies suitable accommodation. She also provides regular updates on the progress of

individual applications. Women leaving the Residential Service are now provided with sustainable housing upon successfully completing the programme<sup>47</sup>.

### **Care management**

9.15 As a woman offender's contact with the 218 Service is likely to be of a short duration it is important that women offenders have a Care Manager in the community in order to sustain change and maintain appropriate levels of support. For women on statutory supervision this is the responsibility of the Criminal Justice Social Worker<sup>48</sup> who must ensure each woman offender has an exit strategy at the time of her engagement with the 218 Service as well as maintaining ongoing contact with both women and 218 Staff to negotiate and progress the statutory supervision action plan. Women offenders who are not subject to statutory supervision will have a Care Manager from another statutory service with similar responsibilities. Protocols have been developed by the 218 Service to ensure fortnightly contact for women in the Day Service and weekly contact for women in Residential Service.

9.16 Sixteen of the women interviewed indicated that they had a Care Manager outside 218, however their experiences of the relationship varied. For some the arrangement worked well usually when women were subject to statutory supervision or when their Care Manager had some knowledge of the 218 Service. As the 218 Residential Service Co-ordinator suggested:

*'Overall interagency working can be very good but it can also sometimes be patchy. We have good working relationships with Base 75, POP etc but it depends on the personality within those organisations...'* (Service Co-ordinator, 218 Residential Service)

9.17 For some women offenders, their experience of regular contact had been poor. As one woman explained:

*'218 have been great. They've contacted them and contacted them but nothing. I'm fine but that's not the point. She thinks "Oh she's alright".'* (Interview 5, Day Service, 36 years)

9.18 This lack of regular contact between Care Managers and 218 Staff was had specific impacts on women offenders at the service. As a GAS Senior Addiction Nurse highlighted:

*'The only ongoing difficulties regarding communication with outside agencies is having them there when you require them to be... for example, having a script transferred from 218 to a chemist near the service user. Sometimes all it takes is a phone call.'* (Senior Addiction Nurse, GAS).

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<sup>47</sup> The extension of the admission period for the Residential Service has also helped in ensuring improved outcomes for women offenders who move on from the service into their own accommodation.

<sup>48</sup> According to the *National Objectives and Standards for Social Work Services in the Criminal Justice System*.

- 9.19 There was concern that in some cases inadequate care management might influence the women offenders' capacity and motivation both at the service and beyond.

### **Balancing criminal justice responsibilities with a 'person centred' approach**

- 9.20 Coercion into drug treatment by the criminal justice system has become increasingly common over the last decade. There has been some debate about the effectiveness of treatments where referrals are made on a voluntary or coerced basis (See Seddon, 2007). Among some commentators there is a view that external pressure may be 'internalised' by an offender and become a sufficient motivator to encourage behaviour change (Longshore et al, 2004). While this use of the criminal justice system as a route into treatment for drug addiction has been widely used among the general offender population, less is known about how this method translates to other offender groups and contexts.
- 9.21 In Glasgow women offenders can be referred into the 218 Service through a variety of channels each involving varying degrees of 'coercion' or 'choice'. Even when referred through more 'coercive' routes, for example, conditional bail or a condition on a statutory order, a woman offender is provided a detailed explanation of the other options available and may therefore consider herself to have to some extent made a choice. The ethos of the 218 Service is to empower women to make choices and engage them in decision making about their own care. As a result many of the women interviewed, regardless of their route of referral thought they had self-referred and were engaging voluntarily with the service. As one woman offender explained:

*'You don't get made to do anything in here, it's your choice and you commit yourself.'*(Interview 21, 43 years, Day Service)

- 9.22 It was felt by some stakeholders that at times, this joining of the criminal justice system with holistic, 'person centred' support may in some cases be confusing for women offenders. As the Senior Addiction Worker at the Drug Court suggested:

*'I think they have a way of making that woman feel safe and secure. I think the bit for me is the crossing of boundaries sometimes, especially as it is a criminal justice order. I know that sometimes confuses the woman because sometimes they get the wrong message. So I think that for me it could be tightened up slightly. They are trying to make the service as open as possible for the women. They are client focussed and they are trying to assist to change people's lives and show them that there is a future for them.'* (Senior Addiction Worker, Drug Court)

- 9.23 Although none of the women interviewed reported feeling confused, there may be confusion among practitioners about how the boundary between a voluntary sector organisation and the criminal justice system operate in practice. For example, two key responsibilities of the 218 Service are to ensure the confidentiality of data held about its service users while at the same time sharing information appropriate to support sentencers in making informed decisions about woman offenders' progress. The key stakeholders interviewed

felt that reports about women offenders would benefit from further qualitative detail about their progress.

9.24 The sharing of such information clearly requires active consideration within such an arrangement as it is potentially beneficial on many levels but also carries risks. The Nurse Team Leader, commented that while information sharing was common between key statutory agencies, one of the limitations of the 218 Service was the lack of access to criminal justice and addiction service databases. As she said:

9.25 'We have very open information sharing with other agencies. There is a reporting system operated by the CJS and addiction services in joint partnership, we don't get it in 218. I've been nipping people's ears for years for it.' (Nurse Team Leader, 218 Service)

9.26 Access to such systems would allow improved monitoring of outcomes for women offenders involved with the service.

### ***Measuring outcomes for women offenders***

9.27 As has been identified, the service has no direct access to key criminal justice and addictions data held about women who are involved with the service. There is also no routine access to re-offending data about this group and much of the health information collected by the service is kept in paper files. Such arrangements make ongoing monitoring and evaluation of the service difficult, as the only accessible electronic data source is that held by TPS.

### ***Limited resources***

9.28 The limitations to the physical space available at the 218 Service were acknowledged in the initial evaluation (Loucks et al, 2006) and continued throughout this evaluation period. The women offenders particularly commented on the lack of outdoor space in the Residential Service, a limitation that both the 218 Staff and TPS management also recognised. In response to shortages of space, the Residential Service have begun to make better use of the whole building during the evenings when the lower floors are unused. In addition to this, two of the original bedrooms in the Residential Service have been converted to become a group activities room to allow women to meet together in a common space.

9.29 Despite the limitations on space most of the women offenders were happy with their accommodation in the Residential Service. One woman however complained that she had been living in a room with only a small attic window and although she was more than happy with the services provided at 218 she reported finding this distressing as she suffers from claustrophobia.

9.30 In addition to these limits on space in the Residential Service some of the 218 Day Service staff reported that there was limited office space for their day to day activities. The 218 Service Manager and Operational Services Manager, however, felt that the lack of space was more problematic in terms of places for workers to conduct confidential one-to-one work with women offenders and that

often workers struggled to find suitable space for this work when the service was busy.

- 9.31 In relation to financial resources, the management of the 218 Service and Advisory Group members reported that the 218 Service budget had been seriously affected by the rapidly increasing costs of utilities such as electricity and gas and that these increasing costs were having to be met from other areas of the static budget.

### **Improving awareness and *understanding* of the 218 Service**

- 9.32 Increasing awareness of the 218 Service has the potential to increase the rate of referral of women offenders; can aid the early identification of suitable women and assist in their diversion from custody into support services; can better equip women for their arrival at the service and possibly impact on their retention; as well as improving the rate of self referral of women offenders who may become more likely to engage as they become more familiar with the service and ways to access it.
- 9.33 Over the last three years, the 218 Service has paid particular attention to improving the awareness and understanding of 218 among referral agencies, however this has been described by the 218 Service Manager as a '*constant struggle*' with particular ongoing difficulties faced by the service in maintaining contacts with CHCP's and the Procurator Fiscal.
- 9.34 Central to this 'struggle' was TPS's position as a voluntary sector service without any formal process to hold many of its statutory sector partners to account. The success of the service and its work therefore depends heavily on the outcomes for women offenders observed by referral agencies; the experiences of individuals within key referral agencies and the ongoing work to effectively communicate the provision on offer, routes of referral and eligibility criteria undertaken by the management of the service.
- 9.35 A number of strategies to improve awareness have been adopted by the service over the last three years including: open days which are held once a month on a Friday, making presentations to key organisations and partnerships and streamlining referral forms and processes. Despite these efforts there was still a view among stakeholders, particularly those based in the courts, that the service needed to '*make its presence felt*' (Sheriff).
- 9.36 Although there has been significant investment in improving the awareness and understanding of 218 among referral agencies, interviews with key stakeholders and 218 staff indicated that there is still a significant amount of confusion about what is provided, the extent of the support on offer and the level of commitment required to engage effectively.

*'I would say that agencies do not appreciate the amount of support group work, and psychological and psychiatric work etc, that is carried out at 218.'* (Senior Addiction Nurse, 218 Service)

9.37 There was also evidence from the interviews with external stakeholders that the eligibility criteria were often not fully understood by those making referrals. It was a commonly held view that the service was for those with substance misuse issues as this had been a criteria for entry at one time but was no longer the case. While many of the women accessing the service are substance misusers this did not exclude others from the provision on offer.

9.38 The GAS Nurse Team Leader also reported that there was often confusion about the capacity of the service to work with women with serious mental health issues. She observed:

*'The courts perhaps do not fully understand that we are not a mental health facility. They can sometimes refer women who are not appropriate for the service. Once they referred a woman who was a persistent self-harmer, who permanently had a tourniquet around her neck. We do not provide 24 hour observation... I'd worked with that woman previously in Cornton Vale, trying to prepare her, but some women are just too vulnerable.'* (Nurse Team Leader, 218 Service)



## 10 OUTCOMES FOR WOMEN REFERRED TO 218<sup>49</sup>

10.1 A cohort of all the women offenders referred to the 218 Service between 1 June 2007 and 31 May 2008 was identified. This cohort of 343 women offenders was used to explore changes in a range of key indicators in the 12 months before and after contact with the 218 Service. The data sources examined included re-offending data from Strathclyde Police including analysis of the frequency and seriousness of offending and data from the 218 Service about changes in Christo Scores<sup>50</sup>. This section also includes qualitative data about changes in 'soft' outcomes for a sample of 25 women offenders interviewed as part of the evaluation.

### Recidivism, reconviction and re-offending

There is debate among academics and policy makers about the best way to measure the outcomes of criminal justice interventions such as the 218 Service and some of the key debates are summarised for the reader in Appendix 1. In response to these debates, the evaluation has taken a multi-method approach using combinations of qualitative and quantitative data as well as interviews with women offenders and key stakeholders.

#### *Strathclyde Police re-offending data*

10.2 An analyst from Glasgow Community Safety Services extracted re-offending data for the cohort of 320 women offenders from the Strathclyde Police Corporate Database (SPCD)<sup>51</sup>. The SPCD holds details of all cases where an individual has: come to police attention (for instance by being present at an incident); been questioned/arrested in connection with an incident; been charged with a crime; or been issued with a Fixed Penalty Notice.

10.3 The data was separated into three sub groups - 'dishonesty offences', 'violent offences' and 'all other offences'. Dishonesty offences included all Group 3 crimes (Housebreaking, Vehicle Crimes, Shoplifting, Fraud and Theft). Violent offences included Group 1 (Violence). All other offences included crimes from Group 2 (Indecency), Group 4 (Vandalism), Group 5 (Other crimes), Group 6 (Miscellaneous offences), and Group 7 (Road traffic offences).

10.4 A comparison of the rates of offending for each woman offender since their first engagement with the 218 Service and the equivalent period prior to this shows an overall 22% reduction in offending across all offence types. Slightly lower reductions of 21% and 20% were seen when examining violent offences and dishonesty offences separately.

10.5 Nearly two thirds (64%, n=206) of the 320 women offenders had reduced their rates of offending following their first engagement with the 218 Service. Sixty three (20%) of the 320 women offenders had not reoffended. The largest

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<sup>49</sup> Please see Appendix 1 for further information about the methodology used and the caveats that apply to this data.

<sup>50</sup> Please see Appendix 1 for further detail about Christo Scores.

<sup>51</sup> Twenty three women were not able to be cross referenced between the two datasets.

reduction in offending was one woman who had committed 50 offences in the period leading up to her first engagement with the 218 Service and only one offence since this time<sup>52</sup>. For 12 women offenders there was no change in their overall rates of offending. Eleven women offenders had no previous offences but had gone on to offend following their initial contact with the 218 Service.

10.6 A measure of the frequency and seriousness of a woman's offending were established using two separate scales<sup>53</sup>. An examination of this data showed a similar reduction of 21% in both the frequency and seriousness of offending.

10.7 The cohort was split into two groups, women offenders who had engaged with the programmes on offer at the 218 Service (139) and women who had not (181), that is, women who were referred or assessed only<sup>54</sup>. Table 12.1 shows the difference between groups according to rates of re-offending. This data shows that there were larger reductions in offending among engagers than non-engagers with the exception of violent offences (although this is likely to be the product of small sample sizes and should be interpreted with caution). Overall, engagers' offending reduced by 31% which is three times that of non-engagers (10%). The largest reduction in offending was seen among dishonesty offences where engagers' offending reduced by 44% and non-engagers' by 17%.

**Table 12.1 Percentage reduction in re-offending**

	<b>Engagers</b>	<b>Non-engagers</b>
Dishonesty Offences	44%	17%
Violence Offences <sup>55</sup>	11%	26%
All other Offences	34%	10%
<b>Total Offences</b>	<b>31%</b>	<b>10%</b>
Frequency and Gravity	29%	14%

Source: Strathclyde Police

10.8 The sub group of engagers was further divided into three groups: those who engaged as part of a court assessment (14); those who engaged with the Residential Service (64) and those who engaged with the Day Service (59)<sup>56</sup>. While the sample sizes are relatively small there was slightly greater reduction in the overall offending among those who engaged with the Day Service (34%) than those who engaged with the Residential Service (27%). On the other

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<sup>52</sup> This woman offender is a good example of the limitations of examining only quantitative data about offending. In a quantitative only study she would be considered a recidivist rather than an individual who has made significant changes to her offending behaviour. Furthermore, it may also be that this woman was not found guilty of this offence or that this was an old offence brought to justice in the evaluation period. Quantitative methods do not allow for cases such as these, nor do they allow an examination of the nature, extent or process of change or how a service like 218 has contributed to this.

<sup>53</sup> Further information is available in Appendix 1.

<sup>54</sup> See Appendix 1 for further detail about the engaging / non engaging sub groups.

<sup>55</sup> The sample sizes for this analysis were very small and are therefore unlikely to provide accurate results and should be interpreted with caution. For example, the difference in the number of offences between the 'pre' and 'post' period among engagers was 7 out of 63 (11%) offences in the 'pre' period.

<sup>56</sup> Information was missing in two cases which have not been included in this analysis.

hand, there was a slightly greater reduction in the frequency and gravity of offending among women who engaged with the Residential Service (29%) compared to those in the Day Service (27%)

### **Women's views about changes in offending behaviour**

10.9 Sixteen of the nineteen women interviewed and engaging with the 218 Service reported that their offending behaviour had improved since their involvement with the service. Several women felt that had they had the opportunity to engage with a service such as 218 that their offending behaviour would have stopped many years ago. As one woman explained:

*'I've been wanting to do this for years, but see if I didn't come to 218, I'd still be mad wae coke (sic) shoplifting everyday, this has just changed me. I wish I'd got this 10 years ago, honestly man, and it just came at the right time. I've got my new house, my front and back door, my grandson, and then 218 came into my life, those three things came into my life, and I said 'right enough's enough'. I really believe I'd be still doing what I was doing if I wasn't here'. (Interview 21, 43 years, Day Service)*

10.10 Due to the particular nature of women's offending and its relationship to underlying needs and vulnerabilities it was difficult at times to disentangle improvements in offending from other overall improvements in life circumstances, addiction, health or self esteem. Women's desistance from offending appeared closely related to their resolving other major issues in their lives. One woman with a history of violent offences connected to alcohol use explained that through attending the day service at 218 Service having support with her emotions and alcohol use she had realised her violent offending behaviour needed to stop. She explained:

*'I should never have done it. I realised it's not normal, it's not right – I shouldn't be doing that, it's not acceptable...if I was sober it would never have happened'. (Interview 6, 45 years, Day Service)*

10.11 As much of the literature suggests, for some women, offending behaviour had become the only way they could obtain support or 'time out' from circumstances in their lives which had become unbearable. As one woman reported:

*'I felt I wasn't ready to come out of prison there, I needed a break, I really needed to sort ma heid oot (sic), and I couldnae dae it in there. I've always went outside and went "Aw Fuck it, I'm going back to jail", and went oot and got masel the jail, daein shopliftin, or going oot drunk, arguing and fighting with the polis, just to get maself the jail – or help'. (Interview 5, 38 years, Residential Service)*

10.12 This woman offender had been heavily involved with alcohol and drugs since she was 18 years old. Both her parents were alcoholics, and domestic violence was a common occurrence. She has been desperately trying to get help for years as she knew her life was out of control but could not find adequate help

or support for her chaotic life. She went to prison as she knew it was somewhere she could stop drinking. She explained that had she had access to the 218 Service she would not have attempted suicide to get support and that she would not have offended in order to go to prison. Clearly, as this woman reports and Case Study 2 illustrates, the 218 Service is supporting women to desist from offending through offering support and a safe environment in which women can begin to deal with some of their experiences and behaviours.

10.13 Reductions in offending were also reported among some of the women interviewed who had chosen not to engage with the service and several of the women who had disengaged with the Service also viewed their involvement as having had a positive impact on their offending. This finding would appear to be borne out in the examination of re-offending data which suggests that for even those women offenders who didn't engage, there was a low level reduction in re-offending which could be attributed to their contact with the criminal justice system itself or to their own desistence efforts.

10.14 One woman for example, reported that she is no longer involved in street prostitution or shoplifting and reports that learning about lapse and relapse prevention has been useful. Another reported that she is no longer offending or using drugs. One woman who was asked to leave the service for using drugs in the Residential Unit describes the service as offering her a lifeline. Experiences such as they suggest that even brief contact with the 218 Service may be sufficient to motivate or provide useful skills to women offenders to help them stabilise their lives and reduce their re-offending. As this is a difficult group to access however it would be difficult to establish accurately the nature or extent of these changes.

### Case Study 2 (Cathy<sup>57</sup>)

General details:	36 years old, White Scottish, born and living in Glasgow.
Personal details:	Married with two children. Cathy has experienced a number of traumatic events in her life including experiences in care and of sexual abuse. Cathy did not know her mother until she was a teenager.
Employment history:	Full time employment for 11 years prior to drug use and offending. Currently employed part time.
Substance misuse:	History of heroin, cocaine and benzodiazepine use over ten years.
Offending history:	Although Cathy had involvement with the police at 17 she was not charged with an offence until she was 18. Her first offence was stealing electricity when she was living on her own on benefits with a new baby. After 11 years of marriage to her husband who was a heroin user, Cathy also began using drugs. Initially her income from full time work supported the household including her husband's drug habit but once Cathy started to use drugs she began

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<sup>57</sup> A pseudonym.

Key issues:	shoplifting and committing fraud. She served her first prison sentence at 33 years of age. Her husband never offended. Experiences of trauma, PTSD, anxiety, self harm, substance misuse, behavioural and personality difficulties, poor coping and social skills, physical health issues such as infected wounds, pain and urinary tract infections.
Referral and periods of engagement:	First referred in January 2008 and assessed in March 2008. First admission to Residential Service in late April 2008 and moved to Day Service in mid May 2008. Second admission to Residential Service in October 2008, then involved in Day Service for several weeks in January 2009. Referred again in late March 2009 as part of a DTTO. Assessed in mid April 2009 and began Day Service in mid April 2009. Completed programme in mid October 2010 aged 36 years. Cathy remains in some contact with the service as needed.
Outcomes:	After engaging with the service and managing lapses and relapses Cathy remains drug free, is no longer offending and works part time. She has completed courses in social care and criminology and continues to work with Routes Into Learning to be trained to deliver group work for people affected by addiction and homelessness. Her daughter has been returned to her care and she is providing a stable life for her family and has felt strong enough to make statements to the police in relation to crimes committed against her when she was a child. Cathy's determination to succeed and the significant changes she has achieved have been noticed by magistrates, addiction workers, staff at the 218 Service and others.

### Soft outcomes

10.15 Information about other outcomes for the cohort of 343 women offenders was provided in data on Christo scores from the 218 Service and from the qualitative data collected through in-depth interviews with 218 Service users.

### Christo Scores

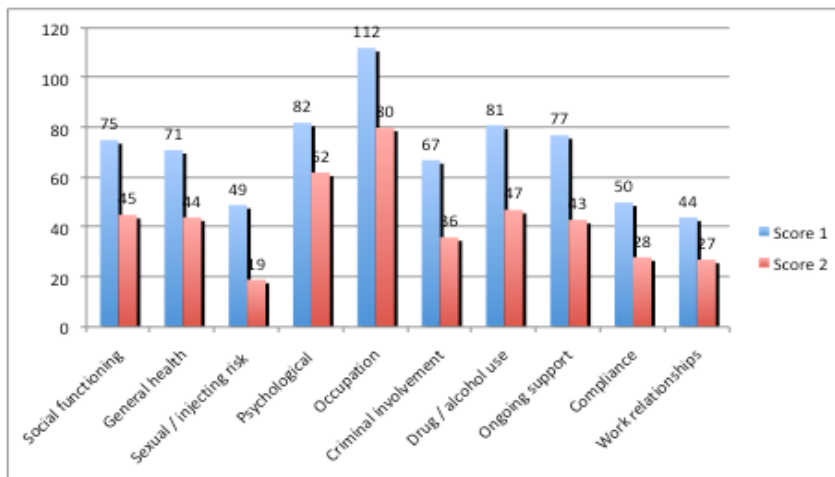
10.16 The Christo Inventory for Substance Misuse Services is a widely used, standardised and validated tool for measuring treatment outcomes in substance misuse practice settings. The tool gathers information across ten key outcome areas (social functioning, general health, sexual / injecting risk behaviour, psychological, occupation, criminal involvement, drug / alcohol use, ongoing support, compliance, working relationship) using a three point scale<sup>58</sup>. Of the cohort of 343 women offenders, 60 had two Christo scores from which a comparison could be made. On average, over 20 weeks had passed between the two Christo assessments. Comparing the initial and follow up scores showed an overall reduction across the ten key outcome areas of 39% during engagement with the 218 Service. The most significant improvements in

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<sup>58</sup> From zero (no current issues) to two (significant current issues).

were seen in sexual / injecting risk behaviour (-61%), criminal involvement (-46%), ongoing support (-44%), compliance (-44%), drug and alcohol use (-42%), social functioning (-40%) and general health (-38%).

**Figure 12.1 Comparison of two Christo Scores for women within the outcome cohort (n=60)**



Source: 218 data

### **Improved self esteem, confidence and personal achievements**

10.17 The women offenders interviewed frequently made statements about how their experiences at

the 218 Service had increased their self-esteem, confidence and belief in their own abilities and achievements. Fourteen of the 19 women directly reported impacts on self esteem. Several indicated that the Service had provided them hope, allowed them to look at all aspects of their lives, and supported them to be more relaxed and celebrate some of their achievements. When asked what had made greatest impact three women made the following comments:

*'I think 218 has given me a greater belief in myself. It has taught me that I can do things that I didn't think I could do, that I am capable. They've helped me see so much clearer now. I recently got a passport to recreation photo taken and my friend said it was unrecognisable to the one I had six months ago. She said I didn't look like the same person – I was glowing.'* (Interview 23, 30 years, Day Service)

*'Getting the confidence to go to college. They gave me the encouragement to fill in the application form. I had a huge fear of rejection. After five times I had enough faith in myself, I got some help to fill in the form and to put it in my own words. There are two people who really helped me -[Support Worker] and [Key Worker] - who helped me.'* (Interview 5, 30 years)

### **Improved relationships with family and children**

10.18 Sixteen of the nineteen women interviewed reported that their relationships with their families had improved since attending the 218 Service as they had learnt to be more open, to communicate better, and to be able to listen to others' viewpoints. One woman reported that her daughter had been returned to her care. Another that her family knew she was safe and she could see them

more. Reconnecting in a meaningful way with their own children and wider families was an important outcome for many of the women interviewed. For many renewing contact with their children provided them a sense of hope about the future and was a key measure of their success. As one woman explained:

*'It's given me a lot of hope in my life, like once I've done the programme in here, I know that my wee barra [her young child], and my other two who are 16 and 19, if they want to come back home that's fine, but I know I'll have my wee one that's 7...I'll be their mammy again'.*  
(Interview 4, 39 years, residential)

10.19 For another woman with a history of violent offending, the 218 Service had helped her look at aspects of her life related to her self esteem and confidence, her domestic situation and her offending behaviour. She explained that engaging with the 218 Service had helped her realise that experiencing emotions is normal but that she hadn't had the necessary skills in dealing with them in the past. As a result, she felt her own behaviour and her relationship with her children had significantly improved. She said:

*'I always found it hard to cuddle, or to tell them I was having a bad day. I can tell them I'm having a bad day now, and they leave me alone, before I was like a volcano – I would have erupted and get angry'...I know how to use the tools now, before I would have went for a drink - went for milk and came back after three days'.* Interview 6, 45 years, day service

10.20 One woman with a history of heroin and cocaine use and shoplifting offences explained how 218 had fundamentally changed her relationship with her family and the atmosphere in her household. She said:

*'I'm happy doing my course in the 218, and all the doors in my house are opened, see like when I was using, they weren't allowed in and the doors were shut, and my weans hate it when doors are shut...but the atmosphere is all love and happiness now, it's amazing because its only me that got treatment, it's only me that's changing my life and its affecting the whole house, the whole family'.* (Interview 21, 43 years, day service)

### **Improvements to substance misuse**

10.21 All of the women interviewed reported that the service had made an impact on their levels of drug and alcohol use. For some, attending the 218 Service had provided them with the renewed determination and support to further their own efforts in reducing their substance misuse. For some women, making progress with levels of substance misuse had allowed them to improve their outlook on other areas of their lives.

*'I can see a big change in myself, my drug use, I can definitely see myself becoming drug free, becoming a different person, and I'm half way up the ladder, on my way to the top. I would like to see an outreach service or something like that, but I don't want to think of that right now,*

*I'm not strong enough yet, but who knows, maybe 4 months down the line I will be ready to do it by myself.*' (Interview 21, 43 years, Day Service)

### **Other outcome areas**

10.22 Thirteen of the 19 women interviewed reported improvements in their physical health and 15 in their mental health. Women also noted improvements to physical appearance and weight particularly after years of self neglect and drug use. Several women offenders felt that they would have died without the support of 218, either through taking their own lives, or as a result of overdose or drug related health concerns.

10.23 Results in some of the other key areas were not as strong, for example, only six women reported that their housing situation had improved and seven that their employment / education situation had improved. It is important however to remember that not all of the women interviewed required housing support or were ready to move into employment or education and training and that longer term employability work is the responsibility of care managers based in the community rather than that of the 218 Service.

### **Changes in the sentencing of women offenders**

10.24 A key objective in the *218 Service Specification* was to reduce the number of women from Glasgow being remanded into custody and/or receiving a custodial sentence. Data provided by the Scottish Government for the period 1998/99 to 2008/09 showed that while the numbers of women over 21 sentenced to prison had significantly increased across Scotland as a whole (614 to 1169), during the same period Glasgow City had seen a reduction of nearly 25% (202 to 153) women sentenced to prison<sup>59</sup>.

10.25 There has also been a significant reduction in the rate at which women are sentenced to prison in Glasgow as a proportion of the total in Scotland – from 33% in 1998/99 to 13% in 2008/09<sup>60</sup>. While the sharpest declines were seen between 1998/09 and 2000/01 there has also been a notable decrease from 2006/07 when the first evaluation of the service was completed. While it isn't possible to attribute such changes in sentencing to the presence of the 218 Service alone, it is significant that the rate of imprisonment of women offenders in Glasgow has not increased at the same rate as that for Scotland as a whole and has in fact resisted a wider international trend over a sustained period.

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<sup>59</sup> See Figure A2.3 in Appendix 2.

<sup>60</sup> See Figure A2.4 in Appendix 2.



## 11 COST BENEFITS OF 218

- 11.1 A comprehensive cost / benefit analysis that measures the direct and indirect costs and benefits as well as the opportunity costs of the 218 project was beyond the scope of this study. However, a robust estimate of the overall benefits of the 218 service has been established combining the results of the quantitative examination of outcomes, the fieldwork interviews and recent findings from the Scottish Executive about the scale and impact of illicit drug markets (Casey et al, 2009).
- 11.2 In the evaluation conducted by Loucks et al (2006) several preliminary findings about the cost-benefits of the 218 Service were presented. The study indicated for instance that the cost of running the service in the financial year 2004/05 was approximately £1.5 million and that almost two thirds of this amount had been directed to staffing. Loucks et al (2006) calculated a unit cost per engagement at 218 of £7,701 with an average length of engagement of 2.6 months. The report also indicates that the unit cost per engagement is equal to the cost of 2.6 months in prison. They further argued that the longer term benefits of the 218 Service are likely to be significantly higher than a period of imprisonment and that the per day cost of shorter prison sentences for women is likely to be somewhat higher than the figure quoted (p.66).
- 11.3 These suggestions are supported by a recent report by the new economic foundation titled 'Unlocking Value' which was published in 2008. The report indicated that for every £1 spent on community programmes for women offenders £14 was saved over a ten year period when the wider impact of women's offending was taken into consideration (New Economics Foundation, 2008). They argue that community focussed intervention such as that provided by the 218 Service has a broader and more sustainable impact than is often acknowledged.
- 11.4 The findings of this evaluation have been based on the widely accepted estimates of illicit drug use provided by the Scottish Government (Casey et al, 2009). Where possible Casey et al (2009) have used estimates specific to the Scottish context although their research draws on existing estimates such as those used by Brand and Price (2000) and Dubourg, Hamed and Thorns (2005). This source has been chosen as it provides a close proxy for the women offenders engaged with the 218 Service as they are predominantly problematic drug users. It does not provide detail of the longer term cost implications for children of problematic drug users or costs beyond the year 2006 and could therefore be considered an underestimate of the actual costs (New Economics Foundation, 2008).
- 11.5 The cost consequences of problematic drug use outlined in this report include five key areas: health, criminal justice, social care, costs to the economy, and wider societal costs<sup>61</sup>. Estimates of these costs have been drawn from a wide

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<sup>61</sup> Included in this costing are: health care costs (drug related deaths; drug poisonings; drug related mental health problems; costs of inpatient and day care cases; uptake of health services eg. A&E, inpatient, outpatient, community treatment; blood

variety of sources in order to provide an estimate of the overall costs of problematic drug use for the year 2006. With the total economic and social cost of problematic drug use in Scotland in 2006 estimated at £3.5bn, the estimated cost per problematic drug user is £61,000<sup>62</sup>.

### **Costs of the 218 Service**

- 11.6 The TPS Finance and Resources Manager provided information about the cost of running the 218 Service between 31/3/2003 and 31/3/2009. Over the last three financial years, the annual running costs of the service to TPS have been just under £1,450,000. In the financial year 08/09 these costs were broadly broken down as follows: staffing costs (71%); management costs (8%); support costs (7%); service costs (5%) (utilities, food, laundry, cleaning, equipment); rent costs (5%); and maintenance (2%).
- 11.7 In addition to these costs are the costs incurred to GAS for providing a service to women offenders at the 218 Service. The forecasted costs for the financial year 2010/2011 are approximately £353,000 but these rise to £436,000 should the service be fully staffed. The full forecasted costs are broken down as follows: salaries (97%); supplies (3%) which included pharmacy and laboratory costs and other miscellaneous costs such as printing, advertising, travel and so on. Salary costs are broken down into the following categories: Support Staff (4%), Nursing Staff (60%), Medical and Dental (19%), Psychology (6%), other health staff including Dietician, Occupational Therapist and Physiotherapist (5%), and Pharmacist (3%).
- 11.8 Although arguably some of these services would have been provided to women in some form in the community it is unlikely that they would have engaged with health services to the same extent. As it was not possible to estimate the engagement of the cohort of women offenders with mainstream health services during the evaluation it has been decided to include the full costs of GAS provision at full staffing in the cost benefit estimate which perhaps provides an even more conservative estimate of the costs benefits as it adds to the costs of delivering the service. Therefore a fully staffed service would cost approximately £1,886,000 per year, while the current cost of the service is actually around £1.8m per year.

### **Benefits of the 218 Service**

- 11.9 The evaluation was unable to establish the quantitative benefits of the 218 Service other than in relation to re-offending. In the absence of other measures, re-offending was used as a proxy measure for the overall benefits of the

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born viruses; substitute prescription); Criminal Justice Costs (costs to police; prosecution; courts; legal aid; prison; probation; criminal injuries compensation); Social Care costs (children and families; children's panel; substance misuse services); costs to the economy (absences from work; lost productivity; lost output); wider societal costs (lives lost due to drug related deaths; victim costs; consequences of crime; anticipation of crime)

<sup>62</sup> Further details of the methods used and limitations of this analysis are provided in Casey et al (2009) and Appendix 1 of this report.

service<sup>63</sup>. Table 12.1 shows that women engaging with the 218 Service beyond their initial assessment displayed a 31% reduction in re-offending, although more significant reductions of up to 44% were seen in relation to dishonesty offences among this group. Women considered non-engagers also reduced their rates of re-offending which suggests that any woman offender having contact with the criminal justice system may also reduce their rate of offending. In order to produce a realistic estimate of the impact of the 218 Service on re-offending overall, the net figure of 21% (the difference between the overall rates of re-offending between engager and non-engagers) will be used as the basis of estimating the benefits of the 218 Service.

### **Cost benefits of the 218 Service**

11.10 During the period 1 June 2007 and 31 May 2008 343 women offenders were referred to the service. As 98% of women referred to the service have substance misuse problems the proxy measure of the costs of problematic substance misuse during 2006 has been used as a basis for analysing the cost benefits of the service. Using this figure in combination with information about the benefits of the service in relation to re-offending shows the potential savings created by a service such as the 218 Service. For example, for 343 women offenders the potential costs to society at £61,000 each could equal £22.43m if inflation is taken into consideration<sup>64</sup>. If the Service has the potential to reduce re-offending by 21% a conservative estimate of the savings created by the service would be £4.72m. As the additional costs of the service are approximately £1.89m, the costs of the service represent 40% of the potential savings.

11.11 This means that each year every £1 invested in the 218 Service generates a potential £2.50 in savings across health care, criminal justice, social care, the economy and to wider society. If, as suggested by the New Economics Foundation report, these figures represent underestimates as they do not consider costs beyond the 12 month period examined or the ongoing costs to children of women attending the service then the savings to wider society are likely to be significantly higher again.

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<sup>63</sup> For example, while Christo scores showed an overall reduction of 39% across each of the outcome scores, this data was based on a small sample size and is therefore not considered robust enough to form the basis of such a calculation. It is likely that improvements in other areas such as physical health or wider societal benefits will vary, however, without further information available about this an overall estimate based on re-offending has been used.

<sup>64</sup> HM Treasury (2010)

## 12 CONCLUSIONS

12.1 The 218 Service has significantly evolved since the initial evaluation in 2006. While the core remit and activity of the service have largely remained, a number of important changes have been made with positive effect. The service's central aims are to:

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

12.2 The findings of the evaluation suggest that the service is delivering on each of these aims and is a good example of 'person centred' and 'holistic' provision for women in the criminal justice system.

### Structure, staffing and management

12.3 A key finding from the early evaluation of the 218 Service conducted by Loucks et al (2006) were the difficulties experienced during the early implementation of the service around strategic leadership and partnership working. Central to these difficulties were the multi-agency, holistic nature of the service itself and the attendant difficulties commonly experienced in the initial stages of many new partnership arrangements. While such difficulties are to a certain extent expected during the implementation phase of a new partnership there was evidence that some of these initial difficulties had remained despite significant improvements in other areas.

12.4 Interviews with 218 staff indicated that the two organisations shared common values, that there were clear lines of accountability, that the management of the service was usually transparent and inclusive and that lines of communication between the two organisations had vastly improved. Some barriers remained in relation to budgets and accountability for staffing, and responsibility for overall service delivery. Although strategic forums were well attended, the absence of some key partners made it difficult to communicate about the nature of the service, the entry criteria and the type of work undertaken and to therefore develop levels of referral. The absence of GAS from the Advisory Group for a six month period meant some decisions were made without health input.

### 12.5 Programme structure and delivery

12.6 The 218 programme structure has undergone some changes since the initial evaluation, for example, there has been an increase in the period of engagement permitted in both the Day and Residential Service as well as a restructure of the group work programme to allow women to progress through four stages and repeat stages if necessary. This change was conducted in

response to service user feedback and increasing knowledge about working with women offenders to support desistance.

- 12.7 Examination of the work programmes of both TPS and GAS staff shows the comprehensive and dynamic nature of the provision for women offenders at the service. The service evidently provides a responsive range of interventions targeted to each woman's current needs and routinely considers service user feedback in the design of new interventions and the continuation of existing interventions. There are some limits to this in relation to the services provided by GAS who in some cases have been restricted in recruiting and retaining a full complement of staff.

### **Referral and assessment**

- 12.8 Referrals are made to the 218 Service by a wide range of agencies and through a complex variety of routes. Women may be formally referred as part of their involvement in the Criminal Justice System; they may be encouraged to attend by care workers or may self refer. Over two fifths of referrals were made by the courts. Patterns of referral have generally remained stable over the last three years, although there had been an overall downward trend in the numbers of referrals made since 2007. Self referrals significantly reduced although this was considered to be due to a change in policy rather than a shift in the reputation of the service. There was a general downward trend in the number of referrals made by CJSW. The recent introduction of a diversion from prosecution scheme has changed the way women can be referred to the service and it is thought that this influenced the referral of offenders from the Procurator Fiscal. Further information is needed about this new referral route in order to examine its effectiveness.
- 12.9 Those referred to the service were predominantly white women from Glasgow aged between 25 and 39 years. Multiple referrals were quite common with two thirds of the women referred being referred more than once. This is not surprising considering the current literature about the process of desistance and due to the involvement of women offenders with multiple referral agencies and parts of the Criminal Justice System. There were concerns that some women offenders were referred to the service without being given appropriate information about the service or without their informed consent. Women and practitioners felt this may be in part due to women being referred during periods of intoxication or crisis.
- 12.10 There was a view among some strategic level stakeholders that a degree of complacency had developed in relation to referrals within some agencies in Glasgow and that staff from areas outside Glasgow were still keen to use the service despite provision being available mainly to those residing within the city. The referral of suitable women offenders to support services such as the 218 Service depends heavily upon processes and levels of awareness within the criminal justice system and its agencies (Easton et al, 2010) and this awareness varies within key referral agencies and between individual referrers.
- 12.11 There was some evidence that levels of knowledge about the 218 Service and what it offered were sometimes inadequate and that in some cases referrers

interest and commitment to women offenders, who are often a small part of the caseload, was limited. There was evidence from interviews that levels of commitment to the referral of women offenders was greatest among those with better knowledge of the 218 Service and of issues related to gender.

- 12.12 The assessment process has several stages including preliminary screening, baseline and comprehensive assessments. There was a slight increase in the number of assessments conducted and multiple assessments accounted for only half of all assessments compared to two thirds of referrals. This could suggest that the quality of referrals to the service has improved. Over half of all referrals led to an assessment with referrals from the Drug Court, Social Work, Criminal Justice Social Work, and Community Addiction Teams being more likely to be assessed than referrals from other sources. This suggests that these agencies have a better knowledge of the 218 Service and the needs of women offenders. Further examination of this data may support improved levels of engagement in future.
- 12.13 While some stakeholders appeared frustrated by the timeframe for the assessment process, it was felt that this was central to deliver the needs focussed, structured programme of support required of the service.
- 12.14 Women offenders reported that their memory of the initial assessment process was often limited as many were in crisis or using substances around this time. It also took time for them to disclose their personal circumstances fully due to the nature of their life experiences. These findings support the policy of the service to take time and be thorough with the assessment and care planning process in order to achieve the best possible outcomes for the women offenders referred.
- 12.15 It may also be useful for the service to examine the circumstances for woman offenders dropping out of the waiting list as it may be that the more chaotic women have already decided not to engage. This could act as a natural screening process which may mean the outcomes for women who wait for a place are more positive as a result of their circumstances. Examination of waiting times may also provide further insight into the high proportion of multiple referrals.

### **Service users**

- 12.16 The 218 Service has been designed to work with women offenders who have multiple and complex underlying needs and the evidence presented suggests that these are the women with whom the service is working. There was evidence from the interviews and 218 Service data that the women referred to the service were older, were poly drug users, and commonly experienced a wide range and combination of issues. While staff and management of the 218 Service were acutely aware of the needs and behaviours of this group of women, there was evidence from some of the key stakeholder interviews that awareness was patchy outside the service.

## **Engagement**

- 12.17 Over half of the women assessed by the service engaged in some capacity beyond their assessment. Those aged between 25-39 years were more likely to engage as were those referred by CJSW, the Sheriff Court, CATs, Social Work, the Drugs Court and other agencies. Women reporting self neglect and criminal matters were less likely than other women to engage while engagers reported a complex range of other presenting issues.
- 12.18 While it is still relatively early to assess, it appears that improved rates of completion were seen among those who participated in the new staged programme. Changes to the period of engagement permitted may have affected the proportion of women offenders completing the fourth stage although few women were expected to require ongoing support at this stage. There is evidence that the service benefits women beyond their period of engagement even when they are considered by the service to be a 'non-engager'.
- 12.19 Key reasons for non-engagement included initial concern about others attending the service, not feeling 'ready' for the level of commitment required or being involved with a coercive or drug using partner. These findings and those about patterns of multiple referral and assessment are consistent with the literature about desistance and recovery which suggest the multiple attempts are required before engagement and behaviour change. It may also be useful to identify referral routes and develop services for younger and low level women offenders.

## **Effectiveness of the operation of 218**

- 12.20 The initial evaluation of the service identified some difficulties during its initial phase of operation (Loucks et al, 2006). Since this time there have been significant developments in the management and overall operation of the 218 Service.
- 12.21 The general view of the service among referral agencies and key stakeholders is highly positive and it has been clearly evident throughout the course of the evaluation that the 218 Service responds dynamically to both changes in the needs of women offenders and to the changing criminal justice environment. There is some evidence to suggest that the service has been influential in reducing the rate of imprisonment of women offenders in Glasgow.
- 12.22 The management of the service has worked proactively to develop practices, policies and processes that are responsive and flexible and that are grounded in good practice for women offenders. This process of self evaluation and reflexivity has allowed the service to identify key areas for its own development although at times progress has been limited as the result of external factors.
- 12.23 A key strength of the service is the unique combination of GAS and TPS approaches under the same roof. This means the service can effectively work with women who are substance misusers and who suffer with mental health issues. Since 2007 relationships between the two organisations have

streamlined with only minor barriers to joint working remaining. Some of the key issues faced by the service included the difficulty of balancing criminal justice responsibilities with a 'person centred' approach, and ensuring that the service was responsive and accessible without being purely reactive and therefore not being able to undertake meaningful 'recovery focussed' work.

12.24 Some key areas of improvement were identified: outreach to identify suitable referrals and conduct assessments; outreach to women offenders as part of their reintegration and to support their continued desistance; and provision for lower level or younger women offenders. The service faces a number of key challenges including: working with limited physical space; a reduction in the real budget as costs increase; and ensuring that stakeholders making referrals to the service are well informed about the service, referral routes and criteria and key aspects of provision. Service users and 218 Staff also reported that sometimes there were problems with the Care Management arrangements for women engaged with the service although it was acknowledged that this was beyond the scope of the 218 Service to resolve.

### **Outcomes for women offenders**

12.25 While there is an increasing awareness of the distinctive and complex vulnerability and underlying needs of women offenders as they enter and progress through the criminal justice system (Eaton, 1993; Carlen and Worrall, 2004; Corston, 2007; Worrall and Gough, 2008) surprisingly little is known about 'what works' for women offenders. In a recent review of interventions aimed at reducing the re-offending of female offenders Lart et al (2008) suggest that this is for two reasons, firstly the research has not been undertaken and secondly '*because what research has been done is not of sufficient quality to yield robust data for policy*' often due to the low numbers of women offenders to which each intervention applies.

12.26 Similarly, research on desistance from offending rarely takes a gendered perspective. While it is widely acknowledged that desistance is a process rather than an event and that desisting from offending requires an offender to construct a new non-offending identity (Maruna, 2000) few studies have examined in detail how these processes may differ for women, how the personal, social, structural and institutional contexts within which desistance occurs may also differ for women offenders and have differential impacts on the success of strategies designed for this purpose.

12.27 Although more research is needed as a whole, there is evidence from the evaluation that the 218 Service is having an impact on outcomes for women offenders. The key findings from the evaluation indicate that those engaging with the 218 Service have reduced their levels of offending by 31% following contact with the service with more significant reductions in dishonesty related offending (44%). The net improvement in offending before and after involvement was 21% for all women referred to the service whether or not they engaged.

12.28 While this data suggests improvements in offending behaviour of the women with which the service works, it is important to recognise that these figures are



based on data held within the Strathclyde Police Corporate Database and refer to alleged offences rather than reconvictions as measured by the Scottish Government. A comparison between the rates of reconviction of women engaging with the 218 Service and those given community penalties of other types or serving custodial sentences was therefore not possible.

12.29 It was also not possible to effectively measure outcomes for women offenders in relation to their engagement with mainstream services, overall health and well being, or criminal justice or addictions involvement. There are several reasons for this: the service does not have access to mainstream databases; there have been delays in developing internal measurement of health outcomes for women attending the service as much of this data is collected and managed using paper based forms; and the resources required to manually collect and analyse data. It is recommended that further research take an 'action research' approach to developing and examining outcomes across the range of datasets available.

12.30 Interviews with women offenders and data available from the 218 Service provided additional information about the nature of changes experienced by women offenders involved with the service. Sixty of the cohort of 343 women offenders had two Christo scores from which a comparison in outcomes could be made. Overall there was a 39% reduction across ten key outcome indicators. Larger reductions were seen in sexual / injecting risk behaviour (61%) and criminal involvement (46%). During interviews women reported significant reductions in offending, substance misuse and violent behaviour. Many reported positive improvements to their mental and physical health and that their relationships with their families and children had improved. Perhaps most moving were the testimonies of women who had seen major changes to their self-esteem and confidence. With the support of the 218 Service many women offenders had begun to see a future when previously they had been only able to operate one day at a time.

### **Cost benefits of the 218 Service**

12.31 An examination of the cost benefit of the 218 Service found that there is potential for the service to save £4.72m per year on the costs to society incurred by the offending and substance misuse of women referred to the service. This calculation was based on the current costs of delivering the service per year (£1.89m); a conservative estimate of the reduction in re-offending of a cohort of women offenders who had been involved with the 218 Service between 1 June 2007 and 31 May 2008 (21%); and the wider costs to Scottish society per problematic drug user in a year (£61,000)<sup>65</sup>. Using this approach, for each £1 invested in the service there is the potential to save £2.50 across health care, criminal justice, social care, the economy and in costs to wider society. There is a suggestion that these benefits may be considerably higher if improvements to the circumstances of children of women

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<sup>65</sup> Casey et al (2009).

offenders and savings in years to come are taken into consideration (New Economics Foundation, 2008).

12.32 While it may not be feasible to roll out a 218 Service in each major city or region in Scotland there are several key elements of the provision for women offenders in Glasgow which may be useful to others working with women offenders. It is important however to recognise that simply transferring these key elements to another context may not be sufficient to create the outcomes observed in relation to the 218 Service (Pawson and Tilley, 1997).

### **Future Research**

12.33 While this evaluation has assisted in understanding the degree and ways in which services such as 218 can affect key outcomes for women offenders, there are several areas which would benefit from further examination. Further research should:

- Examine rates of reconviction using Scottish Government data.
- Examine other key outcomes from data held by the Police, 218 Service, Criminal Justice Social Work, and GAS for a cohort of women offenders. This should include examination of:
  - Health outcomes using data captured in routine assessments conducted by GAS
  - Re-offending outcomes across key variables, for example, age, offence type, and underlying needs.
  - Engagement with mainstream services before and after engagement using data held within CareFirst and CareJust
  - Examine waiting times and times between referral, assessment and engagement
- Examine the number of bail referrals provided a place and those unable to be provided for and the engagement and outcomes of those referred to the service on bail.
- Detailed examination of changes to patterns of sentencing of women offenders.

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## APPENDIX 1 - METHODOLOGY

### Aims

The formal aims of the evaluation are to examine the effectiveness of the 218 Service in terms of its ability to meet its key objectives:

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

A further objective was to provide an estimate of the cost benefits of providing such a service for women offenders and to document elements of good practice which can be shared in a 'toolkit' for practitioners.

An initial evaluation of the 218 Service was conducted by Loucks et al (2006) and focussed on the initial stages of the operation of the service. A detailed examination of the outcomes of the service was not possible at the time of this evaluation for a number of reasons<sup>66</sup>. This subsequent evaluation of the 218 Service therefore aims to examine the outcomes of the 218 Service in more detail. Therefore, in addition to examining the current implementation of the 218 Service the main focus of this evaluation has been to examine the impact of the 218 Service on:

- patterns of sentencing of women offenders in Glasgow;
- individual women offenders referred to the service; and
- the cost benefits of providing such a service.

The evaluation therefore has elements of both process and outcome evaluation. This appendix provides an outline of the research strategy adopted for each element of the evaluation and explains in detail each of the data sources used. In addition, the caveats and limitations of the approach taken are outlined as well as suggestions for future evaluation research in this context.

### Research questions

- The two elements of the evaluation aimed to explore the following questions:
- What have been the impacts of the 218 Service on patterns of sentencing?
- Has there been an impact on women remanded and sentenced to short term custody in Glasgow?

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<sup>66</sup> Summarised in the body of this report and in detail in Loucks et al (2006).

- What have been the patterns of referral into the 218 Service?
- What barriers exist in the effective operation of the 218 Service?
- What measures could be used to overcome these barriers?
- How could the effectiveness of the 218 Service be improved?
- What are the outcomes for women who engage with the centre compared to those who haven't engaged in terms of:
  - Rates of re-offending?
  - Degree of resettlement, stabilisation, employment, education and so on?
  - Engagement with mainstream services in Glasgow?
  - Other outcomes eg. motivation, self-responsibility, confidence, improved relationships with family and local support networks, use of generic council services?
- How has the 218 Service contributed to these outcomes and worked to tackle the underlying causes of offending behaviour?
- What are the costs incurred by the service and the value of the benefits attributable to the service?
- Does the provision of the 218 Service represent good value for money?
- What are the key areas of good practice which could be disseminated to other areas?

## **Research strategy**

Both elements of the evaluation took a multi-method approach combining a variety of quantitative and qualitative data although different data sources. Different approaches were required when measuring processes and outcomes and these are explored in more detail below.

In both elements of the evaluation, quantitative analysis of existing data was combined with a qualitative investigation of the views of those who are currently or who have previously used the service, operational staff at the service, those making referrals, those sentencing women offenders, and members of the advisory group. This combination of quantitative and qualitative methods is known as triangulation and allows a form of analysis that is both extensive and intensive (Sayer 1993). The triangulation of data in this way is recognised as benefiting the reliability and validity of the results of research (Denzin, 1978).

## **Process Evaluation**

### ***218 Service data***

The 218 Service provided general operational data for the 3 year period between January 2007 and December 2009. This data is collected by each woman's support and project workers using paper based forms during her assessment or during one to one meetings. Each worker later enters this information into a web-based database that is regularly checked for quality and completeness.

The 218 data included details of the numbers of women offenders referred to the service, the numbers assessed and engaging, the extent of repeat contact with the service, the demographics of those referred, reasons for leaving the service, the underlying needs of those referred and details about women offenders' personal circumstances at the time of their referral. This data was used to provide general descriptive statistics about the operation of the 218 Service over the last three years.

### ***PIMS data***

PIMS is the database used by Glasgow Addiction Service and NHS Greater Glasgow and Clyde to manage patient information. PIMS data was used to provide details of the number and type of individual and group interventions provided to women engaged with the 218 Service by on-site GAS staff between 1 January 2007 and 31 December 2009.

### ***Qualitative data***

Semi-structured interviews were undertaken with a sample of key stakeholders and 218 staff in order to provide a holistic perspective on the operation of the 218 Service. The interviews were undertaken in order to examine the current operation of the 218 Service, the experiences of the various stakeholders in making referrals to the service and their views about the effectiveness of the 218 Service in its current form. The use of interviews with a range of stakeholders and 218 staff allowed the evaluation to identify and investigate differences of experience and opinion which emerged between agencies and areas of responsibility. Interviews with key stakeholders provided an important compliment to the findings from the quantitative analysis.

Interviews were also undertaken with women offenders who were either currently involved with the 218 Service or who had been referred but not engaged with the service. The interviews focussed on the women offenders' experiences of involvement with the 218 Service. Both the interviews with stakeholders and women offenders are discussed in more detail below.

## **Outcome Evaluation**

### ***Examining the impacts on the sentencing of women offenders in Glasgow***

The evaluation drew on data held by the Scottish Executive for the period 1988/09 to 2008/09 about women aged over 21 who were sentenced to prison in the Scottish Courts in Glasgow City and across Scotland. This data was combined with information from interviews with key stakeholders to examine the influence of the Service on patterns of sentencing in Glasgow.

### ***Examining the impact on outcomes for individual women offenders***

The outcome evaluation aimed to assess as far as possible the impact of the 218 Service on the women offenders with which it had contact, particularly in relation to re-offending. This element of the evaluation drew on quantitative data from a variety of sources for a cohort of women offenders as well as the results of in-depth interviews. It aimed to examine the impacts on women offenders across a range of



indicators including re-offending; involvement in the criminal justice system; levels of substance misuse; engagement in mainstream support services; and a range of 'soft' outcomes such as attitudes to offending, self esteem and so on.

In order to compare the outcomes for women offenders before and after their involvement with the 218 Service a cohort of 343 women offenders referred to the service between 1 June 2007 and 31 May 2008 was identified. This cohort represents all the women offenders referred to the 218 Service during this period. This period was chosen for two reasons: 1) to ensure that a sufficient number of women offenders could be included in the sample and 2) to allow both a 12 month period 'post' referral in which re-offending could be measured and a six month follow up period in which data systems could update.

With the agreement of the Research Advisory Group, this list of women offenders was provided to Glasgow Community Safety Services, Glasgow Criminal Justice Social Work, Glasgow Addictions Service and NHS Glasgow and Clyde where a data analyst in each of these agencies was to extract, clean and aggregate key outcome indicator data from the relevant information systems. Data suitable for this type of analysis was only available about re-offending (Strathclyde Police) and reconviction (Scottish Government). The evaluation team were responsible for analysing and interpreting the findings from this data.

The second stage of the outcome analysis involved establishing two cohorts within the data: 1) women who have engaged with a programme at the 218 Service and 2) women who were only referred or assessed by the service. A comparative analysis of outcomes for each group was undertaken to establish differences between the two groups. This approach was adopted as it was not possible to establish a control group of women suitable but not referred to the service as all women considered suitable are expected to be referred to the service for support. Therefore it is important when comparing these groups to recognise that these are likely to be two different groups of offenders and that 'engagers' are perhaps more motivated or ready to change than non-engagers. As a result it is not possible to fully ascribe changes in outcomes for this group to the impact of the programme alone.

Reconviction was established as a key indicator of performance in the national performance framework *Scotland Performs* (Scottish Government, 2007). This method of assessment however has been frequently challenged and its limitations are well known. According to Matthews and Pitts (2000) this is for two key reasons: 1) the causal links between the programme and measurement are not easy to identify and often get neglected; and 2) that the recidivism measure can be constructed and defined in a range of often contradictory ways. They argue that recidivism can refer to any single or combination of: re-arrest rate, reconviction rate, readmission rate and re-offending rate, and that problems exist with any of the measures chosen. Re-arrest rates for instance may be influenced by an offenders being known as a 'likely suspects'. Reconviction rates may rule out some of these trivial arrests but also miss offenders who avoid conviction for a number of reasons such as legal technicalities resulting in these cases being identified as 'successes'. Jones (1996) suggests that readmission data is considered more robust as the offence for which someone was sentenced must have been sufficiently serious for them to end up in prison, however, it is likely that it is less serious than the offence for which they were originally sentenced again making questionable what constitutes

'success'. Self report measures are also challenged for being a gross underestimate of offending behaviour due to the offender's vested interest in not making details of their offending known<sup>67</sup>.

Therefore, research examining recidivism rates alone neglects to capture the various types of 'success' for instance, a reduction or a change to a less harmful form of offending, or a change of attitude or behaviour which may support a future reduction in re-offending. Using a particular model of measuring recidivism may mean that some of these examples are held up as failures and as Matthews (1997) argues, many programmes which aim to reduce recidivism have positive effects but that these effects may have little influence over the chance that an offender will be rearrested or reconvicted.

According to Pitts and Matthews (2000) *'it is necessary to move away from a zero-sum conception of rehabilitation and from the notion that the aim of rehabilitative programmes is to turn bad people into good people or committed criminals into law abiding citizens.'* They advocate that programme evaluations aim to identify which elements of a scheme make change possible and that low level objectives such as developing basic skills such as literacy and numeracy, developing conditions for independent living or attitudinal changes are equally as important as changes in re-offending as it is unrealistic to expect a short term programme to change decades of socialisation. It is for these reasons that the evaluation has taken a multi-method approach drawing on data from a range of sources.

### **Re-offending data**

The Scottish Government gathers information on reconviction. This data includes information about whether a particular cohort of offenders have been convicted in a specified period since receiving a community sentence or release from a custodial sentence. Data of this type is used as a recognised proxy measurement of re-offending by the Scottish Government to provide comparable data about national and local rates for women's reconviction or performance indicators such as those used in the national performance framework *Scotland Performs* (Scottish Government, 2007). The benefits of using this data are that the guilt of the individual has been confirmed, the reliability of the data has been established as it has passed through rigorous testing and checking procedures and that it has been 'time stamped', that is, it will not change over time. The main limitation of this data source is the delay of several years in its availability. While it was intended that this data be used it was unavailable at the time of the evaluation.

In the absence of this, re-offending data from Strathclyde Police Corporate Database (SPCD) was used to measure the re-offending of the cohort of women offenders. The SPCD holds details of all cases where an individual has come to police attention (for instance by being present at an incident); where an individual has been questioned/arrested in connection with an incident; where an individual has been

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<sup>67</sup> For example a recent Home Office study of offenders on probation indicates that when asked as part of their OASys assessment 65% of offenders assessed by probation as having a high likelihood of reconviction felt that they would *definitely not* or were *unlikely* to offend again.

charged with a crime; and where an individual has been issued with a Fixed Penalty Notice. Such data is widely used for the detection and prevention of crime as it is rapidly available and allows a greater depth of understanding of women's behaviour as a wider range of offending information is included. It is limited in that the individual may not have been found guilty of any crime, it has not been checked and tested for reliability, it may change as new information becomes available.

An analyst from Glasgow Community Safety Services extracted re-offending data for the cohort of 320 women offenders as twenty three women were not able to be cross referenced between the two datasets. The analysis of this data is based on a methodology developed by Strathclyde Police Information and Intelligence Unit and involves calculating the number of days a woman offender had been involved with the 218 Service since her initial contact and comparing offending during the same period before and after her initial contact. An average of the offending of all the women offenders in the cohort provides two offending figures which are compared for the period before engagement and the period after engagement with the 218 Service.

In order to examine the findings more closely, the data was separated into three sub groups - 'dishonesty offences', 'violent offences' and 'all other offences'. Dishonesty offences included all Group 3 crimes (Housebreaking, Vehicle Crimes, Shoplifting, Fraud and Theft). Violent offences included Group 1 (Violence). All other offences included crimes from Group 2 (Indecency), Group 4 (Vandalism), Group 5 (Other crimes), Group 6 (Miscellaneous offences), and Group 7 (Road traffic offences).

This analysis has endeavoured to also take into account changes in the seriousness and frequency of offending among women offenders referred to the 218 Service. Such analysis facilitates targeting of interventions, provides information for the service and referral agencies, and increases understanding of the possible mechanisms of change. The scales below are used to calculate scores for frequency and seriousness (gravity) of the offending during these periods. The final score is the average of the two indices for frequency and gravity across the cohort.

**Table A1.1** Frequency of offending scale

Number of offences	Frequency Index
>14	100
12-14	75
9-11	70
5-8	25
3-4	10
1-2	5

Source: Strathclyde Police

**Table A1.2 Gravity of offending scale**

Offence type	Gravity Index
Murder	100
Firearm related	75
Serious assault	70
Common assault	25
Breach of the Peace	1
Theft	1

Source: Strathclyde Police

### ***CareJust data***

CareJust records all CJSW assessments and orders that bring offenders to the attention of the department whether this is via the courts, prison, Police or other source. Data held in CareJust is predominantly about Glasgow residents although some data is held on clients who live outwith Glasgow but who may have appeared in a Glasgow Court or who are serving a prison sentence and have been involved with the prison social work team.

A count of CJSW supervision and periods in custody held in CareJust for the periods outlined above was undertaken for each of the women offenders in the cohort. Of the 343 women offenders in the cohort, eight were not known to CJSW in Glasgow and 113 had no period of CJSW supervision during this time. Fourteen of the women offenders included in the cohort had died. A more detailed analysis of this data was not possible but is suggested as part of future monitoring and evaluation of the service.

### ***PIMS data***

It was not possible during the evaluation to extract information about health outcomes of the women offenders in the cohort. Examining health outcomes for women offenders should also form part of an ongoing programme of monitoring and evaluation of the service.

### ***218 Service data***

Information about other outcomes for women offenders was available in the form of Christo scores from the 218 Service and from the qualitative data collected through in-depth interviews with 218 Service users. The Christo Inventory for Substance Misuse Services is a widely used, standardised and validated tool for measuring treatment outcomes in substance misuse practice settings. The tool gathers information across ten key outcome areas (social functioning, general health, sexual / injecting risk behaviour, psychological, occupation, criminal involvement, drug / alcohol use, ongoing support, compliance, working relationship)<sup>68</sup>. Christo scores

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<sup>68</sup> See Appendix 1 for further detail of the items within the Christo Inventory for Substance Misuse Services.

are used to measure changes in each of these key areas across the treatment life course and are a simple way of monitoring and evaluating the work of treatment services. The Christo form uses a three point scale from zero (no current issues) to two (significant current issues). Of the cohort of 343 women offenders, 60 had two Christo scores from which a comparison in outcomes could be made. Differences in the overall scores and on each of the ten areas were calculated and have been included in the body of the report.

### ***Interview data***

The in-depth interviews with women offenders gathered detailed information about the experiences of current service users. This information has been used in conjunction with the quantitative data above to detail the ways in which the 218 Service has had an impact on women offenders and to provide examples of the nature and extent of some of these changes for individual women. Data from the qualitative interviews has allowed examination of some of the 'soft' outcomes for women offenders including changes in self-reported self esteem, confidence and self worth as well as factors such as attending college, having their children returned into their care or improving relationships with family and friends.

### ***Examining the cost benefits of the service***

A calculation was conducted drawing on the key findings from the evaluation about the re-offending outcomes for women offenders involved in the 218 Service between 1 June 2007 and 31 May 2008. This information was analysed in relation to Scottish Government data about the costs of problematic drug users during 2006 (Casey et al 2009). An estimate of the cost benefit of the 218 Service was established based on these two proxy measures.

### ***Qualitative methods***

A total of 61 in-depth, semi-structured interviews were undertaken with key stakeholders, staff working at the 218 Service and women offenders who had been in contact with the 218 Service.

#### ***Interviews with stakeholders***

Nineteen of these interviews were undertaken with key stakeholders<sup>69</sup> from a range of agencies and positions other than those working directly with women offenders at the 218 Service. Those interviewed included the Operations Manager of TPS, two Sheriffs, two Stipendiary Magistrates, one Procurator Fiscal, three Criminal Justice Social Workers (areas), the Principal Officer Glasgow Criminal Justice Social Work, one bail officer, three addiction workers, two senior addiction workers (Persistent Offender Programme and Drug Court), two members of the Routes Out Intervention Team and the 218 Database Support and Development Manager.

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<sup>69</sup> The majority of these interviews were conducted face to face, however, a small number were completed by telephone with awareness to the cost effectiveness of the research.

The stakeholder interviews focussed on examining in detail views of the effectiveness of the 218 Service in meeting its objectives, improving outcomes for women, areas of good practice, gaps in provision, barriers to operation, and ways to improve effectiveness and the costs and benefits associated with running the service.

### *Interviews with 218 Staff*

Seventeen in-depth face-to-face semi-structured interviews were undertaken with staff working in a variety of roles at the 218 Service. Those interviewed included the 218 Service Manager, Service Coordinators (Day and Residential Services), the Nurse Team Leader, Project Workers (Day and Residential Services), Support Workers (Day and Residential Services), Senior Addiction Nurses, and the Court Diversion Worker.

The interviews with 218 staff explored in detail all aspects of the current operation of the 218 Service including key roles and responsibilities, management and accountability structures, internal and external communication and partnership working, training and supervision arrangements, policies and protocols for working with women offenders, and referral and assessment processes.

The interviews also gathered information about their views of the effectiveness of the 218 Service, where they felt the service's strengths and weaknesses lay, where they felt the service made the greatest impacts on women offenders and where they felt the key barriers to successful operation were experienced.

### *Interviews with Service Users*

In-depth semi-structured interviews were undertaken with 25 women offenders - 19 who were engaging with the 218 Service at the time of the evaluation. The interviews were conducted on-site at the 218 Service. The sample included women from a range of different demographic backgrounds, with different underlying needs and patterns of offending, at different stages of involvement with the 218 Service and with different patterns of engagement.

Within the sample were seven women offenders using the Residential Service and seven women offenders using the Day Services. Five women offenders had been involved in both aspects of the service throughout their history of contact. The women offenders in the sample ranged in age from 24 years to 48 years. The sample was predominantly made up of women aged over 30 years of age (89%), with the largest group aged between 35-59 (37%), followed by 45-49 (21%), 30-34 (21%), 40-44 (11%) and only one woman (5%) in each of the 20-24 and 25-29 age categories. The entire sample was White Scottish. All but one of the women interviewed were born in and around Glasgow, with the remaining woman born in Greenock. Just under 89% (17) women were unemployed or unable to work at the time they were referred to 218, with one woman the full time carer of a disabled child. The remaining two women had been in work – one on a part time basis and one on a full time basis before their referral. Over half the women interviewed were single (10, 53%) at the time they were referred to the service. A further three (16%) were separated, two (11%) were in a long term relationship but weren't living together, two (11%) were cohabiting. One woman was married (5%) and another

divorced (5%). Over half the women interviewed were renting accommodation at the time of the interview (10, 53%) with seven of these reporting that they were currently in housing provided by Glasgow Housing Association. Two women reported living in their own home, however, it is unclear whether these women were council tenants or home owners. Others were living with friends, were homeless, were living in the family home or were in temporary housing or supported accommodation at the time of being referred to 218.

The 25 women offenders interviewed as part of the evaluation confirmed this picture of multiple underlying needs. Of the 19 women currently engaged with the 218 Service, ten reported their family history to be 'traumatic' or 'difficult'. Ten of these women reported experiencing physical, emotional and sexual abuse in their families while nine of these women had experienced parental alcoholism (one or both parents). The women interviewed also reported a wide range of physical (11) and mental (15) health problems.

Six interviews were also undertaken with women who had been involved with 218 at some time in the past or who had been referred but hadn't engaged. These interviews were conducted to provide an understanding of the experiences of women who were eligible to attend the 218 Service but who chose not to engage or who left the service in order to explore their reasons for doing so and their current circumstances. These interviews were conducted at secure locations outside the 218 Service, however, several appointments were often required as the interviewees often cancelled or were unavailable at the last minute. The backgrounds of these women were similar to the overall sample, however, due to the circumstances and nature of the interview it was not possible to elicit complete background information in each case.

The interviews with women offenders examined the experiences, involvement and personal responses of women to their involvement with the 218 Service. Detail was gathered about the background and current needs of each woman offender, about her history of offending behaviour, substance misuse and victimisation, experiences which had led up to their involvement with the service, how they were referred to the service, previous referrals or periods of engagement, the assessment process, the development of their care plan, their relation to and involvement in the service, their overall views and experiences of the service, their take up of the facilities and services available to them, key moments of change and the main impacts 218 has had on their lives, any barriers or problems they have experienced, and reasons for leaving the service.

The data gathered in these interviews was used in a number of ways. Firstly, it was triangulated with information from other sources to confirm and challenge the findings within the quantitative analysis and from key stakeholders and 218 staff. Secondly, it was used to explore the relationship between the needs of each woman offender and the appropriateness and effectiveness of the response provided. A third level of analysis has focussed on the meanings, causes and the processes of change undertaken by women offenders as a way of identifying the mechanisms through which the 218 Service can support desistance and change for women offenders. It has been used to test the assumption that the provision of targeted and appropriate services and support is a more effective and constructive way of dealing with selected female offenders than prosecution and imprisonment.

### *Case studies*

A series of detailed case studies of three women who engaged with the 218 Service and three women who dropped out of the service was constructed using a combination of interview data and information held by the 218 Service and GASs. These case studies acted as way of highlighting the key findings from the research and as a way of investigating why women either continue to engage or drop out of the service. The case studies provided a close examination of how the 218 Service works and assisted in identifying areas of good practice, barriers to effectiveness of the service and examples of the cost effectiveness of the service. The data from these case studies has been included within the body of the report where appropriate to highlight key findings.

### **Overview**

The evaluation has adopted a triangulated multi-method approach in order to allow a detailed examination not only of the formal data on re-offending rates, referral routes, engagement, compliance, the take up of services and so on but also of the accompanying changes in attitudes and behaviour among women offenders. This approach is important as neither quantitative nor qualitative data alone can provide sufficient insight into the mechanisms and processes of change (Pawson and Tilley, 1997). While there is a focus in criminal justice research on measuring outcomes in terms of reconviction studies, traditional reconviction studies for example require large sample sizes and follow up periods of two years. They are also unable to measure changes in other key outcomes or shifts in the nature of offending (from violent to acquisitive crime for instance). Furthermore, formal recorded reconviction data often underestimates the actual rate of re-offending. Using the mixed methodological outlined above allows such data to be combined with women's self-reported offending and other behaviour as well as their attitudes to offending providing a fuller picture of the impact of the 218 Service.



**APPENDIX 2–ADDITIONAL FIGURES AND TABLES****Table A2.1 Structure Of Day Service Programme**

	Phase 1	Phase 2	Phase 3	Phase 4
Aims	Motivation to start to address key issues	Gaining a clearer understanding of key issues and how to overcome them	Changing behaviour, stabilising	Looking to the future, maintaining stability and introduction to services in the community
Care Plan components	1x Key work session / week (more if needed) 1x Relaxation Group (more if needed) Pre-planning meeting (service user, care manager, 218 worker and any other workers involved in care plan) Completion of comprehensive assessment	2x Key work sessions / week Orientation Group work followed by 1x closed group work session 'Making Changes' per week. Other group work as identified in care plan.	Weekly key work sessions as identified at review Group work as identified	Weekly key work sessions as identified at review Stepping Stones / IT
Groups	Relaxation Groups	Orientation Making Changes Group Creative Group Relaxation Groups Life Skills Health Group (GAS ) Literacy Group	Making changes (if not complete) Maintaining Changes (x2)(GAS) Offending group Optional Groups: Literacy Magazine Relaxation	
Other	Programme Planning Meetings			

**Table A2.2 Sample Residential Service timetable**

Time	Activity
8.30am – 9.30am	Morning Medication <sup>70</sup>
9.15am	Shop Run For Essential Items
9.30am	Morning Walk
10.15am – 12pm	Morning Group (Addiction Monday To Thursday)
12.30pm	Group Lunch <sup>71</sup>
1pm – 2pm	Lunch Time Medication
2.30pm – 3pm	Afternoon Walk / Free Time
3pm – 4pm	Afternoon Group (Varied) <sup>72</sup>
4pm – 5pm	One To Ones And Phone Calls / Weekend Check In
5pm	Dinner
5pm onwards	One To Ones Meetings
6pm – 8pm	Personal Calls To Family And Friends
8pm – 9.15pm	Evening Group Activity
9.15pm – 10.15pm	Night Time Medication
10.15pm onwards	Bed Time Routines <sup>73</sup>

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<sup>70</sup> It is the women's responsibility to wake and dress in the morning although staff will support women in their own efforts.

<sup>71</sup> Meals are prepared by the 218 chef and are taken together in the kitchen with key responsibilities such as laying the table shared among the residents. Throughout the day the women have access to tea, coffee and cold drinks as well as light snacks such as bread, cold meat, and cheese.

<sup>72</sup> The groups delivered in this timeslot include a Self Care Group, Mental Health Group, Physical Health Group, Relaxation Group, and a group run by John Wheatley College which provides training such as literacy or health and beauty training. On the weekend this time is spent on group outings or on other activities organised in the service.

<sup>73</sup> In many cases women who are new to the service struggle to sleep due to chaotic lifestyles. This is an important element of the 218 Service work and workers assist women to find ways to relax and sleep well in order to be prepared for the next day's activities.

**Table A2.3 Number of interventions by 218 GAS team by year 2007-2009**

Intervention	2007	2008	2009	Total
Addiction Support	164	706	747	1617
Assessment	158	282	158	598
Cervical Cytology / Colposcopy	280	187	101	568
Family Planning	196	175	96	467
Mental Health Assessment	6	86	162	254
Aims / Goals	56	92	89	237
Results / Referrals	56	87	84	227
Infection Screening	89	78	39	206
Education	60	64	80	204
Sexual Health Assessment	63	75	46	184
Nurse Triage	18	100	62	180
Twinrix Vaccination 20mcg/1ml	96	48	0	144
Venepuncture (Bloods)	11	42	84	137
Food Plan Work	23	40	63	126
Immunisation Hep A&B	6	48	64	118
Health Assessment	25	27	62	114
Pregnancy Test/ Preconception Counselling	22	56	35	113
Food Diary Review	24	40	36	100
Dietary Advice And Support	11	49	31	91
Harm Reduction	0	45	44	89
Asthma Referral	22	30	27	79
Fitness Assessment	44	17	7	68
Wound Care	10	34	16	60
Other Gynaecology	3	18	33	54
Pain Advice / Treatment	3	21	17	41
Smoking Cessation	16	6	13	35
Prison Assessment	8	26	0	34
Backcare / Posture Advice	1	9	18	28
Referral To Psychiatrist	0	1	23	24
Bbv Counselling / Screening	2	7	7	16
Cognitive Behavioural Therapy	0	0	12	12
Other	6	4	18	28
Total	1479	2500	2274	6253
Unique Patients <sup>74</sup>	573	777	601	1951
Average Intervention Per Patient	2.6	3.2	3.7	3.2

Source: GAS

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<sup>74</sup> Individual women offenders receiving interventions.

**Table A2.4 Total number of referrals January 2007 to December 2009**

<b>Number of referrals</b>	<b>No of women referred</b>	<b>Total no of referrals</b>
1	382	382
2	126	252
3	70	210
4	28	112
5	25	125
6	5	30
7	4	28
8	3	24
10	1	10
Total	644	1173

**Table A2.5 Number of Assessments and women assessed 2007-2009**

<b>Number of assessments</b>	<b>Number of women</b>	<b>Total</b>
1	306	306
2	90	180
3	32	96
4	9	36
5	1	5
7	1	7
TOTAL	439	630

**Table A2.6 Baseline Assessments by source of referral 2007-2009**

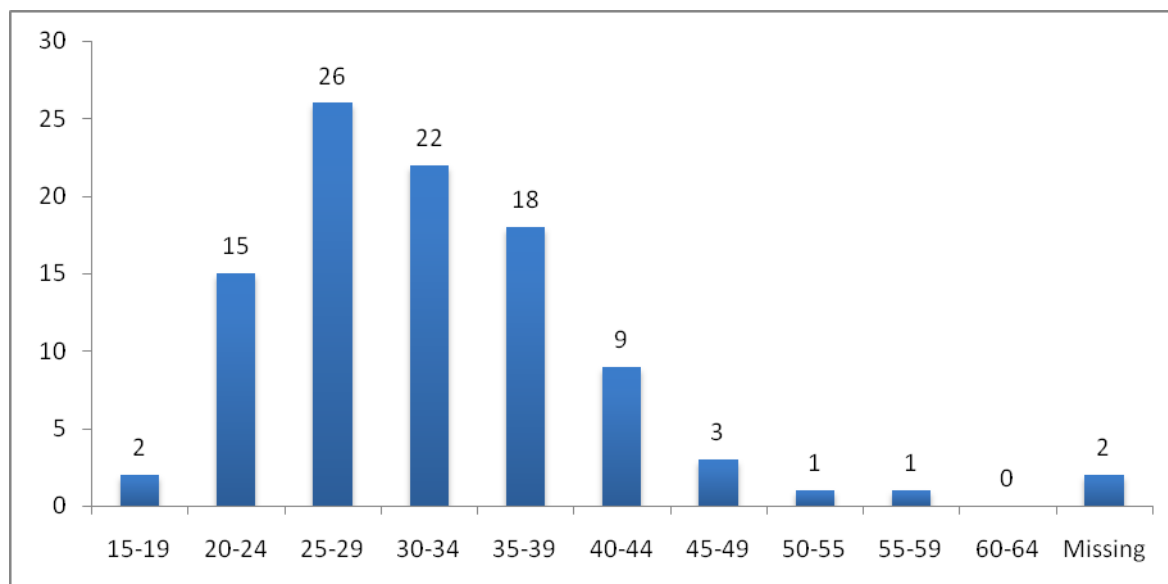
<b>Source</b>	<b>Total</b>	<b>Valid%</b>
CJSW	126	20%
Sheriff Court	110	18%
District Court	107	17%
CAT	75	12%
Self-referral	62	10%
Agency	27	4%
Drug Court	22	4%
Base 75	20	3%
Social Work	18	3%
Other	14	2%
218 Court Team	9	1%
Procurator Fiscal	8	1%
CHCP Pilot East	7	1%
Voluntary Organisation	7	1%
CHCP Pilot South	4	<1%
Prison Referral	3	<1%
TPS	3	<1%
GDCC	1	<1%

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POP	1	<1%
Total	630	
Missing	6	1%
Valid Total	624	

source all: 218 Service

**Figure A2.1 Age of women referred to the 218 Service (percent of total) (n=1172)**



Source: 218 Service

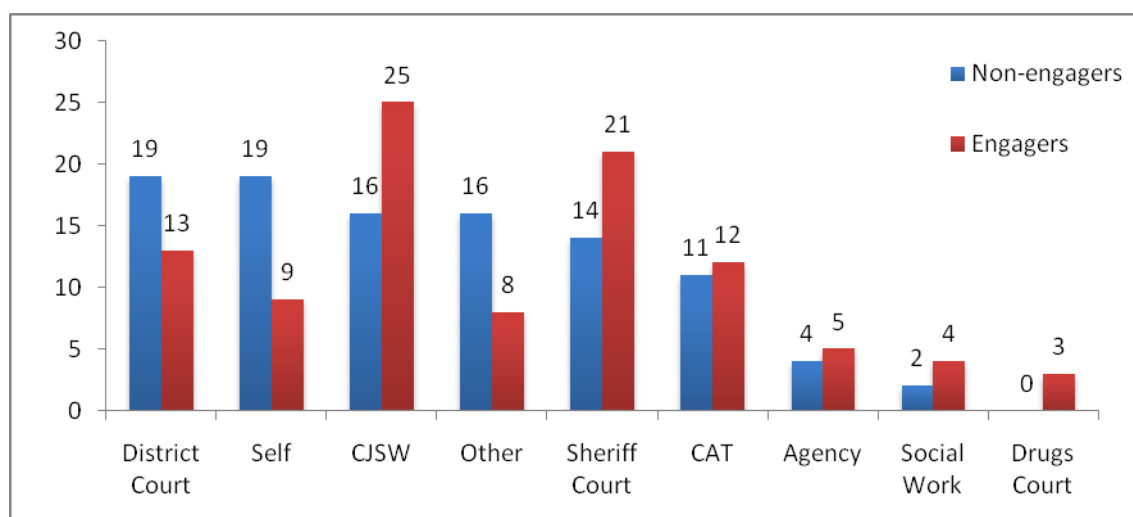
**Table A2.7 Presenting needs of women referred to 218 Service**

Need	% of women referred (n=644)
Legal / criminal	78%
Mental health	48%
Drug use – non injecting	39%
Medical / physical health	38%
Alcohol use	37%
Accommodation / housing	31%
Relapse	29%
Drug use – injecting	23%
Financial problems	20%
Bereavement	19%
Homelessness	17%
At risk of violence	14%
Emotional abuse	14%
Hopelessness	14%
Sexual health	14%
Self harm	13%
Sexual abuse	13%
Domestic abuse / anger issues	11%
Withdrawal	11%
Child care	10%

Overdose / risk of overdose	10%
Social functioning	10%
Suicidal intent / ideation	10%
Poly drug use	9%
Blood borne virus	8%
Self neglect	8%
Violent behaviour	8%
Learning disabilities	2%
Destitution	1%
Gambling	1%
Pregnant	1%
Solvent abuse	1%

Source: 218 Service

**Figure A2.2 Differences in source of referral between engagers and non-engagers (%)**



Source: 218 Service

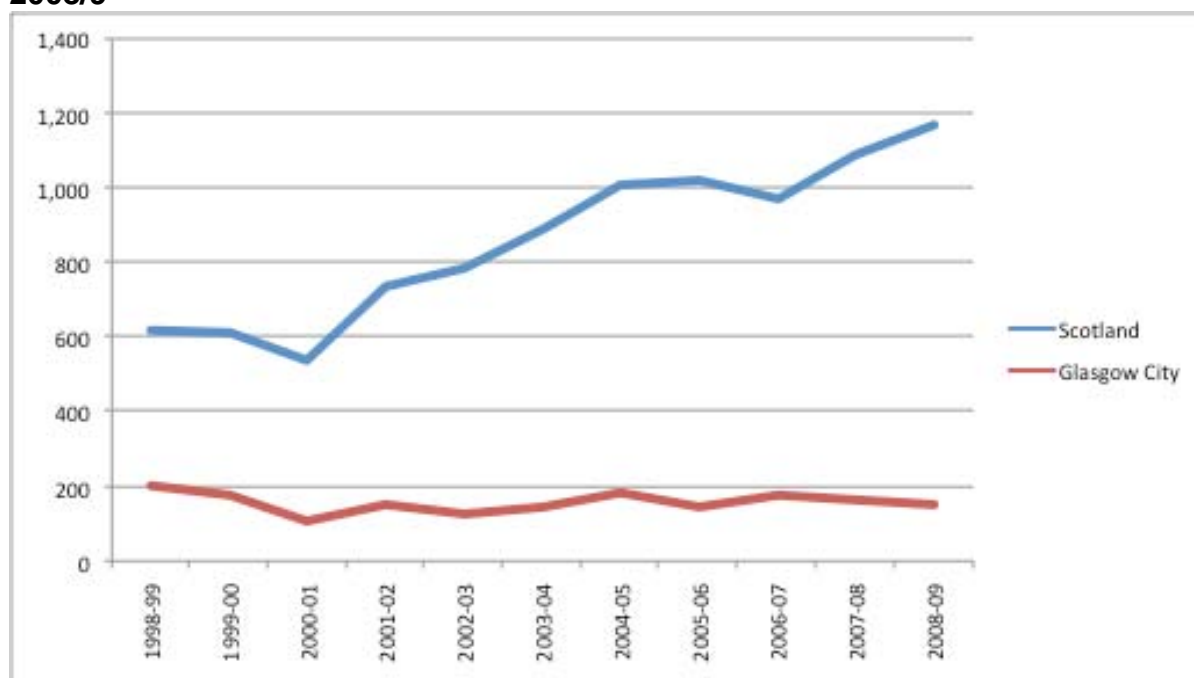
**Table A2.8 Differences in presenting issues between engagers and non-engagers (%)**

	Non-engagers	Engagers
Violent behaviour	3%	11%
Social Functioning	5%	13%
Domestic abuse / anger	8%	12%
Sexual abuse	9%	15%
At risk of violence	9%	18%
Self neglect	10%	8%
Self harm	10%	15%
Emotional Abuse	10%	17%
Bereavement	12%	22%

Financial	12%	23%
Injecting drug use	15%	27%
Alcohol use	17%	47%
Relapse	21%	33%
Accommodation / Housing	21%	35%
Physical Health	21%	46%
Mental health	36%	54%
Legal / criminal	84%	75%

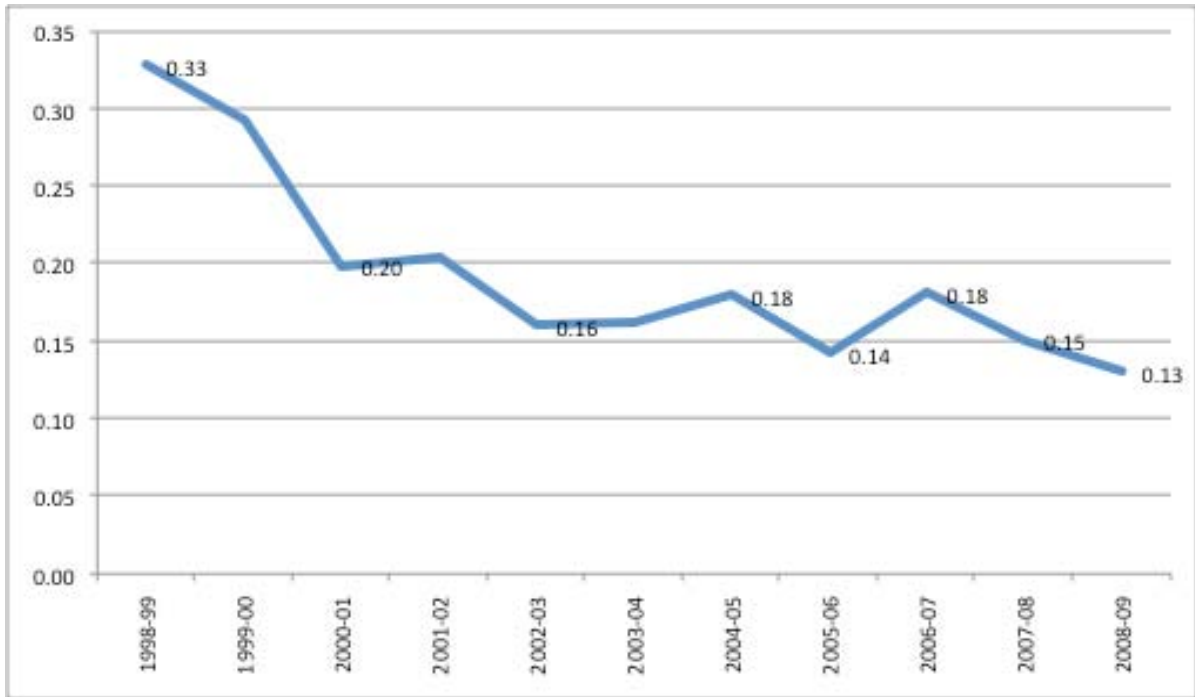
Source: 218 Service

**Figure A2.3 Women over 21 and sentenced to prison in Scottish Courts in Glasgow and in Scotland between 1988/9 and 2008/9**



**Figure A2.4 Women over 21 and sentenced to prison in Scottish Courts in Glasgow between 1988/9 and 2008/9 as a proportion of women imprisoned in Scotland**

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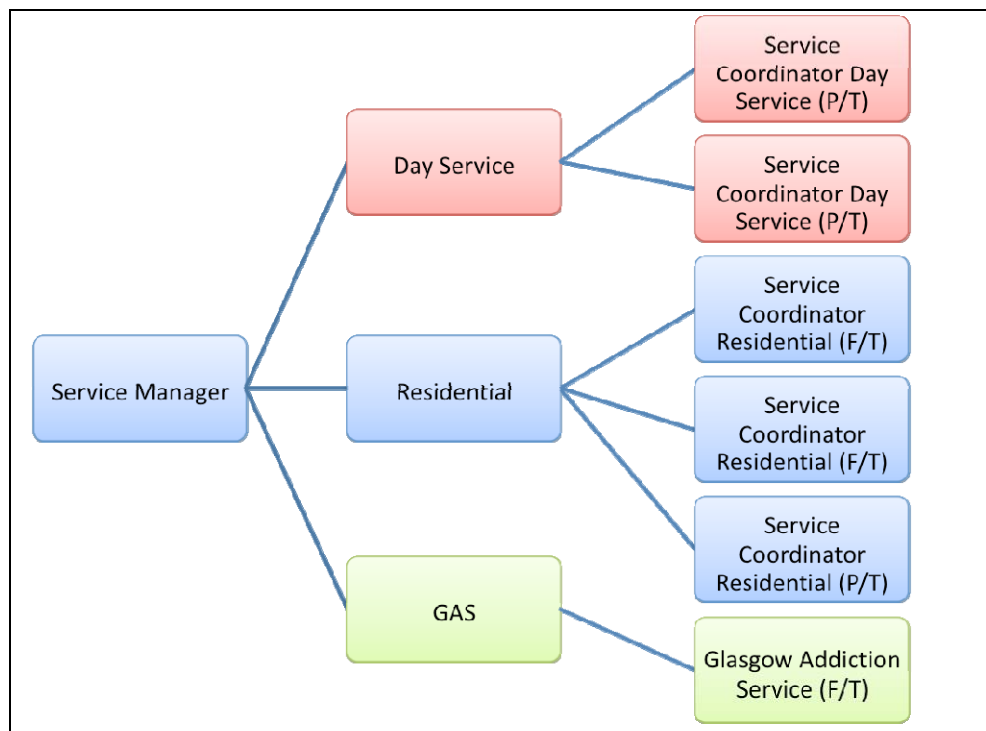


## APPENDIX 3 – TEAM STRUCTURES AND STAFFING

### Team structures and staffing

The internal structure and management of the 218 Service has remained largely consistent since Glasgow Addiction Service (GAS) became involved with the service in 2006. A full time Service Manager is employed by TPS to manage the service. Five Service Coordinators<sup>75</sup> and a full time Nurse Team Leader from GAS support the Service Manager in this role. See figure A3.1.

Figure A3.1218 Management Structure

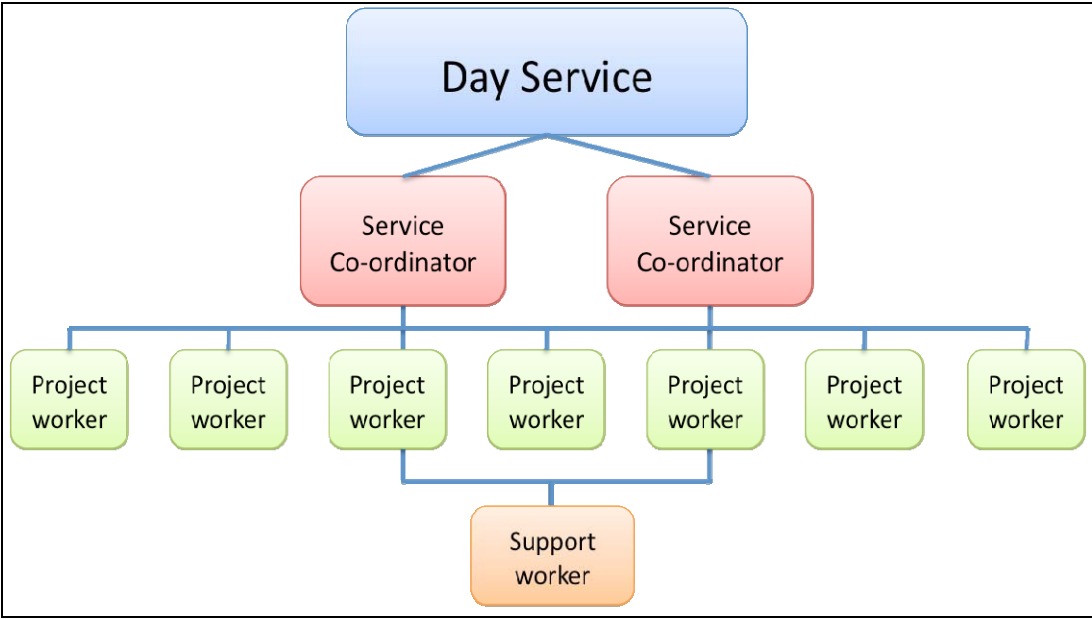


The Day Service is managed by two part time Service Co-ordinators. The team consists of seven Project Workers and one Support Worker. See figure A3.2.

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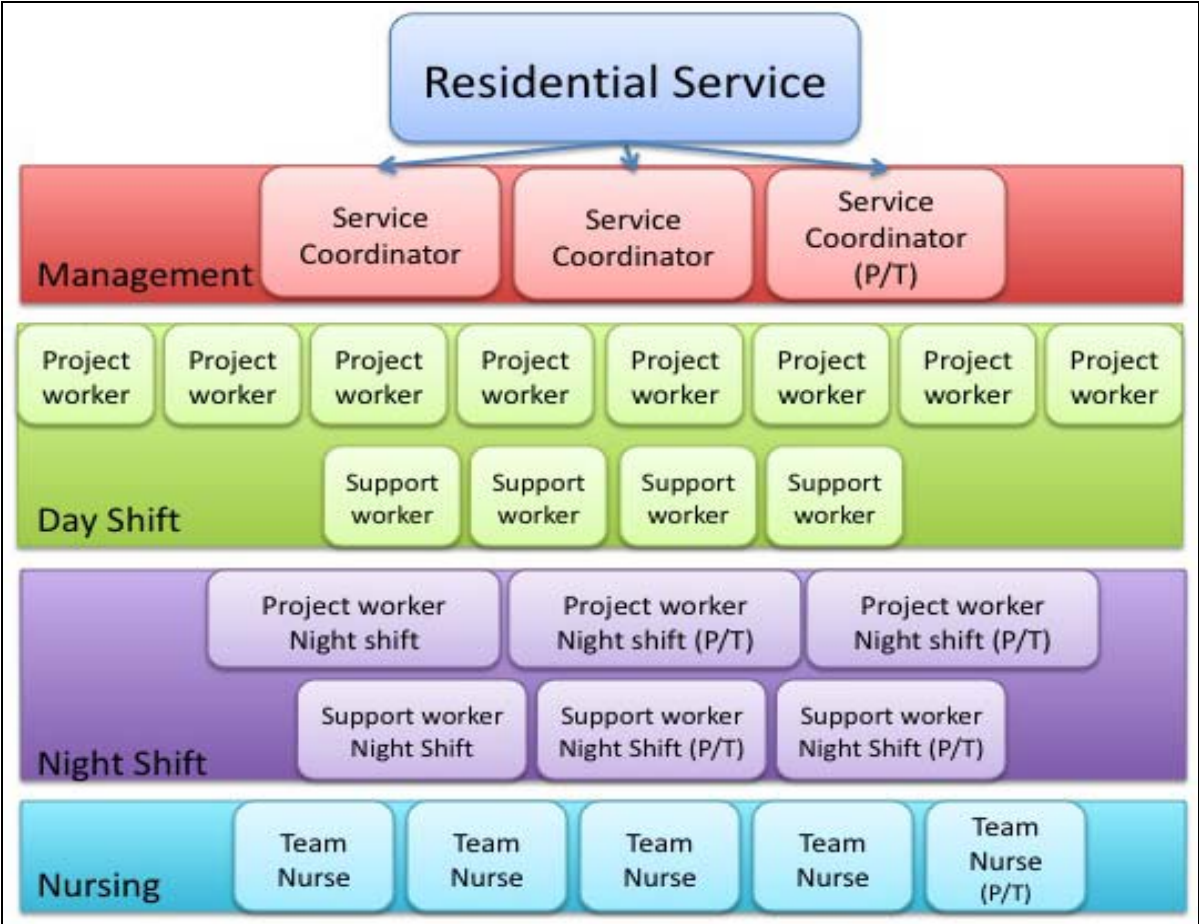
<sup>75</sup> Three service coordinators are employed to manage the Residential Service. Two work full time and one works part time (16 hours). The Day Service employs two part time (20 and 23 hours) service coordinators who work together in a job sharing arrangement.

Figure A3.2 Day service team structure



The Residential Service consists of eight day shift Project Workers; four day shift Support Workers (all full time); three night shift Project Workers (one full time and two working 24 hours/week); three night shift Support Workers (one working part time and two working 24 hours/week); and five Team Nurses (four working full time and one working 16 hours). See Figure A3.3.

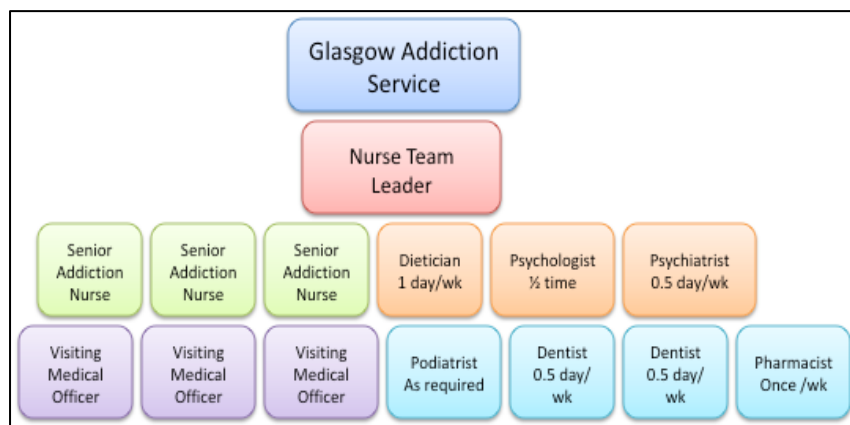
Figure A3.3 Structure of 218 Residential Service



The 218 Service also employs a range of support staff including Receptionists, Administrators, Cleaners, a Cook and a Caretaker. The core staff team are predominantly female although a small number of male staff work at the service.

The core GAS team currently consists of four full time Senior Addiction Nurses who are accountable to the Nurse Team Leader. The service also has the support of three Visiting Medical Officers<sup>76</sup>, an Occupational Therapist one day a week, a Dentist one day a fortnight, a Psychiatrist half a day a week, a Pharmacist once a week and a Podiatrist as required. The GAS team are also supported by a half time Psychologist. See Figure 5.2

Figure 5.2 GAS team structure



Among GAS staff there appeared to be some concern that having multiple Service Managers for Day and Residential Services created some confusion and may contribute to levels of staff turnover. The TPS management

team however felt that this had not had a significant impact on the service<sup>77</sup> but rather higher rates of staff turnover, something currently experienced across the sector and linked to the nature of the work.

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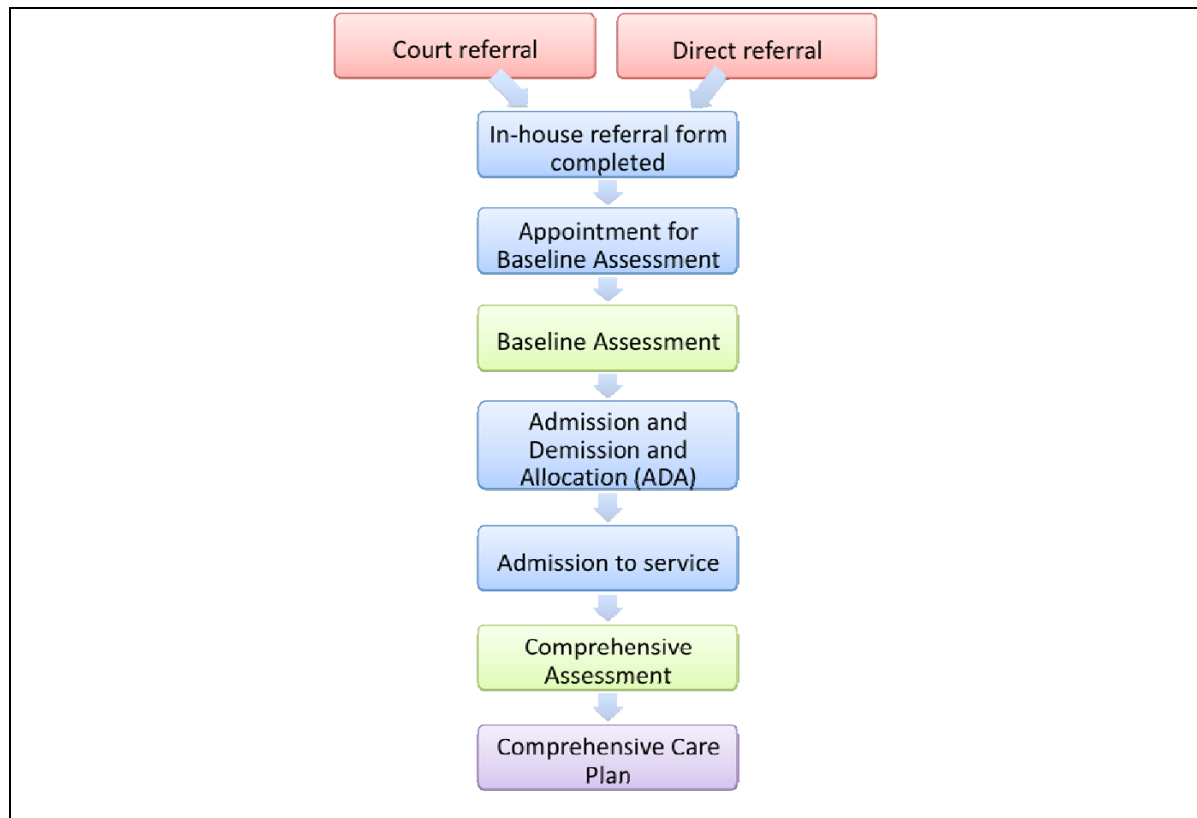
<sup>76</sup> Contracted to work two hours per day and provide on call phone support between 8-9am and 5-6pm Monday to Friday.

<sup>77</sup> While service users had made some comments about staffing levels it was the view of management that the service had remained fully operational during a short period of staff shortage which may occur in any similar service.

## APPENDIX 4 – REFERRAL, ASSESSMENT AND CARE PLANNING

The following diagram illustrates the process of referral, assessment and care planning at the 218 Service.

Figure A3.1: Referral and assessment process



### Referral Routes

#### ***Social Enquiry Report***

A Social Enquiry Report may be requested by the court in order to gather more information about a woman’s circumstances prior to sentencing. A referral to the 218 Service may also be made at this point. A woman offender may also be referred to the service by the Criminal Justice Social Worker responsible for writing the Social Enquiry Report should the need be identified during the course of preparing the report. Recent procedural changes instigated by the 218 Operational Group have made it compulsory for all women offenders referred for a Social Enquiry Report to be given a referral to the 218 Service by Criminal Justice Social Work<sup>78</sup>.

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<sup>78</sup> A standard referral form has been developed and the information gathered used for monitoring and to identify gaps in service provision. Should a referral not be deemed appropriate justification of this must be provided on the referral form.

### **Structured Deferred Sentences**

The Structured Deferred Sentence (SDS) was introduced as a two year pilot scheme in Glasgow in April 2008. It provided an option for sentencers to consider after an offender has been found guilty but before they are sentenced<sup>79</sup>. The SDS is a short period of structured social work supervision to which an offender consents. The length of deferral is dependent on the individual, but normally involves a review of their progress at court within 3 – 6 months. Following this review the sentencer has the option to consider if a further sentence is required (Glasgow City Council, 2008). Consideration is given to the length of time spent on the SDS, at the time of imposing any statutory order.

Structured Deferred Sentences are primarily for low level offenders who are too chaotic or unstable to comply with the demands of another type of order (eg. Probation Order, DTTO or Drug Court Probation Order) and where clearly identified social needs are present. They are also used as an alternative disposal for persistent offenders likely to receive a short custodial sentence or other higher tariff disposal. Structured Deferred Sentences are predominantly aimed at 18-21 year olds, women offenders and persistent offenders committing less serious offences (Glasgow City Council, 2008).

The aim of the deferred sentence is to provide an offender an opportunity to comply with other interventions, achieve a degree of stability and show commitment within a supportive framework. This framework may involve statutory services such as the Drug Court Supervision and Treatment Team and community based services, such as the 218 Project. In the Drug Court if necessary substitute prescribing is provided by GAS Drug Court Team (Health) during the period of the deferral. The overall aim is for the offender to be sufficiently stable to be placed on a statutory court order at the end of the period of deferral.

A centrally located team of Criminal Justice Social Workers who have direct access to Social Enquiry Report requests identifies an offender suitable for a SDS. If screened as a suitable case, the Social Enquiry Report request is electronically 'flagged' and a leaflet included in the paperwork. A sentencer may also directly impose a SDS either on its own or as part of a Social Enquiry Report request. CJSW would then discuss with the offender the possibility of a referral to the 218 Service as part of their action plan and would then make direct contact by telephone with the 218 Service to make the referral.

Data provided by the Structured Deferred Sentence Team Leader for the 2009/10 period indicated that there were 29 women offenders identified as suitable for a SDS. These women offenders were aged 18 to 56 years of age and were predominantly referred from Glasgow Sheriff Court (25) with a small number referred from Glasgow Stipendiary Magistrates Court (4).

Of these 29 women offenders, nine were given a referral to the 218 Service. Of these nine women, seven engaged with the service although one disengaged after a short

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<sup>79</sup> The Drug Court have been using successfully using Structured Deferred Sentences since 2003.

period of time. The remaining two women were referred but one did not want to attend the service and one disengaged shortly after the referral was made.

The most common reason for non-referral was that the woman did not want to attend the 218 Service (10). Other reasons included were that the support offered by the service was not required (5), that the woman had been referred onto another service (3) or was currently in custody (1). In one case an assessment about suitability for referral had not yet been completed.

Practitioners involved in referring women offenders to the 218 Service indicated that the women who did not want to attend the service were generally low level offenders, who had committed crimes such as benefit fraud, and who did not identify themselves as 'offenders' needing the support on offer at the service. These women did not want to attend the service along with drug or alcohol using women with significant histories of offending and who required a very particular type of support.

### ***Bail***

Another route of referral to the 218 Service is via bail. A woman offender can be bailed directly to the 218 Service either with or without an element of supervision. In order for a woman offender to be referred to the 218 Service via bail, a bed must be available to her at the time of her appearing in court. The courts will contact the 218 Service directly to see if a place in the Residential Service is available. If a bed is available 218 Staff will go to the court, collect the woman offender and take her to the 218 Service where she will reside until her return to court date. On her return to court she will be accompanied by a 218 worker and a report will be submitted by the 218 Service to the court. Should a woman decide to leave the service during this time she will be reported to the police immediately and a report will be forwarded to the court

Where possible, the 218 Service prioritise women requiring a bail address over women on the waiting list in order to avoid women offenders being sent to Cornton Vale on remand. In practice, however, this may not regularly be an option as the Residential Service is frequently full<sup>80</sup>. The service have considered holding a space particularly for women on bail, however, it was thought that this may prevent other women in need using the service when bail spaces were not required.

Women offenders may also be bailed to the Day Service and be provided with support around accommodation needs while attending, however, the 218 Service Manager reported that this option is less frequently used by the courts. The 218 Service Manager reported that the number of women bailed to 218 has fallen along with general court referrals.

### ***Condition of a statutory order, parole or license***

Women offenders may be ordered to attend the 218 Service as part of a statutory order such as a Drug Treatment and Testing Order. Women offenders may also be given a condition on parole or on license to attend the service, for example, the service has been offered to women preparing for release from Cornton Vale as a

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<sup>80</sup> Demand for the service is high and at the time of the evaluation 11 women were waiting for places in the Residential Unit.

'home base' if needed. The 218 Service Manager reported that this was not a commonly used referral route.

### ***Statutory supervision***

Criminal Justice Social Workers may also direct a woman offender to the 218 Service at any time during statutory supervision. This may occur through discussions about her current circumstances and needs or during the formulation of an Action Plan. Such attendance is usually voluntary although the Criminal Justice Social Worker may also use the standard clause in a probation order that an offender must 'comply with the directions of the supervising officer' in order to secure attendance at the service. To make this type of referral the Criminal Justice Social Worker directly contacts the service for an assessment appointment and the standard assessment and allocation process is followed.

### ***Diversion from Prosecution***

Since 1988 small scale diversion programmes for people with mental ill health and women with drug or alcohol problems have been available in Glasgow. In July 2008 a general Diversion Scheme was implemented. In March 2009 the scheme was extended to cover custody cases. The aim of developing the diversion of offenders from prosecution is to be able to recognise that some offenders experience personal and social factors which may contribute to their offending behaviour and that by identifying and providing support for such factors future offending may be prevented (Crown Office and Procurator Fiscal Service, 2008).

The process of diversion requires the Procurator Fiscal to identify suitable people accused of crimes based on the Police Report. To be considered for diversion from prosecution the person must have an identifiable problem or set of problems, there must be sufficient evidence to prosecute and but for the identified problems they would have been prosecuted in court, the public interest does not require formal criminal proceedings and the accused agrees to the diversion. Prosecution remains an option in cases of non-compliance.

The diversion process focuses on people rather than cases. Diversion is therefore considered most suitable for those suffering mental ill health, those with drug or alcohol problems, for women or young (16-17 years old) people accused of a crime rather than particular types of crimes. Generally minor offending which does not present a risk of serious violence or danger to the community are considered appropriate for diversion if the above circumstances are present<sup>81</sup>.

A referral is made by the Procurator Fiscal and an assessment for suitability is undertaken by the Court Social Work Team. If suitable an action plan is created and a programme of work developed. This work is often undertaken by the Diversion Worker but may also involve a referral for specialist support at services such as the 218 Service and should be completed within three months. Social Work Services and the

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<sup>81</sup> However, domestic abuse; racial, sectarian or religiously motivated cases, or cases with a significant sexual aspect are not appropriate cases for diversion.



specialist service (where involved) will prepare a progress / completion report which is submitted to the Procurator Fiscal.

Data provided for the period April 2009 to March 2010 shows that the diversion scheme is being well used with a total of 723 referrals to the scheme during this time. A total of 202 assessments were made with 104 of these considered suitable for diversion and 64 considered unsuitable (41 for positive reasons, 23 for negative reasons<sup>82</sup>). In 21 cases a report was not submitted and a further 13 cases were in progress. Of 109 orders in operation during the period 46 were making progress, 58 had been completed and five had breached<sup>83</sup>. Information was not available on the numbers of women who were then referred to the 218 Service.

### ***Self-referral***

Women offenders may also self-refer to the service. They may contact the service directly or request their care manager in statutory services (eg. Social Work, Criminal Justice Social Work, CAT, CHCP) makes contact to make a referral.

### **Assessing a Referral For Suitability**

Once a woman offender has been referred to the 218 Service an in-house referral form is completed. The referral form acts as a screening tool and gathers brief information about the woman offender. A letter is sent offering an appointment to attend the service within five working days. If a woman offender has been referred by the court then enquiries are made to find any links with CATs or CJSW where the woman may have a Care Manager. If a Care Manager is found, the 218 Service record these details and make contact with them to advise them of their client's referral.

### **Baseline Assessment**

At the first appointment the woman offender completes the first part of the Baseline Assessment. The assessment has seven sections:

- Personal details (including confidentiality agreement)
- Current housing situation / needs
- Current criminal justice involvement (including offending and conviction history, pending court cases, outstanding warrants and fines, current orders, periods on remand, custodial sentences)<sup>84</sup>
- Alcohol and drug use (including details of methadone prescription, current and historic illicit drug use, frequency and patterns of consumption of drugs and alcohol)

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<sup>82</sup> Positive reasons may be that the problem has already been resolved or that adequate support systems are in place within the family or another source. Negative reasons may include an unwillingness to modify behaviour or conduct or a rejection of support.

<sup>83</sup> No breakdown of this data according to gender was available at the time of the evaluation.

<sup>84</sup> When a woman offender is received into the service she is asked to sign a form giving consent for the service to contact the Procurator Fiscal to obtain details of any outstanding charges or court dates. Contact is then also made with the woman offender's solicitor.

- Social circumstances (employment, education, benefits, family details – children and partners, details of leisure activities, personal strengths and positive influences)
- Risk assessment (specific and immediate risks eg perpetrator or victim of violence, self harm, suicide attempts and ideation)
- Presenting issues (list of needs, service user statement, type of engagement desired by service user).

The Baseline Assessment also gathers information about ethnicity and referral routes and provides a summary of key issues for a decision about suitability for the service to be made. The information gathered in the Baseline Assessment is entered onto the 218 Service database. If the woman offender has a care manager, they are contacted to advise that the woman offender has attended and completed this stage of the assessment.

### **Health Assessment**

A second appointment is made for the woman offender to attend the service for a Health Assessment. The Health Assessment is completed by a 218 of GAS Nurse. Information is gathered about exposure to and treatment for blood born viruses, hospital admissions, general health, allergies, prescription medication, acute medical conditions (such as diabetes, asthma, heart and liver disease) any history of fits or seizures, illicit drug use and related issues, alcohol use and related issues, mental health diagnoses and history of treatment, history of self harm and treatment, reproductive health (children, involvement in prostitution, smear / cytology history, family planning issues), gynaecology, offer of services available at 218 (eg. smoking cessation, chiropody, dentistry, nutrition advice, naloxone training, hepatitis immunisation, asthma assessment). This part of the assessment also includes a urine screen for key health indicators and illicit drug use. Following completion of the Health Assessment if a woman is referred by the court then a report is prepared and sent to back to the court.

If a woman fails to attend her first assessment appointment the 218 Service make contact with her care manager or the referrer the same day in order to discuss how to re-engage the woman in the assessment process. At this point the 218 Service may offer to go out to conduct the assessment in the community. A new appointment letter is sent on the same day with another appointment offered within five working days. If the referral has come from the court contact is made with CJSW / CAT / Court Social Work to check the correct address for the woman offender. This process continues until the woman offender attends for an assessment. If the woman continues not to attend a decision is made to close the file and the care manager or referrer is immediately informed<sup>85</sup>.

### **Admission to the 218 Service**

Once the Baseline Assessment has been completed the referral is submitted to a weekly meeting known as the Admission and Demission and Allocation (ADA) Group

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<sup>85</sup> This generally happens within about three weeks of the referral date.

where all potential referrals are discussed and a coding system is applied. A woman offender who is accepted by this group is then allocated an admission date to either the Residential or Day Service. Should a place not be available for the woman offender, she is placed on a waiting list. When a place becomes available she is advised and given time to make necessary arrangements before admission.

The period of time a woman may wait for a place can vary, particularly as women are permitted to stay in Residential Services for up to six months. As the 218 Service Manager reported, if there is a stable group in the service there may be a period of little movement which may lead to some delays in being admitted. Admissions are also not taken on Friday, Saturday or Sunday as there is no facility to provide prescription services on these days.

At the time of the evaluation there were 11 women were waiting for a bed in the Residential Service. Information is not currently gathered about the time between referral and assessment or waiting times for a residential place, although the service are working towards this.

Each woman entering the residential unit is provided with a Welcome Pack which includes a Residential Agreement. This agreement outlines the service that can be expected as well as what is expected from them in relation to participation and behaviour during their stay. The agreement is discussed and then signed by both the service user and a member of staff. A similar tool is used with women involved in the Day Service. Should a service user not adhere to the agreement staff will address the behaviours with the overall aim of maintaining the woman's involvement in the service provided this is possible and appropriate.

## **Comprehensive Assessment and Care Planning**

Upon engagement with the 218 Service, a Comprehensive Assessment is undertaken. The Comprehensive Assessment allows a further investigation of the needs of the woman offender within a supportive and increasingly trusting relationship. The assessment is undertaken in dialogue with each individual woman with workers adopting a 'person centred' approach. This process takes up to six weeks for women in the Residential Service and up to 12 weeks for women in the Day Service. As one project worker explained, this process involves negotiating with a service to elicit accurate information<sup>86</sup>. It is through this process that an increased understanding of the woman's needs is developed and an appropriate Care Plan can be negotiated between worker and service user. The 218 Service has a documented framework of key outcomes, indicators and activities within which care planning and key working with each service user take place. Each woman offender has a six weekly review. The care plan is reviewed according to roughly the same timetable.

## **Withdrawing service**

### 1.1 \_\_\_\_\_

<sup>86</sup> For example, a woman may be asked about her drinking and describe her pattern of alcohol use as 'social drinking'. The project worker's role is to explore how the service user understands this term and to discuss safe levels of alcohol consumption and ask the service user how her drinking compares. The process relies on the skill of the staff member to gather this information in a way that is not intrusive and to make use of the information already gathered and simply check it for accuracy as women offenders' circumstances can change significantly within a short period of time.

## 218 EVALUATION REPORT

The 218 Service will withdraw their service should a service user act violently towards other service users, staff or visitors to the service; supply illegal drugs within or in the close vicinity of the service; fail to attend the programme stipulated in the care plan; experience a deterioration of physical or mental health that requires a long term hospital stay or a deterioration in behaviour that requires constant observation; or if requested by a care manager. An agreed process has been established should it be necessary to withdraw or suspend the service