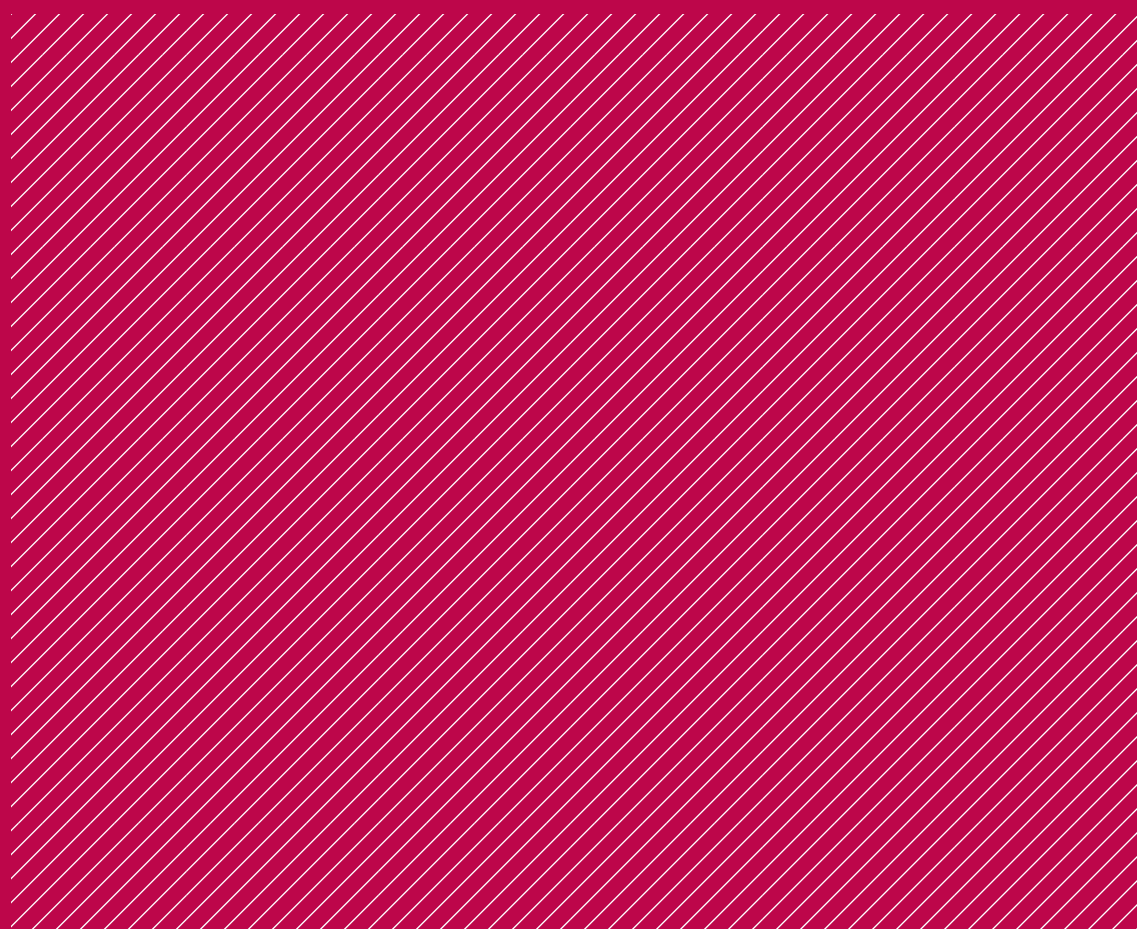


What Works In Local Commissioning

A 360° Perspective



CLiNKs

supporting voluntary organisations that
work with offenders and their families

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Introduction

The Clinks London voluntary and community sector (VCS) Development Project was established in 2006 and has worked to bring together voluntary sector organisations and commissioners to increase the range of services for offenders and ex-offenders.

As well as working to a regional agenda, the project has been identifying the opportunities for effective commissioning across a number of social care areas at the local level. This reflects the developing policy agenda around 'localism' and some of the emerging thinking around justice reinvestment, which focuses on the potential for the realignment of resources spent on centrally funded prisons and directing them to locally delivered services for offenders. These services are often delivered by the VCS locally, funded from a variety of sources.

This report summarises four pieces of research commissioned by Clinks to establish how a variety of services are commissioned for those leaving prison and serving sentences in the community. In order to give a '360' degree view of the issues identified, each service is illustrated by case studies, giving perspectives from staff delivering the services, users of each service and those who commission the offender.

The first is based on research into services provided by Adfam to support people affected by family members' drug use and crime.

The second illustrates services for people with a dual diagnosis of mental health problems along with drug or alcohol dependency. This research was done by the Revolving Doors Agency.

The third looks at how a variety of housing services are commissioned for prison leavers. This research was carried out by Homeless Link.

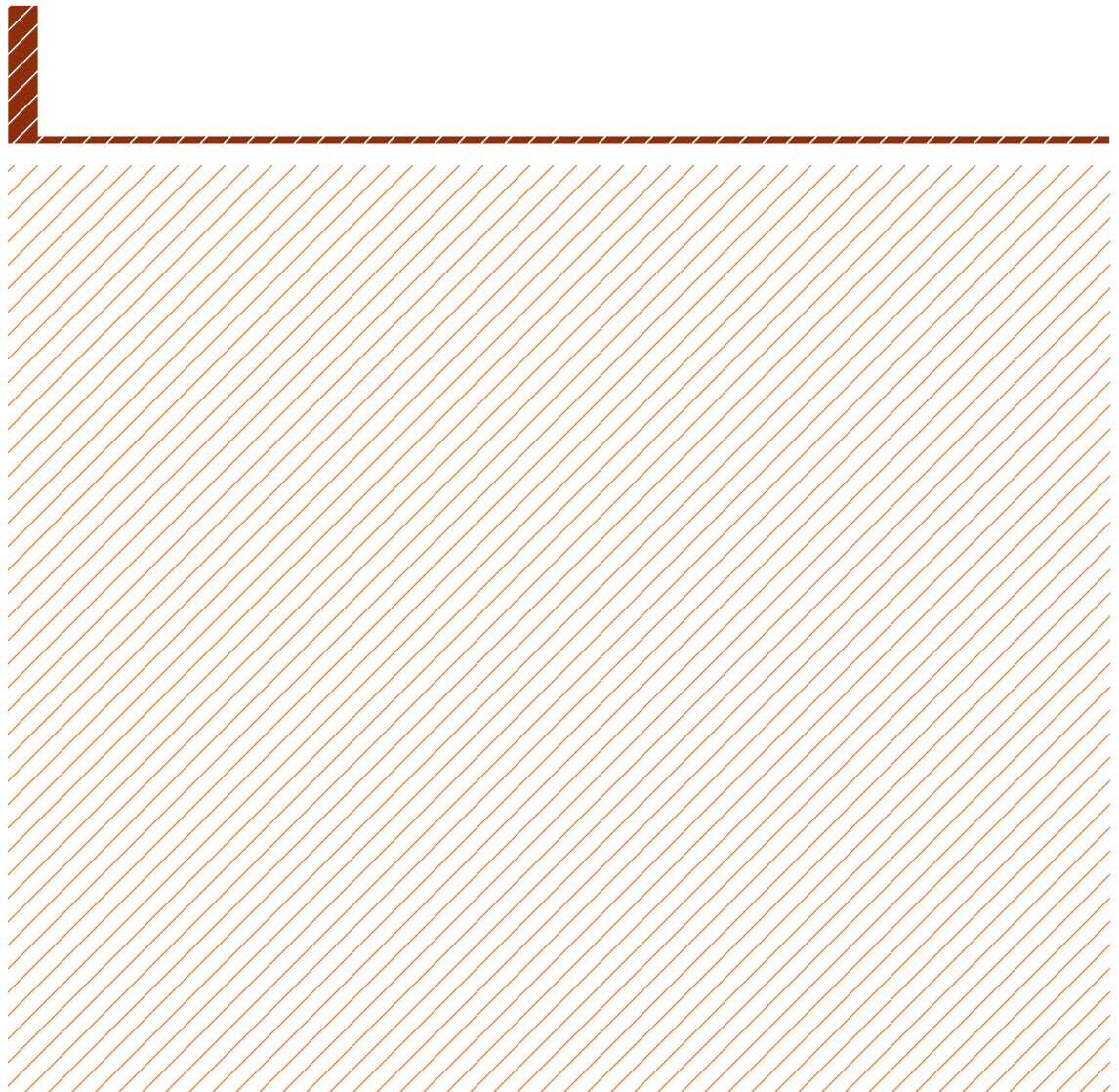
The fourth examines training and employment opportunities, with a focus on young black, Asian and minority ethnic (BAME) offenders. This was carried out by Race on The Agenda (ROTA), in partnership with Independent Academic Research Studies (IARS).

Each report is presented in a similar format, although the flavour and character of the content inevitably reflects the particular interests of the organisations involved in undertaking the research. They all, however, provide evidence of what is effective, where there are gaps in provision, and where there is potential for future investment.

It is now commonly accepted that the responsibility for reducing re-offending cannot rest with the criminal justice agencies in isolation and that it is crucial to harness the expertise and resources of a wide range of funders and providers.

We hope that this report will contribute to a greater understanding of how this work can be taken forward.

Services for people affected by family members' drug use and crime



Introduction

Three models of family work have been covered in these case studies, following investigations by an independent researcher.

1. Working with a drug service or a prisoner and adopting a family focus for therapy and support.
2. As above, but providing a wider range of services and support for family members
3. Working directly with the family member of a drug using offender, without contact with the offender.

The services illustrated here are commissioned and paid for through criminal justice or drugs budgets and are intended to support crime reduction and retention in drug treatment.

Families can be a great help in contributing to successful resettlement and dealing with drug dependency. But keeping strong as a family, especially if the offender is in custody, can be very challenging.

There is very limited support available for families of offenders and former offenders and where it does exist it is provided primarily by the voluntary sector, as in the examples given here. Some of these specialist services have a strong commitment to involving families in the design and delivery of their services.

There is clearly a balance to be made between keeping families informed and involved, while recognising that previous networks may have contributed to previous offending or to family distress. However, families can both offer support and are in need of support themselves.

For ex-offenders and family members, the added stigma of drug dependency, and the difficulty of staying drug free, are problems that can be tackled and dealt with together, strengthening the likelihood of recovery and rehabilitation.

Methodology

Service users, family members, staff and commissioners were interviewed face to face for this report. Their respective views are summarised below, with key themes and conclusions outlined following each of the case studies.

Case study 1: Adfam prison service A

The service at prison A began in the year 2000, when Family Support Workers were not allowed inside the prison. Eventually access was granted and the service now offers one to one, face to face support for prisoners and family members as well as telephone support, crisis intervention; referrals to other agencies and a group and drop-in service for family members.

The service is commissioned by the Home Office with support from an independent charity, the Tudor Trust, with funding provided yearly.

Staff

Kirsty has been the Family Support Worker for four years; she worked previously at another prison for one day a week, finding that this was not enough time to support the large number of inmates.

Family members are referred to the service from various sources, including self-referrals via word of mouth and the drug and alcohol CARAT¹ workers in the prison. Kirsty makes contacts in the visitor centre and follows up by sending out literature. However, she believes there is a great advantage in meeting prisoners before talking to family members; she sees herself as a go-between for prisoners their families and prison staff.

“Addicts need to know there is still hope even if they try and fail to beat their addiction – and family members need to know the same. Support can continue for two to three years after the client has left prison.”

Annual funding causes Kirsty some anxiety, particularly as there are no other agencies to take this work on. PACT² helps but does not have access to the inmates.

“We could do with more workers to support more families and provide other services, like counselling and continuing care after prison. There are 22 drug and alcohol workers in the prison and one Family Support Worker.”

Kirsty feels that Adfam is seen as useful because of its independence and unique focus – within the prison – on family members.

Another important service, which is not widely available, is respite services, such as the five day residential course run by Clouds House³ for family members. The cost of £595 per person is less than what is spent on drug treatment for users.

Another type of support comes from the NTA⁴ Carers’ Forum⁵ meetings, Families Anonymous⁶, Narcotics Anonymous⁷ and Alcoholics Anonymous⁸. These can help relatives to see the changes the drug user is going through and to understand the language they use.

“We need to listen to what family members want. They often don’t want to concentrate just on drugs but on broader issues; it’s important to engage with families and make them a priority, rather than just the user/offender.”

Service User

Monica’s son is two years into a long sentence; she lives alone and depends on benefits. She met the Adfam worker, Kirsty when her son was in another prison and has maintained a relationship even though her son has moved prisons.

“Kirsty’s brilliant, very supportive. She’s helped in practical ways, like contacting solicitors and writing letters and putting me in touch with support groups. I think this sort of service should be available in all prisons.”

1 CARAT Workers provide prisoners with: Counselling, Assessment, Referral, Advice and Through-care and have a significant role in supporting prisoners with problematic substance misuse.

2 The Prison Advice & Care Trust (pact) is a charity which supports people affected by imprisonment by providing practical support to prisoners, and their children and families.

3 Clouds House is part of Action on Addiction, which is a charity providing research, treatment, family support, education and training in addiction.

4 The National Treatment Agency (NTA) is a special health authority, set up in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

5 The London NTA team has set up a carers’ forum to ensure that they hear current views and issues that families, carers and friends of drug users face on a day-to-day basis.

Monica and Kirsty meet weekly at the prison and thanks to Kirsty's intervention both Monica and her son now receive counselling. Monica also receives expenses, enabling her to attend support groups. She has become a campaigner fighting against indeterminate life terms.

When pressed, Monica could not think of anything negative to say about the service received from Adfam, regarding all of the help as useful and important.

Commissioner
(Area Drug Co-ordinator,
HMP London Area Office
(responsibility for family service
work in Prison A and Prison C)

The Co-ordinator said that the family services were not commissioned in the conventional sense, but had grown in an ad hoc fashion. They pre-dated both his appointment and the current prison drug strategy and CARAT service.

His role was to ensure that the services were a "good fit" with the prison drug strategy, treatment service and national drug strategy – which he now believes they are. He rejects press reports that prisons are 'awash' with drugs, but acknowledges that there are problems in maintaining effectiveness after prisoners are released. The family services are paid for by NOMS, with the

contract managed through a Service Level Agreement and annual performance review, which assesses numbers of people seen, type of intervention and other factors.

Because of the new structure being piloted in London, he could not say what would happen to the service in the future. He believed that the emphasis on family work, which is central to the new national drug strategy, might mean that prisons become more pro-active in working with families. Some of this work could be done through the CARATs, although he acknowledged that this would not be as extensive as the Adfam Family Services, which he believes are a good area for future development.

It was not possible to arrange an interview with the NOMS Treatment Manager for these prisons.

6 Families Anonymous is a self-help organisation for relatives and friends concerned about the use of drugs or related behavioural problems.

7 Narcotics Anonymous is a self-help organisation for people for whom drugs have become a major problem.

8 Alcoholics Anonymous is a self-help organisation for people for whom alcohol has become a major problem.

Case study 2: Adfam prison service B

This service provides ongoing support to the families of prisoners, including telephone calls and tailored information packs, with specific advice for mothers, fathers, children and partners. It has existed for two years and has secured funding until March 2009. The prison was built in 2005 and is run by a private company.

Staff

Linda works with women prisoners and a male colleague works with men in this private prison. Referrals come from different sources, with posters and leaflets throughout the prison and visits to the first night centre to discuss drug, alcohol and family issues with new arrivals. Referrals also come from the CARAT team. Anyone who wants to use the service must complete an application form

"I think being able to talk with someone who isn't going to judge you often comes as a huge relief to family members. They often feel judged because of the actions of their relatives."

Practical support includes arranging visits, providing information about how to send parcels and how drug testing works. Linda would like to offer more face to face meetings, but the majority of family visits are at weekends, when the service does not run.

"They want to know specific information about specific drugs and the service can help with this."

The most difficult thing is to answer questions about why someone started taking drugs. People want to know if it is their fault and they want to know what they can do. They need to find a way of coping."

The service also refers family members to other support groups, such as a local charity that provides advice, information and counselling.

Linda believes that support for workers like her is essential; she has a clinical supervision session once a month, which helps her deal with difficult situations. As Adfam was recently awarded a contract at another private prison run by the same company, Linda feels optimistic for the future.

Service User

Susan is the mother of a young woman who has been in prison for almost four months. She did not know what to expect and has found dealing with her daughter's imprisonment very stressful. She has received support from Linda since the start of the sentence, through telephone calls and literature; they have never met face to face.

"I feel much more informed now and it's good to know that other people are going through the same things as me. The fact that Linda meets my daughter in prison gives me more of an insight than I could get just through my own visits."

Susan believes that a friendly, non-judgemental voice is another

important factor in the relationship. She had nothing negative to say about the service, believing that its independence from the prison was essential. She would definitely recommend it to anyone in a similar position.

Commissioner

Annabel is responsible for managing substance misuse services. She believes it is important to understand the needs of prisoners' families and, within the constraints of confidentiality, to offer support, advice and information.

"They're [Adfam] dedicated and sensitive to the needs of the prisoners. They also have good quality publications and information, including books for children."

There had initially been some resistance to the service from prison staff, but the family service workers became involved in staff briefings and are now seen as an integral, beneficial part of prison life.

She believes the service to be cost-effective and thinks that Adfam should promote it more widely, saying that every £1 spent on drug treatment saves £9 elsewhere.

"I think it's a pity that this sort of service does not exist in all prisons."

Overall, Annabel is committed to the family service and hopes that Adfam will receive long term contracts to support development and provide security for staff.

Case study 3: Adfam prison service C

A family service has been running at this prison for nine years, making it one of the longest running of any prison in the country.

Staff

Jane has worked at the prison for five years, having begun as a volunteer. Her key role is in maintaining family links with prisoners, which extends her remit beyond drugs and alcohol to personal and practical support, such as visiting arrangements.

“Often the work is about providing a sounding board and letting people off-load.”

People hear about the service by word of mouth, through posters, induction meetings and association periods. There are also referrals from the CARAT workers, who inform Jane if a prisoner is being assessed for substance misuse and mentions family concerns. After the initial referral or contact, people are generally seen by appointment.

The service is housed in a building just outside of the main prison. The prison management is supportive and the service successfully negotiated a Service Level Agreement.

Jane is an assessor for the ACCT (Assessment, Care in Custody and Teamwork) and works on the Committee for Banned and Closed Visits. She acts as an advocate for prisoners who have had visits from banned individuals, or who are subject to closed or supervised visits.

Jane says that many partners and other visitors are unaware of the regulations and she can help in appeals.

Overall she is optimistic about the work and is keen to promote the benefits more widely; she has spoken at a conference and hosted an open day, which was attended by staff from the Cabinet Office.

One regret is the lack of cover for her work if she is away; another difficulty is working with Asian families, who in her experience have been less willing to discuss their problems with an outsider.

Service User

Marion is in her early 40s; she is divorced and has two children, who she no longer sees. She has been diagnosed bi-polar and has a history of drug and alcohol problems. She is the partner of Jack, who is serving 18 months for common assault against her; he is 14 months into his sentence and on a Life Licence.

Marion has recently got a new flat and is attending Alcoholics Anonymous and feeling more stable and positive. She keeps in contact with Jane, the Family Liaison Officer, by telephone, and thinks very highly of her.

“Jane’s very down to earth. She doesn’t judge us. She keeps me up to date with what Jack’s doing in prison, which is great. I have a 90 minute journey to the prison and can only visit once a week.”

When pressed to suggest any improvements to the service, she suggested publicising the expenses available for prison visiting, as she did not learn about this until she had been visiting for six months. She would also like to see more support available for prisoners in the evenings, when there is less staff coverage.

Commissioner

The Commissioner for this prison is the same as in Prison A, case study 1.

Case study 4: Adfam Drug Interventions Programme (DIP⁹)

A family service has been running at the DIP for several years offering telephone support, counselling and informal face to face support. It was originally funded by the Drug Action Team¹⁰ (DAT) to support family members of DIP clients. However, the remit was widened to include family members of any drug or alcohol users in the borough and in 2008 a new support group for families was set up, run by Adfam. The service typically starts with six counselling sessions but also provides telephone support and group meetings.

Staff

Trisha has been the Family Services Worker at the DIP for more than two and a half years, with clients referred from the DIP team, other local agencies and self-referrals. Family members do not always live in the borough.

Trish has several concerns, notably:

- Funding – obtaining funding to produce some literature took two “frustrating” and “nightmarish” years. Funding for the whole service is only agreed on an annual basis
- If publicity is too effective the service may be overwhelmed; she only works two and a half days a week

- The service is attached to the DIP and family members attending DIP appointments with DIP clients are excluded from the family service because of confidentiality and safety policies, reducing accessibility
- There is no drop-in facility

“I think that funding should be in place for at least three years. I used to work in another borough where a similar service lost its funding, leaving many families completely unsupported.

Trisha would like to be able to offer more services, such as a library, complementary therapies, counselling and a drop-in. She feels strongly that people need a break from concentrating on drugs and alcohol. At present there is a lack of continuity, but with more funding they could do much more and be more accessible.

Service User

Dora is a 70 year old woman with two sons – one an alcoholic who is currently dry and one a heroin addict who is being treated in a residential rehabilitation centre. Because of the stress she has been under, she joined a new Adfam group following contact with Trisha. While she felt Trisha was young and inexperienced, she was grateful for the support and is still in touch with her.

⁹ The Drug Interventions Programme (DIP) was introduced in 2003. It is a key part of the national strategy for tackling drugs and reducing crime. The programme aims to get adult

drug-misusing offenders out of crime and into treatment and other support.

¹⁰ Drug Action Teams (DATs) or Drug & Alcohol Action Teams (DAATs) are the partnerships responsible for delivering the national drug strategy at a local level. There are 149 DATs in England.

The group has shown her how other people have terrible problems and yet are able to cope with them. A key benefit is that by attending she is doing something positive and helping others in the group. It has made her reflect on her own life and role as a mother and she is determined to be tougher with her son.

While Dora believes the group is working well, she would like members to exchange telephone numbers in order to keep in touch better. She is very praiseworthy of the group facilitator and feels she can rely on him.

Dora feels that she has come to terms with the fact that she might lose her son this time. If he doesn't make it through rehab she is not going to provide further support. Overall, however, with the help of the group, she now feels much more positive.

Commissioner

Amanda is the Drug Interventions Programme Manager and Young People's Joint Commissioning Manager for the Drug & Alcohol Action Team (DAAT). The family service work at the DIP is commissioned by the DAAT, as is the Adfam Family Services Worker. It has also commissioned Adfam to provide training days for local carers and with prison and police officers.

The borough has an experienced User and Carer Involvement Coordinator and runs a weekly group for users and carers, with training to engage with the DAAT and input into commissioning.

The DIP has funded a child minding service through the borough council and has trained registered child minders to work with the children of drug using parents; they now offer free child care for clients attending the DIP.

"It's important that we continue to innovate. For example, we established a rent deposit scheme and this has been really successful. Housing is a key element in recovery, and the lack of finance for deposits on flats often prevents clients from getting good accommodation."

Other activities include a link with the local army regiment, which offers training, and sporting opportunities. Users and carers have been involved in training GPs and will be involved in the setting up of a new aftercare service as peer mentors.

Amanda is leaving the DAAT, but is confident about the future for the borough.

"I'm positive for the future of family work in the borough; it's part of a progressive, holistic approach that we've been trying to promote here."

Case study 5: London borough Family Engagement Service

The service was established in the borough following a pilot in 2006, after growing evidence of the important role of family members in reducing and managing substance abuse. It is attached to a local voluntary sector drug treatment service and specific services include family dynamics and counselling, family days and group work.

Staff

Most referrals to the service come from the local aftercare service and the three agencies at which Alison, the family service worker, holds groups. Two other agencies in the borough also run services for family members of people with substance misuse problems.

Inter-agency liaison is a part of Alison's role, which entails training for other professionals, outreach and publicity.

"I do think there's a need for more family work in the borough. It is vulnerable because if I'm away, appointments are cancelled. I don't have any peers and have no clinical supervision."

While the work seems to be making a difference, there has been no formal evaluation. However, the commissioners have not asked for better record keeping and she assumes they are most interested in what targets they have to report on.

It is estimated that 60% of users in the borough are not in touch with services, but Alison believes that families could be very influential on potential clients gaining access.

"There can be a tension between working with clients in treatment and working with family members. Many family members have multiple needs, which are often neglected. I'd like to be able to develop new services, such as complementary therapies, home visits and other outreach work."

As the National Treatment Agency (NTA) has said that it wants to hear the voices of carers, Alison would appreciate a lead from commissioners on what the service should be prioritising. She believes it needs more direction and funding, or risks being overwhelmed by demand.

Alison would like to see a link made more explicitly between family work and work in other areas, such as housing, education, social services and crime reduction.

Client

Miranda has seven children and Ron, a crack cocaine using offender currently in treatment, is her second youngest. Ron was in treatment at a residential day programme for crack users in the borough; the treatment agency put her in touch with Alison, the Family Engagement Worker, who arranged a meeting.

"I think we all learned a lot and it was like a weight lifting off my shoulders, to be honest. Ron spoke much more about his life and Alison gave really good advice and information."

Miranda keeps in contact with Alison by telephone and has contact with Ron. So far she has chosen not to join a support group.

"I think my son is receiving good care, but I am worried for the future. I'd like to do things myself and Alison has been helping me to try to get into college. I'd recommend the service to anyone."

Commissioner

The service is commissioned by the DIP. Kevin, as both commissioner and manager of the DIP, is responsible for service development and improvement, commissioning new interventions and monitoring the effectiveness of services.

Commissioning this service followed an approach from a voluntary sector treatment agency. The idea was to retain people in treatment for longer and provide therapeutic support to family members and partners. This was then piloted at a drug treatment agency. An 18 month contract was agreed in late 2006, with commissioners hands-off to allow the project to develop.

"I knew about the family work done by Adfam in prisons, but wanted a new model for this work in the community. We did some user consultation and spoke to other managers, which all produced very positive feedback."

With just one worker, he acknowledges the limitations, but would like to be able to replicate the success to date without spending more money.

"One way for the future could be through partnership working. We have allowed this programme to run without strings, so the record keeping is poor and there is no evidence base. Now we need to look at ways of monitoring effectiveness."

However, established methods like the National Drug Treatment Monitoring System (NDTMS) do not include family work. He fears the service is at risk of being decommissioned because senior managers do not understand it. He says they need evidence to see what value it is adding to treatment.

"In the short term, we need to look again at the relationships between this service and other family-related services in the borough. I think there's a danger that many in the drugs field think they need to deal with all of their clients' problems. In fact they should be referring on to the right specialist services."

Kevin believes that the drug field needs to develop effective processes and procedures and not rely so much on the personal qualities of committed individuals. For the future, he feels the family role should be more strategic.

He thinks that one option could be for voluntary sector agencies to raise their own additional finance to deliver the services they see as valuable in reaching their targets. He is sure that multi-funded services are less vulnerable and more sustainable and believes that a good option would be for the voluntary sector agency to absorb the cost within their own provision.

Conclusions

Staff commitment

The interviews illustrate staff who are often driven to provide a very good service, often working beyond their brief, often with little support.

Client satisfaction

The clients of services report almost complete satisfaction and usually uncritical appreciation. In particular, they cite:

- The practical nature of the support
- The 'go-between' function of family workers
- The independence of the service from the prison
- The quality and usefulness of the information they receive

Better outcomes

While this limited study cannot provide evidence of better outcomes, involving family members in the user's treatment seems to have a positive impact. In the past, the default position has been to isolate the client and exclude the family from treatment.

Follow up

The examples provided here show a problem with throughput, as there is a lack of similar or generic family services for onward referral, particularly after release from prison.

Ongoing contact with the inmate/former inmate and family members is considered important by all parties.

Integration

The need to integrate family services work more into other local services has been highlighted, with a view that this will lead to better outcomes.

Resources

These services often operate with just one worker, sometimes part time. They are, therefore, very vulnerable and unable to meet demand or need. Short term (one year) funding is the norm.

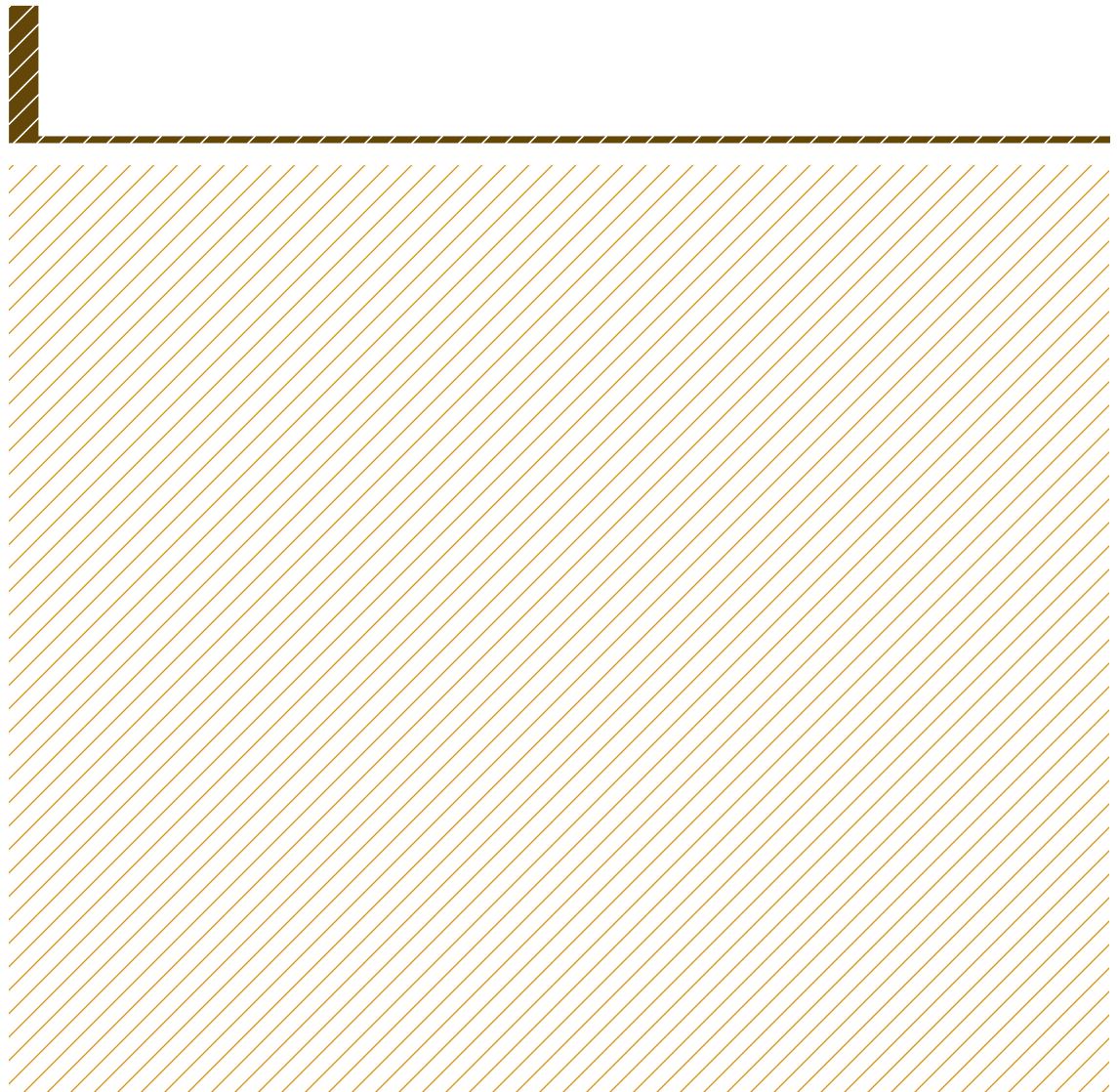
Commissioning

Commissioning of these services is often ad hoc, short-term and at risk of ending suddenly. However, these family services are valued by commissioners and meet the national drug strategy's emphasis on family involvement in treatment.

Range of services

Staff would like to be able to offer a much wider range of services, including training, drop-ins, and respite care.

Services for people with a Dual Diagnosis



Introduction

Revolving Doors Agency interviewed commissioners, practitioners and service users at five different voluntary/community sector (VCS) projects in London that work with people with dual diagnosis to gain a better understanding of what constitutes effective VCS commissioning for this group. The case studies aim to shed light on the support needs of service users, the services they have accessed and their effectiveness, their perceptions of the types of services they require, and the key elements of an effective dual diagnosis intervention.

The Department of Health, in its 'Mental health policy implementation guide: Dual diagnosis good practice guide' (2002), explains that the term 'dual diagnosis' covers a broad spectrum of mental health and substance misuse problems. The nature of the relationship between these two conditions is complex, and can include:

- A primary psychiatric illness precipitating or leading to substance misuse
- Substance misuse worsening or altering the course of a psychiatric illness
- Intoxication and/or substance dependence leading to psychological symptoms
- Substance misuse and/or withdrawal, leading to psychiatric symptoms or illnesses.

The practice guide further explains that substance misuse among individuals with psychiatric disorders has been associated with worsening psychiatric symptoms, increased use of institutional services, poor medication adherence, homelessness, increased risk of HIV infection, poor social outcomes including impact on carers and family and contact with the criminal justice system.

Project Overview

None of the services illustrated here were exclusively dual diagnosis services, but they were designed to include those who presented with dual diagnosis and could act as a resource to referring agencies.

Three case studies are of residential mental health services that deal with individuals with severe and enduring mental health problems, a forensic (or offending) history, and substance misuse problems. One case study is a residential care service that deals with individuals who have lower level mental health problems, drug and alcohol addiction, and anti-social behaviour problems. The final case study is an outreach service that links individuals who have lower level mental health problems, drug and alcohol addition and anti-social behaviour problems with other community-based services.

Methodology

Revolving Doors Agency visited each of the five projects to conduct a series of interviews with service users, practitioners, and commissioners. These considered three main issues:

1. Understanding Needs: For commissioners and practitioners, this focused on needs assessment; for service users, it focused on what led them to engage with the service.
2. Responding to Needs: For commissioners, this focused on how they decide what services need to be commissioned; for practitioners, on describing the different aspects of their service; for service users, their experiences using various services.
3. Understanding Success: For all three groups, this section focused on what success looks like for them and what they are trying to achieve.

The views expressed by the respondents are theirs alone, and are not necessarily representative of others who work in, use or commission the projects case studied. However, together they form an illustrative snap shot of how services for dual diagnosis in London are perceived.

Case Study A

A two-tiered service providing accommodation-based care, leading to independent living with floating support. It is provided for adults linked into probation services, who have severe and enduring mental health problems, including those with alcohol or drug problems. It includes supported flats with day staff on site and emergency call-out provision at night. Care coordinators and assessment teams visit at intervals but are not based there.

Staff

Assessment

Dual diagnosis is assessed by referring service users to the floating dual diagnosis team in the community. The practitioners at the service work in conjunction with care coordinators, who do random screening checks for drug use. If drug use is a problem, a treatment protocol is integrated into the care plan.

Service effectiveness

Staff stress the importance of maintaining strong links with the local dual diagnosis team so that service users have integrated support.

They see it as an inclusive, low threshold service that takes referrals of cases that might otherwise be excluded from other services. It acts as a bridge between intensive support and independent living.

However, effectiveness depends on careful planning and support from the wider care coordination system.

How could it be improved?

Staff perceive a risk of the service becoming a 'dumping ground' for local care coordinators; positioning it as a bridge in a carefully planned, resourced pathway to independence is essential.

Service User

Why this service?

The service user interviewed had stabbed her ex-boyfriend and beaten up her neighbour. She was very ill, had no support from any mental health service and was using drugs. After being convicted of assault, she was sent to hospital and detained under the Mental Health Act.

She found out about the service from other service users who recommended it when she was in hospital.

Help received

She has fortnightly meetings with her key worker, which cover her care plan, finance, hygiene, personal care, shopping, and any other relevant issues.

View of the service

She had a positive first impression, which has been sustained, because it provided a supported transition from being locked up for three years to regaining her freedom. She liked the neighbourhood and the possibility of talking to staff at any time. She would recommend the service to others.

What would you change?

She could not suggest anything, but would like more of the service users to get involved in the residents' dinners, house meetings, cookery lessons and other events offered by staff.

Other points

She would like to see more housing opportunities; when people are ready to move on, there are many delays in the process. She believes that the local council does not give service users a high enough priority for housing.

Case Study B

The service is designed for mentally disordered offenders leaving secure units and is provided in partnership with a London Mental Health Trust, under the supervision of a Community Forensic Consultant. A planned rehabilitation programme is offered to help users move on to alternative accommodation where less support is provided.

Staff

Assessment

A self-assessment is used first, and then users meet key workers and agree a care plan. Risk assessments and random drug screening are also used.

Service effectiveness:

key elements and perceptions

Staff stress the importance of engagement with the dual diagnosis team because they understand the complexity of users' problems and can secure and coordinate an appropriate package of care. Service users are expected to work with mental health services throughout their stay. Individual and group work develops users' skills and abilities, with the support of day centres, adult education and training, leisure and recreational activities.

The move-on rate is good, but staff say it needs to be better. Hold ups are generally due to a lack of appropriate accommodation.

How could it be improved?

The agencies that liaise with this service need to be better trained in understanding the specific needs of individuals with dual diagnosis.

Service User

Why this service?

The user interviewed received a five year sentence for aggravated burglary. He was taking crack cocaine, heroin, and smoking cannabis, which aggravated his existing mental health condition. He served his sentence in a secure hospital and was interviewed to attend this service while still inside.

Help received

In two years at the residence, he has had regular one to one meetings with practitioners to follow his care plan and has taken part in cooking, life skills and communication classes every week.

View of the service

He feels well taken care of and is able to go to his care worker or forensic social worker if he needs anything. He appreciates the educational classes and enjoys being with other people. He says that if he was living on his own, he might shut himself away emotionally. He would recommend it to others, believing that the service has a positive ethos.

What would you change?

He has no complaints and believes he is fortunate to be in such a professional residence.

Other points

He believes that there needs to be a greater emphasis on self-worth; users need to believe that they can get a job, for example.

// When you have a sense of self-worth, your problems don't seem bad. Not being active can make you depressed. You have to do everything in your power to actively seek employment and get help seeking employment. //

Case Study C

This centre provides accommodation – rooms and self-contained flats – and care for men with a forensic mental health background. It offers personalised support to help people take an active part in their own care and integrate in the community.

Staff

Assessment

Following a face to face meeting, practitioners assess whether a service user can be properly supported before admission; if admitted, they agree a care plan.

Service effectiveness:

key elements and perceptions

The contract has been identified as the key element of the service as this enables users to have clarity on the recovery process.

Staff believe the service is effective because, among other treatment types, it uses harm minimisation approaches, such as effective money management, which can help service users to stop using drugs.

How could it be improved?

Staff fear that the service could turn into a dumping ground. They say that once care coordinators secure a place for a user, there is often little contact unless there is an incident. They believe that the service must be positioned effectively as a bridge in a carefully planned and resourced pathway to independence.

Service User

Why this service?

The service user was a heroin and crack cocaine user for many years. He served several years in prison, where he had a mental health breakdown and began to self-harm. He found out about the service when workers from the residence interviewed him in prison.

Help received

The user gained a place on a methadone programme through the service liaising with a local drug addiction centre

View of the service

When he started, many people in the service were using drugs, which he thought was good at the time because he was also using. However, following a management change two years ago, the residence is now entirely drug-free.

He is a strong supporter of the contract he signed, which allowed the service to take control of his benefit money, giving him a few pounds a day. This helped him to control his spending habits and keep off drugs. He would recommend the service to others.

What would you change?

He would make everybody sign a contract to say that their money should be managed if they are actively using drugs. Using methods like this was an important first step towards his becoming drug free.

Commissioner

Essential elements of an effective dual diagnosis service

There needs to be a more thoughtful debate on forensic history. When does forensic history cease to be an issue? How long does it take? There needs to be a movement away from describing someone as having forensic history, and more focus on individual needs.

How could services be improved?

There is a need for a person-centred, rehabilitative focus that integrates users into the community to reduce social exclusion. Services should focus on promoting an independent, rather than a dependent, lifestyle. It is not productive to have a service operating in complete isolation from what is going on in the local mental health trust or other community services.

Case Study D

This service provides street outreach teams and emergency shelters for rough sleepers.

Staff

Assessment

This service assesses dual diagnosis by looking at a broad range of problems, including substance misuse, diagnosed or undiagnosed mental health difficulties; homelessness or other serious accommodation issues; relationship issues; health problems; a background of trauma, anxiety or depression; minority issues; developmental issues including education, training or employment needs; and offending behaviour. Separate sub-assessments may be conducted for sets of symptoms, such as Post Traumatic Stress Disorder.

Effectiveness: key elements and perceptions

Staff stress the need for prompt assessments after referrals. After a care plan is agreed, outcomes need to be monitored with user feedback influencing the service. A clinical governance framework should define standards, evaluate performance, provide support and guidance for practitioner development and integrate feedback from service users and staff to produce improvements and a sense of purpose.

In addition, key elements of an effective service include giving service users support in accessing safe housing, drug and alcohol support and physical and mental health care. Service users should be given life skills training, job training, and offered a chance to gain independent living skills in 'semi-independent' houses.

Staff believe that the service is effective at reaching out to service users with complex needs and engaging them in services. It is able to take someone off the street and on to intensive treatment.

How could the service be improved?

The clinical governance framework should be implemented more widely in the general work force by establishing competency frameworks and training in multi disciplinary complex needs work. The outreach role is a critical part of any dual diagnosis strategy in reaching people who may have slipped through services. It needs to be resourced and empowered to offer genuine developmental opportunities for users. Steps need to be taken to secure funding for alternative pathways, which provide high quality, long duration treatment and social opportunities. These address the whole range of complex needs under one roof. Increased monitoring capability is also required.

Service User

Why this service?

The service user interviewed had been homeless and was a drinker who suffered depression. He had made repeated attempts to stop drinking, including rehabilitation, but had not received help until he made contact with this service through a street outreach worker. He now lives in a supported hostel, with access to a key worker.

Help received

He received accommodation and resettlement support.

Views of the service

He now views it well and is on good terms with the management, although he was originally excluded because of bad behaviour. He has found the courses useful and has been pleased to be able to use his time productively. He would recommend it to others.

What would you change?

This user had some difficulties with the 'attitudes' of some staff and fellow service users.

Case Study E

An outreach service that works across all stages of the criminal justice system - police, courts, prisons and community. It provides emotional and practical support to people with common mental health problems and multiple needs, enabling them to navigate and maintain engagement with support services.

Staff

Assessment

All individuals are treated in the same way to understand their mental health needs and why they are using substances.

Effectiveness:

key elements and perceptions

Staff believe strongly that the problems of any service user are linked, so services should not look at these in isolation. They believe that their integrated, holistic approach is very effective.

How the service could be improved

More funding and more staff are required to meet the needs of the area.

Service User

Why this service

The service user was given contact information about the service by a member of staff while in a police station. He had suffered a mental health breakdown and was using

drugs. The staff member later visited the user's flat.

Help received

The user was accompanied to the doctor and to hospital and drug treatment appointments. That helped him get to places and people would be more willing to listen to his needs with a worker present.

Views of the service

The user had been frustrated before attending the service because he could not access statutory services that were able to address all of his linked problems. This service does that by addressing all of his problems at the same time, taking small steps. He would certainly recommend it.

What would you change?

The service is very good. Nothing major needs to change.

Other points

The service user says that even though there are 101 different agencies ready to help people in London, they have to be able to address all the problems at the same time. He says

// if you're a drug addict, a criminal, drinking, and mental health problems, you can't just pick one, you have to look at the whole picture. //

Conclusions

The small sample size makes it difficult to draw definitive conclusions about the state of dual diagnosis services in London. Almost everyone interviewed was happy with their respective service, which may indicate that only the most well-adapted service users and the most willing practitioners and commissioners were interviewed. A larger study is needed to obtain a more accurate picture of dual diagnosis service provision in London.

The positive user perspective could be because services employ a rigorous screening process to ensure individuals can be properly supported. While this is standard good practice, it begs the question of what happens to those not accepted; do they go to prison, secure hospital or sleep rough? More analysis needs to be done on what happens to those who are not accepted into dual diagnosis services.

Several themes emerged from the five projects about ways of improving dual diagnosis services. These are highlighted below.

Staff Themes

- Practitioners believe that government and commissioners need to ensure that dual diagnosis is tackled head-on, with funding for direct provision

- The clinical governance approach should be implemented more widely in the general work force by establishing competency frameworks and training in multi disciplinary complex needs work
- Alternative pathways could provide services for longer duration than the shorter periods of conventional treatment, so that service users can access accommodation, health treatment, learning, volunteering, sport and recreation according to an individual care plan
- Commissioners and Government should integrate feedback from service users and staff to improve services and give staff and users a sense of achievement
- The role of residential drug services in delivering people from imprisonment needs to be recognised.
- Practical support, such as 'life skills' training in cooking, cleaning and communications, plus education, was deemed very useful
- Many users commented that they felt like the complexity of their situation was not fully taken into account. Some perceived that they had been sent to prison because there was no suitable health or care alternative.

Commissioner Themes:

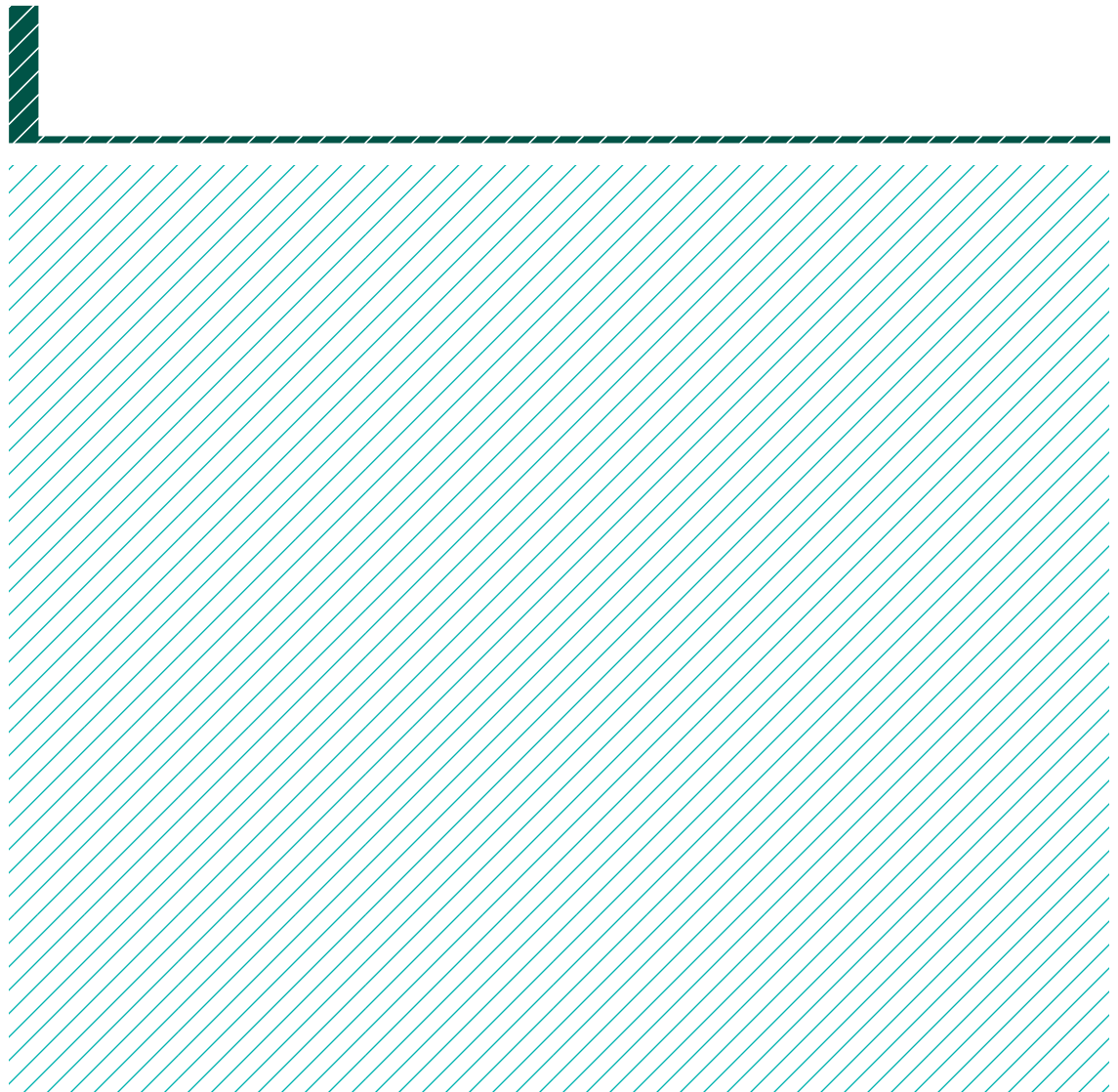
One provider reported that only 1 in 15 commissioners for their service recognised dual diagnosis as a specific group. They said that this shows that commissioners have trouble thinking outside categories such as mental illness, drug use and offending.

Commissioners felt that there should be a bigger focus on creating service user independence to allow a more seamless integration back into the community. They felt that people need to be able to move through the system, accessing mainstream services, and then onto independent living. To do this, commissioners noted that it was important to have care facilities integrated with local trusts and other services in the community. This includes having a strong link with non-health and social care community services, like day centres.

Service User Themes

- 'Ethos' was seen as very important, loosely defined as staff availability and helpfulness
- Residents in roughly the same state of mental and emotional health helps to maintain an atmosphere conducive to recovery
- 'Small steps' are important, supported by an agreed care plan

Housing services for former offenders



Introduction

In October 2008 Homeless Link interviewed service-users, practitioners and commissioners at five different projects in London that support ex-offenders around their accommodation needs. The interviews focused on individual needs, experiences and the commissioning environment.

Research cited by the National Offender Management Service (NOMS) concludes that up to a third of prisoners were not in settled accommodation before custody, and a third lose their housing before release; in addition, women, prolific offenders, and those serving short sentences have particularly high levels of housing need¹¹. Imprisonment can result in the loss of housing through family breakdown, loss of income, and loss of housing benefit (prisoners are eligible for housing benefit for up to 52 weeks on remand, and if they receive a sentence of 13 weeks or less).

NOMS requires prisoners' housing needs to be assessed within four days of entering custody, and most prisons provide a housing advice service. Some services (often specific to prisoners with a particular local connection or support need) meet prisoners on release and escort them to housing appointments and provide support in the community; these are often described as 'meet at the gate' and 'through the gate' models. Substance misuse provision may also provide continuity between prison and community, with many Drug Intervention Programmes (DIP) including an element of housing-related support. London boroughs involved in the Resettlement Pilots in Holloway and Wormwood Scrubs have also developed new responses to resettlement, including prison in-reach work.

In the community, ex-offenders are often eligible for housing advice from the probation service, and a small number of high risk offenders may be housed within Approved Premises. Some local authorities provide designated supported accommodation for ex-offenders, but many use generic services for homeless people,

including local authority housing options services, day centres, hostels and supported accommodation. The Survey of Needs and Provision (SNAP)¹² for 2007/08 discovered that at one in five day centres and hostels for homeless people, at least half the users were prison leavers.

Methodology

The five examples could be described as 'early adopters' of innovative or good practice approaches to working with ex-offenders.

Homeless Link conducted semi-structured individual interviews with service users, practitioners, and commissioners using a standard set of questions for each group. Responses were then probed further. All interviewees were offered the chance to withdraw from the study and participants' names have been changed to protect identities. Staff at each service identified service users to take part in interviews, and each was given a £10 voucher to thank them for their participation.

Interviews with service users focused on their personal views about the service they received. Interviews with staff focused on describing the service, evaluating its effectiveness and identifying challenges. Interviews with commissioners examined how the service was commissioned, how it relates to their strategic objectives, and perceived effectiveness. All interviewees were asked for their views on what services they would like to see developed in future.

The views expressed by individual interviewees are theirs alone, and are not necessarily representative of others who work in, use or commission the service with which they are involved.

¹¹ Reducing Re-offending housing and housing support framework, NOMS, 2006, p 5-6

¹² Survey of Need and Provision, Homeless Link and Resource Information Service, 2008. Available for download at www.homelesslink.org.uk

Case study A

A housing advice service based in an adult male prison, delivered by four caseworkers and (when visited) four peer advisors based on the wings. Interviews were with a peer advisor, prisoner, team manager and commissioner.

Serving prisoner: Darren is a white British man aged 25

Darren has spent more than six years in prison, and when interviewed was serving a two-and-a-half year sentence for GBH. He described how most of his offences have been alcohol-related. He attributed his offending to wanting things his family could not afford.

Unstable housing is a prominent feature in his past; he moved between his mother and stepfather's homes until he was thrown out aged 16, after which he was jailed for attempted murder after taking part in a group assault.

He has held and lost two tenancies, a hostel place and a private rented tenancy, as a result of time in prison, antisocial behaviour and failing to understand bills, rent, housing and council tax benefits. His priorities are housing and work.

Darren described the service as responsive, and had particular praise for the peer advisors- "you can hang out together, crack jokes". He said that the staff "treat you like a

person and not an inmate, a piece of scum". He has been supported to complete hostel referrals, although at the time of interview he had not been accepted for a hostel place. He believes that the service needs more referral options.

"If they're not giving you housing, how is that rehabilitation? If they're building more prisons, why don't they build more housing?"

He is pleased that the service has made contact with his probation officer, ensuring he will have an ongoing source of support when he attends probation after release.

Peer advisor: Isaac is a Black Caribbean man aged 28

Isaac is serving a four year sentence for drug possession with intent to supply and money laundering. His parents were both drug dealers and he sold drugs for the first time aged 13. Soon afterwards he left home and rented a room from a family member as a base for dealing and handling stolen goods. Isaac was never a drug user; he remained in education post-16 until his 'double life' became too difficult.

His greatest motivation not to re-offend is the risk of coming back to prison for a long sentence and the likelihood that he could lose his relationship with his wife and child. He is concerned about gaining

employment on release, and of adapting to living on a low wage. Isaac came into contact with the service because he needed advice about a housing association tenancy. He then applied for a job with the service.

"I had never helped anyone, never helped change peoples lives, and I said to myself I could use this time to gain some employment experience and better myself."

He has completed an NVQ Level 3 in Advice and Guidance, and initially worked a probationary period, monitored and trained by the caseworkers. He is paid £13 a week (up from £9 before gaining the NVQ). As a peer advisor, he carries out initial assessments and refers to the caseworkers; he sometimes helps with calls and letters or makes referrals for accommodation. On average he interviews ten to fifteen prisoners a day.

Isaac believes that the service is "as effective as it can be" given the available funding, accommodation, and manpower. He believes that staff put in "an unbelievable amount of effort" and would like to see housing advice in prisons given more recognition and funding.

"Housing is one of the main reasons people come back to prison, it's so hard to get housing and people do crime to keep a roof over their heads."

As well as more housing support in prisons, Isaac would like to see more accredited courses post-release. He also stressed the importance of building and maintaining relationships with family members.

Staff: Angie is team manager for service A

The service sees an average of 160 prisoners each month and usually meets its target to maintain 18 tenancies per month and re-house 10 prisoners on their day of release. It can fund B&B accommodation for some prisoners for a few nights after release.

Caseworkers carry out more in-depth work in a special resettlement area within the prison, while peer advisors operate on the wings. Angie is a huge advocate of the peer advisor role, saying they are “treated like part of a team, not just a prisoner” and ‘buddied’ with caseworkers to develop skills. The service can sometimes employ former peer advisors post-release. She says the enthusiasm of peer advisors has helped to improve staff morale and brings a unique understanding of prison life.

Angie describes her staff team as “highly motivated and willing to go the extra mile”. However, she highlighted significant challenges, believing they are “fighting a losing battle” to find housing.

The prison’s key performance target requires prisoners to be housed on the day of release, but hostels will only make a place available after interview and are unwilling to conduct interviews inside the prison. She said a shortage of hostel places has worsened as many boroughs now require the referring organisation, as well as the prisoner, to have a local connection. She highlighted the case of a former rough sleeper who could not be referred for services until he had slept rough again on release. Positively, one central London day centre now sends staff to the prison on request to conduct pre-release assessments.

Angie would like to be able to work with prisoners for six months before release rather than the current three months. Homeless prisoners on short sentences may not receive support, especially as the service only takes on casework with prisoners after sentencing, once their release date is known. Prisoners may be transferred or released unexpectedly on the End of Custody Licence (ECL) to unstable addresses without housing benefit.

Angie believes that lack of accommodation can be used by some as an excuse for their offending. In such cases, peer advisors “can be more frank with people and tell them to buck their ideas up.” She would like to see a course to give insights

into hostel living, as many former prisoners struggle with the relatively independent conditions of hostel life. This could inform them about charges, budgets and benefits.

Commissioner – Louise is Head of Resettlement at a prison served by case study A

The housing advice service was commissioned by the prison seven years ago and has recently been re-commissioned as part of a joint bid with another organisation to cover all London prisons. Louise stresses that “you can’t resettle without accommodation”, so housing work is fundamental to reducing reoffending and protecting the public.

She stated that the housing advice service has a good reputation among prisoners and staff and is positive about the model, including peer support, a community day centre and the ‘meet at the gate’ service.

Louise believes that the new contract will improve how the prison and voluntary sector manage and share data: an interactive database will enable the project to support the prison’s own Key Performance Indicators, with peer advisors helping to collect more accurate data from prisoners on discharge, such as whether they will be released to an address.

She hopes that the new contract will enable a more consistent approach to housing within London's prisons and better communication with community groups. She sees prison-based housing advice as "brokering access to wider service provision externally", believing that inconsistent provision creates a 'postcode lottery' for released prisoners. The London Resettlement Board is one approach to addressing this by linking local authorities with prisons and the probation service. For example, its Diamond Initiative, piloted in three boroughs, will pull together local voluntary sector services and the local authority in a model similar to that used by MAPPA (Multi Agency Public Protection Arrangements) to manage high risk offenders.

She explained prisons housing large numbers of remand prisoners creates issues for resettlement, as longer term prisoners are usually moved to prisons outside London for the crucial latter part of their sentences. Prisoners who receive short sentences, including those who will not qualify for probation on release, may have served much of their sentence by the time they are convicted and so receive little support. She believes that the prison service needs to "look much more closely" at this group who have often "served just enough time to disrupt whatever kind of stability they may have had beforehand."

Louise also identifies that many ex-offenders are unable to obtain healthcare in the community and so are denied a significant route into support services. She believes that this is the third most significant support need for prisoners after housing and employment and would like to see criminal justice agencies and Primary Care Trusts developing more work in this area. For Louise the key characteristics of an effective service include:

- The timeliness of the intervention (eg before a prisoner loses his/her tenancy)
- Approachability
- Monitoring of effectiveness
- A dedicated and well managed staff team
- Clarity over what the service aims to achieve
- Good connections with and knowledge of the world outside prison
- Flexibility, with regular contract reviews to respond to new issues.

Case study B

This provides a 'through the gate' service for young offenders aged 18-25, with resettlement support workers based in Feltham, Chelmsford and Rochester Young Offenders' Institutes (YOIs). It also has a Community Resettlement Worker, who was interviewed for this case study.

The work focuses on finding and sustaining suitable accommodation, with additional provision through mentoring, family mediation, finance, education, training and employment. It is commissioned from a number of sources, including the City Bridge Trust, which funds a management post for the work with young ex-offenders.

Service user: Stephen is 20-year-old black Caribbean man, who was 18 when he first came into contact with the service

Stephen was referred to the community resettlement service while serving a four month sentence for a driving offence. Before this he was studying to be an electrician at college and lived with his mother, but she was unwilling to house him on release, believing that he had brought shame on the family.

The resettlement worker, Carole, contacted his college, enabling him to return to study on release. Initially he stayed with friends, moved into a shared house provided by a housing

association. "It was in a nice area. The environment made you feel better." He also appreciated trips organised by staff. With Carole's help he landed a job in retail within three weeks of release. He appreciated the fact that the service was not just restricted to housing issues.

"Without the service I would probably have stayed with friends, followed them and ended up back inside. Now I could think what I wanted to do."

A key factor in his resettlement has been the good relationships with Carole and his college tutor – "I don't want to let them down... I never thought I would come so far. I don't want to lose what I've got."

Staff: Carole is the Community Resettlement Worker for Service B

Carole covers the whole of London and works with 60 young people a year at risk of homelessness or in unsuitable accommodation. She aims to build a relationship with each before release. She does outreach work, including hostel referrals, drug and alcohol service visits, benefits support, work and education, and family liaison.

In Carole's view the first two weeks post- release are critical, with successful resettlement depending on whether the individual can cope without benefits and obtain

accommodation. She also sees this time as a test of her own effectiveness in prison, as she does not have the time to follow up those who don't engage. She has a small fund to support young people with food and clothing on release until their benefit payments come through.

Carole has identified family breakdown – "not having a dad is a massive common factor" – low educational attainment, and the contrast between their relative poverty lifestyle attainable through drug dealing, as the main contributing factors to re-offending. Most of those she works with use cannabis, but cocaine and heroin are rare, as is serious mental illness. She describes how many of her service users are considered too low need to fit housing criteria.

Her approach focuses on the underlying causes of offending – "I look at why we've got here in the first place; prison is just the end result." She sets short term goals and tells her service users that they can avoid prison if they can achieve five things: accommodation, money, education, employment, and good influences.

Carole highlights trust and boundaries as enormous challenges.

"Young people who have grown up on estates are told never to tell

anyone their business, then someone comes in with no other motive than to help them. It's confusing. Then they can't understand why you can't be their friend."

She believes there is a huge need for resettlement support for young people. She stresses the difficulty of funding a cross-borough service and the limited choice of accommodation because of the requirement for a local connection and referral by local agencies. She says that many ex-offenders feel trapped in local gangs and want to live outside the area where they were previously involved in crime. She believes there needs to be more emergency and foyer-type accommodation. She is very reluctant to place her clients in adult hostels, but often has no choice.

Commissioner: Sara is the Deputy Chief Grants Officer at a Trust that provides funding to service B

The Trust made a three year grant to fund a management post for the project, running from April 2006-2009. Sara explained how, in contrast to a statutory commissioner, the trust injects a relatively small amount of money "to enable a strategic step change". Funding is not designed to top-up underpriced contracts or replace statutory funding sources, but "to add WD40 to the commissioning process".

The Trust wants to be an 'engaged funder', drawing on its expertise, contacts and overview. In this case, the grant was designed to offer an improved management structure for front-line staff and develop external relationships to enable sustainable growth, particularly in the context of new opportunities offered by NOMs.

Resettlement work with ex-offenders leaving custody has become one of the Trust's priorities. Sara believes that there remains a need for more work with offenders before and after release, ensuring early intervention during imprisonment, but also providing more sustained post-release support.

She is satisfied with the outcomes of the funding and believes that the project has made a positive impact. In particular, she stresses the importance of working with service users a whole package of support in prison and in the community.

She believes that mediation and helping ex-offenders maintain family and friendship networks while in prison is even more important than housing, education and employment. She also thinks that the criminal justice sector could learn from work around self-measured outcomes and empowerment, which has had a powerful impact on people's lives in the homelessness sector.

Case study C

A local authority floating support team working in a 'pathways' approach to housing and 'resettlement pilot' with an emphasis on partnership working between prisons and local authorities. It involves 'in-reach' into HMP Holloway to assess and refer women into the pathway pre-release.

Service user: Brenda is a white Irish woman in her 40s

Brenda has been in prison about ten times, usually for shoplifting, and has a history of crack, heroin, methadone, alcohol and street valium use.

"Every time I came out I had nowhere to go. The hardest part of coming out of prison is having nowhere to live."

Brenda slept rough for two years and was hospitalised with pneumonia. During her most recent prison sentence she was visited by staff from the housing department, but was released before a follow-up visit. She was on tag to a bail hostel, from which her DIP worker referred her to the five-person, women only hostel where she lives. She is on a methadone script and her goal is to keep off drugs.

Brenda believes that prisoners need accommodation "in advance, for when they step outside the gate...otherwise they step into crime again." She is ambivalent about

hostel accommodation, suggesting that prison could be better, adding "you can never get your life straight in a hostel". However, she does acknowledge that the six hostels she has lived in have helped; "any accommodation is better than sleeping rough".

Staff: Joanne is team manager of the floating support service

Joanne outlined how the resettlement pilot process works:

1. The prison officer responsible sends a list to the borough of women with a local connection, with details of their release dates
2. Staff from the floating support service visit the prison to carry out an assessment and complete the local housing referral form, and refer to other community services such as DIP if required
3. The form is passed to the housing options team
4. On release, a floating support or DIP worker meets the woman at the prison gate and accompanies her to the housing options team

The housing options team can usually house women using emergency beds on the day of release if needed; the borough has a range of women-only accommodation, plus mixed hostels. In practice, the process is sometimes disrupted; within the prison separate teams administer

the resettlement pilot and housing advice service, with the pilot project list sent infrequently. Many referrals are received from housing staff just before the release date, while some women are released early without the service being informed.

Joanne is realistic about the challenges of working with an "incredibly vulnerable client group" whose complex needs often include substance misuse, mental health issues, sex work, physical health problems, domestic violence, and the emotional aftermath of having children taken into care. Many women serve short sentences, do not detox during their sentence, and are released without scripting. There have been positive outcomes, such as a woman who stopped using drugs and moved into the private rented sector, but often a period of stability in a chaotic life is the best outcome. Service users who are also engaged with the DIP programme tend to have better outcomes.

Joanne comments that the local authority is unusual in providing an in-reach housing service, made possible by the pathways model. She believes that service users need more support while still in prison; she would like to see a multidisciplinary package of care, including planned referral and pre-release interviews for support services in the community, to help a 'smoother' transition on release.

Commissioner: Mark is Operations Manager in the local authority housing department

The floating support service's work with ex-offenders resulted from a timely reallocation of resources. It was funded by DIP and Supporting People to assist ex-offenders who would not qualify for statutory housing to access the private rented sector. With the advent of the pathways approach, supported housing became a more accessible and appropriate option for prison leavers. As a result capacity was freed up within the floating support service. DIP and Supporting People agreed that this could be used in responding to the new Holloway Resettlement Pilot. The Resettlement Pilot was the catalyst for the development of in-reach work.

The in-reach work fits into the local authority's drives to reduce reoffending and not 'shut out' ex-offenders. Mark highlighted the fact that while statistics indicate reduced re-offending rates among those with accommodation, he suspects that this may reflect the level of ability needed to sustain accommodation, rather than a definite causal relationship. He believes that an in-reach model is important to help ex-offenders access services, especially accommodation, as a basis to obtain wider support. He commented that DIP teams often

take responsibility for prison in-reach, but may lack influence within the housing department.

"There is a lot of effort and endeavour, but if you can't house people at the end of it, how is that a resettlement pilot?"

He identifies the key elements of effective services for ex-offenders as:

- in-reach
- early identification of need
- continuity delivered through the gate
- a basic level of trust
- provision of supported accommodation.

Without the pathways model, he believes that the local authority would have struggled to address the housing needs of ex-offenders – "bypassing homelessness legislation to look at peoples' needs" and providing timely access and onward movement through the system. Access to accommodation has been increased by opening a pool of supported accommodation, and in particular by moving service users through a structured 'pathway' from initial assessment beds, appropriate hostels and on to a dedicated move-on team targeting the private rented sector.

In his view, an offending history "is not a need in itself", and while in-reach work is able to target

ex-offenders, within the pathway they can be housed according to level and type of need. Nevertheless, he recognises that ex-offenders often have entrenched needs and poorer outcomes than other groups, so he hopes to develop additional support to supplement the work of supported housing staff.

There are significant challenges to the work, including lack of resources, unreliable data, not enough assessment beds for women and a lack of flexible accommodation to cater for substance abusers who are motivated to remain abstinent, but who may suffer relapse. Longer term outcomes for the in-reach service are difficult to measure as users move on to other services quickly. However, the majority of service users can be housed the same day in assessment beds or other emergency housing, and there is no indication of significant unmet need.

Mark believes that the pathways model is highly replicable, as long as any local authority has sufficient accommodation available. He acknowledges that this is a challenge as there is a danger that larger hostels 'warehouse' people; however in an urban residential area, the development of more appropriately-sized accommodation (ideally sleeping 30 or less) is expensive and often subject to community opposition.

Case study D

A housing project in south London for ex-offenders addicted to crack cocaine. The service is delivered in partnership between two voluntary sector providers, commissioned by Supporting People to provide housing management and support, and by the local DAT to deliver an in-house, 20 week rolling crack day programme.

Service user: Patrick is a Black Caribbean man in his late 30s

Patrick has spent two periods of time with the service and recently moved into independent accommodation. He was addicted to crack and heroin and had a history of short prison sentences, which did not allow referral to treatment or residential rehab. He describes prison as a stable, structured environment and in his last spell inside he again attended drug courses and was re-referred to the service.

Patrick now lives independently, is drug-free and attends college, attributing this to "something in me that wanted to see a change", but acknowledging that it would have taken much longer were it not for intensive support. He stresses the need for stability and the help provided by having access to other services, including IT classes and outings. He believes that more evening activities would help.

He is very appreciative of the quality of the accommodation and furnishings - from a flat screen television to house plants – and the positive impact of the day programme being offered in-house.

"It's always relevant to what you're doing. If something's going on in the house - dirt, bullying - you can bring it up and it keeps you in check."

A three week wait between release and moving back into the service "...was a testing time...I almost didn't make it." He would like to see more 'half way houses' available for people to move into immediately after leaving prison, and prioritising those who want to address their problems. He believes that release is a good point to provide services as prisoners have been subject to a 'structured and stable environment.'

Staff: Colin is a housing support worker within the service

Colin characterizes the service as a pioneer project that works with those who wouldn't be ready to make a commitment to abstinence, or in a 'catch 22', whereby they need treatment because they are chaotic, but wouldn't be eligible because they are chaotic. He defines the client group as one that would not manage in mainstream accommodation. Most are from broken homes and have been institutionalised from an early age.

"It's a therapeutic community... which is effective because it offers an environment where service users can address the underlying causes of their issues. I've never met anyone who isn't hiding from a traumatic event or mountain of guilt."

Housing people without dealing with this is futile."

The weekends and evenings, when the day programme doesn't run, are an important and testing time for service users. Colin believes that change is achieved individually, through "quiet miracles, an inner shift that needs to happen".

The service has a policy of working constructively with lapse, although users must attend the programme. There is a delicate balance between offering opportunity to those who are still using, without preventing the recovery of others or the viability of the project. Staff time can be diverted into 'firefighting', while evicting disruptive tenants impacts on the housing team's voids and the treatment team's completion rates.

Colin says that while the programme's impact "can be miraculous", when it doesn't work it "raises false hope". In his view the service needs more 'therapeutic space' such as interview rooms for one to one work. He also notes a significant discrepancy between the salaries of treatment and housing

staff, which can leave staff feeling unrecognised, especially in light of the added demands of the job.

[Commissioner: a joint interview with Paul, the Supporting People Officer responsible for commissioning the service, and Joanna, who is responsible for the local authority's Offender Resettlement Strategy](#)

The two providers approached Supporting People with the idea for the project, which was commissioned jointly with the PCT as a response to the growing local cocaine market. At the time cocaine users were 'running amok' in projects designed for lower level users. There was antisocial behaviour, with other residents, staff and neighbours feeling intimidated. Cocaine users needed a 24 hour staffed scheme.

Paul believes that other services could learn from the policy of relative tolerance towards drug use, which reflects the fact that coming off drugs can take time. He says that while partnership isn't easy, it can work, with the authority now adopting the same model of a therapeutic recovery programme for sex workers, delivered by an external service and supported by housing staff.

He describes the service as highly effective. During the first two years

there were high levels of eviction and abandonment, plus a 'bottle-neck' for users who had completed the six month programme and faced moving back to generic hostel accommodation. These issues have been addressed by ring-fencing move-on flats for the project, offering two years accommodation before service users are supported into the private rented sector. Another big improvement has been the change from an old building to 'cluster flats', enabling peer support. Paul would like to see whether an additional three months, in addition to the current six, would make a difference.

Locally there are 99 beds set aside for ex-offenders, although their support needs concern substance misuse, mental health and chaotic lifestyles, rather than being an ex-offender per se. Services will increasingly focus on moving people towards employment, in support of the Local Area Agreement (LAA).

In Paul's view the ideal model for offender housing is "to offer somewhere to land and be assessed properly, then move onto somewhere suited to their needs." Joanna would like to see adoption of the HARP protocol, used in North East England, which sees probation, prison and homeless departments given responsibility for different planned stages, from the pre-sentence report onwards.

Case study E

This is a floating support service and rent deposit scheme for ex-offenders with a history of substance misuse.

Service user: Delroy is a Black Caribbean man in his 40s

Delroy spent most of the 1990s in prison. He used to deal drugs, use drugs and collect debts for dealers. He was referred to the rent deposit scheme by the DIP and found 'the right flat', having rejected others in areas where he had previously dealt or used drugs. Waiting for this gave him more confidence in his recovery as he could go through a difficult time and not use. He was ineligible for a Community Care Grant, and found it difficult to furnish his flat to a decent standard, an obstacle he believes could lead some to relapse.

He stresses the value of ongoing floating support as well as social events and trips. Delroy particularly likes how the service "encourages you to take responsibility for yourself, stand on your own two feet". He reflects

"Prisons 'spend all this money on them to throw people back out onto the streets to nothing. It's a waste of resources, not viable."

Delroy believes that without support from the service, DIP and the residential rehab, as well as his own determination, he would still be using drugs and offending. He

attends four Narcotics Anonymous meetings a week, is studying counselling and sign language, and volunteers his time at a drop in centre for the homeless and at his son's school. He believes that housing advice should be initiated before release and suggests that day centres, and peer mentors in particular, can help to combat isolation and provide much-needed hope.

Staff: Sarah is manager of the floating support and rent deposit scheme

Service users are encouraged to take part in the search for affordable private rented accommodation as engagement is the key to a successful rent deposit scheme.

"The more service-users invest in finding the property, the more they're going to look after it and want it."

The service carries out limited checks on the property and offers a bond guarantee as well as small financial incentives for landlords. A small number of properties are sub-let by a trust. Service users have an individual arrangement with their landlords and engage with floating support voluntarily, so the relationship needs to be established in advance.

"Most people think 'I commit crime because I have a housing problem. I'll get a roof and all my problems

will be sorted.’ But it’s not going to answer all their problems.”

Some service users and staff of other services are reluctant to look to the private rented sector, but Sarah believes that it can offer choice and a fresh start.

“Clients want a clean break and don’t want to be with other ex-users or offenders.”

Many service-users want to go back to work and are concerned about affordability, so the service supports them with housing benefit and budget advice.

The service recently set up a three bed ‘holding house’ for those waiting for a tenancy. Service users are housed on a six week licence and subject to random drug testing. Sarah would like to see more group work and peer support to help ex-offenders to prepare for independent living.

Commissioner: Richard is Health and Drugs Policy Coordinator at the DAT

The project was commissioned to meet the needs of people who were “coming through the criminal justice system, engaging reasonably well with treatment, but who would find it extremely difficult to maintain a drug and crime free status without stability.”

Richard says that while most service users move through supported housing first, many need help moving on. He believes that the private rented sector offers flexibility, so that users “aren’t housed slap bang in the areas where they had dealers in the past”. He describes the need for strong relationships between housing departments, drug action and community safety teams, and treatment services, to ensure strategic level attention is paid to the housing and aftercare needs of drug users. In the local area, the biggest challenge is housing drug users at an earlier stage of chaotic use: “being supportive but not a complete pushover”.

Areas for development include making sure that other agencies know who they can refer to the service and how, plus identifying appropriate private sector landlords. Richard explains that the new ‘holding house’ will help to bridge the gap between service users needing housing, and available homes. Nevertheless, he characterises the project as “high risk” with a need for it to be “incredibly tightly managed” to avoid damaging relations with the community.

Conclusions

Links between housing and homelessness on re-offending

- Offenders/ex-offenders tended to see a closer relationship between housing and offending than professionals. Staff and commissioners noted that providing housing without addressing underlying issues rarely reduces the likelihood of re-offending
- Most interviewees agreed that appropriate housing provides a basis of stability and safety, without which it is impossible to address other issues: it is a necessary, but not sufficient, prerequisite to reducing re-offending
- Service users paid considerable attention to having their own home. They described how independent accommodation offers freedom and a sense of autonomy. Related to this, the quality of accommodation affected self-esteem, and their desire to maintain their tenancy
- Many interviewees suggested that housing-related services, whether offered singly or as part of a package of support, should be holistic and take into account needs around substance misuse, employment, healthcare, social and psychological needs, and family relationships
- Some service users referred to feeling 'passed around' between services, whilst commissioners criticised the 'siloing' of services based on issues
- Prison was described as offering structure and stability. This could be interpreted as 'institutionalising' or offering the chance to begin to change. Leaving this environment was described as a very difficult transition, with ex-offenders wanting accommodation to offer structured activities and social opportunities. Some ex-offenders noted the difficulty of managing bills and other aspects of supported accommodation. Suggestions for managing the transition included providing community day services and more 'through the gate' or 'meet at the gate' services to provide continuity of support
- Ex-offenders valued personal contacts with support staff, praising their listening skills, faith in their ability to change, genuineness, feedback and encouragement. Like staff, they were positive about peer support
- Some ex-offenders and staff - particularly those interviewed in services with a substance misuse focus - emphasized that ending offending was an act of personal will. Factors, such as a 'must have it now' culture of visible wealth were cited as a significant cause of offending, particularly earlier in life. In the housing context, the quality of accommodation and provision of activities were deemed important in offering a 'fresh start'. However, the culture in some (often larger) projects housing active offenders and drug users was believed to hinder progress.

Barriers to accommodation for ex-offenders

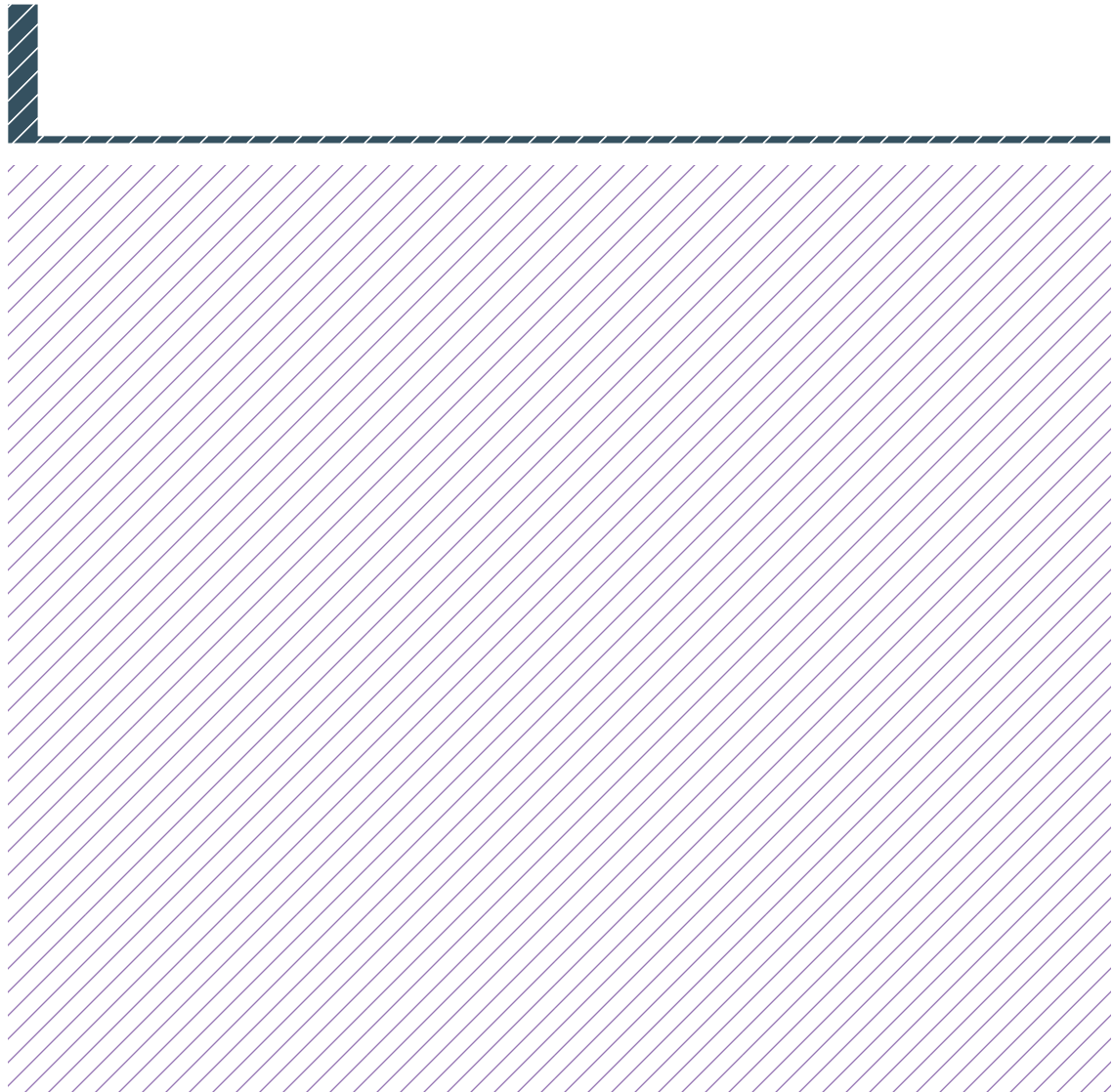
- Ex-offenders and those responsible for referrals to housing providers stressed that there is insufficient housing to meet demand, although there was a recognition that this varies between boroughs. 'Pathways' approaches with assessment beds, supported housing and effective move-on, including access to the private rented sector, were seen as a realistic way of increasing access to accommodation
- More than one commissioner identified a particular lack of housing-based services willing to work tolerantly with relapse, leaving substance users in recovery vulnerable to eviction or being housed with chaotic users
- Those in prison face particular barriers to housing. Prisoners on remand or on short sentences often miss out on housing advice, and those serving longer sentences may be moved between prisons, disrupting their support. The requirement for a local connection restricts the ability of pan-London prison-based services to make referrals, and may increase the likelihood of re-offending if prisoners are returned to an area where they have previously been involved in offending. The private rented sector can offer some advantages in this regard, but was not seen as appropriate for all

- Timeliness was seen as all-important in re-housing ex-offenders. There was agreement between all groups that prisoners need accommodation immediately on release, and commissioners spoke of the benefits of 'assessment beds' available at short notice. However, this is seriously hampered by the fact that ex-offenders can only join the waiting lists for most hostels after interview, and providers are usually unwilling to interview in prison
- Participants stressed that support services need to be provided throughout the criminal justice and housing systems. Interviewees stated the value of early contact in prison, which continues in the community. Even those ex-offenders moving into the private rented sector were considered to need floating support in order to maintain their recovery and resettlement.

Strategic issues

- Commissioners stressed the benefits of partnership work in providing services across boundaries, including in-reach or through the gate models and delivery of specialist services within accommodation projects. Some interviewees stressed the need for different local authority departments to work together to back-up non-statutory provision for ex-offenders, including housing, health and community safety teams
- Commissioners argued that prisons, local authorities, probation and Primary Care Trusts need good communication and clear responsibilities to develop new ways of working, share information and manage individual cases. In local authorities, statutory duties within housing law were seen as inadequate to provide for the housing needs of ex-offenders.

Training and employment services for black, Asian and minority ethnic ex-offenders



Introduction

Race on The Agenda (ROTA), in partnership with Independent Academic Research Studies (IARS), researched young Black, Asian and minority ethnic (BAME) offender resettlement, with a focus on training and employment in London. This involved interviews with staff and users at seven organisations.

BAME communities are two and a half times more likely to be unemployed than white people, and in lower status occupations, so a criminal record can undermine job prospects even further. The job prospects of offenders are well below those of the community in general; 67% of prisoners were not in work or training in the four weeks before going to prison and 76% of prisoners do not have paid employment to go to on release. Yet having a job is widely recognised as a crucial component of successful resettlement and rehabilitation.

London has a BAME population of about 2.8 million people – or 40% of the total – and BAME groups account for 26% of the prison population, even though they constitute just 9% of the overall population in England and Wales¹³. Similar patterns of disproportionality are apparent at all stages of the criminal justice process with black people seven times more likely (and Asian people twice as likely) as white people to be stopped and searched.

In 2005, the government's report 'Reducing Re-Offending Through Skills and Employment' made the case for investment in programmes to get more offenders into jobs, and for raising their skill levels to improve their chances of becoming more productive and successful in employment. In six out of seven

programmes examined by the report, offenders in programmes focusing on supporting them back into employment were significantly more likely to be in paid work at least six months after completion than others without this support. It suggested that work in prisons, vocational training and community employment programmes can all have a positive impact on employment

Methodology

ROTA interviewed practitioners and service users at seven organisations working specifically in the area of employment and training provision for young BAME ex-offenders. The objective was to gain a clear understanding of what work is being done in this field and to identify good practice and gaps in provision.

Three qualitative methodologies were employed to elicit the information needed for the project, namely interviews, focus groups and questionnaires. This was carried out over the course of two months.

RESEARCH METHOD	SAMPLE GROUP
Face-to-face interviews	7 Organisations working with BAME ex-offenders
Focus Groups	19 BAME ex-offenders (majority of whom were young ex-offenders)
Telephone interviews and questionnaires	4 commissioners (funders)

¹³ Statistics on Race and the Criminal Justice System – 2006/07, Ministry of Justice S.95 publication, 2008. <http://www.justice.gov.uk/publications/raceandcjs.htm>

Case Studies

Seven London-based organisations were identified in the area of employment and training for ex-offenders, three of which had a specific focus on BAME communities and four that were mainstream, but with large numbers of BAME service users. The distinctions between those interviewed – staff (practitioners), users and funders – enabled different perspectives around the following key issues:

1. **Identifying needs:** The service user questions focused on what led them to engage with the organisations providing training and employment assistance. The providers highlighted what they considered to be the salient needs of the young BAME service users they worked with. The funders highlighted what was important for them in the specific services they choose to fund in this particular area.
2. **Responding to needs:** The funders highlighted the criteria they used to fund organisations in this field and the service providers were questioned about the types of services that they offered the BAME ex-offenders. The service users were asked about their experience of using the services in each case.
3. **Identifying best practice:** All of those interviewed were asked about what factors led to successful service provision for BAME ex-offenders.

Quota sampling along the lines of age and ethnicity was carried out to ensure adequate representation from young BAME ex-offenders and those from newer communities.

Case Study One: Mainstream organisation, large proportion of service users from BAME communities, all ages

This operates a three tiered service for men and women over the age of 18. It involves training mentors, attracting potential employers and offering employment opportunities. The mentoring service is provided on a one-to-one basis for serving prisoners and ex-offenders for between six months and a year. Placements can be arranged if the client is an open prison volunteer, while referrals are rarely made for those in closed establishments.

Staff

1. **Key support needs of clients:** The practitioner stated that consistent and wide-ranging support is essential in providing an effective service. This can range from creating a CV, guidance in applying for jobs or housing issues. More specific support needs include obtaining funding for special equipment for certain courses such as hairdressing, and funding travel.
2. **Perceptions of support:** A large number of BAME London offenders are in prisons outside of London, which makes it expensive, and sometimes impossible, to provide a consistent 'through the gate' mentoring services. The practitioner commented that when BAME offenders are outside London, the skills they acquire in dairies or farms may not be transferable to the London labour market.

The practitioner said that ex-offender experiences of generic services, such as Job Centre Plus, were characterised by dealing with staff unable to appreciate the circumstances and emotions of young BAME offenders. Another issue highlighted was the absence of statutory funding in the sector.

3. **What makes an effective intervention?** Having mentors who can understand BAME young ex-offenders is helpful. BAME mentors working with BAME offenders was not essential but there were clear advantages in terms of establishing effective working relationships.

The co-operation of prison governors is viewed as essential in facilitating initial contact. It is also critical that agreed arrangements for access and contact with prisoners is not disrupted by changes in governors.

The practitioner also stated that cooperation between other voluntary sector organisations is crucial. This can be difficult to achieve if organisations view one another as competitors for funds.

Service Users

1. **How did you find out these services were available to you?**

The BAME service users said that information about services largely came from other inmates. Some organisations do make proactive contact, but there are occasions when arrangements are not followed through. One BAME female service user made contact with her provider through an event 15 months before leaving prisons.

2. **What type of support did you think you would need to help with finding training and/or employment?**

The BAME ex-offenders expected to find information and advice about specific employment opportunities. It is important to receive direction and guidance early, so preparations can be made before release. Starting training in prison was also seen as crucial.

3. **What types of services and help did you actually receive and how effective were they?**

The service users felt that this provider attended to their needs, making the transition from prison a comfortable one. This was helped by the realistic employment opportunities they received. Without this help, the service users felt that resettling in the community would have been very difficult.

They stated that making contact early on was a big help, especially as they found Job Centre services difficult to access because staff appeared overworked and stretched.

The service users believed it was impossible to do a job search in prison due to the cost of phone calls, lack of internet access and no other established channels to communicate with potential employers. Many in-prison services around employment or training were viewed as very basic, with little regard for BAME offenders' different educational levels.

4. **Additional Remarks**

Some commented that prisons do not always cater for or understand that some people have never worked before. Consequently some services are inaccessible to people who start from a lower level. The BAME service users also thought that training for many inmates should begin earlier, even at the start of a sentence.

Case Study Two: BAME organisation for young BAME ex-offenders

This provides BAME ex-offenders with a support worker to help gain employment or training, and covering other areas such as accommodation. There is a 'through the gate' mentoring programme for BAME men and women aged 18-31. It supports those at the end of prison sentences and community orders.

Staff

1. **Key support needs of clients:**

The practitioner felt that issues around self esteem, attitudes and mental health were crucial. Furthermore, encouraging individuals to take advantage of the services available to them is critical as they often lack the confidence to do so. Preparing the young BAME client group before their sentence ends is also critical.

Young BAME offenders can be disenchanted with the prison system and need prison officers who can help, support and understand them as rehabilitation must begin inside. Cultural barriers between offenders and officers can inhibit this.

The practitioner commented that assistance with general administrative tasks and providing information on issues regarding criminal records disclosure is also important.

2. **Perceptions of support:**

The fact that London BAME offenders are scattered about the prison estate creates many problems, including:

- Cultural barriers between offenders and prison officers when London offenders are located in places as far as Bristol or Devon
- London offenders based in distant prisons limits the amount of continuity with their home area, creating difficulties for mentors
- 'Through the gates' services are patchy for London BAME young offenders
- Areas outside London lack knowledge around issues such as London borough housing arrangements, which is linked to employment and training opportunities.
- BAME prisoners who acquire skills in rural areas find it difficult to transfer these skills to the London labour market
- Larger providers that obtain big contracts on the premise that they can deliver large scale generic provision , but services need to be tailored to the specific needs of young BAME ex-offenders.

- The number of training opportunities for BAME ex-offenders outside prison is limited, with ongoing support not always available. Funding for mentoring while in training or in employment, for example, is sporadic.

3. **What makes an effective intervention?**

The practitioner favoured mentoring because of the inherent personalised approach to service delivery. Through the key worker providing holistic support, other needs such as housing and health are not viewed in isolation. A crucial part of the process is taking the BAME offender 'over the threshold' rather than just offering a leaflet, so good referral systems and partnerships are essential.

Assisting with relatively mundane tasks, such as ordering a birth certificate, can be a simple task for UK residents but can consume a lot of time for foreign nationals trying to find work.

It was also felt that support workers need certain qualities, such as being positive, flexible and empathetic. BAME ex-offenders who become mentors can help to build understanding and trust. Ongoing mentoring support once the BAME client

has found work or training was viewed as very important to foster stability and sustain progress.

Service Users

1. **How did you find out these services were available to you?**

The service provider approached the then potential BAME service users directly.

2. **What type of support did you think you would need to help with finding training and/or employment?**

Guidance on the formalities of job applications.

3. **What types of services and help did you actually receive and how effective were they?**

Experiences since initial contact were very positive. The mentoring approach was successful as all the required needs were taken into account. For instance, one BAME participant gained various employment placements, which she felt helped to restore stability to her life.

General information and advice, such as writing CVs and completing application forms, was always on offer. One service user said that she was helped greatly by her personal mentor going with her to an interview.

Case Study Three: organisation working with BAME women of all ages

This provides practical and supportive services to BAME women in London, from remand to sentencing and pre-release. It arranges individual and group sessions with ex-offenders, inviting speakers from agencies including HM Immigration, Sentence and Enforcement Unit and others. It offers BAME clients a key support worker to assist with employment, training, housing and health. The services are provided predominantly to adult BAME offenders, many of whom are foreign nationals.

Staff

1. **Key support needs of clients:**

Addressing the issues of motivation, self esteem and belief was vital. Tasks such as making phone calls, preparing CVs and interview advice were common. BAME foreign nationals needed extra help adjusting to the transition to life in the community by continuing with the education programmes they have been following in prison.

2. **Perceptions of support: Current gaps in service provision.**

A key issue identified was the poor quality of partnership work and referrals when dealing with BAME women, as some organisations are not willing to work together or accept referrals. This has been a specific problem when trying to engage and share expertise with probation, who the practitioner found reluctant to be involved.

An example of poor referral practice involved a hostel that would not take a BAME lady who had been beaten by her husband, severely disrupting her work during resettlement. There were also some organisations and employers who were simply not willing to work with ex-offenders, regardless of their suitability or motivation. The practitioner felt that a selective process, which only took on clients likely to 'succeed', was solely to enhance performance monitoring statistics.

When dealing with a client group consisting predominantly of BAME foreign nationals, accessing services is difficult and complex, as many organisations will not accept referrals if the service user does not have a 'right to remain' immigration status.

3. **What makes an effective intervention?**

In addition to providing the support needs mentioned above it is important to offer motivation and life coaching skills. There is also a need to improve the timeliness and quality of service providers' access to prison

Service Users

1. **How did you find out these services were available to you?**

Information about services was obtained primarily through word of mouth from friends before release.

2. **What type of support did you think you would need to help with finding training and/or employment?**

The BAME service users commented that having somebody to talk with, to provide support and direction were important. Support with finances, such as opening a bank account, was also important.

One female BAME service user mentioned how she wanted to work, but was more concerned about her living arrangements upon release, so these were her priority. She feared being placed in a similar environment to the one she was in prior to entering prison.

3. **What types of services and help did you actually receive and how effective were they?**

The service provided was effective, offering support when needed from dedicated staff. In addition to the mentors, the service provider offers a holistic and caring approach towards its clients to help them take their life in a direction that will be more rewarding and fulfilling.

4. **Additional Remarks**

The levels of service and attention received from agencies such as Job Centre Plus and Probation were viewed as unhelpful. The BAME ex-offenders found the system frustrating as they had to regularly disclose personal information. It is also common for jobs to be advertised that are closed to people with a criminal record.

Case Study Four: mainstream organisation working mainly with young BAME ex-offenders

This provides two categories of service for people in London aged 8 to 18 and caters for a largely BAME client base. The first category helps low to medium risk individuals, concentrating on behaviour modification and anger management. The second category targets medium to high risk youngsters who are usually known to the youth justice agencies. Referrals for this service can be made by the courts or while they are still on license. The emphasis in both categories is on nurturing socially acceptable behaviour. Young people on the programme are assigned a mentor, who works with them one-to-one. There is also a computer-based needs assessment that helps to identify service users' most effective way of learning.

Staff

1. **Key support needs of clients**
The practitioner said that support needs varied, with the main challenge supplying individuals with employable skills and qualities. Essentially the BAME clients need a flexible and understanding approach, while understanding and respecting boundaries. Other areas of assistance include:
 - Securing housing in safe surroundings
 - Learning appropriate behaviour in a work environment
 - Social experiences and knowledge of basic procedures in the work place
 - Literacy, numeracy, skills and qualifications

- Affordable childcare for young females with children.

These BAME ex-offenders have no experience in applying for work or of having their own bank account, so the acquisition of basic life skills is a priority.

2. **Perceptions of support: Current gaps in service provision.**
Problems identified by this practitioner ranged from the limited number of places available on worthwhile courses; unrealistic training outside of London, not helped by cultural difference between BAME London offenders and the non-London prisons. Specific services that recognise the needs of BAME offenders who have been released are generally absent, with mainstream providers or potential employers failing to relate to the impatience, anger or poor communication skills that can characterise this group.
3. **What makes an effective intervention?**
Early intervention is very effective when working with attitudes, communication and self esteem. This requires infrastructure to enable intensive contact for a sustained period of time.

Good partnerships can provide a greater range of options for the BAME service users. When the services of another organisation are integrated into their own, this can dramatically improve effectiveness.

Few training and employment services are prepared for working with younger BAME ex-offenders; providers should recognise their needs and target services accordingly.

Service Users

1. **How did you find out these services were available to you?**
By searching opportunities that were available from leaflets and notice-boards during the initial stages of sentence.
2. **What type of support did you think you would need to help with finding training and/or employment?**
Practical support about the facilities, finances and permission required to do courses and that job applications were treated fairly.
3. **What types of services and help did you actually receive and how effective were they?**
The experience with the service provider had been very positive. However problems did occur in the amount of access service providers can have within different prisons. Another problem centred on the content of courses available in prisons, as many focused on behaviour management and basic English and maths. There was a view that more courses should be aimed above this basic level; compulsory basic literacy courses were viewed as boring, for example.

Case Study Five: organisation working with mainly BAME adult ex-offenders

This provider works inside and outside prison, offering training or referrals for a wide range of courses, helping with paperwork needed to work on building sites and to access first aid courses. Resettlement workers operate in partnership with other agencies.

Staff

1. **Key support needs of clients:**

In addition to developing skills in areas such as English, maths and IT, it is necessary to ensure the BAME client has assistance and advice in accessing opportunities and gaining the skills and qualifications they need for the industries they wish to work in. They also need to map out an action plan.

2. **Perceptions of support: Current gaps in service provision.**

Services for BAME clients need to be more approachable, with greater understanding of their needs. Too much onus is placed on CRB checks, rather than how individuals have transformed their lives since conviction. Ignorance can deter people from wanting to access employment or training. Other gaps include:

- A lack of BAME-specific funding
- No active promotion of equal opportunities
- Little understanding of the multiple needs beyond employment and training

3. **What makes an effective intervention?**

The service provider highlighted these aspects as fundamental:

- Trust
- Confidentiality
- On-going support
- A non-judgemental approach
- Not viewing needs in isolation

Service Users

1. **How did you find out these services were available to you?**

Mainly after release, from friends or referrals. One BAME offender was in prison for over two years before any contact was made; another was only approached during his fourth or fifth spell in prison.

2. **What type of support did you think you would need to help with finding training and/or employment?**

Practical help with housing, drug rehabilitation, finance and gaining work or training places.

3. **What types of services and help did you actually receive and how effective were they?**

Until meeting the main service provider there was no support or networks to find support. Since then, assistance has been available 24/7. Without the service, vital links with families may not have been restored. The service provider has offered a comprehensive package, ranging from CV preparation to recreational courses. The good networks the provider is part of are directly linked to the quality of service offered.

4. **Additional Remarks**

Very little help was made available for BAME offenders on short term sentences.

Consideration needs to be taken when recently released BAME offenders are put on training courses or provided with a mentor who was not suitable as a result of previous poor working relationships.

Case Study Six: mainstream organisation with large BAME ex-offender client base

This service focuses its programme around four phases: (1) in prison, (2) hostel accommodation, (3) move on and (4) independent living. The provider attempts to make contact during the final three months of a prison sentence. On release, clients are housed in a hostel, with preparation for employment part of a structured recovery programme. Clients are allocated a key support worker for a minimum of two weeks, followed by hourly weekly meetings.

Staff

1. Key support needs of clients: Basic life skills are essential due to a lack of confidence and low self-esteem, with clients often needing help with simple tasks like making phone calls, banking and benefits. A key feature is establishing a routine, which is especially important after an institutionalised environment like prison. BAME clients also need someone to help them liaise with potential employers to support the transition.

2. Perceptions of support: Current gaps in service provision. The practitioner felt that a huge problem is the generic service provided by the Department of Works and Pensions. They do not understand the needs and state of mind of a person who has been released from prison and

place unrealistic expectations on them. Computer systems that do not recognise the status of an offender result in benefits being disrupted, which impacts housing and any stability secured with employment or training. Providing a generic service at this level is inadequate for BAME offenders, who are not ready for the demands placed upon them by 'back-to-work' schemes. Additional gaps in service delivery include:

- Limited support to help ex-offenders deal with rejection letters
- Early release issues (offenders allowed to leave 18 days early), which may lead to problems with benefits or accommodation
- Limited organisations providing specific employment opportunities for BAME offenders.
- No database for searching mentoring or job opportunities specifically for ex-offenders.

The practitioner believes that these problems are particularly acute for BAME foreign national offenders, as there is nobody to provide specific support or advice when they have no identification. Replacing the necessary work documents can be a costly, time consuming process, not helped by limited English language skills.

3. What makes an effective intervention?

Effective interventions recognise the levels of dependence each BAME offender has and works to reduce this. Any intervention must consider housing and basic life skills. Other important aspects include:

- Effective communication between clients and different agencies
- Realistic access points into the job market
- Access to medical, health and mental health support
- Ensuring that ex-offenders understand the terms of their licence.

Service Users

1. How did you find out these services were available to you?

Contact was made three months before release, although one BAME individual did not come into contact with the provider until one week before leaving prison.

2. What type of support did you think you would need to help with finding training and/or employment?

Stable accommodation was viewed as essential before embarking on an appropriate course. Thereafter help was

expected with CVs, appropriate courses and job applications. One BAME individual stressed the need for additional help in sorting out relevant paperwork.

3. What types of services and help did you actually receive and how effective were they?

The provider offered information and advice whenever it was needed for practical tasks such as obtaining a National Insurance number and interview techniques.

An important aspect for success has been the pressure-free environment encouraged by the service provider, particularly as some people are not ready for work. There were, however, times when the provider could not help. This was thought to be due to lack of capacity or difficulty in obtaining information. For example, one participant needed money to buy work clothes and for travel, which was not available.

Making contact while in prison was thought to be crucial as it eased the resettlement process dramatically.

4. Additional Remarks

When moved between prisons, the BAME clients reported leaving clothes and paperwork behind, which was never recovered and difficult to replace later. Doing so reduced the time they had to look for work or training.

Several service users reported poor experiences of working with the probation service.

Case Study Seven: BAME organisation working with Somali community, large proportion of client base young ex-offenders

This service provider receives referrals from Youth Offending Teams across boroughs and from the probation service. In partnership with other organisations it then offers projects ranging from electricity training courses, English courses, computer training, plumbing or building. Assistance is also provided with paperwork, such as completing college forms, immigration documents, and CRB disclosures.

Staff

1. **Key support needs of clients:**

The practitioner said that some of the client group within the Somali community believe that going to jail is the end of their life and are unaware that they can return to work. Those with minor records don't know how long it takes before their record clears. Somali ex-offenders need information to be readily available as seeking advice is alien to many of this group.

Families of offenders need extra help in understanding the prison system. There are specific cultural issues and the taboo of prison, which cuts off relationships and severs potentially useful ties.

2. **Perceptions of support: Current gaps in service provision.**

The practitioner identified a number of gaps in relation to this group, notably:

- A lack of ongoing support for those who have entered training, resulting in some dropping out after the first day
- No financial incentive for doing a training course and a lack of paid apprenticeships
- Mental health problems, which may not be identified or are only considered in isolation
- Being resettled in different communities (with different BAME groups) means a lack of established networks that could help resettlement
- Identification is a huge problem; even those who have been in the UK for a long time can have great difficulty in obtaining expensive identification for employment and/or training, especially if their parents did not put them through the nationalisation process. Around 20% of referrals face this problem
- Having their personal lives probed is alien to this group, a fact not always recognised by generic service providers.

3. **What makes an effective intervention?**

Awareness of the specific needs of BAME communities, particularly the Somali and newer communities, and adopting a more inclusive, approachable stance. The multiple issues need to be recognised and addressed, such as language barriers and immigration status. Better coordination between BAME groups is also vital.

The Views of Commissioners and Funders

The four commissioners and funders interviewed were based in London, with two having a specific focus on London based charities. They were: Esmee Fairbairn, Lankelly Chase, City Parochial and the Safer London Foundation.

1. Key support needs of offenders?

Service providers need to understand the specific needs of BAME ex-offenders and provide a slow transition period, which can ease individuals away from prison culture and routines. All believed that a mentoring approach is effective, as it can identify specific needs and provide direction for individuals.

To assist with employment and training programmes, housing should not be viewed separately. The Stepping Stones Trust was highlighted as a good example in this area. Offering support throughout resettlement, particularly after ex-offenders have begun employment or training, was seen as important. Another support need is childcare for women who want to enter or who have entered employment or training.

2. Perceptions of Support: Current Gaps in Services Provision

At a number of levels there is greater requirement for more forward thinking amongst agencies and for expertise to be shared. This is vital when devising and providing ex-offenders with skills that are suitable for the contemporary labour market. Clients in some instances are trained and equipped with skills that may be inappropriate.

More work is required to combat employer prejudice with regard to BAME ex-offenders. This is a pre-requisite for increased opportunities.

Regular movement of BME offenders around prisons after contact has been made makes it difficult to maintain a consistent service. The network offered by the voluntary sector is insufficient to meet needs as there is no protocol for sharing information. With no 'one stop shop' for information and advice, BME ex-offenders and their families can have problems finding out about relevant, specialist services.

Although there is an over-representation of BAME prisoners, few services support this group specifically. There are excellent organisations carrying out work in this area, such as Hibiscus, but they are limited due to capacity. Additional gaps in provision include:

- Limited interventions that actually reach out into communities
- Inappropriate environments within prisons, eg over-crowding, unsuitable teaching rooms
- Big gaps for short term offenders: no support from probation for those serving less than one year and service providers finding it difficult to meet with offenders in a short space of time.
- The contrast in facilities for different age groups; those aged 18-21 are regarded as particularly disadvantaged.

3. Prioritising what needs to be commissioned

- Identifying and plugging gaps left by the statutory sector
- Improving and increasing employment and training opportunities is not always a priority as housing needs to be attended to first

- Having a variety of projects
- Organisations with strong links and partnerships to other organisations
- Organisations with clear, structured pathways that are not necessarily target driven
- Projects that demonstrate a personalised, flexible approach

4. **Examples of good service provision**

The following were highlighted as best case examples of service provision:

- The Prison Education Trust: providing a range of distance learning courses
- St Giles Trust and Foundation Training Company: combining the services available within prisons to those available after release
- Aspire: continuity, the personal approach of workers and devoting resources and effort over a sustained period of time
- Innovative and unorthodox projects, which promote creativity and/or those that are appropriate for the labour market, eg professional youth working opportunities, recycling, park maintenance.

5. **What factors have made projects less successful?**

Placing too much emphasis on moving young BAME ex-offenders into formal training or employment while ignoring basic needs, such as housing. This group is often unprepared for the transition to work or training so quickly.

Organisations can focus too heavily on targets, resulting in some providers choosing clients who are likely to succeed in entering employment or training. This leaves a group of people who require additional support searching for services.

Organisations that do not link up well can result in low level problems as they fail to coordinate their areas of expertise

The quality of services being provided must be put into question. For example, there have been examples of poor practice in CV writing, job advice, literacy and numeracy courses.

Conclusions

These case studies provide a useful snapshot of the key issues in the employment and training field for young BAME ex-offenders. Each shows that the support needs of young BAME clients can be very basic, but until they make contact with a suitable service provider they are not met. There does not appear to be a problem with individual providers, but with the restricted range of providers to meet the needs of BAME offenders.

Staff

Some of the key themes and issues to come out of interviews with practitioners were as follows:

Services need to be pitched appropriately, taking into account the needs of young BAME ex-offenders

Building self esteem, encouragement, changing attitudes and an awareness of clients' state of mind cannot be neglected in the drive to individuals directly into training or employment. A personalised approach supported by a needs assessment is likely to be more effective than, say, generic job search facilities.

Consistent services – from custody to release – are a big help

The case studies exemplify the difficulties in providing 'through the gate' services, so strategies should be in place to ensure that there is consistent and ongoing support for

BAME ex-offenders covering pre and post release.

Skills gained in prison should be transferrable to the London labour market

Skills learnt in rural settings are seldom of use in London, so training and work in prisons should be reviewed to ensure that offenders gain transferable skills.

Effective partnership working is essential

Problems in this area were varied, although many centred on organisations not taking referrals and not sharing expertise.

Service Users

The main findings from this group were as follows:

Information about relevant training and work opportunities should be provided pre-release

Service users highlighted a lack of guidance and information about each phase of the employment and training process; many BAME ex-offenders who were interviewed remarked how they found out about services through word of mouth.

Early engagement is welcome

When contact was made early, users felt that this contributed to a successful transition during resettlement. However, many of the BAME offenders reported problems

when trying to access services in the initial stages, which was frustrating and disheartening. This problem was exacerbated for young BAME offenders or those serving short sentences.

Assessment of education, training and employment needs should be holistic.

The mentoring approach adopted by some service providers proved extremely effective in meeting the multiple needs of the BAME ex-offenders. When services recognise or take into account accommodation and other needs (but not necessarily provide them) it can contribute to achieving a positive experience.

Funders

All four funding bodies had a history of funding offender resettlement in London. The main findings were:

BAME-specific provision is required for ex-offenders

Although there is an over-representation of BAME offenders in prison, few specific services support this client group specifically. This should not be 'silo'd' within specialist BAME organisations but should be central to delivery by mainstream services and statutory agencies working to reduce re-offending and build safer communities. The commissioners identified organisations working successfully here and acknowledged that more are needed.

A measured approach is required

Allowing BAME ex-offenders a transition period in which their basic needs, such as health and housing, are met, without too much emphasis on urgently moving clients into full time work or training.

Mentoring models of service delivery are exemplars in this field

Mentoring approaches were viewed as particularly effective for BAME ex-offenders.

BAME ex-offenders need relevant skills

Much work remains to be done to provide this group with skills pertinent to the market and the sectors in which they wish to pursue a career.

Service quality and availability issues

Problems were outlined surrounding the inconsistency of service quality and availability, which was thought to affect BAME individuals disproportionately.

An emphasis on targets can leave some clients behind

Organisations can focus too heavily on targets, resulting in some service providers only choosing BAME clients who are likely to succeed in entering employment or training. This leaves those who need extra help searching for services.

Cross cutting themes

The preceding reports have highlighted what is working and what needs to change in order to make the commissioning of services for offenders and ex-offenders as effective as possible. Whether the services provided are related to housing, drugs, mental health or education and training, some common themes have emerged from the case studies provided. All have highlighted the crucial and central role played by the VCS in providing services that otherwise would not exist.

When considering some of the findings, however, it is important not to lose sight of the goal of all commissioning of this kind, which is to increase the chances of successful resettlement and rehabilitation so that communities can be safer and individuals can turn their lives around.

Some key themes to emerge across the different types of services include the following.

Dedicated staff need to be well trained and well rewarded

Those working with what can be a very challenging client group need to be well trained and rewarded. Without dedicated people willing to take on this work, all of the best intentions would end nowhere.

Effective working relationships at all levels are essential

A good quality, trusting relationship between service users and practitioners is crucial if programmes of support are to have a chance of success; peer support is useful in this respect.

Partnership working, though not always easy, is essential. This applies to the relationships between local authorities and the VCS and within different local authority departments. There is a need to share information and have clearly defined roles and responsibilities.

Longer term funding would support resettlement and rehabilitation

Short term, uncertain funding can undermine the good work being done and leave projects vulnerable to closure. If commissioning is short term, there may be a lack of continuity of care and lost opportunities to evaluate success. This vulnerability means that services may be unable to meet need or demand.

In-reach and out-reach services are required

Engaging with offenders early, pre-release from prison, provides crucial continuity and builds relationships to support the transition into the community.

Ongoing support is needed

Follow up or floating support to liaise with clients after their immediate needs of housing or a job, for example, have been met, provide reassurance and enhance the chances of successful resettlement.

'Soft' skills should not be ignored

Ongoing activities are important for ex-offenders in the community, including life skills such as budgeting and cooking. These so called 'softer' skills can really make a difference to people's lives

An independent VCS is crucial

While funding may come from statutory sources, the independence of VCS organisations is valued highly by their clients and gives them credibility.

Certain types of offenders are missing out on support

Prisoners on remand or on short sentences often miss out on crucial advice, while those serving longer sentences may be moved between prisons, disrupting their support. These are factors that funders and commissioners should take into account when planning future services.

Personalisation is the way forward

Understanding what may often be complex needs is crucial if they are to be delivered appropriately and in a culturally sensitive way.

About the agencies

The logo for CLINKS features the word "CLINKS" in a bold, blue, sans-serif font.

supporting voluntary organisations that
work with offenders and their families

Clinks is a membership body that supports and develops the work that voluntary organisations undertake within the criminal justice system in England and Wales. www.clinks.org

The Adfam logo consists of a stylized orange sun icon above the word "Adfam" in a bold, black, sans-serif font, with the tagline "Families, drugs and alcohol" in a smaller font below.

Adfam is the leading national organisation working with and for families affected by problematic drug and alcohol use. www.adfam.org.uk

The logo for the Revolving Doors Agency is a circular arrangement of the words "REVOLVING", "DOORS", and "AGENCY" in a blue, sans-serif font, separated by dots.

Revolving Doors Agency is the UK's only charity dedicated to improving the lives of people who are caught up in a damaging cycle of crisis, crime and mental illness. <http://www.revolving-doors.org.uk/>

The Homeless Link logo features the words "homeless" and "LINK" in a white, sans-serif font, stacked vertically inside a dark green rounded rectangle.

Frontline agencies in partnership

Homeless Link is the national membership organisation for frontline homelessness agencies in England. www.homeless.org.uk

The logo for ROTA features the word "rota" in a lowercase, red, sans-serif font.

ROTA is a social policy think-tank that was set up to strengthen the voice of Black, Asian and minority ethnic communities through increased civic engagement and participation in society. www.rota.org.uk

The logo for Independent Academic Research Studies features a stylized red and black icon above the text "Independent Academic Research Studies" in a black, sans-serif font, with the tagline "Empowering young people to influence policy & practice" in a smaller font below.

Independent Academic Research Studies is a youth-led advocacy and capacity-building charity that was set up in 2001 to empower and give voice to young people so that they can influence policy and democratically engage in society as equal citizens. www.iars.org.uk

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CLINKS

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