

USER VOICE

ONLY OFFENDERS CAN STOP RE-OFFENDING

WHAT WOMEN WANT

The views of women with
experience of criminal justice in Wiltshire

INTRODUCTION

This report outlines and analyses the findings from work undertaken by User Voice with women offenders in Wiltshire. The consultations were designed and facilitated by User Voice to seek the views of women on the services they use in order to assist Wiltshire in future service planning and development.

User Voice was founded in 2009 by Mark Johnson and its work is led and delivered by ex-offenders. It exists to reduce offending by working with the most marginalised people in and around the criminal justice system to ensure that practitioners and policy-makers hear their voices. It is well placed to gain the trust of and access to people involved in the criminal justice system as its staff have direct experience of the problems it is trying to solve. Its work aims to deliver a powerful rehabilitation experience for offenders, better criminal justice services and institutions, and more effective policy.

Women in the criminal justice system

- Less than one in five arrests recorded by the police are of females, a decrease of just under 2% between 2008 and 2009, which is reflected in the number of pre-court or court sanctions made against females: about one in five. However, there was an overall increase of 6% in arrests of females in the four years between 2004/5 and 2008/9.
- In 2009, 16% of females sentenced for an indictable offence had no previous convictions or cautions.
- In 2009, 77% of females sentenced at court received fines, 10% received community sentences, 2% suspended sentences and 3% immediate custody.
- Females represent 5% of the overall prison population¹ and are more likely than men to receive a shorter custodial sentence: the average sentence length in 2009 was 11 months compared with 17 months for men.²
- In November 2010, the number of women in prison was 4,267, a decrease of 18% from the same date in 2009. However, overall the use of custody for women has risen by 33% in the last decade.³
- 63% of women are in prison for non-violent offences, compared with 45% of men.⁴
- 66% of women in custody had a child under 18, of these 34% had a child under five and a further 40% had a child aged five to 10.⁵

¹ NOMS, Prison Population and Accommodation Briefing, 7 May 2010

² All figures in the preceding paragraphs (except where otherwise indicated) from 'Statistics on women and the criminal justice system'. Ministry of Justice, London November 2010. NB the figures refer to all females including juveniles

³ Ministry of Justice (2010) Offender Management Caseload Statistics 2009, London: The Stationery Office

⁴ Ministry of Justice (2010) Offender Management Statistics Quarterly Bulletin, April to June 2010, London: Ministry of Justice

⁵ Home Office Research Study 208, and Hansard, HC, 28 April 2003

- There were 55 self-inflicted deaths of women in prison between 2002 and 2009.⁶
- Over half the women in prison report experience of domestic violence and one in three has experienced sexual abuse.⁷
- 58% of women in prison had used drugs daily in the six months before prison, and 75% had taken an illicit drug in those six months.

The Corston Report

In March 2007, the Government published a report by Baroness Corston⁸ outlining *'the need for a distinct, radically different, visibly led, strategic, proportionate, holistic, women-centred, integrated approach'*. The key recommendations which relate directly to services in the community for women offenders were:

- Every agency within the criminal justice system must prioritise and accelerate preparations to implement the gender equality duty and radically transform the way they deliver services for women.
- The seven pathways (to resettlement) should be much better coordinated strategically for women and should incorporate pathways eight and nine for women.
- Work to establish regional and local pathway strategies and action plans is vital and good practice relating to women should be promoted and disseminated.
- The accommodation pathway is the most in need of speedy, fundamental, gender-specific reform and should be reviewed urgently. In particular, more supported accommodation should be provided for women on release to break the cycle of repeat offending and custody and the intentional homelessness criterion for ex-prisoners should be abolished.
- Life skills should be given a much higher priority within the education, training and employment pathway and women must be individually assessed to ensure that their needs are met.
- Services should be provided based on a one-stop-shop approach and must be appropriate and coordinated to meet the profiled needs of local women, including minorities such as BME women.
- There needs to be investment in more rigorous training and ongoing support and supervision for all those charged with meeting the complex needs of women. This training, which should include gender awareness and how community sentences can meet the needs of female offenders, should be extended to include all staff within the criminal justice system in contact with women, particularly those who make sentencing and bail decisions.⁹

⁶ Ministry of Justice (2009), *Statistics on Women and the Criminal Justice System*, London: Ministry of Justice, and <http://www.justice.gov.uk/news/newsrelease010110a.htm>

⁷ Social Exclusion Unit (2002) *Reducing reoffending by ex-prisoners*, London: Social Exclusion Unit

⁸ The Corston report: women in the criminal justice system. Ministry of Justice, London, March 2007.

⁹ Ibid.

Services in Wiltshire for women in the criminal justice system

Wiltshire Probation has developed a Directory of Services and Resources to enable offender managers to signpost women in Wiltshire to other relevant services, some specifically for offenders and others more universal.

The Directory divides services into six areas:

- *Accommodation;*
- *Employment, training and education;*
- *Mental and physical health;*
- *Drugs and alcohol;*
- *Finance and debt; and*
- *Services for children and families including victim support and domestic violence services.*

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- SWADS (Swindon and Wiltshire Alcohol and Drug Service)
- Swindon Youth Offending Team
- The Foyer, Salisbury
- St Barnabas Housing Project, Salisbury
- Amber Housing Project, Trowbridge
- WASP (Wiltshire Addiction Support Project), Trowbridge
- Opening Doors Mentoring Project, Chippenham
- Wiltshire Probation

METHODOLOGY

Eight focus groups were facilitated by User Voice staff who themselves have experience of the criminal justice system. In total 58 women aged between 16 and 60 self selected to attend the groups, some of which were run specifically for younger women aged 16 to 21. Attendees were women who lived in both urban and rural areas of Wiltshire and particular attention was paid to ensure a mix of ages and to facilitate the participation of those who do not normally engage or volunteer for such exercises.

User Voice's experience in running consultations suggests that people who find engagement difficult are more prepared to talk to User Voice facilitators because of their own disclosed experiences of the criminal justice system.

This piece of work has been completed by an all woman team: the facilitators and the report author are all female.

The groups all followed the same basic format:

- Introduction: a description of User Voice; the aims of the consultation; what the participants were being asked to do and the potential impact of their participation. All participants had the opportunity to withdraw after the introduction if they wished.
- Discursive workshop: This was designed around four main themes:
 - *Women's previous or current experience of using services in Wiltshire;*
 - *What they wanted from services;*
 - *What needed to change for services to be effective for them;*
 - *Their views on the timescale for changes.*

The workshops also offered opportunities for women to expand on the basic themes and contribute any other views about the services they used.

- The workshops also offered opportunities for one-to-one interviews as requested by individual women who felt less comfortable in a group environment.

FINDINGS

Accommodation

The views of accommodation services were mixed. Some women liked living in a communal setting, but others felt this was sometimes uncomfortable, for example having to share a bedroom.

"Obviously sometimes it can be really shitty and stuff, but I quite like being here because there are other people around."

"They have really sort of helped. If it weren't for them I'd still be on the streets sort of thing."

There were also mixed views about the regimes in accommodation services and some women expressed resentment that they were treated 'like children' and felt this was not always helpful in enabling them to start to take charge of their own lives. However, others felt that the regime in some services was helpful in enabling them to establish a routine of their own.

"I think people [here] act like kids because we are getting treated like kids as well. It's like I'm 22, if you want to treat me like a kid, I'll act like a kid. It's sort of you get told when you can eat, when you can drink, when you've got to go to bed."

"Yes, because you've got to have a focus, it gives you a reason to get up in the morning."

Several of the women highlighted occasions when inconsistency operated, both in the differences in the way residents were treated and between individual staff.

"I was in hospital and the day after I got out I was ill in bed and they dragged me out of bed... and other people was ill and they let them stay in bed."

There was a concern about lack of consistency in enforcing the rules in some services and some young women expressed their confusion and animosity about this. One woman expressed concern about a member of staff discussing private matters about other women with her. This led to a discussion about complaints: some of the women told us they were unaware of complaints systems and that complaints were not taken seriously.

"Something more important always crops up."

"You go to someone to make a complaint and they'll just be like, we'll sort it out later."

In mixed sex accommodation, women expressed concern about the lack of women-specific activities and sensitivities to the particular needs of women. For example, in one service we were told that only two members of staff have access to the cupboard storing women's toiletries and tampons and women talked of their embarrassment in having to ask for these, particularly from male staff.

Although appreciative of the accommodation offered, some of the younger women commented on a lack of 'care' and described staff not dealing with very disruptive and bullying behaviour among residents.

"I came to [named hostel] to get away from violence but we have it here and they do not know how to deal with it."

Concerns were raised as to the level of staff training in relation to understanding the complexity of issues experienced by young people apart from just homelessness.

"They need to be a bit more trained to deal with people who have been in care or people that have drug problems."

Some accommodation lacked formal structure or discipline and the culture within these organisations was insufficient to deter bad standards of behaviour amongst tenants.

"Just rules, that's all it needed. Like stability, something to base itself on. It's like a blank page everyone's just scribbling all over it, there's nothing to work on or write on, they're just getting the paint and throwing it on, if you get what I mean... 'cause they don't care, they really don't care what you get up to. It's literally like a mad house, there is no structure."

Those services offering accommodation and 24-hour support were viewed positively by women, as they created a sense of safety and security.

The women we spoke to felt that there was a real lack of knowledge and understanding from front line staff in benefits agencies, Jobcentres and housing departments in relation to the issues they faced.

There was a view that accommodation options for younger women were very limited.

Suggested improvements

- Services that recognised them as adults and supported them to make their own decisions rather than 'taking over' their lives.
- Services that recognised the specific needs and sensitivities of women.

- Better training and awareness-raising for staff in housing services.
- More accommodation options for younger women.
- More timely accommodation services and crisis accommodation to provide an immediate safe place to go, particularly for younger women.
- Supported accommodation for mothers and babies.

Drug and alcohol services

Women described their experiences of using a number of drug and alcohol services in Wiltshire and, on the whole, were very positive about the services provided. They described a mix of counselling, referrals to other appropriate services and general life skills work. In particular, women talked about the services lessening their feelings of isolation.

“I’ve never been in contact with other people with problems like me or alcohol or drug abuse. It’s a real eye opener ‘cause you think you’re the only one in the world.”

Some expressed their concern that there was a degree of inflexibility. They had to remain drink and drug free or they were excluded from the service, but they felt this was somewhat hard when they were trying to change.

“The only thing I’m cheesed off and angry about... is that it just seems when you slip up then you’re cut out of the meetings and I feel that is a bit harsh.”

Many of the women described these services as helping them to access other relevant services: for example, several have been referred for counselling. One woman had been helped to get legal advice and to access training courses.

GPs were viewed as key to the process of both referral and successful recovery, and GPs’ level of awareness and sensitivity to women was crucial. Some women reported exceptionally positive and supportive relationships with their GP, whilst others’ reports were negative. What was clear, however, was that women did use their doctor as a point of entry to drug and alcohol services.

One group of women described their experiences of a service predominantly staffed by ex-users acting as volunteers. This service was viewed exceptionally positively, particularly the peer-to-peer support offered. However, women explained they had found out about the service through their own networks.

Women commented on the need for more support services specifically for children affected by parental drug or alcohol use and to help women rebuild relationships with their children. Several women had experienced specialist family relationship provision and had benefited from it.

"We need more help for our children to cope with guilt and also to help the children to adjust to the change, for instance to know that mum is going to discipline them now; before I was out of my head and I didn't mind the loud music for instance, but now I do and they have to get used to it."

A significant number of women saw Hepatitis C as a severe problem and felt there was little specific support from services for this issue.

"The main problem I face right now is recovering from Hep C; it seems like nobody understands how terrible the treatment is; there is such a need for follow on care; it's like you have the treatment which is awful and makes you want to use drugs again, and when it is finished they say ok off you go it's over, but what you need is aftercare and follow on."

Suggested improvements

- Better training for front line workers in mental health, drug and alcohol issues and the issues facing women who have been in care: particularly for benefits and Jobcentre staff and some doctors.
- Better education in schools for young people about the long-term effects of alcohol abuse.
- More support and awareness of the issues related to Hepatitis C.
- More investment in peer-led support groups and one to one buddying relationships.
- More information readily available to women about relevant services and referral criteria.

Counselling, mental health and social services

A majority of the women expressed their concern that there was too much reliance on medication as a way of dealing with mental health issues.

"It was making me more depressed because I'm on anti depressants and that, and it's making me feel more depressed, feeling run down and out of it."

Those women who had seen a psychiatrist felt that there had been some merit in this, but many of them described a formulaic response from them.

"Well, a psychiatrist is a psychiatrist, you can't change them, but I don't know, I just think sometimes some people just need someone to talk to."

A number of the women had experiences of working with a Community Psychiatric Nurse (CPN) and these services were generally seen as supportive.

Several of the young women had attended a Child and Family Therapy service. On the whole they had not found this service particularly helpful; their views were that the staff were difficult to connect with and did not understand or relate to particular issues for younger women.

"They were a bit helpful but the worker they gave me was old... I gave up after a while."

Many of the women had received counselling services and again the general consensus was that these were helpful and effective services. In particular, women valued a drop-in facility where they felt they were not labeled as an alcoholic or addict.

"You don't have to have been assessed, as it's a drop-in for anyone, you know, even if you was scared of having your name down on the register as an alcoholic, you can just go in."

The majority of the women had experiences of social services; some themselves as children, some with their own children and many had experienced both. While women talked of positive experiences with individual social workers, on the whole, social services were felt to do too little, too late and served to disempower women rather than support them to find solutions to their problems.

"My school referred me as I would constantly go to school with black eyes and bruises.... I had a social worker who never listened to me, I should have been removed."

"I've had ten children and all of them have been taken into care at some time or another. For me, I haven't known what to do next, I haven't had a clue."

"They tend to waste time on all the paperwork and stuff while you're sitting at home with all the danger to you and there's nothing you can do."

Suggested changes

- More opportunities for 'someone to talk to', who listens and does not judge, as an alternative to medication for mental health problems such as depression.
- Counselling which focuses on relationships: many of the women had witnessed and experienced violence within their families and felt ill-equipped to make proper judgments about relationships. Some expressed a need for support in re-negotiating relationships when they had returned from imprisonment or recovered from drug/alcohol use.

- Better services for older women who self-harm: the women felt that services were targeted at girls and young women.

Mentoring and arts services

Women reported very positive experiences of using mentoring services (see case study A below).

The informal nature of mentoring for women, which is not strictly issue-based but reflects a more natural social interaction, was welcomed and felt to be beneficial in reducing isolation and engendering social inclusion. However, women were concerned that entitlement to mentoring support ends when a statutory order (probation or licence) comes to an end.

Services using the arts and creative activities were seen as non-threatening and therapeutic and there was universal support for women only groups and activities.

"I've done a lot of art things for the kids for Christmas which I was proud of. We've made a couple of CD's which was really uplifting. That was a classic moment cause it was the morning I was leaving and I was on a downer and I really didn't want to ...make a CD, I was not in the frame of mind, but within five minutes I was tapping my foot and just letting ourselves go, laughing, proper laughter, really good. Yeah, I'm still gonna come back and do the acupuncture and the art ...and there's a creative writing course on ... Really, really good."

"I don't know about you guys but I've never been to anything like this, this is great, we're all girls who have been there and you don't feel intimidated."

Suggested improvements

- Long-term support, not just related to the immediate recovery/rehabilitation/licence period.
- More investment in training volunteer peer supporters, especially those who could offer auricular acupuncture and relaxation techniques.
- More women only groups and activities.

Case Study A – Carol

Carol is in her mid fifties. She has been convicted of a drink driving offence and is serving a ten month probation order and has had to attend a course for drink drivers. She is also being supported by a mentor which has been a very positive experience for her and she is concerned that this service will end at the conclusion of her Probation Order.

Carol described an abusive childhood, experiencing repeated abuse from her father, who received custodial sentences but was always taken back by her mother. This had caused permanent estrangement between Carol and her mother and Carol still expresses feelings of bitterness: *'I cannot forgive her. I cannot understand why she did that'*. She spoke of never being able to *'get over'* these experiences but also not wishing to talk about them.

Carol was married but described a long term drinking problem which contributed to the breakdown of her marriage. This was followed by financial problems and Carol eventually lost her house and family and talked of an ongoing spiral of alcohol abuse: *'I was just going round and round, driving my kids away with my drinking'*.

Carol had once been referred for counselling through an occupational scheme at work but said she was not able to open up to the counsellor. In hindsight she feels she was not ready. At that point she preferred the company of other drinkers and felt they were her only friends and support. She spoke of feeling isolated and ashamed when social services became involved with her family.

Carol says that she has now been sober for almost ten months and talks of being *'glad'* that she was arrested. She feels she gets a good service from both her probation officer and her mentor: she describes her probation officer as *'having time for me'*. Carol is also attending AA but this contact was made via a friend and not through a professional referral. The combination of these interventions has helped her to understand more about why she drinks: *'I had always thought it had been my own fault, but I now know that isn't true'*. Conversely, she says that the specialist drink drivers' course helped her to accept the responsibility for her own actions in relation to the charge.

However, Carol is worried about the future when the course and support from her probation officer and mentor will end. She does have incentives to keep sober – she speaks of her delight in reconnecting with her children. However, although she says she feels stronger now she is clearly anxious about losing people she trusts and to whom she can now talk about her problems.

Probation and Youth Offending Services

There was a general understanding of the statutory role of these services, and women talked about the support they received and the relationships they had with individual workers, some good and some less so. Generally the view is that Probation Officers and YOT workers are constrained in their ability to provide effective services by resources and the statutory limitations of their role.

There were varied views on the effectiveness of services offered by the YOT. Several of the women spoke positively of their relationship with individual workers although others felt that staff were sometimes patronising and regarded them as criminals first and people second. One young woman had been referred by the YOT for counselling about her alcohol issues and had found this helpful.

"My YOT workers are alright, I've got three because I'm on a support package. All three of them are helpful."

"I didn't like the worker; she bugs me all the time... she patronises me all the time."

The young women had universally negative views of the police and did not like the fact that the YOT staff included a police officer.

Suggested improvements

- Better and more detailed information about services available, including access and referral criteria.
- More help from professionals in signposting and supporting women into the right services based on their individual needs, especially from GPs.
- Support from professionals to help women get back 'in the driving seat', rather than being instructed or lectured on what to do.
- A 'one stop shop' providing a range of services in the same place.
- More support around benefit claims and budgeting when taking up employment.
- Being offered a choice of a female worker.

KEY THEMES

Relationships

Relationships with key workers in services were identified as one of the most important aspects of effective engagement, but experiences of individual workers in services range from extremely negative to positive.

"He kept saying I was thick and didn't understand things."

"[The social worker] was fucking brilliant; she was brilliant ... she genuinely cared about what I was doing and what I wasn't doing, she actually genuinely cared."

The overall opinion was that caring workers were in the minority and many were perceived as just doing a job and wanting to deal with issues as quickly as possible. Women felt that being treated respectfully and with care mattered, even if services couldn't meet their needs.

"With them I could appreciate there was nothing they could physically do. I remember having a meeting with them and they let me down just like everyone else. But I could tell they wanted more than anything to help, that was the difference."

"If someone acts like they give a shit, it makes you feel better regardless of whether your homeless or not, you walk away and you think someone just listened to me, and she gave a fag as well, so grateful for that."

Availability

The lack of available or affordable childcare in order to enable women to access services – particularly those such as counselling or drug and alcohol services – was raised. Women felt that they sometimes missed opportunities to access services because they were unable to arrange childcare through their own networks and the services did not have crèche or other facilities that enabled women to take children with them.

"Even here there's no crèche to leave the kids so it's difficult to get to appointments on time or at all."

Lack of 'out of hours' and crisis support also emerged as a key theme. Although there were some exceptions, the women felt that services were offered on an appointment basis and that accessing support at crisis points, particularly 'out of hours' was problematic. Waiting times for appointments, particularly Community Mental Health Services was also seen as a problem, as was a lack of flexibility over appointment

times. Drop-in services were particularly well thought of, because of their informal nature and the ability to retain a degree of anonymity.

“There’s never an appointment when you’re in crisis and need an appointment I got seven weeks to wait just for an assessment appointment but I’m already known to the team anyway.”

Understanding women specific issues

Alcohol, drugs, domestic violence and other abuse featured heavily in women’s experiences. They felt that many front line universal services – for example GPs and benefits staff – did not have enough understanding of the particular issues facing women. Again, there were examples of good responses but these were in the minority.

“Well, that’s not my experience. Mine is that GPs need more specialist training in drugs and alcohol. It all depends on who you get, but in each practice there should be someone who specialises in those two.”

“That’s actually a good point because in my past whenever I went to places and it was no good, they never gave me somewhere else to go, whereas in AA [Alcoholics Anonymous] and SWADS [Swindon & Wiltshire Alcohol and Drug Service], you get information about other things, whereas in the doctors it’s like a dead end and you go back feeling sorry for yourself, can’t deal with life, until it gets bad again.”

GPs were seen by women as very important gatekeepers for access to services. They were seen as the first point of contact for many women seeking initial support and as key in supporting women to work on identifying issues.

“Doctors should, shouldn’t they? They’re healthcare and it falls under healthcare. I think that the doctor should have probably said to me, explained more about it and maybe directed me somewhere else, and sort of reinforced to me that it was dangerous. I left there thinking it can’t be that bad and really it was a dangerous thing to say.”

“When I went back to my doctor and said this problem has risen again, he said, I don’t know what to do with you, you’re on anti depressants, pop a couple of pills in and you won’t want to hurt yourself anymore. I don’t want to work with that at all. He said, I don’t really know where to refer you to ‘cause there isn’t anywhere. How can there not be anywhere?”

However several women spoke positively about GP support.

“What worked in the end was the GP – yes, my GP. She talked to me about abstinence programmes and that’s how I got involved with WASP [Wiltshire Addiction Support Project].”

“Yes it’s the doctor who helped me too. I went there depressed but it was when I was there talking about depression, she said to me, don’t you realise you have a drink problem and that was the first time I admitted it to myself, the first time I knew it.”

There was a perception that few services really listened to women and that many did not understand the need for responses and services that addressed their specific needs. There was a clear view that front line staff in mainstream services – the police, benefits and housing departments and magistrates - did not necessarily understand the specific issues for women, particularly in relation to drugs and alcohol.

“He (a magistrate) said to me, what you mean you can’t stop drinking? Put a lid on it.”

Employment

The services used and discussed by the women attending the focus groups were predominantly:

- (1) Statutory such as probation and YOT;
- (2) Accommodation services;
- (3) Counselling services;
- (4) Those connected with benefit provision such as Jobcentres; and
- (5) Drug and alcohol services and self-harm/domestic violence support services.

While some of the women spoke of hoping to seek and find employment, few of them talked of any services that helped them with this. This may have been as a result of lack of information available to women in relation to job search support services, or indicate that gaining employment is relatively low on the list of the current priorities for these women. Many had contact with the Jobcentre but did not feel that they got assistance or signposting from other professionals such as probation officers.

Information

Notwithstanding the Directory, women felt they did not know enough about the services available or how to access them. Women felt that in general they got information about relevant services on an ad hoc basis from other women and informal networks rather than through professional advice or referrals.

“I had to look for all these services for myself; the help to get these services that I now know are out there wasn’t there for me at that time; you just find out about stuff by yourself, from word on the street, from your friends, you just stumble upon it, it’s true.”

Peer support

Services using staff, mentors or volunteers who had similar experiences to the women were highly valued, as were peer support services, but these were seen as the exception rather than the rule.

"The women's refuge – they were brilliant, absolute brilliant. They just know everything; you can sit there and talk to someone. They've actually been in your shoes; they really understand exactly what you're going through."

"Somewhere to go where you can make friends and see people that might have the same sort of problems that you do is priceless really."

"It's a real eye opener cause you think you're the only person in the world suffering and you go there and meet lots of people, and it's nice because self-harm is kept very quiet and private. When you come to alcohol and drug use meetings your quite open and used to telling people you've got problems and that was the one thing that really opened my eyes, as people are, this is me and I'm not ashamed of me, I'm doing something about it so I'm not ashamed of me."

Links between services

The transition between adolescent and adult services – for example YOTs and probation and drug services – was seen as problematic; young women felt the arbitrary and instant cut off point could leave them feeling confused and unsupported.

" They come in to talk to us but I'm only allowed to come in here (for the talks and to have a catch up, cause I'm too old now to be in the group."

The problems of non-joined up provision and poor communication amongst agencies was highlighted often in the groups. Women complained of having to see numerous services in order to sort out problems; those who had found a service which could provide a holistic 'one stop' approach expressed their relief and described positive experiences.

"I did have a social worker and she went away and got replaced by someone else that wasn't to do with social service -.young people's career or something like that and they've been absolutely great, 'cause they help you with everything. Like she's taking me to have my health checked out, when I was smoking crack, she wanted someone to come and talk to me about my crack use, my drug use and everything. So they don't just do one area, they do everything, and she's also gonna help me find a flat as well so she's been 10 times better than social services so I'm

glad I've got her now rather than a social worker. She's linked to YOT. She also talks to my YOT worker and they share everything so I'm not repeating myself, so they work together. I have meetings with them together as well."

"Maybe if there was more communication between agencies, I don't know if that would make a difference as well. Maybe more working together with each other. You admit it to one person, then have to go and see a second person, you just want to run and hide, I'm not telling people different things, but the interpretation of each agency is going to be different to the next. So yeah, communication is a big one."

RECOMMENDATIONS

- Local agencies providing a service to women should consider establishing a women's page on their websites, with women specific information and a moderated interactive system to allow women to exchange information about services.
- Service commissioning tenders should include a requirement to provide evidence of an understanding of gender issues and details of women specific activities.
- Local agencies providing a service to women should explore the provision of information, awareness raising and training on the specific needs of women offenders (including drugs and alcohol and care experiences) for front line staff.
- Local agencies providing a service to women should work with women offenders to explore innovative ways to support them to access and attend relevant services, including the provision of childcare.
- Local agencies providing a service to women should work with Primary Care Trusts and other relevant health services to ensure that GPs are aware of the specific needs of women offenders and the services available to them.
- Local agencies providing a service to women and Wiltshire Children's Services should work together to ensure that information about women offenders is shared, and that services to support them, particularly on release from custody, are explicit.
- Local agencies providing a service to women should consider working with other agencies to increase the number of services who train and support volunteers and mentors who have similar experiences to women offenders.
- NOMS should ensure that services for women offenders are given high profile in future local commissioning arrangements.



Participants in one of the focus groups

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