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# EVALUATION OF SIXTEEN WOMEN'S COMMUNITY JUSTICE SERVICES IN SCOTLAND

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# EVALUATION OF SIXTEEN WOMEN'S COMMUNITY JUSTICE SERVICES IN SCOTLAND

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# LIST OF ACRONYMS

| Acronym | Definition |
|---|---|
| CJA | Community Justice Authority |
| CJSW | Criminal Justice Social Work |
| CPO | Community Payback Order |
| CPN | Community Psychiatric Nurse |
| DBT | Dialectical Behavioural Therapy |
| DWP | Department of Work and Pensions |
| FTE | Full Time Equivalent |
| HTSDS | High Tariff Structured Deferred Sentence |
| IPT | Interpersonal Psychotherapy |
| LGBT | Lesbian, Gay, Bisexual and Transgender |
| LS/CMI | Level of Service/Case Management Inventory |
| PF | Procurator Fiscal |
| PSP | Public Social Partnership |
| RNR | Risk-Need-Responsivity |
| SPS | Scottish Prison Service |
| TWG | Tomorrow's Women Glasgow |
| WCJS | Women's Community Justice Services |
| WRO | Welfare Rights Officer |

# Executive Summary

## Introduction

In 2013-15, the Scottish Government funded 16 projects proposed by criminal justice partners across Scotland to develop community services for women who offend. Developments were based on existing service provision and to ensure changes could be sustained locally at the end of the funding. Funding varied in amount and timeframes. Most of the projects were undertaken by local authority criminal justice social work[1] (CJSW) departments with partner providers, including public and third sector agencies.

The national evaluation examined how the 16 women's community justice services (WCJSs) were implemented and to what extent they contributed towards positive outcomes for women. A further aim was to build local capacity for self-evaluation in WCJSs. Findings were drawn from two phases of interviews with practitioners and women, secondary documents, and quantitative data for 1,778 women who were in the WCJSs between April and December 2014. This included outcomes data for 406 women.

## Findings

*Developing women's community justice services*

The 16 projects used the funding to establish new or develop existing WCJSs. There were three models of service delivery: women's centres (3), CJSW workers or women's teams (6), and 'community hubs' (3). Four standalone projects were also undertaken, which included a registered mental health nurse to work with women in existing services across three local authorities, a diversion ('early intervention') pilot, a court-based service to inform remand decisions, and a scoping project for one region to establish a women's service.

Reconfiguring or establishing new services was not a quick process; most projects experienced delays recruiting staff and setting up new premises. Critical elements for successfully developing services included establishing effective partnerships, employing the 'right staff', creating an environment in which there was commitment and flexibility to trial new ways of working. Practitioners mostly felt their skills and knowledge in working with women were learnt 'on-the-job' and did not identify gaps in gender-specific training.

Centres worked well in urban areas with a concentrated population of women. Delivering multi-disciplinary support from hubs was appropriate in areas with dispersed populations. Across all WCJS models, flexibility to do individual outreach was important, particularly in rural areas, at the early stages of a woman's involvement, or for women who experienced difficulties engaging.

*Characteristics of the women in services*

The average age of women in WCJSs was 34 years (ranging from 16 to 68 years) and the majority were White British. Half of all women were mothers to children under 16; one third of women lived with their children, while just over one third had access to their children in the care of others. Combined, they

[1] In Scotland, local authorities have a duty to provide criminal justice social work services in the community.

were mothers to almost 1,600 children. Most women had 'medium' to 'very high' LS/CMI scores (which measure risk and need) and were likely to have previous convictions.

Women often entered WCJSs with multiple and complex needs. On average, women entered with six of the 14 needs assessed using a standardised questionnaire. The most common issues women presented with were poor mental/emotional health (78%), lack of purposeful or rewarding activities such as ways to spend their time (52%) or work, volunteering or training (61%), substance misuse (59%), difficulties in solving everyday problems (59%), and unstable or unsupportive family/ social relationships (58%). There was also an indication of high rates of trauma or abuse, where measured (55-89%). Women were less likely to have physical (26%) or sexual health needs (9%) or hold a view that offending was acceptable (24%) or believe they couldn't or did not know how to stop offending (26%).

*The role of WCJSs in the Scottish Criminal Justice System*

While WCJSs worked with women across multiple stages of the criminal justice system, services mostly supported and/or supervised women serving community sentences. Overall, 68%[2] of women attended WCJSs on a statutory basis, of whom 87% were serving a Community Payback Order (CPO). For these women, most WCJSs supervised the requirements of women's orders such as unpaid work and/or offending-focused groupwork. Other women engaged voluntarily (32%), although they may have had an order supervised out-with the WCJS.

A small proportion of women in WCJSs were receiving support either in preparation for or post release from prison, or on diversion. Few WCJSs undertook preventative work.

*Holistic support for women*

WCJSs provided or coordinated practical and emotional support to women on a one-to-one basis, in groupwork and/or drop-in sessions, which was underpinned by trusting relationships between women and their worker(s). Women worked with their key worker to prioritise support appropriate to their needs and circumstances. Women most typically received support to stabilise their lives, link into appropriate services, and address practical, immediate issues (e.g. to secure stable housing, stabilise or reduce substance misuse, develop skills to solve everyday problems, and build confidence and positive mental health). Achieving progress in these areas was often necessary before working with women on longer-term goals, such as preparation for volunteering, work or training.

The co-location or links with multi-disciplinary professionals in many WCJSs enabled women to access practical support for multiple issues in one place. Workers in multi-disciplinary women's teams or centres felt they were better equipped and had greater flexibility to respond to women's complex needs at the right time. This worked best when WCJSs had formal arrangements with partner agencies rather than relying on informal networks.

[2] Excludes women for whom nature of engagement in WCJSs was unknown.

Other features of WCJSs that women and/or practitioners commonly identified as being important were:

- Women-only premises located near women's local communities, and based outside CJSW premises where possible
- Supportive relationships built in an informal, safe environment, that enable women to connect with workers and other women in a way that many had not experienced in previous services or through supervision alone
- Practitioners with qualities valued by women, such as being willing to listen, non-judgemental, optimistic about women's potential for change, and available for emotional support
- Practical help to overcome barriers to accessing services often experienced by women with complex needs (e.g. flexible appointments and follow-up in contrast to mainstream services in which women may be 'taken off the books' after a series of missed appointments.)
- Sequenced support, which prioritises stability, readiness to change and immediate needs, before progressing to longer term outcomes
- A distinct women's 'team' or worker
- An 'open door' for women to return for further help if they need reassurance or a 'safety net' on exit
- A relational, strengths-based approach to working with women that treats women as individuals first rather than 'offenders'.

*Outcomes for women*

Outcomes reported here took place in a limited timeframe of engagement with services (an average of five months); long-term changes will take more time to materialise. Progress was assessed for 406 women against 14 outcomes (see Annex D), which included short, medium and long-term outcomes linked to desistance.

Overall, the majority of women experienced improvements in at least one outcome (83%) and on average four of the 14 measures. WCJSs were most effective in areas that help women stabilise their lives and promote their readiness to change. Not surprisingly women tended to make most progress in short-term outcomes, including problem solving (58% of women improved), engagement with services (57%), willingness to work on problems (54%), emotional and mental health (52%), housing (56%), and substance misuse (52%).[3]

Women attributed this positive change in their lives to a combination of factors. Progress tended to occur when women were stable (e.g. in safe and secure housing, had stabilised substance misuse), felt motivated to change, felt supported or encouraged by workers or a person they trusted, *and* had opportunities or access to support at the appropriate time. This underlines the importance of properly sequenced holistic support and the often-described 'softer' outcomes that support women to make and sustain changes in their lives.

[3] Figures report progress for women who entered with identified needs in each area.

Progress was less likely in other (longer-term) outcomes, including securing work, volunteering or training (29%), finding positive or rewarding ways to spend their time (36%), improved family relationships (37%), or consistent views that offending is unacceptable (38%, albeit that such views were held by a small proportion of women on entry).[4] WCJSs were less likely to directly address some of these needs within the short timescales of the evaluation. Women's progress was not always linear and some women experienced setbacks or no change in some areas.

These findings highlight the importance of having realistic expectations for individuals with complex needs and recognising the gradual and long-term nature of change for some women. The role of broader social structures or other factors (out-with the control of WCJSs) also influence women's progress in the communities they live (e.g. stigma and employment opportunities).

## Conclusion

The findings suggest that the extended provision of community services supported women to make observable progress towards outcomes associated with desistance during the limited timeframes in which WCJSs were evaluated.

The holistic approach of WCJSs offered a genuinely enhanced service alternative to traditional CJSW supervision for women, made possible by practitioners who worked with women as individuals with strengths, needs, and aspirations. It also required CJSW departments, partner agencies, and practitioners to be open to adopting new and flexible ways of working.

A key role of WCJSs was supporting women to engage with other services (including universal services). This was achieved by both multidisciplinary working (e.g. co-located professionals, direct referrals) and helping women to develop their confidence, communication and self-presentation skills, to enable them to access services independently. This in turn can benefit external agencies (e.g. more efficient referrals and attendance).

The evaluation identified potential gaps in service provision that may be considered in future initiatives, including more opportunities for women to develop rewarding activities and forge links in the community, support for mothers in WCJSs, and provision for voluntary throughcare, which many WCJSs were looking to strengthen.

Practitioners' main aspirations for the future of WCJSs included the on-going aim to build services' reputation and credibility (e.g. with sentencers), evidence their effectiveness on long-term outcomes, and ensure sustainability. Findings also indicated the practical limits upon WCJSs' capacity given the unpredictable and resource-intense nature of female caseloads and flexible service delivery.

Overall, the findings provide a strong rationale to continue the WCJS approach, in which locally defined services adopt holistic, gender-responsive, and flexible practices. The findings add to the growing evidence that such approaches can effect positive change in areas of women's lives that are known to support desistance.

[4] Figures report progress for women who entered with identified needs in each area.

## Implications

*For policy*

1. Short-term funding presented challenges for staff to develop and deliver a new service, and also gather evidence to justify further funding and future planning before the service has 'bedded in'. Funders of future initiatives may wish to consider these challenges in setting funding and reporting timeframes.
2. Reconfiguring services was not a quick process, particularly for WCJSs operating under local authority structures. Funders may wish to consider building in a set-up time (e.g. three to six months) to the funding period, which may reduce the risk of underspend and also allow time for evaluation tools to be developed and embedded in service delivery.
3. WCJSs were developed to be effective within their local context rather than having a 'one-size-fits all' model. WCJSs can take many different forms, from a single women's worker to a centre with a team of multi-disciplinary professionals. It may therefore be helpful to expand the definition of a WCJS beyond the notion of a women's centre as referred to in the Commission on Women Offenders, and to consider the potential for developing national standards to ensure women receive a consistent quality of service wherever they live in Scotland.
4. Provision of multi-disciplinary support worked best where WCJSs had commitments at an appropriate level of seniority and/or formal arrangements with partner agencies. Identifying opportunities at the national level may strengthen WCJSs' local efforts to develop strategic commitments or formal agreements with national agencies (e.g. SPS, NHS).
5. WCJSs mostly supported and/or supervised women serving community sentences. Some WCJSs indicated limited capacity to work with women not on statutory orders, and the unpredictable and resource-intense nature of delivering services. If WCJSs' role were broadened further across the justice system (e.g. to diversion, throughcare, prevention) consideration should be given to the impact upon capacity to avoid 'diluting' valued features of WCJSs, such as the flexibility of staff with smaller caseloads to provide holistic care and proactive outreach.
6. The evaluation trialled a standardised tool to enable data to be reported at a national (aggregate) level. Future initiatives may wish to consider working with practitioners to further develop the tool, systems and WCJSs' self-evaluation capacity (where there is a local interest in doing this). Additional measures may include those related to trauma: although it is not generally considered to be a criminogenic need, a high proportion of women (where measured) presented with trauma-related needs.
7. LS/CMI (a tool for assessing risk and need) was considered to be of limited applicability in determining eligibility, by one WCJS which specifically targeted women with high and complex needs and risk to engage on a voluntary basis. Future initiatives may consider using tools

other than (or alongside) LS/CMI assessments to determine eligibility of highly vulnerable women for voluntary (or preventative) services.

8. The evaluation identified potential gaps in service provision that may be considered in future initiatives. Opportunities for development included building women's social capital outwith WCJSs (e.g. purposeful or rewarding activities (at an earlier stage) that strengthen mental health and social connections), support for mothers in WCJSs (e.g. helping women to cope with the placement of children (into care) and support to regain and maintain custody, where appropriate), and provision for women leaving short-term prison sentences (voluntary throughcare).

*For local services*

1. Practitioners valued opportunities to learn from other WCJSs, multi-disciplinary partners, and service users to inform local ways of working. Local services should continue to foster networks with other WCJSs to share local best practice and maintain a 'common purpose' in shaping the future of women-specific services. WCJSs may also wish to consider the role of service users and partner agencies in such opportunities in future.
2. Multi-disciplinary professionals co-located in or linked to WCJSs helped women to access practical support. WCJSs should continue to pursue commitments at an appropriate level of seniority and/or formal arrangements with partners to strengthen referral pathways, information sharing, and/or co-location of multi-disciplinary professionals.
3. Women in WCJSs improved their engagement with mainstream services and problem-solving skills (e.g. knowledge of where to access support, confidence and skills in communicating with professionals). Local support and mainstream services may wish to consider the advantages that linking with WCJSs may offer in establishing and/or maintaining engagement with their female clients when these same clients are engaged and supported by WCJSs.
4. Over one third of mothers in WCJSs had access to their children in the care of others, and women often did not have supportive or stable social and family relationships. While family and child relationships proved to be difficult areas in which to achieve (short-term) progress, the impact of improved relationships was significant for women and is known to promote desistance. This highlights the importance in WCJSs to continue to offer activities that strengthen positive relational links, including efforts with Children and Families social work teams to balance needs and safety, and support women (and children).
5. Overall, women on voluntary throughcare typically made up a small proportion of women in WCJSs, despite the potential benefits that holistic support may afford this population. Women leaving prison were affected by more complex circumstances than women in the community. When developing voluntary throughcare provision, WCJSs should plan for the likelihood that initial engagement may need to be more intense.
6. Women responded positively to holistic support delivered in informal environments that enabled them to connect with workers and other

women. CJSW practitioners (outwith WCJSs) may consider how this learning could enhance their current practice (e.g. holding supervision appointments in WCJSs' drop-in sessions or centres). It may also inform a broader cultural change in how mainstream services choose to work with women who offend.

# 1 Introduction

1.1 This report presents findings from the national evaluation of 16 Women's Community Justice Services (WCJSs) undertaken on behalf of the Scottish Government in 2014/15.

1.2 In this report, 'women' is used to refer to service users in WCJSs (i.e. 'women offenders'). Real names are not used in quotes. Footnotes provide additional information to explain exceptions or provide context to numbers reported in the body of the text. Endnotes (using roman numerals) contain references to the literature. Boxes are used to highlight particular areas of interest or examples.

## Background

1.3 In 2012, the Commission on Women Offenders Report (the 'Commission's Report') highlighted that many women in the criminal justice system have complex needs that relate to their social circumstances, previous histories of physical and sexual abuse, poor mental health, and substance misuse. Some of these needs are directly linked to these women's offending.[i]

1.4 The Commission's Report made a series of recommendations to 'improve outcomes for women in the justice system' (this evaluation focuses on the first three recommendations only). These included recommendations to establish local community justice centres, where multi-disciplinary teams from a range of agencies would co-locate and co-ordinate holistic support.

1.5 As part of the response to these recommendations, the Scottish Government allocated just over £3m of time-limited funding in 2013/14 and 2014/15 to 16 projects proposed by local criminal justice partners across Scotland to develop, extend or restructure their delivery of support to women offenders.[5] Partners were expected to sustain these changes themselves beyond the expiry of the funding in March 2015 through a reconfiguration of existing resources.

## National Logic Model

1.6 The national logic model illustrates how WCJSs were originally envisaged to contribute to positive outcomes for women and reduce reoffending (Figure 1). WCJSs varied in their focus on different components of service delivery. The logic model provided a structure for the evaluation questions (see section 2.2 and Annex A).

1.7 The national model was informed by WCJSs' local logic models,[6] and the Commission's Report's aspirations for WCJSs,[i] and it made links to

[5] The amount and timeframe of funding varied across services (see section 3.2).
[6] The 16 WCJSs were supported to develop local logic models unique to their own services in late 2013/ early 2014.

the Scottish Prison Service's 'nine offender outcomes'[ii] and Scotland's Justice Strategy 2012.[iii]

1.8 The theory of change presented in Annex B describes the logic model in narrative form (see Annex B). It explains that, within its unique local context, each WCJS will use available resources (e.g. practitioners and premises) to carry out a range of activities (e.g. supervision, holistic support, build links with partner agencies) for women in their specific target group. This is intended to lead to women having access to holistic support at all stages of their journey through the justice system, which in turn should contribute towards changes in women's lives in the short and medium term (e.g. readiness to change, practical and emotional needs are met). WCJSs are then expected to contribute towards long-term outcomes (e.g. women lead better lives, reduce their offending and reintegrate into their communities).

1.9 The theory of change is informed by assumptions about the conditions under which WCJSs existed (Annex B), including that interventions were evidence based and reached those they were intended for. The assessment of the extent to which these assumptions occurred in practice helped the evaluation to identify reasons why outcomes were achieved or not.

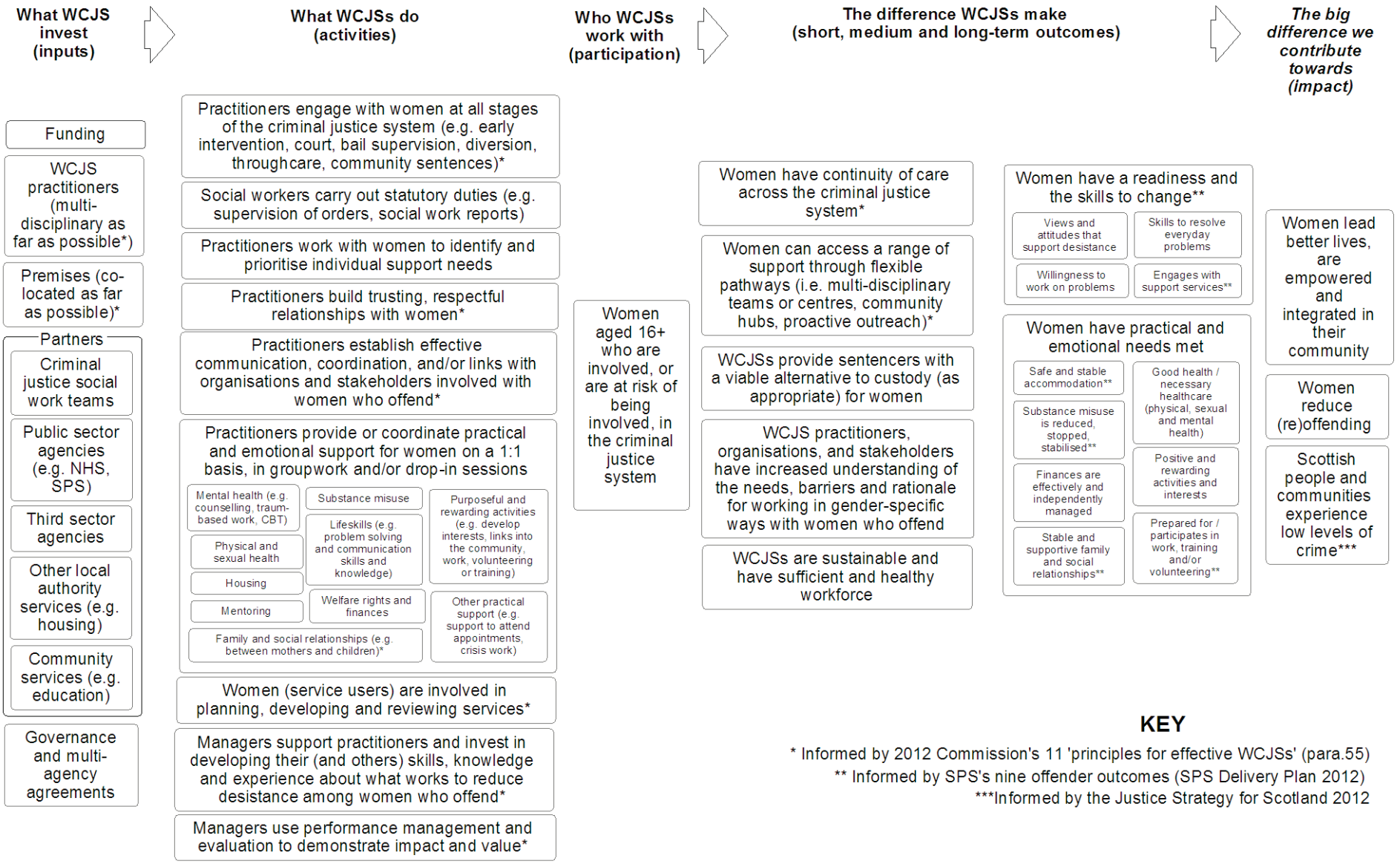


**Figure 1: National logic model of Women's Community Justice Services**

# 2 Evaluation Approach

## Introduction

**This section briefly describes the purpose and aims of the evaluation, the methods used, and the scope and limitations. Further details are provided in Annex C.**

### Purpose

2.1 The evaluation was commissioned to:

- Examine the implementation of WCJSs at a national level to understand how resources were used, what services were delivered, and with whom.
- Identify the extent to which WCJSs contributed to outcomes associated with reducing reoffending during the funding period.
- Support WCJSs to build their local capacity for self-evaluation.

### Evaluation questions

2.2 The evaluation was guided by four key questions and associated sub-questions (see Annex A):

- What was the need or reason for developing WCJSs?
- How were WCJSs implemented?
- What progress was made towards the intended outcomes?
- How do the findings inform future practice and policy decisions?

### Methodology

2.3 The evaluation used mixed methods and was underpinned by a realist approach which aimed to understand 'what worked, for whom, and in what circumstances'.[iv]

2.4 The evaluation was conducted between September 2013 and December 2014. Findings were drawn from multiple sources of quantitative and qualitative information, including: service-user data; secondary documents (e.g. individual WCJS logic models and reports); observations; and interviews and focus groups with women, practitioners, and partner organisations.

*Quantitative data*

2.5 Fifteen WCJSs gathered individual-level data about the women in their WCJS between 1 April and 31 December 2014 using a standardised 'service user questionnaire'.[7] Data included:

[7] This did not include Aberdeenshire's development project (see Table 1 and/or Annex E), which focused on scoping out existing service provision and did not make direct changes in service delivery.

- A profile of women when they entered (e.g. demographics, source of referral, offence-related details and presenting needs)
- Progress data on 14 outcomes (see Annex D), which measured changes in women's circumstances (e.g. housing) and attitudes ('readiness to change' indicators) at exit, and/or six months, using 'direction of travel' statements ('got better, 'stayed the same', or 'got worse') compared to their state at entry.[8]
- The type of support delivered and reasons for exit from the WCJS (for those who left during the evaluation period).

*Qualitative data*

2.6 Qualitative fieldwork was undertaken in two phases – mid-way (June 2014) and towards the end of the evaluation period (September to November 2014).

2.7 In June 2014, key practitioners (e.g. project leads or funded single posts, such as a Criminal Justice Link Nurse) in all 16 WCJSs were interviewed by phone or in-person. Interviews were semi-structured and focused on experiences implementing WCJSs to date.

2.8 In September-November 2014, fieldwork was conducted in nine WCJSs (representing all three models and unique projects, selected by stratified purposeful sampling). Fieldwork explored the experiences of the participation, activities and outcomes elements of the national logic model. These nine WCJSs therefore feature more strongly in the quotes and examples in this report. This phase of fieldwork included:

- Semi-structured interviews with 37 women (lasting 20-40 minutes per interview)
- Eight focus groups and three individual interviews with practitioners
- Interviews with eight participants from partner agencies or CJSW teams linked to seven of the nine WCJSs (e.g. social workers from teams outwith the WCJSs, strategic leads, a Sheriff and a Procurator Fiscal).

2.9 The women who participated in interviews included individuals who had a range of presenting needs, experiences of the justice system and of WCJSs. Their ages ranged from early 20s to early 60s (60% were in their 20s and 30s) and most attended WCJSs on a statutory basis (59%). Care was taken to ensure participants' characteristics were broadly representative of all women in WCJSs and the sample was reviewed between fieldwork visits (see Annex C for methodology details). However, in the absence of random, representative sample, the fieldwork underrepresented younger women and those engaging in WCJSs on a statutory basis. The length of time that interviewees were

[8] The tool was based on that used in the Reducing Reoffending Change Fund evaluation (RRP2). Standardised progress data was not applicable to the Kilmarnock Court Action Note project or available for women in Highland WCJS (see Table 1 and/or Annex E).

in the WCJS ranged from three weeks to over 18 months. Women's quotes in the report do not use their real names.

2.10 Qualitative data from interviews were analysed alongside observational data (from site visits) and secondary data (e.g. funding proposals).

*Analysis*

2.11 The quantitative data was cleaned and verified with WCJSs as needed. Key descriptive statistics were calculated in Excel at a national (aggregate) level. Further in-depth quantitative analysis explored themes identified in the qualitative data, and links between inputs, activities, and outcomes across WCJSs and service user groups.

2.12 Qualitative data was analysed in NVivo using a thematic approach based on Framework methodology.[v]

2.13 Information from both the qualitative and quantitative streams was consolidated against the evaluation questions and national logic model. Emergent findings across all data sources were triangulated within the context of existing literature.

## Scope and limitations

2.14 A key limitation of the evaluation was the short timeframe for assessing outcomes. Many WCJSs had only recently implemented the funded changes to their service, which meant there was limited time for developments to have 'bedded in' to allow longer-term outcomes in women to materialise. Progress assessments, using the service user questionnaire, provided only a 'snapshot' of women's progress (between April and December 2014) in what is otherwise an iterative, complex and long-term journey for women towards desistance.

2.15 Exploring the effect of WCJSs on long-term outcomes (e.g. women lead better lives, are empowered and integrated in their community and reduce (re)offending) was outwith the scope of the evaluation. Given the large number and diversity of WCJSs, the evaluation was not designed to disentangle the effects of specific interventions or models. Attributing change to specific aspects of WCJSs would not have been methodologically robust without a suitable control group and/or representative sample.

2.16 Women who participated in interviews were engaged in WCJS activities (leading to a positive sampling bias) as opposed to women who were not engaging in WCJSs at all. Evidence from external partners (e.g. sentencers, SPS, third sector organisations) to validate their awareness and experience of WCJSs was limited, except where external partners participated in WCJS focus groups.

## 3 Developing Women's Community Justice Services

**Key findings**

- The 16 WCJSs adopted a variety of approaches to developing their services, which was determined by existing provision, the amount of funding requested, and their expected ability to sustain any changes beyond March 2015.
- Different models of WCJS included: women's centres (all in urban areas); women's teams and/or workers; community hubs (in rural areas); and a range of standalone local projects.
- Reconfiguring or establishing new services was not a quick process. Most projects experienced delays recruiting staff and setting up new premises.
- Critical elements for successfully developing services included establishing effective partnerships, employing the 'right staff', and creating an environment in which there was flexibility and commitment to trial new ways of working.
- Securing commitments at an appropriate level of seniority and/or formal agreements across agencies were necessary for multi-agency working.
- Practitioners agreed that an understanding of women's needs and their barriers to engagement, and reasons for 'working differently' with women was important, but most did not identify gaps in gender-specific training for WCJS practitioners.
- Practitioners working in newly formed women's teams felt better equipped to respond to women's needs, compared to previously working with women infrequently and/or without multidisciplinary support.
- Initiatives at a national level or between WCJSs (e.g. strategic commitments, opportunities to collaborate or share learning) strengthened local efforts to develop services.
- Having women-only caseloads was intense due to the complexity of their needs compared to mixed or male-only caseloads; and the nature of service delivery (e.g. centres, drop-ins) meant workloads were unpredictable.

## Introduction

**This section describes the approaches taken to develop community justice services for women across Scotland. It outlines the various models of WCJSs, and presents findings based on practitioners' experiences of establishing new or enhanced services for women.**

3.1 Criminal justice partners enhanced or developed services for women in ways they felt would best achieve improved outcomes for women in their localities, given existing ways of working, and at a level that could be sustained (by local funding) in the future.

3.2 Projects adopted a range of large and small-scale changes, which in many cases, built on existing and on-going efforts by Criminal Justice Social Work (CJSW) and other agencies. The amount and timeframes of the development funding varied substantially across the 16 projects, ranging from £23k to £642k for between 12 and 23 months.

3.3 As a result, projects developed a variety of approaches beyond the specific model of a 'one-stop shop' or 'women's centre', as referred to in the Commission's Report (see section 3.5). This report uses 'women's community justice service' to include multiple forms of provision.

3.4 The 16 projects allocated their funding to personnel (e.g. social and support workers, administrators, multi-disciplinary practitioners from health, housing, welfare rights); premises (e.g. rent, refurbishments); and resources (e.g. programme supplies, running costs, training).

### Models of services for women

3.5 The 16 WCJSs broadly reflected four approaches to delivering support to women (see Annex E for description of individual WCJSs).

- **Centre:** A bespoke, single-purpose facility shared by a multi-disciplinary team and/or agencies involved in the care of women who offend. Support and interventions are predominantly delivered on-site, consistent with the vision of a 'one stop shop' or Glasgow's 218 Project. This approach was taken in Scotland's three largest cities.
- **Women's team or worker:** A distinct team (or worker) in CJSW who are allocated women's cases to ensure consistency of service and access to gender-specific support. Multi-disciplinary support is coordinated or delivered predominantly from CJSW premises, but some support is delivered via partner agency's locations.
- **Community hubs:** A service created to deliver support for women living in rural or dispersed populations. As above, a distinct team (or worker) offers multi-disciplinary support via regular 'drop-in' sessions from locations in the community, such as leisure or community centres. In some areas, CJSW practitioners still deliver some core interventions or supervision from central premises.

- **Other Projects:** Strictly not a 'model' as such, four projects were funded to develop standalone interventions. This included a registered mental health nurse to work with women in existing women's services across three local authorities, a diversion ('early intervention') pilot, a court-based service to inform remand decisions, and a scoping project to establish plans for a women's service.

3.6 Whilst WCJSs fell into one of these four categories, in practice WCJSs shared other aspects that cut across model types (see Table 1).

3.7 WCJSs broadly reflected principles of desistance-based and gender-responsive approaches (e.g. relational, strengths-based, trauma-informed, and holistic) to rehabilitation.[vi] Elements of a Risk-Need-Responsivity (RNR) model approach were also evident (e.g. correctional group work for those most at risk of reoffending).

**Table 1: Characteristics of 16 WCJSs**

| WCJS | Model | Premises distinct from CJSW | Established prior to funding | Multi-disciplinary practitioners in team [a] | No. women in the service [b] | Urban | Drop-in facility |
|---|---|---|---|---|---|---|---|
| Connections Centre (Aberdeen) | Centre | ✓ | ✓ | | Over 100 | Urban | ✓ |
| Tomorrow's Women Glasgow (TWG) | Centre | ✓ | | ✓ | Over 100 | Urban | ✓ |
| Willow Centre (Edinburgh) | Centre | ✓ | ✓ | ✓ | Over 100 | Urban | ✓ |
| Dundee WCJS | Team | | ✓ | ✓ | Over 100 | Urban | ✓ |
| North Lanarkshire WCJS | Team | ✓ | | ✓ | Over 100 | Urban | ✓ |
| Renfrewshire/ East Renfrewshire WCJS | Team | | | | 51 – 100 | Urban | ✓ |
| Highland WCJS (Inner Moray Firth area) | Worker | [c] | ✓ | ✓ | Under 50 | Rural | ✓ |
| Inverclyde WCJS | Worker[d] | ✓[e] | | | Under 50 | Urban | ✓ |
| West Dunbartonshire WCJS | Worker | | ✓ | | Under 50 | Urban | |
| Fife WCJS | Team (Hubs) | Hubs | ✓ | ✓ | Over 100 | Rural | ✓ |
| South Lanarkshire WCJS | Team (Hubs) | Hubs | | | Over 100 | Rural | ✓ |
| Glen Isla Project (Angus) | Team (Hubs) | Hubs | | ✓ | Under 50 | Rural | ✓ |
| Aberdeenshire development project[f] | Project | | | | Under 50 | Rural | |
| Forth Valley Criminal Justice Link Nurse | Project | Local CJSW | | n/a | Under 50 | Rural | n/a |
| Kilmarnock Court Action Note Project | Project | Court | | n/a | Over 100 | Urban | n/a |
| Ayrshire EEI Project | Project | Homes | | n/a | Under 50 | Urban | n/a |

*Notes:*

[a] *Multi-disciplinary team includes non-social workers employed full or part-time in the women's team, e.g. health, welfare rights, housing or addictions practitioner.*

[b] *Based on throughput of women in WCJSs between 1 April – 31 December 2014*

[c] *Components of Highland's groupwork programmes are delivered outwith CJSW premises.*

[d] *Inverclyde WCJS includes a CJSW coordinator with a drop-in facility delivered in partnership with workers from Action for Children.*

[e] *Inverclyde WCJS's drop in facility is run from Action For Children premises.*

[f] *Aberdeenshire was funded to develop a plan for establishing a women's service in future. CJSW currently have an APEX Support Worker who works exclusively with women.*

## Developing new services

3.8 Making changes or introducing new services was not a quick process and the majority of projects experienced delays. Recruiting new staff or arranging internal secondments took between one and six months, which required some staff to work dual roles or backfill positions. This placed additional pressure upon staff in a time of operational change. All seven projects that received funding towards premises initially delivered all or parts of their service from existing premises. This was due to the time it took to identify suitable premises, for existing occupants to vacate, and/or to make facilities fit for purpose (e.g. refurbish spaces, install kitchens or IT systems).

3.9 The delays in implementation meant that seven of the eleven WCJSs funded in 2013/14 returned underspent funds that they had allocated to staffing or premises. Several practitioners highlighted the strain this placed on service delivery in 2014/2015 when they sought to buy resources that should have been up and running the previous year.

3.10 Delivering holistic support required the 'right staff' (e.g. the commitment, skills or attributes important to working with women, see section 6.74). Practitioners with mixed professional backgrounds and networks were particularly valuable in helping teams to link women to support outwith WCJSs (e.g. through their contacts, or a knowledge of referral processes or information systems), which has been previously highlighted as a successful element in providing integrated support.[vii] While most staff were female, the role of male practitioners was also viewed positively overall (see section 6.87).

3.11 Establishing distinct CJSW women's teams had a wider impact on colleagues. Practitioners in five projects highlighted that the change to allocate all women's cases to one team raised concerns from some CJSW colleagues that specialism might detract from the professional skills, interest, or balance gained by a mixed caseload of men and women. Subsequent interviews with practitioners indicated that these initial views had not presented an on-going barrier to services.

3.12 Developing WCJSs required good project governance and leadership at the appropriate levels in CJSW and partner agencies to make operational changes effectively, to support staff through changes, and to create a culture where there was a commitment to 'making it work':

> "When you're innovating in such an area, what you need are key individuals who believe in what they're doing. […] – people who have got the right kind of skill set and are in the right places in organisations to make things happen and are prepared to think creatively."
>
> – CJSW Senior Manager, Centre

3.13 Practitioners adapted new ways of working in response to the realities they faced on the ground, and continued to learn as they trialled new

practices and activities. While most projects were implemented according to their proposed intentions, some were adapted. For example, the Glen Isla Project revised plans to have two, rather than three community hubs, to focus more resources on individual outreach.

3.14 WCJSs reported that although there was a positive appetite amongst local sentencers for viable alternatives to custody, it would take further time and work to build up the services' reputation, evidence of their effectiveness, and sustainability. These findings are consistent with another study.[9,viii]

## Partnership working

3.15 In Scotland, CJSW work with other providers (public and third sector) to deliver criminal justice-based services in the community. Working with other agencies was inherent to WCJSs' ability to coordinate holistic support and strengthen referral pathways in and out of the service. Therefore, building partnerships was a critical part of developing services.

3.16 The agencies that WCJSs worked with varied by locality and nature of the project, but typically included other CJSW teams, addictions services, third sector agencies (e.g. SHINE mentoring), housing and education agencies (e.g. Community Learning and Development), NHS, Police Scotland, and the Scottish Prison Service (SPS).

3.17 Practitioners described many examples of effective partnerships, which were used to identify enablers (and barriers) to partnership working (Table 2). In particular, they underlined the importance of securing commitments at an appropriate level of seniority and/or formal agreements across agencies (e.g. for referrals, resources, or access to information) to minimise practitioners fear they were acting outside their remit and relying on informal goodwill, as this nurse explained:

> "I'm not employed by mental health, so I can't link into mental health. I can phone them up and ask them to see someone, but they just say "No," because I'm not part of their service. There's no linking pathway. We can quite often trade on who we know, but that's only because we know them. There has to be a linking pathway, which needs to be at a strategic level."
>
> – Mental Health Nurse, WCJS Women's Team

3.18 WCJSs were generally still developing partnerships with SPS and Public Social Partnerships (PSP) providers of throughcare (see throughcare section 5.13).

[9] Hedderman and Gunby's (2013) study of sentencers' perspectives on women's centres in England (which operate outside CJSW) indicated that they tended not to view the centres as alternatives to custody. Reassurance of their effectiveness to reduce offending (among other changes) was required before they could be considered as more than a useful supplement to community sentences.

3.19 Some practitioners had a desire to work closer with their local Children and Families social work team, even though the potential for conflicting priorities within their roles posed some challenges. However, the potential benefit for women and children that may arise from working more closely together (where appropriate) was highlighted by one manager, who felt that two of their most successful cases had resulted from their involvement in Children and Families' case management plans. In one case:

> "One of the [Children and Family] teams asked us to do additional home visits, late night visits, to pop in and to offer the majority of support to this woman because she was already working with us. She still has her child with her, where that was very questionable not long ago. And she had turned her attitude around towards [Children and Family social work] as well. At the last case conference it was acknowledged that that would never have happened without our input."
>
> –Team Manager, WCJS Community Hubs

**Table 2: Enablers and barriers in developing partnerships in WCJSs**

| **Enablers** |
|---|
| • **Have a clear purpose, direction and leadership** for the service. Ensure internal (CJSW) support exists before getting others on board.<br>• **Identify shared strategic drivers** that encourage partner participation (e.g. aims and activities that help partners meet their own goals).<br>• **Engage with partners proactively** to raise awareness of the service and needs of women who offend (e.g. open days, multi-agency steering groups, training and staff inductions).<br>• **Identify practitioners across agencies who are committed to 'making it work'**<br>• **Reach the 'right' person** in an organisation who can make (strategic) decisions.<br>• **Clarify roles and responsibilities.** This may require strategic or formalised arrangements to support access to information and clear referral pathways. Requires strategic leadership.<br>• **Foster relationships where possible by co-location, named key contacts,** a shared knowledge of each other's service, and meeting face-to-face.<br>• **Promote the need for women-specific services.** Raising awareness was on-going with partners (frontline staff and management) and with colleagues in other CJSW teams. |
| **Barriers** |
| • **Time** was required to build quality relationships and credibility of the WCJS, which may be interrupted by departures of key contacts or low engagement of partners.<br>• **Territoriality** (within teams or across agencies) for funding or clients stifles collaboration.<br>• **(In) flexibility of statutory or public organisations** presents challenges to setting up new ways of working, particularly compared to the third sector which could operate quicker with minimal procedures and across council boundaries and structures.<br>• **Partners' capacity, time-limited funding, and eligibility criteria.** Changes in these can impact upon partners' ability to commit or continue to work with WCJSs. |

## Practitioners' learning

3.20 Practitioners widely agreed that working in WCJSs required an understanding of women's barriers to engagement, needs, and reasons for 'working differently' with women in the criminal justice system.

3.21 Practitioners frequently identified that trauma-based training had been valuable to their practice; and some highlighted the need for other training specific to their new roles (e.g. facilitation skills for groupwork, court or criminal justice procedures, and mental health training).

3.22 Predominantly, however, the practitioners interviewed felt their skills and knowledge were most informed through experience gained 'on-the-job', and did not identify any consistent gap in gender-specific training. Their learning, practice, and networks were enhanced by working alongside colleagues from other disciplines or agencies or from previous experience working in other agencies.

3.23 In particular, practitioners who had moved into newly formed CJSW women's teams felt that they were no longer working with women infrequently or in isolation. The concentration of resources and expertise in a single team meant they were not 'chasing about for resources' and were better able to meet women's needs:

> "I didn't work with a lot of women [previously]. You were really working in isolation. I didn't really understand the issues and what I should be working on. But now as a team, we're working with women all the time [...] I've just learned so much."
>
> – Social worker, WCJS Women's Team

3.24 Practitioners valued opportunities to exchange learning, resources, and best practice nationally to inform local ways of working. These included the Women's Services Forum (held quarterly in 2014), connections between individual WCJSs,[10] and direct support from a Scottish Government National Advisor and Service Development Officer[11] role (time-limited till early 2015). There was also an indication that initiatives (e.g. events and funding) at a national-level put local efforts 'higher up on the strategic agenda'.

*Capacity and demands of working in a women-only service*

3.25 Practitioners across WCJSs indicated that working with all-female caseloads was 'intensive' compared to mixed or all-male caseloads, due to the frequency of contact and the complexity of some women's lives, which introduced a wider range of issues, people, and agencies (e.g. Children and Families, Women's Aid):

[10] For example, the Willow Centre facilitated training, resources and support to other WCJSs as part of a Lothian and Borders Community Justice Authority (CJA) partnership to develop local responses.
[11] In the Northern CJA.

> "[…] over half of them have got their children still. There's usually always a relationship involved, which brings a lot of different issues as well. So you're not just working with an individual. You're working with the whole family or in the relationship, and that's where a lot of the difficulties and challenges come up. Especially when you've got a domestic violence situation."
>
> – Social worker, WCJS Women's Team

3.26 The nature of service delivery (e.g. in drop-in's and centres) also meant that caseloads were often unpredictable depending on the numbers and needs of women in the service at any one time, and those who presented in crises.

3.27 The intensity and unpredictability of casework led some WCJSs to limit or reduce caseloads. However, most WCJSs were concerned about the sustainability of high and/or increasing workloads for staff, and the potential for dilution of services for women as referrals increased.

3.28 Overall, practitioners emphasised the benefits of having supportive management in WCJSs, and a team culture that was a safe place to voice frustrations of the job, ask questions and share knowledge.

# 4 Characteristics of the Women in Services

**Key findings**

- WCJSs delivered services to 1,778 women between 1 April and 31 December 2014. On average, women were aged 34 years and the majority were White British.
- Half of all women were mothers; one third of women lived with their children, while just over one third had access to their children in the care of others. Combined, they were mothers to almost 1,600 children.
- Women often entered WCJSs with multiple and complex needs. Prevalent needs included poor mental/emotional health (78%), lack of work or training (61%), substance misuse (59%), poor problem-solving skills (59%), and problematic family or social relationships (58%). There was also an indication of high rates of trauma or abuse, where measured.
- Women were likely to have medium to very high LS/CMI scores, and more likely to have previous convictions than not.
- In general, WCJSs were successful in reaching their intended client group, although, some experienced practitioners were surprised at the complexity of women's needs.
- Tools other than LS/CMI assessment scores may be required to determine eligibility for services in voluntary (or preventative) settings.

## Introduction

**This section describes the demographics, presenting needs, and offending history of women (service users) in WCJSs, and the extent to which WCJSs reached the women they intended. Information in this section is summarised in Tables 3-5 with detailed tables in Annex F.**

4.1 In total, 1,778[12] women were recorded in 15 WCJSs[13] between 1 April and 31 December 2014 (the evaluation period). (Most women were attending on a statutory basis serving community sentences (e.g. community payback Orders (CPO)); see details in section 5).

4.2 In general, practitioners reported that they worked with the women they expected to, but some experienced challenges in extending services to women beyond the supervision of community sentences. Many also highlighted that they had not anticipated the complexity of the needs of women they worked with. This may in part be due to some practitioners shifting to all-women caseloads (see section 3.26).

## Demographics

4.3 The mean age of the 1,778 women in WCJSs was 34 years. In most WCJSs, fewer than one in four women were younger than 26 years (with the exception of Glen Isla and Highland who worked with slightly younger cohorts of women). The youngest women were 16 years and the oldest were in their late 60s.[14] The pattern of age groups was broadly consistent with those of women who received community sentences in Scotland (in 2013/14).[15]

4.4 The majority (92%, 1,643) of women were of White British background (with the remaining 8% comprising of mixed ethnicity, Other White, and Gypsy/Traveller, African, Caribbean, Black or Black British, Asian or Asian British, and Polish), consistent with the population at large in Scotland (see Annex F for details).[16] As expected, diversity was greater among women in WCJSs in the larger cities. Some practitioners observed that they worked with few women from other minority groups (e.g. LGBT or disability communities).

4.5 Almost half of women in WCJSs (48%, 851) had at least one child aged under 16. One third of women lived with their children, but just over a one third of women had access to their children in the care of others (see Box 1). This indicates a population of mothers for whom support in

[12] This includes women in targeted projects, e.g. Kilmarnock's Court Action Note service, Forth Valley's Criminal Justice Link Nurse, and Ayrshire's diversion ('early intervention') project. This does not include incomplete or ineligible referrals to WCJSs.
[13] Practitioners recorded women's characteristics and criminal justice information on their entry to the WCJS. Data was not gathered in Aberdeenshire's development project.
[14] Excludes one outlier (75 year old woman with underlying health needs).
[15] See Criminal Proceedings in Scotland, 2013-14: Table 11 http://www.gov.scot/Resource/0046/00469252.pdf [Accessed 5 May 2015]
[16] See Analysis of Equality Results from the 2011 Census http://www.gov.scot/Publications/2014/10/8378/3 [Accessed 5 May 2015]

terms of maintaining links and building positive relationships with their children is relevant.

### *Box 1: Mothers in WCJSs*

Combined, women were mothers to almost 1,600 children. In addition, practitioners reported a minority of women in their services who were pregnant on entry or became pregnant while in the service, had caring responsibilities for grandchildren, had children over 16 at home or children with disabilities.

**Table 3: Living and access arrangements of women's children in WCJSs**

*Women in WCJSs between 1 April and 31 December 2014 (1,778)*

| **Women with dependent children (aged under 16)** | **851** | **48%** |
|---|---|---|
| Lived with her | 278 | 33% |
| Unrestricted or supervised access | 304 | 36% |
| No access | 170 | 20% |
| Unknown | 99 | 12% |

*Note: Total percentage may not equal 100% due to rounding*

Not unexpectedly (and without implying causal effect), compared to women who lived with their children, women whose children did not live with them were more likely to have:

- a high or very-high LS/CMI score (53% compared to 10%)
- poor or unstable housing (45% compared to 16%)
- serious or unstable substance misuse (68% compared to 27%)
- zero or poor family relationships/support (75% compared to 37%)
- very poor mental health on entry to the WCJS (54% compared to 25%).

## Presenting needs

4.6 Presenting needs data was available for 737 women who entered between April and December 2014.[17] Practitioners recorded women's needs against 14 issues (detailed in Annex D). These included factors linked to offending (i.e. criminogenic needs[ix] such as substance misuse and employment) and indicators of 'readiness to change' (e.g. views and beliefs that supported desistance, willingness to work on problems, and the skills to solve everyday problems).

4.7 Women often entered WCJSs with complex needs. On average women entered with an average of six out of the 14 needs (Figure 2).[18] The findings were consistent with the known difficulties that feature disproportionately among women in the criminal justice system.[x]

[17] In total, 1,039 women entered WCJSs between April and December 2014. Presenting needs data was not available for 302 women (including those in Highland WCJS and Kilmarnock project due to unique categorisations).
[18] This does not include 'other' needs recorded for 24 women, which included pregnancy, caring responsibilities, or gambling addictions.

4.8 Women were most likely to present with poor mental and emotional health (78%), lack of purposeful activities such as work or training (61%) or positive ways to spend their time (52%), substance misuse (59%) and difficulties solving everyday problems independently (59%).

4.9 Over half (58%) of women who entered WCJSs also had challenging social relations, such as a lack of positive support from family or friends, which is known to promote desistance. Relationships with others was a common thread throughout women's interviews, and many women's lives featured isolation, bereavement, family breakdown, removal of children, and trauma.

4.10 A few WCJSs chose to consistently record women who presented with a history of domestic violence, abuse, or trauma (in addition to the other needs). Of the 100 women in the three WCJSs that did so, 70% (range: 55-89%)[19] entered with a history or symptoms of abuse.

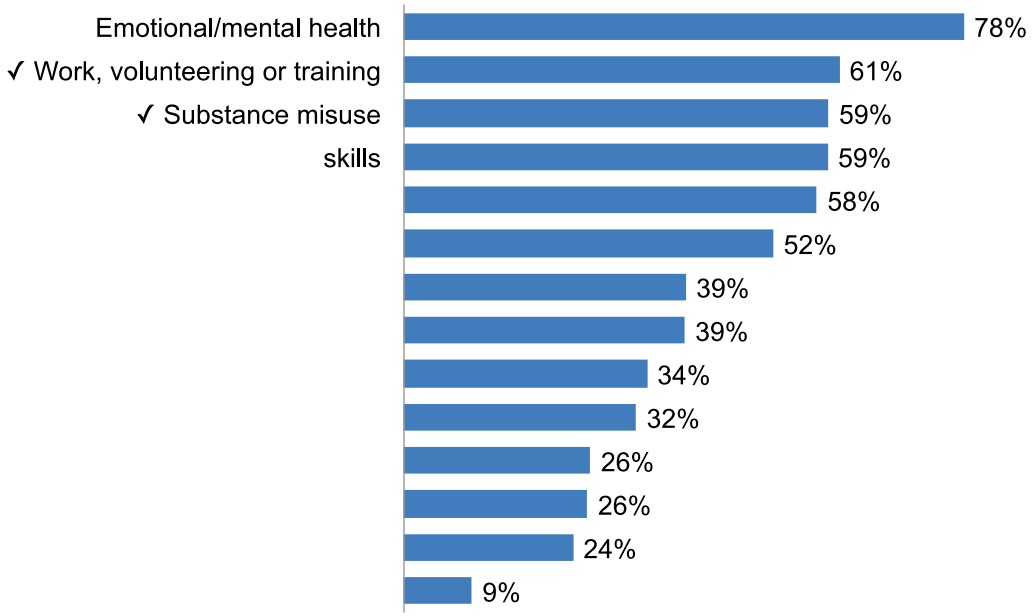


**Figure 2: Presenting needs of women in WCJSs**

*For 737 women who entered WCJSs 1 April – 31 December 2014*

✓Criminogenic need[20] (associated with the risk of offending)

4.11 Women were least likely to have physical or sexual health needs, or views or attitudes that supported crime. However, low prevalence in any area may in part reflect areas in which women were unlikely to reveal information (and workers unlikely to ask) until trusting relationships were established. It was suspected amongst practitioners that sexual health needs were underreported. In two WCJSs where women received a full health assessment on entry, sexual health

[19] The range is broad due in part to small numbers of women in one service and different target groups of women within the WCJSs in which trauma or abuse was measured.
[20] Criminogenic needs are defined slightly differently across existing literature; this evaluation refers to those used in the Offender Assessment System in England.

needs were identified for 20% and 42% of women, compared to just 9% in WCJSs overall.

4.12 The prevalence of women with housing issues (i.e. unsafe, unstable or no accommodation) appeared lower than expected. However this may reflect the comparative stability of women in WCJSs serving community sentences. Housing issues were more common for women in WCJSs who were recorded as being in custody or on throughcare (a group for whom housing is a known challenge)[i] (59%) compared to women engaged with WCJSs for all other reasons (37%).

4.13 Women who presented with both substance misuse and housing issues were identified by practitioners as a particular group of women who presented with particularly complex needs (Box 2).

### *Box 2: Women with substance misuse and housing needs*

During interviews, some practitioners referred to women 'in chaos' who presented to WCJSs with both substance misuse and housing needs.

In most WCJSs, between a quarter and a third of women fitted this profile. The proportion was even higher (over half of all entrants) in Tomorrow's Women Glasgow, a centre for women with high and complex needs/risk.

Table 4 profiles the 215 women who had both substance misuse and housing needs alongside all other women in WCJSs (with recorded needs). On average, these women were younger. Although half of them were mothers, they were much less likely to have their children living with them. They presented with a higher incidence of (and more complex) needs, and were more likely to have had a recent or current period in prison.

**Table 4: Profile of women with combined substance misuse and housing needs**

*Women who entered 13 WCJSs between 1 April and 31 December 2014 with presenting needs recorded (737)*

| | **Women with both substance misuse and housing needs** (215) | **All other women** (522) |
|---|---|---|
| Average age | 32 | 35 |
| Had dependent children | 53% | 49% |
| Lived with her children (of those with dependent children) | 11% | 45% |
| Presented with at least six or more support needs | 83% | 25% |
| Presented with a mental health need | 91% | 73% |
| Had trauma-related needs (e.g. domestic violence, abuse)* | 91% | 67% |
| Engaged in WCJS whilst in custody or throughcare | 18% | 7% |
| High/very-high LS/CMI | 48% | 21% |
| Was engaging with services | 50% | 70% |

** Based on data of 100 women in three WCJSs who consistently recorded women who presented with a history of domestic violence, abuse, or trauma.*

## Offending history

4.14 Women in WCJSs were likely to have previous convictions; only one in five women in WCJSs were first time offenders (Table 5). One-third of these first-time offenders were older women over 40 years, who tended to be lower risk and have fewer needs relative to women overall.

4.15 Offence type was collected, but due to inconsistencies between WCJSs in the interpretation of offence type, this data is not reported.

**Table 5: Criminal justice profile of women in WCJSs**

| **Women in 15 WCJSs (1 April – 31 December 2014)** | **1,778** | |
|---|---|---|
| **Current orders** | | |
| None | 445 | 25% |
| One or more | 1,144 | 64% |
| Unknown | 189 | 11% |
| **Has previous convictions** | | |
| None | 334 | 19% |
| Has previous convictions | 829 | 46% |
| Unknown | 615 | 35% |
| **LS/CMI score** | | |
| Low/very-low | 233 | 13% |
| Medium | 346 | 19% |
| High/very high | 372 | 21% |
| Unknown | 463 | 26% |
| Not applicable | 364 | 20% |

*Note: Total percentages may not equal 100% due to rounding*

4.16 Level of Service/Case Management Inventory (LS/CMI) is a tool used to assess an individual's likelihood of further offending and circumstances to inform intervention decisions. Scores were not applicable or easily available for almost half of the women in WCJSs.[21] However, most women for whom LS/CMI scores were available were assessed as having medium, high, or very-high risk/need (Table 5).

4.17 TWG had expected to use high or very-high LS/CMI scores as a means to target support for women with complex needs and risk of offending. However, practitioners found this approach had limitations because not all women had a recent LS/CMI score on record22 (e.g. women on voluntary throughcare). Furthermore, practitioners identified eight women with low or medium LS/CMI scores who, based on their current complex circumstances or high vulnerability, were still considered eligible for the service (e.g. young women leaving care without a long history of offending who would not score highly in LS/CMI). This suggests that tools other than (or alongside) LS/CMI may be required to determine eligibility in voluntary (or preventative) settings.

[21] LS/CMI assessments are completed for individuals pre-sentence to inform community sentencing decisions and for individuals subject to statutory supervision.
[22] 43% (50) of women in TWG did not have an up-to-date or available LS/CMI score.

# 5 The Role of Women's Community Justice Services in the Scottish Criminal Justice System

**Key findings**

- While WCJSs supported women across multiple stages of the criminal justice system, they mostly supported and/or supervised women serving community sentences, referred from courts or CJSW.
- Centres, and larger or more established WCJSs were more likely to engage women from multiple stages in the criminal justice system and referral sources, and to engage women on a voluntary basis. This may highlight the practical limits of smaller or single-worker WCJSs.
- Over half (68%) of women in WCJSs were statutorily obliged to attend the service, mostly under a community payback order (CPO). The remaining women engaged voluntarily (32%) although they may have had an order supervised outwith the WCJS.
- Ten percent of women in WCJSs had entered whilst either in custody (5%), or on statutory throughcare (2%) or voluntary throughcare (3%). Many WCJSs described throughcare as an area of on-going or future development.
- A small proportion of women in WCJSs were receiving support while on diversion. Few WCJSs undertook preventative work in the early stages of the criminal justice system, however a few WCJSs are continuing to develop such support.

## Introduction

**This section discusses the interventions that WCJSs undertook with the funding to support women at different stages of the criminal justice system. This includes diversion (and prevention), court activities, community disposals, and throughcare.**

5.1 While WCJSs operate at all stages of the criminal justice system, they predominantly focus on supporting and/or supervising women serving community sentences (Table 6), referred from courts or CJSW. In total, 1,017 women were serving CPOs and Drug Treatment Testing Orders (DTTOs) (to a much lesser extent) in WCJSs. This represents about a third of the 3,000 women who receive community sentences in Scotland each year.[23,]

5.2 To a lesser extent, WCJSs supported or supervised women in custody,[24] on throughcare, or subject to diversion from prosecution. Several WCJSs aimed to broaden referral pathways for women at early stages (or at risk) of entering the justice system.

5.3 It was more common for centres, and larger or more established WCJS teams to work with women at multiple points across the criminal justice system and receive referrals from a broader range of sources than smaller services. Few WCJS had the remit or resources to consistently work with women at all stages of the justice system. However, there were examples where practitioners continued to work with individual women at different stages (e.g. prison), even if they were not formally tasked to do so.

[23] Note, this is for context only; the two populations are *not* directly comparable due to different time periods and because not all women's sentences are supervised within WCJSs (in CJSW). The figure is based on all females in Scotland with a proven charge in 2013-14 issued a community sentence. See Criminal Proceedings in Scotland, 2013-14. Table 11. http://www.gov.scot/Publications/2014/12/1343/downloads

[24] This tended to be women in custody who were preparing for release on throughcare, or, in the case of Highland for example, engaged in WCJS programmes on day release.

**Table 6: Main reason for engagement with WCJSs and referral source**

| **Women in 15 WCJSs (1 April – 31 December 2014)** | **1,778** | |
|---|---|---|
| **Main reason for engaging** | | |
| 'Early intervention' / arrest referral* | 36 | 2% |
| Diversion | 82 | 5% |
| Court Screening Service** | 183 | 10% |
| Bail supervision | 25 | 1% |
| Structured deferred sentence | 43 | 2% |
| Community Payback Order | 995 | 56% |
| Drug Treatment and Testing Order (DTTO) | 22 | 1% |
| Custody (4 years or under) | 51 | 3% |
| Custody (over 4 years) | 26 | 1% |
| Throughcare (voluntary) | 45 | 3% |
| Throughcare (statutory) | 37 | 2% |
| Self-referral | 26 | 1% |
| Other | 44 | 2% |
| Unknown | 163 | 9% |
| **Source of referral** | | |
| Sheriff Court† | 1,002 | 56% |
| Criminal Justice Social Work | 338 | 19% |
| Procurator Fiscal | 82 | 5% |
| Scottish Prison Service | 78 | 4% |
| Other sources | 33 | 2% |
| Third sector organisations | 28 | 2% |
| NHS/ Health professional †† | 20 | 1% |
| Self-referral | 21 | 1% |
| Justice of the Peace Court | 12 | 1% |
| Police | 14 | 1% |
| Unknown | 150 | 8% |

*Note: Total percentages may not equal 100% due to rounding*

** Includes preventative support for women identified as at risk of further offending but not yet convicted, referred by police (at point of arrest), CJSW or partner agencies (e.g. NHS or third sector) rather than courts.*

*** Applies exclusively to Kilmarnock's Court Action Note service*

*† Includes all 183 women in Kilmarnock's Court Action Note service*

*†† Applies exclusively to Willow Centre, predominantly women in custody/on throughcare.*

## *Community disposals*

5.4 All WCJSs (except Sacro's EEI pilot in Ayrshire) were run by (or in partnership with) CJSW departments, which supervise community sentences. In most WCJSs, practitioners supervised women serving court orders. Though in some cases women's orders (if any) were supervised by a local CJSW team outwith the service.

5.5 Overall, two thirds (68%)[25] of women in WCJSs were statutorily obliged to attend to satisfy requirements of a court order (Table 7). Typically

[25] 933 out of 1,363 women in WCJSs between April and December 2014 (excludes 232 women for whom nature of engagement in WCJSs was unknown, and 183 women in Kilmarnock's Court Action Note service for whom nature of engagement was not applicable).

this was for 12 months or less, although approximately one third were completing longer sentences. The proportions of women attending WCJSs on a statutory basis varied considerably across WCJSs from 6-100%. This reflected the different characteristics of the WCJSs; centres and targeted interventions had a greater proportion of women attending voluntarily, for example, compared to WCJSs in which all female CJSW cases were allocated and supervised by the women's worker or teams. See section 6.50 for discussion on the use of statutory compliance and women's engagement in WCJSs.

5.6 The majority of women under a statutory order were subject to a CPO (87%), of whom most had a supervision requirement (69%) and/or had to undertake unpaid work (52%). Women's attendance in WCJSs (e.g. for therapeutic activities, groupwork or vocational learning) can be used for a proportion (30% or a maximum of 30 hours) of the unpaid work hours. The remaining women were largely subject to diversion, structured deferred sentences, DTTO, in custody, or statutory throughcare (2-3% across each respectively).

5.7 Other women engaged with WCJSs voluntarily (32%), although many still had an order supervised by a CJSW practitioner outwith the WCJS. Smaller or single-worker WCJSs had very few or no women engaged on a voluntary basis, which may indicate their limited capacity to work with women other than those on statutory orders.

**Table 7: Statutory or voluntary attendance in WCJSs**

| **Women in 14 WCJSs*** **(1 April – 31 December 2014)** | **1,363** | |
|---|---|---|
| **Statutory** | **933** | **68%** |
| *With Community Payback Order (CPO)* | *815* | *87%* |
| *With other order* | *118* | *13%* |
| **Voluntary**** | **430** | **32%** |

** Excludes 183 women from Kilmarnock Court Action Note service (not applicable for women appearing in court) and 232 women with unknown engagement type.*

*** This includes women with orders supervised by CJSW practitioners outwith the WCJS or project. See Table 6 for full breakdown of order types/main reason for engaging in WCJSs.*

### *Throughcare*

5.8 Throughcare refers to support provided from the point of sentence or remand, during imprisonment, and following release in the community. Local provision and CJSW structural arrangements for throughcare varied, and often involved agencies or teams outwith the WCJS.[26]

5.9 Ten WCJSs provided support for 159 women who entered whilst in custody, or under statutory or voluntary throughcare (Box 3). WCJSs' largely described providing support for women pre-release (i.e. while

[26] For example, statutory throughcare in North and South Lanarkshire is jointly provided by a multi-agency Justice Throughcare Team, which provides intensive support to individuals on release before transferring them to a local CJSW team.

still in custody) and immediately thereafter. This included meeting with women in prison to identify their needs prior to release, gate-pickups, and providing holistic support as available to all women in WCJSs.

5.10 In addition, practitioners described supporting women in WCJSs if they returned to custody. Maintaining contact if women returned to custody was highly valued by some women interviewed:

> "[While back in prison] I got the support of my key workers coming in every week to see that I was coping [...] I felt that they believed in me and they believed that I was wanting to try because I felt like nobody wanted to listen to me anymore […] They said, "Right, you fell down but we're here for you and if you want to come back out, we're willing to take you back" […] they never gave up on me."
>
> – Mary (late 50s), service user

5.11 However, practitioners reported limited contact with women on remand, due in part to the quick turnaround time. Remand was acknowledged to have a potentially damaging effect on women's circumstances:

> "We don't usually have a lot to do with women on remand, unfortunately. […] Sometimes the person comes out and their life is in chaos. It's the equivalent of having a two-month sentence if you're coming out in four weeks. All sorts of things have gone wrong. And because they've not had a custodial sentence, there's not the same kind of service available."
>
> – Practitioner, WCJS Women's Team

5.12 WCJSs supported individuals in prison, rather than delivering formal programmes to women in custody with the exception of Willow Centre, which provided health-focused work (Interpersonal Psychotherapy (IPT)) to women and SPS staff training, and Highland WCJS where women attended groupwork on day release from Inverness Community Integration Unit.

5.13 Overall, many WCJSs identified gaps in throughcare for women and/or described it as an area for on-going or future development (e.g. developing stronger referral pathways). Some WCJSs were developing their links with prisons and offender mentoring services to facilitate smoother transition and coordinated support for women on release. These were organisations also undergoing periods of change or development, which resulted in delays in partnership working while they established their own internal links and systems. Several WCJSs had to clarify roles with mentoring services and other agencies to ensure coordination and avoid duplication.

### *Box 3: Women in throughcare in WCJSs*

Ten percent[27] of all women in WCJSs entered WCJSs either whilst in custody[28] (5%) or on statutory[29] (2%) or voluntary[30] (3%) throughcare[31]. In urban areas the total proportion of women who engaged with WCJSs for these reasons rose to between 13% and 22%[32]. Smaller WCJSs with one CJSW women's worker were less likely to work with this group of women, with the exception of Highland.

Women in custody or on throughcare were referred predominantly from SPS, and then CJSW or Sheriff Courts. Referrals for voluntary throughcare were most likely to come from SPS (64%). This underlines one practitioner's remarks that WCJSs' link with SPS was critical because they relied on SPS staff to promote the service to women.

TWG, which focused on women with high/complex needs, was the only WCJS with an SPS officer co-located in the service. Evidence suggests this worked well to engage women on voluntary throughcare. Women and practitioners reported a growing awareness of the service among women in prison and an increase in direct SPS referrals (22% of women in TWG were in custody or on throughcare).

*Complex needs of women in custody or throughcare*

Women who entered WCJSs while in custody or on throughcare were more likely to have needs in substance misuse (75%), housing (59%), and finances (49%) compared to other women in WCJSs (58%, 37% and 38% respectively).

*Diversion (and prevention)*

5.14 Most WCJSs (10) worked with a small proportion of women who were referred for diversion from prosecution by Procurator Fiscals or CJSW (5% of all women in WCJSs). Smaller or single worker WCJSs were less likely to support women on diversion.

5.15 Three WCJSs also reported working with a small number of women (36) identified as at risk of further offending but not yet been convicted who were referred by police (at point of arrest), CJSW or partner agencies (e.g. NHS or third sector) rather than courts. The project implemented in Ayrshire focused exclusively on women referred at the point of police involvement (see Box 4 below).

[27] The percentages presented here differ slightly from Table 6 because the calculations exclude Kilmarnock and Ayrshire projects, in which throughcare is outside the service scope.
[28] This tended to be women in custody who were preparing for release on throughcare, or, in the case of Highland for example, engaged in WCJS programmes on day release.
[29] Women who serve more than four years in custody are released under statutory supervision.
[30] Voluntary throughcare (assistance) is available to individuals who are not subject to statutory throughcare, but who request support from CJSW while in custody or within 12 months of release.
[31] In total, 37 women were in WCJSs subject to statutory throughcare between April and December 2014. For context, 72 women were on statutory throughcare in CJSW across Scotland in 2012-13. See Number of Cases by Gender and Type of Case, 2012-13, http://www.gov.scot/Topics/Statistics/Browse/Crime-Justice/Datasets/Tcare
[32] This includes WCJSs in Edinburgh, Dundee, Glasgow and Aberdeen.

5.16 Two other WCJSs also aimed to broaden their reach to include women at the earliest stage of their entry to the criminal justice system. However, one put efforts on hold due to competing priorities in implementing their new service, and another (with plans for police-based screening service, under separate funding) was delayed with approvals required from the Procurator Fiscal.

5.17 The modest number of referrals and experiences of WCJSs indicated that developing diversionary and preventative services is an area still under development. Such initiatives are dependent on multi-agency commitments, legislative or system change (police do not currently have the power under legislation to formally divert women from prosecution to WCJSs[33]), and the capacity of WCJSs to deliver them.

[33] The Ayrshire project was agreed between the Police and the Procurator Fiscal. Referrals were a response to a specific low-level offence where the woman had a maximum of one previous formal adult warning.

### *Box 4: Early and Effective Intervention (EEI) project, Ayrshire*

*Description of service*

The project team consisted of a Sacro coordinator and part-time occupational therapist (OT) (who was not part of the funding). The project team worked with women involved in low-level offences to address needs that may have contributed to their offending. In total, 13 women who met the eligibility criteria were referred from Kilmarnock's Police Crime Management Unit at the point of arrest. Care was taken to avoid up-tariffing women who could be effectively managed via existing police disposals.

The team linked women into local services and/or provided individualised support for a period of three months. Participation was voluntary; women who declined the support or failed to engage with workers had their case returned to the Police.

*Testing a 'signposting' only service*

The final shape of the service differed from the original intention, which was to develop a 'signposting' model in a rural area. Rather than the coordinator convening multi-agency meetings to agree a shared action plan and signposting women to support, the role became more 'hands on', enabled in part by the small number of women initially in the service. Women were assessed in person (typically in their homes) to agree an action plan (the majority presented with mental health needs) and women received holistic support, sometimes by the team themselves. Therefore, arguably a 'signpost-only' model may still yet to be fully tested.

That said, the experience of the team suggests that the intended desk-based approach was not realistic; face-to-face visits with women were necessary to appropriately assess their needs and circumstances (which otherwise relied on limited referral information from police) and to develop a rapport with women. Multi-agency meetings were not warranted in most cases because the complexity of women's needs were low and did not justify involvement across multiple agencies. Overall this suggests that this type of intervention can be 'light-touch' but may still require practitioners to establish a relationship with women to maximise their engagement and coordinate appropriate support.

Outcomes of the holistic support for women in this project are incorporated with overall findings in Section 7.

*Court activities*

5.18 WCJSs carried out various activities related to the courts. Practitioners with statutory responsibilities for women's cases wrote court reports to inform decisions, supported women already in WCJSs to appear in court, and/or developed referral pathways with third sector agencies and CJSW court teams to link women who appeared in court into WCJSs.

5.19 One project was exclusively court-based. Ayrshire's Women Offenders Team introduced a Court Action Note process to inform bail/remand decisions for women who appeared in court (see Box 5). Outcomes are included with the description below.

### *Box 5: Court Action Note project, Kilmarnock Sheriff Custody Court*

*Description of service*

The Court Action Note (CAN) process was developed and is delivered by practitioners (1 FTE) from Ayrshire's Women Offender's Team, located in Kilmarnock Custody Court. It supports the Commission's recommendations to improve communication and awareness of alternatives to remand in custody.

Practitioners provide Sheriffs with independent information for women who appear in court to inform remand/bail decisions. The Court Action Note (CAN) contains details about a woman's circumstances (e.g. housing, domestic abuse concerns, mental health, addiction issues, and her engagement with services or support in the community). In addition, practitioners issue reminders to women about upcoming court appearances and where possible, link them to services in the community to help women not to breach bail conditions.

*Outcomes*

In total, practitioners issued 231 CANs for 183 women from the beginning of the project in June 2014 to 31 December 2014:

- The majority of women (62%, 114) were bailed at their initial hearing. The twenty-five women who were remanded in custody were younger, had higher LS/CMI scores and a greater prevalence of housing and substance misuse issues than women who received bail. This suggests that, with information provided in the CAN, the Sherriff was better informed to make decisions as to whether bail or remand is more appropriate for women. For example, practitioners reported that women with no accommodation and/or not engaging with support were difficult for the Sheriff to release on bail. One Sherriff interviewed regarded the CAN as a 'valuable tool' due to its independence and the factual content it provided early on.
- Practitioners proposed a bail support plan for 36 women to the Sherriff (i.e. a package of support from community providers if women were released on bail, e.g. Sacro's bail supervision service, Women's Aid, or addictions services). Three quarters of these women were granted bail and only five were remanded.[*] This suggests that, with links to support in place, some women may have avoided remand in custody.

*Lessons learned*

Overall, the practitioners identified gaps in support for women in remand or leaving court on bail, particularly for women without an existing community order. Unmet needs included addictions, mental health, housing, and links with children in care. Lack of support in some cases was due to the limited capacity or eligibility criteria of existing agencies. Where possible, practitioners worked with throughcare workers and third sector partners to ensure women had access to support, though strictly speaking this was outside the project scope.

[*] *27 women received bail, five were remanded and four cases were closed*

# 6 Holistic Support for Women

**Key findings**

- Practitioners in WCJSs provided or coordinated practical and emotional support for women in a number of ways, in addition to supervising the requirements of any community orders.
- Women most typically received support to stabilise their lives, link into appropriate services, and address practical, immediate issues prior to support related to longer-term change.
- Trusting relationships with worker(s) were a crucial factor in women's support in WCJSs. Women valued having 'someone to talk with', in addition to having practical support and an advocate with other services.
- Availability of support beyond the completion of an order was important for some women, but this raised concerns about service capacity.
- Women strongly desired or valued support for developing purposeful activities in their lives that they find rewarding and would help them to achieve their goals and 'move on'.
- Gender-specific, safe, informal environments created in WCJSs enabled women to connect with workers and other women in a way that many had not experienced in previous services or through supervision alone.
- Co-location or links with multi-disciplinary professionals lowered barriers for women accessing practical support and enabled genuine collaborative working across agencies, particularly where practitioners could make direct referrals, flexible appointments, and access information systems.
- Proactive outreach to where women live, having flexibility within orders (in terms of compliance and breach), and forming trusting relationships with women were important strategies in promoting women's motivation to engage with WCJSs.
- Women who disengaged from WCJSs were likely to be younger, have more previous convictions and more complex needs than those who successfully completed their time in WCJSs.

## Introduction

**Firstly, this section describes the overall coordination of holistic support that women received in WCJSs through individual support, groupwork, and drop-ins. It describes key aspects of holistic support provided, including housing, welfare rights and finances, health, substance misuse, and purposeful activities (e.g. leisure work or training).**

**Secondly, this section includes features that were important to practitioners and women in *how* support was delivered in WCJSs, including engaging women into WCJSs, women's exit from WCJSs, women's relationships with workers and other women, the environment, and women's participation in service delivery.**

6.1 In addition to supervising the requirements of women's community sentences (if any), WCJSs aimed to address those issues that bring women into and retain them in the criminal justice system. Existing evidence indicates that unless these underlying issues are addressed, it is unlikely that community sanctions or supervision alone will reduce reoffending.[xi]

6.2 WCJSs varied in how they delivered support to women, depending on their capacity and characteristics (see section 3.5 and Table 1).

## Coordinating holistic support

6.3 Many women entered WCJSs with complex needs. As emphasised in existing research,[ix,x] sequencing and timing of support is important; only once women have their immediate needs sorted and are stable and engaged, can practitioners and women work together to address longer term needs.

6.4 Not unexpectedly therefore, findings (Table 8) demonstrated that overall WCJSs prioritised support necessary to stabilise, engage and motivate women (e.g. support for emotional/mental health, problem solving, engagement with services and substance misuse) over support related to longer-term changes, such as developing positive or rewarding ways to spend their time, or links into the community (e.g. leisure activities, work, training), despite these being highly prevalent needs among women in WCJSs (refer back to Figure 2).

6.5 Table 8 shows the support received by women who entered and exited WCJSs between April and December 2014. When women entered WCJSs, practitioners recorded their presenting needs, and on exit, recorded the areas in which they had received support.

**Table 8: Support women received in WCJSs by presenting need**

*Women who entered and exited WCJSs between 1 April and 31 December 2014 (194 women)*

| | Presenting need (In order of most common support provided in WCJS) | Women who presented with need (194) | Focus of women's support while in WCJS | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Yes | | No ('unmet need') | | Unknown | |
| | **Emotional/mental health** | 138 | 85 | 62% | 31 | 22% | 22 | 16% |
| | **Problem-solving skills** | 101 | 62 | 61% | 26 | 26% | 13 | 13% |
| | **Engagement with services** | 66 | 40 | 61% | 12 | 18% | 14 | 21% |
| ✓ | **Substance misuse** | 106 | 64 | 60% | 22 | 21% | 20 | 19% |
| ✓ | **Finances** | 79 | 46 | 58% | 23 | 29% | 10 | 13% |
| ✓ | **Family relationships** | 99 | 56 | 57% | 28 | 28% | 15 | 15% |
| ✓ | **Willingness to work on problems** | 60 | 32 | 53% | 19 | 32% | 9 | 15% |
| ✓ | **Views on offending** | 27 | 14 | 52% | 8 | 30% | 5 | 19% |
| ✓ | **Housing** | 70 | 32 | 46% | 26 | 37% | 12 | 17% |
| | **Physical health** | 53 | 24 | 45% | 18 | 34% | 11 | 21% |
| | **Sexual health** | 19 | 8 | 42% | 7 | 37% | 4 | 21% |
| ✓ | **Attitude to desistance** | 38 | 15 | 39% | 12 | 32% | 11 | 29% |
| ✓ | **Work, volunteering or training** | 119 | 46 | 39% | 57 | 48% | 16 | 13% |
| ✓ | **Leisure activities** | 91 | 33 | 36% | 44 | 48% | 14 | 15% |

*Note: Total percentages may not equal 100% due to rounding. Use of colour highlights order of prevalence.*

*✓Criminogenic need (associated with the risk of offending)*

*Notes: Practitioners could report multiple needs/focus. Data represents women who entered and exited WCJSs between 1 April and 31 December 2014, and who had presenting needs recorded on entry (194). Does not include women in Kilmarnock Court Action Note project or Highland WCJS. Women exited the WCJSs having been in the WCJSs from between 2 weeks and 8.5 months.*

6.6 As indicated in Table 8, some women left WCJSs with unmet needs. This was more likely among those who had a shorter period in the service or did not engage well (see Box 10, after section 6.66 for a discussion of women who disengaged from WCJSs). In addition, needs may not have been addressed in WCJSs due to it being beyond the WCJS's scope or capacity (i.e. women may have exited to receive support in other services) or women may not be in the service beyond the time required to work on immediate needs only (see also exit from services section 6.58).

6.7 Women were most likely to exit WCJSs with unmet needs in purposeful activities (e.g. leisure activities, work, training), and to a lesser extent, their needs regarding housing, physical and sexual health (Table 8). Practitioners were very aware of the potential for duplication in a sector that involves multiple agencies and described efforts to address this, particularly at a case-management level (e.g. multi-agency action plans and meetings).

*Individual support*

6.8 All women in WCJSs had an allocated key worker or lead professional who provided or coordinated support and supervision (for those on orders). Some key workers were located outwith the WCJSs (e.g. in local CJSW team). The frequency of women's contact with their key worker varied according to need or stage of their order.

6.9 The individual support that women most valued was having 'someone to talk with', in addition to practical support (e.g. linking women into services, accompanying to appointments), and having an advocate or 'independent voice' for women with other services (e.g. GPs, welfare rights, housing, or in Child and Family case conferences).

6.10 Support for family relationships was provided in all WCJSs, delivered in multiple ways. More than half (57%) of women who presented with poor relationships with family members had received support in this area by the time they had exited services (Table 8). Groupwork activities focused on developing communication and interpersonal skills, and developing conflict management skills. Although some WCJSs ran 'parenting' classes, more commonly women received individual support related to their children, including advocacy at Children and Family case conferences. Support related to family was also closely linked to mental health activities such as trauma support or anger management skills. In addition, some WCJSs provided access to support via mentoring providers or third sector organisations such as Circle.

*Groupwork*

6.11 Groupwork (i.e. structured programmes) was delivered in 11 WCJSs by practitioners in-house and/or with external agencies (e.g. third sector partners). Participation was mandatory for some women subject to statutory orders.

6.12 The content of various structured groupwork activities delivered in WCJSs covered a range of topics aimed at addressing offending, its underlying causes, and developing broader life skills and experiences. Established groupwork programmes highlighted by practitioners and women included:

- *Women moving forward, life skills and well-being* programme (West Dunbartonshire) combines theory, practical activities, life skills, information sessions and short courses using a holistic welfare approach
- *Connections* programme (developed in Aberdeen, but delivered in multiple WCJSs including South Lanarkshire) to promote behavioural change, including emotion regulation, interpersonal skills and effects of offending.

- *Survive and Thrive* (Willow Centre and Forth Valley) and *HOPE* (TWG) to promote understanding of trauma and providing basic coping strategies.
- *Abriachan Outdoor Programme* (Highland) to experience activities that build confidence and life skills. Included SMART recovery work.

6.13 In addition to groupwork, several WCJSs included broader group activities, such as short community courses (e.g. first aid, food hygiene, gardening), newsletter groups, or charity campaigns. The aims were wide ranging, such as to foster women's interests or links in the community, improve mental health or confidence, develop pro-social skills, or involve women in shaping the service.

6.14 Many WCJSs were continuing to develop or enhance the content and delivery of groupwork and activities for women. Practitioners and women identified a range of elements that 'worked well' or that they still found a challenge, summarised in Table 21, Annex G. In particular, practitioners found groupwork had to be more flexible (e.g. shorter or rolling programmes to accommodate new women earlier).

*'Drop-in' support*

6.15 Drop-in services were provided in 11 WCJSs in an effort to minimise barriers for women in accessing support (see Box 6). Women and practitioners strongly valued the non-prescriptive, informal, holistic environment of drop-ins. Findings suggest that the availability of drop-ins contributed to women's improved engagement (section 7.20).

### *Box 6: 'Drop-in' support in WCJSs*

Drop-in services provided ways for women to access holistic support. Drop-ins featured in eleven WCJSs, across all model types. Key features were:

- voluntary engagement
- opportunity to connect with others over a simple lunch, cup of tea, or activities with other women and workers
- low pressure, non-prescriptive activities e.g. arts and crafts, preparing lunch, therapeutic activities, discussions
- access to multi-disciplinary support from practitioners in attendance at the drop-in session (e.g. nurse, housing or welfare officers) or workers arranged an appointment or referral.

WCJSs had two main (overlapping) approaches to 'drop-ins':

- *Designated sessions:* Eight WCJSs had weekly or fortnightly sessions (2-4 hours) from locations in the community ('hubs'), CJSW premises or centre. Two WCJSs held sessions in third sector premises rather than CJSW buildings.
- *Open for women anytime:* Women could potentially 'drop in' to WCJS centres or CJSW premises anytime during business hours, which some did. However, due to the limited capacity of staff to be available 'round the clock', women mostly attended for planned appointments or activities and interacted with others in common spaces before or after their primary reason for attending.

Many WCJSs were continuing to develop their approach to drop-ins, such as how they might introduce more structure or groupwork, and strategies to respond to women who arrived unplanned or in crisis.

## *Housing support*

6.16 Two in five women (39%)[34] entered WCJSs with a housing-related need. The types of housing support for women included assistance to secure housing (e.g. advice on options, help with applications or securing deposits, advocacy) and/or support to address practical issues in existing housing with landlords or providers (e.g. securing new locks for safety, or addressing chronic dampness). Where women had 'sticky reputations' (e.g. relating to anti-social behaviour or substance misuse) WCJS staff provided contextual information on previous failed tenancies, domestic abuse situations or rent arrears in an advocacy role, to help women secure accommodation.

6.17 Across the WCJSs, various workers were involved in housing issues (e.g. housing and welfare rights officers in WCJSs, local authority housing teams, key workers, mentors, and third sector agencies).

[34] 290 women out of 737 women who entered between April and December 2014 with presenting needs data recorded.

6.18 Two WCJSs, in TWG and Fife, had dedicated housing officers co-located in their team. A higher proportion (60%) of women in TWG entered with housing needs compared to the average for all WCJSs (39%). This may reflect constraints in local housing provision, and/or their target group of women with high/complex needs (including a greater proportion of women leaving prison), which compounded the housing issues women faced (e.g. ability to liaise effectively with housing organisations; ability to maintain a tenancy due to addictions, anti-social behaviour, and debt; and removal from housing waiting lists when tenancies are not sustained).

6.19 In other areas, WCJSs predominantly referred women to external services or teams; this worked best when WCJSs had a named contact person to work with. A few WCJSs wished to develop stronger links with housing services, although others reported positive relationships and quick responses in their locality.

6.20 Data indicated that approximately a third of women exited WCJSs without receiving support for a housing need (see Table 8 above), despite that housing was an area in which women typically made progress (see outcomes section 7, Table 11). Several reasons may have contributed to the apparent unaddressed housing needs, including that few WCJSs had dedicated housing officers and therefore support received from external (housing) agencies may be under-reported. In addition, not all women who had housing issues were homeless, which may have reduced its priority relative to women's other needs. Practitioners also described that some unsafe or unstable housing issues were due to domestic abuse situations, which involve complex decisions for women and other types of support (e.g. for family relationships, emotional/mental health, engagement with services such as Women's Aid) before housing can be addressed directly. Some areas reported a housing shortage, which was largely outside the control of practitioners.

***Welfare rights and financial support***

6.21 Two in five women (39%)[35] entered WCJSs with a finance-related need. Practitioners described money issues as particularly acute among women subject to benefit sanctions[36] or on leaving prison.

6.22 It was standard practice for women to receive a financial assessment from social workers located in CJSW (often at report-writing stage) to ensure they received full and appropriate benefit entitlements. Typically, women received basic benefits support from workers and if

[35] 289 out of 737 women who entered between April and December 2014 with presenting needs data recorded.

[36] Individuals may have their benefit stopped or reduced if they fail to comply with benefit rules. The most common reasons for sanctions are not turning up to Jobcentre appointments, failing to look for work, or not taking part in an employment or training scheme (for certain benefits). https://www.moneyadviceservice.org.uk/en/articles/benefit-sanctions-and-what-to-do-about-them [Accessed 5 May 2015].

needed, were helped in accessing welfare services (e.g. from local authority welfare rights officers (WROs)). Some WCJSs had links with independent money advisory organisations, such as Money Advice Scotland or Money Matters, which received referrals and/or delivered support through in-house clinics or groupwork sessions.

6.23 WROs (and in some WCJSs, the housing officer) also provided broader assistance with housing benefits, rent arrears and fuel debts.

6.24 WROs were co-located in women's teams in Dundee and North Lanarkshire (see Box 7). Practitioners felt this considerably enhanced the support for women. They also observed that changes to benefit rules and sentencing of social security fraud had disproportionately affected women because they were typically the claimants in households, and for some, issues were compounded by domestic abuse. These observations align to findings in a recent *Clinks* report that highlighted the gendered impact of changes to the welfare system.[xii]

### *Box 7: Welfare rights officers (WROs) in WCJSs*

*Rationale for welfare rights officers*

Practitioners in Dundee and North Lanarkshire strongly advocated that having a WRO co-located (at least part-time) in the WCJS made a 'huge difference' to addressing a previously unmet need among women:

> "We went through a spell where we had quite a lot of women every week who'd been sanctioned. If they'd turned up late for an appointment with triage or whoever, their money was cut off. They were all coming in really upset and [the welfare rights officer] was able to see them literally straightaway, and get them to apply for another benefit."
>
> – Practitioner, WCJS Women's Team

Previously practitioners felt they did their best to help women sort out benefit issues, however, they and women found the benefit system complex and time-consuming to navigate. Poor literacy, IT skills and access to a phone or internet posed additional challenges to women pursuing this help independently:

> "I can't do forms. I normally get my drug and alcohol team to help me out to do that because I can't do it. You have to go to the… what's that place called? Citizens Advice, and it's not open all the time. So, if we've got people who know what they are doing, then it is handy, because I can't work a computer and I'm twenty-eight. Most twenty eight year olds can, but I can't. I get my daughter to do it."
>
> – Shona (20s), service user

*Activities of a welfare rights officer*

Having a co-located WRO meant workers could hand relevant issues over to the WRO, who was better equipped to 'navigate the system' more efficiently, given their knowledge of terminology, procedures and current legislation. WROs acted as advocates at appeals and tribunals, and worked with women to access backdated money, rapid reclaims, emergency grants (for women on sanctions), as well as provide practical support and advice to claim the right benefit and avoid overpayments.

Crucially, WROs also had the professional and legal rights to act on women's behalf to progress a woman's case with the Department of Work and Pensions (DWP). Social workers had limited powers to discuss individual cases with DWP and so previously felt restricted in the support they could provide women.

Both WCJSs described high demand for welfare rights support from women and were planning to sustain or extend the WRO role.

### *Health support*

6.25 The extent of provision for women's health varied widely, from WCJSs in which a women's worker assessed basic health needs and coordinated support with external services; through to women's centres with multiple health professionals such as the Willow Centre (a joint CJSW-NHS partnership with a focus on reducing health inequalities). The project in Forth Valley introduced a Criminal Justice Link Nurse to deliver support to women (e.g. in drop-in sessions) in existing women's

services across three local authorities, offering a collaborative approach to providing mental health services.

6.26 Half of WCJSs[37] had at least one full or part-time health professional in the team, such as a community mental health or psychiatric nurse (CPN), occupational therapist, psychologist, or addictions worker. Many health professionals had experience across multiple fields and could offer aspects of support in physical, sexual, and mental health and addictions.

6.27 Women in WCJSs represent a patient group often considered 'hard to reach'. The co-location of health professionals in WCJSs' informal environment, and practical support from workers (with whom women had trusting relationships) reduced barriers to women's engagement with health services. This suggests that WCJSs' holistic approach may be an effective (and therefore potentially cost-efficient) option to better meeting the health needs of this patient group, compared to traditional access routes, but this would require further research to confirm this.

6.28 Women's engagement with mainstream health services was most facilitated by:

- **Co-located health professionals:** WCJSs with co-located NHS-employed health professionals (full or part time) had access to patient information systems, could make direct referrals, be copied into appointment letters, and undertake preparatory work with women in WCJSs (e.g. psychiatric services):

  > "[…] you will say, "I wonder if they've attended substance misuse this morning". [The NHS team nurse] can just immediately go on and check that. I honestly don't know how we were able to support women who have got really poor health and addiction issues without having that information before, because it's so essential."
  >
  > – Team Manager, WCJS Community Hubs

  Where co-located health professionals were not NHS employees, these structural barriers affected their ability to link women into specialist support (e.g. access to information through NHS IT systems, 'gatekeeping' by services).

- **Assistance to attend appointments:** Workers supported women to attend mainstream health services for treatment or on-going support (e.g. GPs, dentists, mental health services, counseling, and addiction services). Practitioners provided practical help or encouragement for women to arrange or attend appointments (e.g. provided transport, reminded women of appointments), advocated for care on women's behalf (e.g. letters to GPs), or accompanied

[37] This included the Glen Isla Project, Dundee, Fife, TWG, North Lanarkshire, Willow, Ayrshire, and Highland (women's worker was located in the substance misuse team). Renfrewshire WCJSs shared a building with registered mental health staff and Throughcare Addictions Services.

women to appointments to support them to communicate their circumstances or needs.

*Physical and sexual health*

6.29 Almost one third (30%) of women had physical or sexual health needs when they entered WCJSs (though sexual health was likely underreported (see section 4.11).[38]

6.30 WCJS practitioners referred and actively supported women to attend mainstream health services, and/or offered nurse clinics for women (run by a team nurse or external agency, e.g. Keep Well Nurses).

6.31 Nurse clinics offered women physical and sexual health advice and checks (e.g. for pregnancy, contraception, blood-borne viruses). Practitioners in WCJSs with nurse clinics indicated that uptake from women was high. Clinics were voluntary, although it was routine practice for all women in the Willow Centre to meet with a nurse on entry, and in the Glen Isla Project, regular meetings with the team nurse were agreed as part of a woman's high tariff sentence in some cases. The team nurses in Dundee, Fife and the Glen Isla Project had the flexibility to do home visits.

6.32 Physical and sexual health information and advice was also included in components of groupwork and in conversations with women, enabled by WCJSs' informal centre or drop-in environments.

6.33 In general, practitioners identified physical exercise as an area for further development. A few WCJSs used community schemes for women to access to leisure centres or gyms, and the Abriachan outdoor programme in Highland included components of physical teamwork exercises. Plans for walking groups were underway in several WCJSs.

*Mental health*

6.34 Mental health was the most prevalent issue for women in WCJSs; over three-quarters of women (78%)[39] entered WCJSs with a mental or emotional health need. It was also the area in which women were most likely to receive support while in WCJSs (Table 8).

6.35 Mental and emotional health needs covered a wide spectrum, ranging from poor self-esteem and feelings of isolation through to symptoms of complex trauma and long-term conditions (e.g. borderline personality disorder).

[38] 225 out of 737 women who entered between April and December 2014 with presenting needs data recorded (comprised of 192 (26%) women with physical health needs and 70 (9%) with sexual health issues).
[39] 576 out of 737 women who entered between April and December 2014 with presenting needs data recorded.

6.36 Practitioners and women identified that the interpersonal relationships, the trauma-informed environment (section 6.80), and a range of activities supported women's mental health in WCJSs, beyond those specifically labelled as 'mental health interventions' (e.g. group activities that reduced isolation and volunteer roles to build confidence). Therefore, all workers and women (e.g. as peers) had some role in promoting women's mental health in WCJSs.

6.37 With this in mind, activities to support women's mental or emotional health included (but were not limited to):

- **Support from key workers and nurses:** Workers offered women someone to talk to and strategies to improve mental health issues such as self-esteem, or anxiety (e.g. relaxation techniques, mindfulness).
- **Groupwork**: Components included information and techniques for managing mental health (e.g. stress, anger management, mentalisation). Several WCJSs included trauma-focused groupwork (e.g. *Survive and Thrive* in Forth Valley) (see section 6.12).
- **Clinical therapies:** TWG and Willow centres had team psychologists. Women received full mental health assessments and some received specialist therapies they wouldn't otherwise access through a GP, such as Cognitive Behavioural Therapy (CBT) and psychotherapy.[40]

***Substance misuse support***

6.38 Three in five women (59%)[41] entered WCJSs with a substance misuse issue. Support for addictions was a priority and likely to be provided while women were in WCJSs (see Table 8), as practitioners reported that without stabilising women's addictions, it was difficult to achieve progress elsewhere in their lives.

6.39 The mode of delivery for substance misuse support in WCJSs varied. North Lanarkshire's WCJS introduced an addictions worker in their new multi-disciplinary CJSW team (who was also a CPN). Several WCJSs employed health professionals with backgrounds in addictions services. TWG, a voluntary-only service which made a conscious decision not to include an addictions worker (with a means to prescribe treatments) to avoid women engaging under a compulsion to access prescriptions. In Highland, the women's social worker was located within the newly formed Substance Misuse Team.

6.40 Within WCJSs, the types of support offered included key worker or mentoring support, and help to attend appointments. Groupwork

[40] The Willow Centre had separately funded services, in which they could offer specialist services to women with borderline personality disorder or depression (e.g. Dialectical Behavioural Therapy (DBT), Mentalisation Based Therapy (MBT) and Interpersonal Psychotherapy (IPT)).

[41] 437 out of 737 women who entered between April and December 2014 with presenting needs data recorded.

programmes included components on substance misuse. In Dundee, Fife and Angus, nurses delivered Naloxone training to staff, women and their families.

6.41 However, predominantly women were referred and supported to attend external addictions services in CJSW, NHS, or third sector agencies (e.g. DTTO teams, Throughcare Addiction Services, Integrated Addiction Teams, Addaction, and Turning Point). Health practitioners co-located from these agencies and/or with professional backgrounds in addictions maintained good links into substance misuse services.

6.42 Co-located health or addictions practitioners in WCJSs were also able to work with women to stabilise dual or complex needs and assess women for referral on behalf of addiction services (where they had direct links). This suggests potential benefits for external addiction services when their clients are ready, prepared, stabilised, and have emotional and practical support (e.g. reminders of appointments) from workers in WCJSs. In more detail:

- NHS nurses co-located in Fife WCJS and Glen Isla Project's multi-disciplinary teams were able to complete preparatory work (e.g. assessments or inductions) on behalf of community addictions services in WCJSs. This meant that some women could be on a methadone prescription within two weeks instead of the six weeks to two months that it would take using traditional routes.

- WCJSs with multi-disciplinary teams could work with women who presented with dual or complex diagnoses to address issues simultaneously (e.g. substance misuse and mental health). Practitioners reported this was an advantage over mainstream services (e.g. mental health, GPs), which sometimes could not support women until substance misuse was stabilised:

  > "A lot of [women] might have a dual diagnosis. They might have substance misuse, which means the mental health services will say, "We can't really work with you, because you need to get that addressed first." Whereas they can come here and [the nurses] will attempt to work with them on whatever issue is most pressing at that time."
  >
  > – Team Manager, WCJS Women's Team

- Women could maintain consistent support from workers in WCJS despite delays or long periods between contacts with their addictions worker. Practitioners and women indicated that addictions services were very busy (cited by two WCJSs, but may have applied more widely), which impacted on the intensity and consistency of support available to women.

### *Purposeful activities (leisure, education and work) support*

6.43 Half of all women (52%)[42] entered WCJSs without interests or positive ways to spend their time. And more than half (61%)[43] were not in work, volunteering or training (this was much higher among women with dual or complex needs).

6.44 There is growing evidence in the desistance literature that having purposeful activities reinforces positive identities and reciprocal social relationships that enable individuals to relinquish negative behaviours and provide 'hooks' for change.[xiii,xiv] Lack of interests or 'empty' time exacerbates boredom and social isolation, which have been linked to poor mental health and drug use.[xv] As one practitioner stated, building positive social connections was important for women to 'exit well' from WCJSs, and was critical for WCJSs' shared, long-term aim for women to participate positively in their communities.

6.45 Support for women to develop purposeful activities was driven by an individual's 'readiness'. Support was provided by key workers, mentors, or in groupwork to build women's confidence or promote new experiences or interests (e.g. cooking, gardening, outings to libraries, museums, recreation centres, user-led projects, charity campaigns, community college courses, voluntary roles in WCJSs or externally). Specialist employment providers (e.g. APEX) in some WCJSs facilitated sessions or received referrals. Several WCJSs had allocated specific resources within WCJSs to build women's social capital and links in the community (see Box 8).

6.46 However, despite it being a high area of need, it was also the need least likely to be addressed overall. This was probably because many women entered WCJSs with complex circumstances and priority was given to address immediate needs and achieve stability (in the timeframes of the evaluation). Practitioners were also conscious of the need to promote achievable expectations for women.

6.47 That being said, there was a strong and consistent desire from the women interviewed for activities in their lives that they would find rewarding and purposeful; and support that would help them achieve their goals to 'move on' into work, training or volunteering when they were ready. Women who were not yet ready to move on still indicated a desire for purposeful activities and wanted more groups or practical opportunities to learn new skills in drop-in sessions (see also Annex G for summary of WCJSs' learning regarding group based support). These activities were highly valued and contributed to positive outcomes in other areas of women's lives, particularly mental health.

[42] 380 out of 737 women who entered between April and December 2014 with presenting needs data recorded.
[43] 448 out of 737 women who entered between April and December 2014 with presenting needs data recorded.

### *Box 8: WCJSs linking women to activities in the community*

Several WCJSs had a specific focus towards facilitating links for women in the community through new interests, volunteering, work or education. Effective features of their approaches were:

- **An allocated team member** with expertise and resources to work with women to help develop their interests and links into the community.
- **A plan** that was client-led, tailored to women's circumstances and interests. Having a plan appeared to be powerful for some women:

> "[…my worker has] got me a career person, someone to help me back on to the ladder to work. I get up every morning before nine o'clock but before April I wouldn't even care. I've got a purpose and an action. I've got a plan and I've got a way to move forward. I see a future that I smile about and I never felt that before April."
>
> – Emma (late 40s), service user

- **Distinct groups or opportunities in the service for women wanting to 'move on'**, such as drop-in groups, specific groupwork programmes, peer-led support, or formalised voluntary roles, which promoted independence, confidence and a motivating environment for this group of women:

> "[The group is for] women who have come out the other side and are now wanting to start building a life for themselves, whether they want to go back to college, go back and learn, access training, access education, voluntary situations … I think people underestimate maybe three or four hours on a Friday, women together and just that it really is quite powerful. We kind of do encourage each other."
>
> – Vicki (30s), service user

## Engaging women into WCJSs

6.48 Overwhelmingly, WCJSs practitioners reported that it took considerable time and resources to engage some women in WCJSs. Engagement[44] was an iterative process, and for some women it could take several months (in voluntary cases) and/or took multiple and varied approaches.

6.49 Immediately prior to entering WCJSs, women commonly reported feeling stressed, fearful, or anxious and didn't know what to expect. The reasons why some women found it difficult to initially engage with WCJSs were consistent with existing evidence about non-engagement with mainstream services in general.[xvi,xvii] These included chaotic personal lives, travel time or cost (women indicated a limit on journeys of two or more bus rides), poor health, feeling stigmatised, and mistrust of professionals (e.g. social work):

> "I was ashamed of myself and the shame got to the stage that I didn't want to communicate with anybody in the social work side, the police side or even the housing side because I felt these people hurt me and they took the most precious things away from me; my home and my children […] I come here and I realise they were all social workers, criminal social workers. I was so frightened, I just wanted to run out the door."
>
> – Mary (late 50s), service user

*Statutory engagement in WCJSs*

6.50 In Scotland (where most WCJSs are CJSW-based) the majority of women entered WCJSs to comply with court orders (section 5). Quantitative data indicated that women who engaged on a statutory basis were less likely to disengage and may stay in WCJSs for longer relative to women who engaged voluntarily (see Table 9 below). Personal motivation is particularly important where women are expected to engage voluntarily, as this woman highlighted:

> "If it was years and years ago when I was offending and somebody says, "You can go somewhere voluntary." I probably wouldn't [have] because when you're still in that chaos you're not going to go anywhere. You only go if you're forced to go. So I think it depends on the place that you're at yourself."
>
> – Vicki (30s), service user

6.51 On the other hand, some women and practitioners recognised that orders could have the opposite effect on attendance and hindered practitioners' ability to establish and maintain relationships with women.

[44] The term 'engagement' was used to refer to a range of activities, from strategies with women to 'enter' WCJSs (as covered in this section) through to facilitating women's access to mainstream support (e.g. health and housing services, covered in outcomes section 7). The distinction between was not always clear due to the multi-disciplinary nature of WCJSs and the broad use of the term 'service'.

To illustrate these two approaches in practice, Box 9 contrasts the use of statutory compliance in Angus's Glen Isla Project with the voluntary approach of TWG to engaging women in WCJSs.

6.52 The tension between enforcement and support aspects of statutory supervision, and its effect on engagement, has been highlighted in previous studies.[viii, xviii] There is no consensus on the 'right' approach, but it is clear (from studies and evaluation findings[xvi]) that women's motivation, relationships with workers, proactive outreach, and provision of holistic support are all important factors in engaging women, whether attendance is voluntary or mandatory.

6.53 Several practitioners described managing the tension between compliance and maintaining relationships. At the outset, they requested flexibility within the order from sentencers (i.e. a preference for the statutory component to apply to supervision rather than a direct programmatic requirement[45]), and, if breach was necessary, they aimed to make it 'meaningful' (i.e. continued to work with women through the breach process if possible to maintain the relationship and access to holistic support, see Box 9):

> "If I still feel that I can get somewhere [I] put the breach in but work with that woman voluntarily […I] agree with that woman, "Let's try and sort this out. I have to put the breach in, but it's not all over." With that, you're maintaining the credibility of the Order, but you're still trying to help. I've got one particular woman and it's really worked so well. […] She said, "You gave me a second chance and I'm not going to throw it back in your face"."
>
> – Social worker, WCJS Women's Team

[45] Only 5% of women on CPOs had a programme requirement (compared to 66% with supervision and 49% on unpaid work requirements), which suggests this practice is widespread (see Table 15).

### *Box 9: Contrasting approaches to engaging women in WCJSs*

*Mandatory attendance – Glen Isla Project, Angus*

Practitioners in the Glen Isla Project have CJSW case responsibilities and most women attended under orders. Glen Isla introduced a 'zero tolerance' approach to non-compliance by using 'meaningful breaches' for women, including many on high tariff structured deferred sentences (HTSDS):[46]

> "If somebody is fifteen minutes late for an appointment, we will breach their order. They will be picked up that night, ninety-nine percent of the time because the police prioritise that and she will appear the next day. [… We] send a Rapid Report in that morning to court [… the Sheriff will say to women], "I'm letting you out, but this is what you are going to do." […] So, although we would regularly breach women, we would also be standing in court saying, "We want her back", which we wouldn't have been before."
>
> – Team Manager

Critical elements of this approach included that the WCJS emphasised relationships, a holistic support and outreach alongside compliance; the police and Sheriffs were on-board (the 'zero tolerance' approach would not have been used if it risked an outcome that social workers didn't intend or expect for women, such as custody); the use of a Rapid Report to inform the Sheriff on women's progress and proposed action; and that the Sheriff spoke with women directly, which women reportedly found 'really powerful' (the effect of positive interactions with sentencers was identified by other women in the evaluation and also in previous studies).[xix]

As a result, practitioners observed improved engagement with women who were 'previously cycling through courts'.

*Voluntary attendance – Tomorrow's Women Glasgow (TWG) centre*

TWG's target group was women with high or complex needs. Local CJSW teams managed any orders. Attendance was voluntary on the basis that this better enabled practitioners to maintain consistent relationships and support for women, and the consequences of non-compliance with mandatory orders was a less effective deterrent for women who led chaotic lives or had been in the justice system a long time.

Practitioners reported that although initial engagement was often extremely challenging and in some instances took months, the voluntary approach helped to establish trust and women worked with them better because breach wasn't a possibility:

> "I came from criminal justice initially […] So if you didn't turn up for that appointment you were given two shots or three. […] I prefer the voluntary because I get a lot more scope and they work with me better knowing that I'm not the person that is going to breach them. […] We are not acting on behalf of the courts, the police, or the children's panel. She is at the centre and our role is to support her to do well."
>
> – Practitioner

[46] In the Glen Isla Project, women with higher needs/risk typically received a HTSDS (60% compared to 0-5% in any other WCJS) to allow 3-6 months for initial assessment and intensive support, which will later be reviewed and may change to a lower tariff, CPO or admonishment.

*Effective engagement strategies*

6.54 Evidence from interviews and the quantitative data suggests that practitioners were effective at maximising women's engagement in WCJSs. This was attributed to WCJSs' efforts to place relationships at the centre of their practice, and proactive outreach:

- **Relationships:** Practitioners (and women) stressed that 'relationships' underpinned successful engagement. For many practitioners, this meant getting women 'on board from day one by being absolutely inclusive in the decision making' and 'not giving up':

  "I think if a woman thinks that we don't care, or we are not bothered if they don't turn up… It's a much harder job to get them in."

  – Practitioner, WCJS Women's Team

- **Proactive outreach:** Practitioners across most WCJSs reported visiting women at home, meeting women outside CJSW offices, linking with women's existing support (e.g. mentors), providing transport (e.g. pick ups or bus tokens), and responding actively to non-attendance beyond just 'firing out letters'. One practitioner reported doing 'more court reports in women's homes in the last six months than the last five years'.

6.55 For some established WCJSs, 'outreach' was practiced already, but was now accepted as routine practice. For one practitioner, shifting out of CJSW premises was critical to supporting this change in culture:

> "We don't think what we are doing now is going the extra mile, it's what [women] should be getting as a service and there was no way we would have been able to do that in the same way we were a year ago. […]. Even if people had really wanted to do something differently … they would have been sitting next to a social worker who thinks it's ridiculous to take somebody out for a coffee. They would then have the pressure of that as well. It just wouldn't ever have worked."
>
> – Team Manager, WCJS Community Hubs

6.56 Practitioners reported that while proactive outreach was effective (as has been highlighted in previous studies[xx]), it was time and resource intensive, particularly in WCJSs that were voluntary, or in rural or dispersed areas where it was not unusual for a worker to drive 50 miles or more in one day to work with women.

6.57 In offering voluntary support, two WCJSs found it effective to attach information for women about the WCJS to court reports (and made support available regardless of the sentencing outcome). Hearing what women themselves said about WCJSs was also a motivating factor for

some women to engage (e.g. by word of mouth or reading quotes/stories from women in leaflets).

### Exiting from WCJSs

6.58 Just over 500 women exited WCJSs between April and December 2014. The majority (66%)[47] left because they had completed their order or programme, or no longer needed support. Overall, 14%[48] women stopped attending (i.e. disengaged after entering the WCJS).[49]

6.59 Table 9 shows exit information by voluntary or statutory engagement (excluding unknown nature of engagement). Disengagement was higher among women who attended voluntarily relative to those who attended on a statutory basis. Not surprisingly, disengagement from services tended to be among women with high and complex needs. Box 10 below provides further details on the population of women who disengaged from WCJSs.

[47] 339 out of 514 women who exited WCJSs between April and December 2014. Excludes Kilmarnock Court Action Note project.
[48] 74 out of 514 women who exited WCJSs between April and December 2014. Excludes Kilmarnock Court Action Note project.
[49] Includes three women who stopped attending but their voluntary or statutory status was unknown (therefore not shown in Table 9).

**Table 9: Reasons for exiting WCJSs**

*Women who exited WCJSs between 1 April and 31 December 2014 (514 women)**

| Nature of engagement** | Statutory (274) | | Voluntary (150) | | Unknown (90) | | Total (514) | |
|---|---|---|---|---|---|---|---|---|
| **Main reason for exit** | | | | | | | | |
| *Completed support/programme/order* | *190* | *69%* | *84* | *56%* | *65* | *72%* | *339* | *66%* |
| *Stopped attending (i.e. disengaged)* | *22* | *8%* | *49* | *33%* | *3* | *3%* | *74* | *14%* |
| *Revoked due to breach†* | *23* | *8%* | *0* | *0%* | *7* | *8%* | *30* | *6%* |
| *Revoked due to review* | *12* | *4%* | *3* | ****2%* | *9* | *10%* | *24* | *5%* |
| *Other reason* | *21* | *8%* | *12* | *8%* | *5* | *6%* | *38* | *7%* |
| *Unknown* | *6* | *2%* | *2* | *1%* | *1* | *1%* | *9* | *2%* |
| **Length of time in WCJS ††** | | | | | | | | |
| *0-6 months* | *152* | *55%* | *109* | *73%* | *33* | *37%* | *294* | *57%* |
| *7-12 months* | *72* | *26%* | *26* | *17%* | *28* | *31%* | *126* | *25%* |
| *13-18 months* | *28* | *10%* | *10* | *7%* | *6* | *7%* | *44* | *9%* |
| *Over 18 months* | *22* | *8%* | *3* | *2%* | *5* | *6%* | *30* | *6%* |
| *Unknown* | *0* | *0%* | *2* | *1%* | *18* | *20%* | *20* | *4%* |

*Note: Total percentages may not equal 100% due to rounding*
** Excludes 130 women in Kilmarnock Court Action Note project.*
*** Excludes 90 women for whom nature of engagement (voluntary or statutory) was unknown.*
**** Some women may attend voluntarily but have a statutory order held outwith the WCJS.*
*† This does not include women who were breached but continued in the service.*
*†† These proportions likely underestimate the true length of time women may remain in WCJSs in the future given the limited time that some WCJSs were in operation and timescale of the evaluation. Figures exclude those for whom the nature of engagement was unknown.*

6.60 Practitioners reported that while many women felt ready to leave at the end of an order, some women remain for longer. Practitioners' views varied on the length of time necessary to see meaningful changes in lifestyles, or for women to feel confident enough to engage with mainstream agencies or community resources without support.

6.61 However, typically women will not spend more than 12 months in WCJSs; only one third[50] of women entered WCJSs on orders of more than 12 months; and of women who exited from established WCJSs, approximately one in five women (18%-22%) had remained in the WCJS for more than 12 months.[51] Overall, women on statutory orders appeared to engage longer relative to those who attended voluntarily (Table 9). However, the target groups of some WCJSs meant it was not unexpected that some women engaged voluntarily for a short time only (e.g. WCJSs that targeted women with high need/risk; had time limited engagement (for low-risk diversion); or was specifically targeted to a

[50] 144 out of 440 women who entered WCJSs between April and December 2014 on a statutory basis. Excludes 73 women with unknown length of sentence and 130 women from the Kilmarnock Court Action Note service.
[51] This includes selected WCJSs (Fife, Dundee and Willow Centre) that existed prior to the Scottish Government funding to assess longer timeframes of engagement (not limited by implementation). Full exit data was unavailable for Aberdeen's Connection service.

need that may not warrant a long period of engagement). Given the short timeframes of evaluation, further study is needed to confirm this trend over the longer term.

6.62 Women interviewed did not indicate an appropriate period for being in WCJSs. However, the option to stay on voluntarily (e.g. to attend drop-ins or keep in touch with their key worker) beyond their order was very important for some women. This provided reassurance that support was available even if they didn't continue to attend regularly:

> "I don't know where I would go now if I weren't able to come back voluntarily. I would slip back down again. Whereas being able to come back on a voluntary basis is keeping me going and keeping me being positive […] There's a lot of things that I'm hoping to move on to, like volunteering and college and stuff. And being able to come back here, and get the help from the workers, that's going to help me to move on."
>
> – Molly (30s), service user

6.63 Some WCJSs advocated successfully for women's orders to be extended in order to provide sufficient support to prepare for exit, which women viewed positively (notably all women who mentioned this were involved in the decision to extend their order):

> "The judge gave me this three months to work with the women's group. So, then I actually asked for another three months … because I like to go and meet with [my key worker and mentor] and going up for a cup of tea and somebody to speak to. The help is there."
>
> – Chelsea (30s), service user

6.64 In practice, most WCJSs operated an informal 'open door' policy for women beyond their order in all or aspects of their service. Dundee's WCJS partnered with non-CJSW agencies to create a voluntary 'drop-in' group as an option for women wanting on-going contact.

6.65 However, practitioners in most WCJSs had concerns for the capacity of resources to provide on-going support, particularly where services were funded for statutory cases only, or as demand for the WCJS grew.

6.66 Other strategies practitioners emphasised in order to help women 'exit well' from WCJSs included having a clear post-exit plan and support. For example, women in Angus's Glen Isla Project were encouraged to continue using their 'Wellbeing Web' booklet when they exited and invited to get in touch if they fell below an agreed threshold.

### *Box 10: Women who disengaged from WCJSs*

Table 10 profiles a subset of women who disengaged from services compared to women who successfully completed their time in WCJSs (i.e. completed their order or programme, were discharged early or no longer needed support).

Women who disengaged with services had more complex needs, were less willing to work on their problems, tended to be younger, had more previous convictions, and had high or very-high LS/CMI scores.

Not surprisingly, women who disengaged from services made less progress than those who completed their order or programme, despite both groups being in services for a similar length of time and receiving similar support.

The disengaged group (albeit only 40 women of which outcomes data was available for only half) were more likely to leave WCJSs with more criminogenic needs unmet, including unsafe or unstable housing, a lack of family support, and serious substance misuse issues.

**Table 10: Profile of women who disengaged from services**

*Women in 13 WCJSs who entered and exited between April and December 2014**

| | **Women who stopped attending (40)** | **Women who completed their order/ programme (144)** |
|---|---|---|
| Average age | 32 | 36 |
| Had three or more previous convictions | 63% | 26% |
| Had high or very high LS/CMI scores | 28% | 7% |
| Attended on a voluntary basis | 68% | 31% |
| Length of time in services | 3.3 months | 3.6 months |
| Average number of presenting needs | 7 | 5 |
| Average number of areas of support received | 4 | 5 |
| **Women's circumstances at exit** *(where exit and progress information was available)* | **21** | **120** |
| 'Got better' in at least one outcome (average) | 48% (1) | 88% (5) |
| 'Got worse' in at least one outcome (average) | 67% (3) | 9% (0.1) |
| Ready to work on problems | 14% | 88% |
| Engaging with services | 29% | 94% |
| Stable and supportive family relationships | 14% | 73% |
| Safe/stable housing | 38% | 92% |
| Stabilised or no substance use | 29% | 82% |

** Base figure is the 184 women who entered and exited between April and December 2014 and whose main reason for exit was either 'stopped attending' or 'completed support/ programme/ order. (Excludes Kilmarnock (130) and Highland (8) where progress was not recorded). These figures are lower than those reported in Table 9 as they exclude women who entered before April 2014.*

### Relationships with other women

6.67 In most WCJSs[52], women had the possibility to interact with other women in the service through group activities or drop-ins.

6.68 Overall, women described the shared experiences with other women in WCJSs as a positive aspect of their support (e.g. many attributed it to improved confidence and reduced isolation)[53] and often contrasted this to their previous experiences of attending CJSW offices for one-to-one supervision appointments only. Women spoke of peer interactions considerably more often than practitioners did, suggesting that this was an important feature of WCJSs for women that is sometimes overlooked.

6.69 Peer interactions contributed to aspects that women particularly valued in WCJSs, such as it being a positive and non-judgmental environment:

> "Nobody kind of looks down [on you] because of what you are, or what they are. Everyone is open minded and allowed their own opinions. I think that is good for the group dynamics as well. The younger girls are seeing it's not always confrontational."
>
> – Wilma (late 40s), service user

6.70 However, women frequently commented that they had felt very anxious in drop-in or group settings initially, before they gained familiarity or confidence. The few women interviewed who had not yet attended group settings were worried about 'who else might be there', with a concern to avoid other women with whom they might not 'get on with' or had negative associations. Though, in the few cases where women were familiar with other women in the WCJS, this was largely regarded neutrally or positively (e.g. as a familiar face or motivation to attend), suggesting that women's fears may reduce after initial engagement.

6.71 That said, women and practitioners did refer to isolated incidents that occurred in WCJSs, which indicated that maintaining a safe environment and managing risks of group settings warranted on-going attention. Safety was reinforced through rules and practices. Practitioners co-developed ground rules with women, enforced zero tolerance for inappropriate behaviours, were attentive to unhealthy dynamics between women, and had non-disclosure rules about offending history. Practitioners also highlighted that group settings were not (yet) appropriate for some women.

6.72 The majority of women interviewed reported that they did not meet or mix with other women outside the WCJS.

[52] Not including projects in Kilmarnock, South Ayrshire and Forth Valley.
[53] Note that there was some inherent bias given that most women interviewed were participating in WCJSs' group-based activities (e.g. drop-ins). Interviews with more women who did not attend group settings may have contributed other views and experiences.

## Relationships with workers

6.73 The importance of meaningful, trusting relationships between workers and women to enable positive change has been well documented.[xxi,xxii] Women's descriptions of their relationships with workers in WCJSs indicated strongly that relationships were a cornerstone of WCJS practice and contributed towards positive outcomes. The importance of relationships was consistently underscored by practitioners:

> "[…] it's the relationship building and getting the trust [of women] and the meaningful relationship to go on and do other things. It just takes time […] You can't just charge in and do things."
>
> – Mental health nurse, WCJS Women's Team

6.74 Frequently, women also felt they could approach numerous workers in the centre or team (in contrast to a single CJSW worker). The practitioner qualities that women in WCJSs most commonly valued were consistent with those already known to underpin successful interventions:

- willing to listen, empathetic and expresses genuine care
- non-judgmental, respectful
- flexible and available
- consistent and dedicated; they 'never gave up' despite set-backs
- a belief and optimism about women's potential for change
- a 'critical friend' or advocate who positively prompts/encourages women's progress, and is 'firm but fair'[54]:

> "You've always got an excuse not to do something. And the staff, you know that they care for you. But just won't let you […], they push you, and actually push you through the barriers you need to push through."
>
> – Lisa (50s), service user

6.75 Two practitioners highlighted that the interpersonal relationships in WCJSs provided an opportunity for women to experience what a 'healthy model of what unconditional support and secure relationships look like' (this is also recognised in the literature[xxiii]).

6.76 Practitioners consistently underlined the time and challenges involved in building trust-based relationships with women.

[54] Existing studies indicate that women are responsive to strength-based approaches rather than having their behaviour and attitudes challenged (Trotter et al, 2012)[xxii]. The reports from women interviewed here suggest this may be more nuanced, relying on the nature of relationship and skill of the practitioner to do this in a positive, strength-based way, and in the context of strong and caring relationships.

## Environment

6.77 WCJSs were located in a variety of premises, including CJSW offices, commercial, and community buildings. WCJSs' outreach focus meant that practitioners also met with women in homes and the community (e.g. cafes, libraries). Having sufficient space to co-locate multi-disciplinary staff from partner agencies was critical for centres and women's teams to deliver holistic support, though space was at a premium in many WCJSs.

6.78 Overall, there was strong qualitative evidence that the positive environments created in WCJSs contributed to women's improved engagement and positive interpersonal relationships (with workers and between women). This is consistent with evidence that indicates the environment is an important feature of effective services.[xxiv]

6.79 Elements of WCJSs' environment (across all models) that practitioners and women valued most were that the service was a welcoming, safe and women-only space.

*Welcoming and safe space*

6.80 To the extent that premises allowed, practitioners created non-threatening, informal environments for women, aligned to trauma-informed practice (e.g. home-like furnishings, positive images on walls, private and shared spaces):

> "It's still formal but not as formal as the social work department. There is other folk hearing you there as well; it's more private here. It makes a huge difference, because I like coming here. […] You can sit and speak about things you don't necessarily get to speak about. Have a coffee and a chat. The conversation would be different if it was had at a desk."
>
> –Kirsty (late 20s), service user

6.81 Other features that contributed to WCJSs being a welcoming and safe space (in addition to positive interpersonal relationships) included having discrete branding and signage so women could remain anonymous about what they were attending, familiar and friendly reception staff, a waiting area in which women did not feel intimidated (e.g. by other CJSW clients), and controls on who 'could just walk in'.

6.82 WCJSs located outside social work offices was an advantage, because it provided a more neutral environment (e.g. for women who described negative experiences of social work) and flexibility to create a relaxed, shared environment. The role that a positive environment can have upon women's engagement and relationships with workers (and other women) was widely expressed among women:

> "I get on better with [CJSW workers] now […] before it was more impersonal because you were just going to the office and seeing them. I think they get to see how you are as a person coming here [...And] you feel like you get to see them as a person as well, so it is quite good."
>
> – Erin (late 20s), service user

6.83 Overall, most WCJSs had some on-going challenges to service delivery that related to physical premises (e.g. inflexible or limited spaces, or shared spaces such as entrance areas outwith their control).

*Women-only space*

6.84 All WCJSs delivered support in premises or at times designated for women only. This was easier to achieve in non-CJSW premises. Overwhelmingly, women in WCJSs were positive about WCJSs being for women only. For some, their preference was a personal one. Others felt it was important for other women, but not them specifically.

6.85 The common reasons women supported a women-only space was that it removed any mixed signals and women felt comfortable and safe to be themselves and 'open up' to others more.

6.86 For practitioners, women-only spaces were strongly supported in line with trauma-informed practice.

6.87 Whilst the majority of staff working in WCJSs were female, there was general support (or, no objection to) male practitioners in WCJSs from both women and practitioners. Several WCJSs had male practitioners in mental health, throughcare, housing or welfare rights roles. Practitioners most often cited the value of having positive male role models in WCJSs. Notably, no women identified this as a reason, but rather emphasised the relational qualities of practitioners over gender. In addition, a few staff highlighted the risk that WCJSs could become isolating for practitioners 'if we just say female offenders deal with female workers'.

6.88 A few practitioners and women however did recognise potential limits to male-female interactions in some cases (particularly for women dealing with complex trauma and abuse):

> "I've had to send the order [of a female client] back to court under breach proceedings […] If the relationship was female to female I suspect that the outcomes might be better [...] female service users may well find it more inviting, if you like [and] engage with a bit more confidence and possibly disclose more information […] I'm not saying that gender is a barrier what I'm saying is that an approach from a team that is dedicated to females I think has a better chance of working."
>
> – Male practitioner, working in CJSW

### Participation of women

6.89 In most WCJSs, women were included in elements of decision-making and/or roles that helped to deliver and shape services (beyond decisions that women make in their own case management). Women and practitioners regarded their efforts to involve women positively, and that it had contributed towards better engagement and outcomes for women, such as improved confidence. This aligns to growing evidence of the benefits of co-production for services (in design and delivery) and individuals (for personal development and towards desistance).[xxv]

6.90 The degree and regularity of women's involvement varied across WCJSs, ranging from women simply deciding on activities, group rules and providing feedback (most WCJSs), through to TWG's service-wide 'co-production', approach facilitated by external agency *Outside the Box* (see their learning online[55]).

6.91 Several WCJSs had opportunities for women to volunteer in the service aimed at building confidence or enabling women to 'practice a new identity'. Most examples given were informal (e.g. peer support, welcoming new women) but a few highlighted examples whereby women received formal volunteer training, co-facilitated groups, presented with staff at public events about the WCJS, or participated in user-led groups (e.g. *Justus* in the Willow Centre[56]). One practitioner in an established service highlighted their approach:

[55] http://www.otbds.org/twg/ [Accessed 5 May 2015]
[56] Women in the Willow Centre successfully applied for funding from the *SeeMe* campaign for a user-led group *JustUs*, which aims to address issues of mental health discrimination and stigma for women in the justice system.

> "Usually by nine to twelve months we ask [women] to take on responsibilities, roles and contribution to the service […] For example, women help with open days or grant applications for funding arts projects. […] We have demand for a new group in mentalisation, but only one staff [member] to run that, [so] two women are taking on co-facilitation who say this has changed their life and they want to teach it to others."
>
> – Manager, WCJS Centre

6.92 Practitioners did find elements of participatory practice challenging (e.g. to balance women's ideas with ensuring realistic plans, and gathering regular feedback from women in meaningful ways), and indicated that it was part of a wider cultural change in how services might work differently with individuals.

6.93 Findings suggested that innovative practices to involve women requires a flexible operational environment. For example, practitioners in two WCJSs were frustrated that opportunities for women's participation were lost due to their local authority's rigid procurement processes (e.g. prescriptive procedures and long timeframes to purchase items limited women's involvement).

# 7 Outcomes for Women

**Key findings**

- Overall, most women in WCJSs experienced improvements in at least one outcome (83%), and on average women made progress in four outcomes.
- Women were most likely to make progress in short-term outcomes such as improved problem solving skills (58%), engagement with services (57%), stable and safe housing (56%), willingness to work on problems (54%), mental health (52%), and substance misuse (52%).
- Positive change tended to occur when women were stable, felt motivated to change, felt supported or encouraged by workers or a person they trusted, *and* had opportunities or access to support at the appropriate time (underlining the importance of properly sequenced holistic support and the often-described 'softer' outcomes).
- Women were less likely to make progress in other (longer-term) outcomes, including positive or rewarding ways to spend their time (36%), work, volunteering or training (29%), and improved family relationships (37%).
- Women were also less likely to make progress in achieving the view that offending is unacceptable (38%) (although only a small proportion entered with this view).
- Women's progress was not linear and some women experienced setbacks as well as improvements, particularly in housing, physical and sexual health, and engagement with services (though in some cases negative progress may result from full circumstances becoming known over time.)
- Practitioners identified that progress was particularly challenging for women with more complex needs, unstable substance misuse, and those with experiences of trauma or abuse (e.g. domestic violence or the placement of children into care).

## Introduction

**This section reports on outcomes for women, drawn from interviews from nine WCJSs, and data on women's progress in (all) WCJSs. Findings are presented at a national level. The section begins with a summary of the data and women's outcomes overall, followed by outcome findings in nine key areas.**

7.1 Women's outcome findings were informed by:

- **Qualitative data** from interviews with practitioners and women in nine WCJSs, which represented the different model types. These WCJSs are therefore represented more frequently in quotes and examples. Women and practitioners were asked what type of changes they experienced or observed and what they attributed the change to. Variations by WCJSs were identified (if possible) to help understand 'what worked, for whom and in what circumstances'.[i]
- **Quantitative data** from assessments conducted in 13 WCJSs using a standardised 'service user questionnaire'.[57] Practitioners assessed women against 14 outcomes, when they first entered the service, and again when they exited or at six months. Findings report progress for 406 women who entered WCJSs between April and December 2014, and the 'exit state' for 506 women who left during that same period.[58] Data was pooled at a national level and used to understand overall patterns of progress for all women in WCJSs. The data was examined for patterns to identify whether specific activities across WCJSs (e.g. health, welfare rights, purposeful activities) were more effective than others to improve women's progress. Although this appeared to be the case in some outcomes, the small numbers and variation in WCJSs' target groups and local provision meant that these findings could not be attributed or asserted with confidence.

7.2 The evidence of outcomes presented for women in WCJSs must be understood in the following context:

- The changes in women's lives described took place amongst complex social and personal situations, and it is therefore not possible to attribute change to a simple 'WCJS effect'. The absence of a representative sample or comparative group also limits the extent to which arguments of attribution can be made.
- Women's progress was measured for a short duration only, ranging from a few weeks to nine months (five months on average) depending on the length of their engagement with the WCJS.
- Negative progress in one area can sometimes indicate positive progress in other areas (e.g. previously undiagnosed health issues or debt problems uncovered as a result of improved engagement

[57] Progress data is not included (or applicable) for projects in Aberdeenshire's development project, Highland's WCJS or Kilmarnock's Court Action Note service.
[58] This includes women in WCJSs who entered prior to April 2014.

with services). Similarly, practitioners reported that women might disclose more accurate information in later assessments once they've established trusted relationships with workers (e.g. such as sexual health or domestic violence).

*Summary of progress for all women in WCJSs*

7.3 Progress experienced by women in WCJSs varied across the 14 outcomes measured (see Figure 3 and full table in Annex D).

7.4 Overall most women (83%)[59] made progress in at least one of the 14 outcomes, and on average women made progress in four. As shown in Figure 3, women's progress is not necessarily linear and some women experienced setbacks in areas; approximately one third (31%)[60] of women 'got worse' in at least one outcome.

7.5 Figure 3 reports progress for *all* women assessed in WCJSs. However, this includes progress in outcomes for women who may have entered the WCJS with that particular outcome already fulfilled (e.g. she had safe and stable housing, therefore no action is needed, and progress is expected to 'stay the same'). The volume of these cases conceals the 'real progress' of women who entered WCJSs in 'negative circumstances' and for whom change is most desired (e.g. she entered with unsafe housing, which requires action and progress is expected to 'get better').

7.6 Therefore, it is more meaningful to report and understand progress experienced by women who entered WCJSs in a 'negative state' in each outcome (see Annex D for definitions). Progress for this population is reported in Table 11 and is referred to throughout this section.

[59] 339 out of 406 women who were in WCJSs between April and December 2014.
[60] 125 out of 406 women who were in WCJSs between April and December 2014.

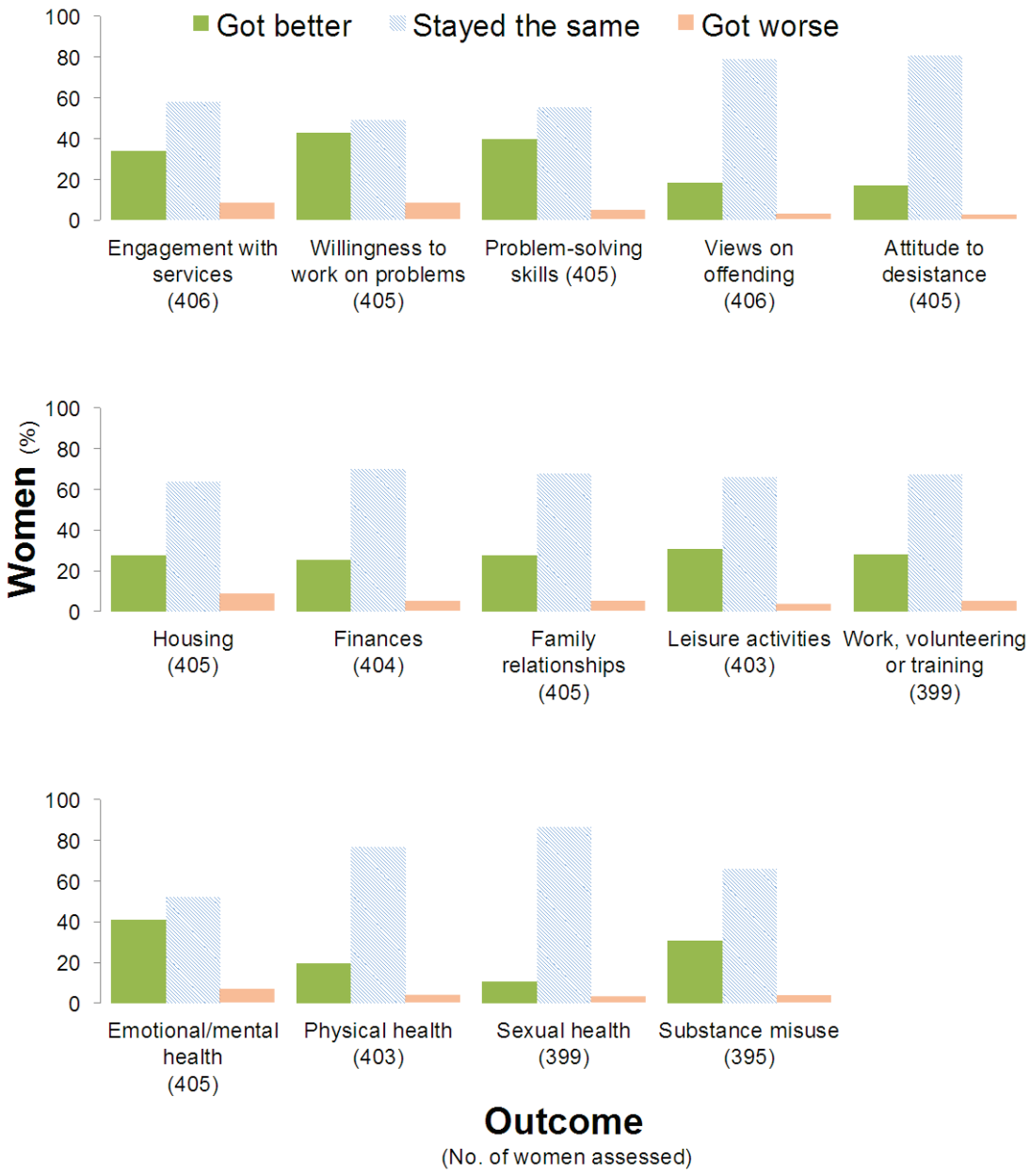


**Figure 3: Overall progress by outcome for all women (1 April - 31 December 2014)**

*Summary of progress for women who entered in negative circumstances*

7.7 As explained above, women's progress is reported only for those women who entered WCJSs in a 'negative state' in each outcome.

7.8 Women were most likely to make progress in meeting short-term outcomes. This reflects prioritisation of support to stabilise areas of women's lives (e.g. secure housing) and promote their 'readiness to change', such as their confidence, motivation and ability to work on problems and communicate and engage effectively with services (Table 11).

7.9 Women were less likely to experience improvements in longer-term outcomes such as purposeful activities (although findings indicate these may not only be long-term outcomes – see outcomes section 7.78), family relationships, and views that offending is unacceptable. These reflect areas in which women either received less support (see Table 8), and/or where changes take time amongst complex social and personal situations. See individual sections below for detailed findings.

7.10 Housing, physical and sexual health and engagement with services were areas in which a minority of women were more likely to 'get worse' (8-9%).[61] This may indicate areas that were more vulnerable to setbacks or the tendency that women may only fully disclose the extent of their circumstances over time (see section 7.2).

7.11 The remainder of the section reports findings by the 14 outcome measures, grouped into nine areas.

[61] Figures report (negative) progress for women who entered with identified needs in each area.

**Table 11: Progress by outcome of women who entered WCJSs in a 'negative state' only**

*Women who entered WCJSs in a 'negative state' per outcome between 1 April and 31 December 2014*

| | Outcome (In order of most common area in which women made progress) | Direction of progress: Got better | | Stayed the same | | Got worse | | Total women who entered in 'negative state' |
|---|---|---|---|---|---|---|---|---|
| | Problem-solving skills | 86 | 58% | 56 | 38% | 6 | 4% | 148 |
| | Engagement with services | 73 | 57% | 46 | 36% | 10 | 8% | 129 |
| ✓ | Housing | 77 | 56% | 48 | 35% | 12 | 9% | 137 |
| ✓ | Willingness to work on problems | 74 | 54% | 57 | 41% | 7 | 5% | 138 |
| | Emotional/mental health | 95 | 52% | 79 | 43% | 10 | 5% | 184 |
| ✓ | Substance misuse | 98 | 52% | 87 | 46% | 5 | 3% | 190 |
| | Sexual health | 16 | 48% | 14 | 42% | 3 | 9% | 33 |
| ✓ | Attitude to desistance | 41 | 46% | 48 | 53% | 1 | 1% | 90 |
| ✓ | Finances | 70 | 44% | 85 | 53% | 5 | 3% | 160 |
| | Physical health | 49 | 40% | 64 | 52% | 10 | 8% | 123 |
| ✓ | Views on offending | 66 | 38% | 103 | 59% | 5 | 3% | 174 |
| ✓ | Family relationships | 86 | 37% | 136 | 58% | 11 | 5% | 233 |
| ✓ | Leisure activities | 90 | 36% | 154 | 62% | 5 | 2% | 249 |
| ✓ | Work, volunteering or training | 93 | 29% | 216 | 68% | 9 | 3% | 318 |

*Note: Total percentages may not equal 100% due to rounding. Use of colour highlights order of prevalence.*

✓*Criminogenic need (associated with the risk of offending)*

## Engagement with services

7.12 One of the key aims of WCJSs was to facilitate women's engagement with practical support and overcome any barriers they faced in accessing support from mainstream services.

7.13 One third of women entered WCJSs with difficulties engaging with services (34%).[62] Fieldwork supported wider evidence that women faced both practical barriers such as knowing where and how to access services, and personal barriers e.g. distrust of mainstream services due to previous negative experiences, or women being removed from registers due to repeat non-attendance or poor behaviour.[vii,xx]

7.14 Engagement with services was one of the outcomes in which women were most likely to improve; over half (57%)[63] of women who were not engaging with services when they entered WCJSs were now engaging

[62] 250 women out of 737 women who entered between April and December 2014 with presenting needs data recorded.
[63] 73 out of 129 women who entered between April and December 2014 in 'negative state' for this outcome and whose progress was assessed.

willingly and requiring less support to do so. Of women who exited WCJSs, only 18%[64] were not engaging with services.

7.15 Women and practitioners largely attributed women's improved engagement to the shift in providing flexible, multi-disciplinary support in WCJSs (e.g. proactive outreach, multi-disciplinary teams, and informal environments), which was different to traditional CJSW supervision:

> "When women [were] bringing up problems of Welfare Rights types issues, which happens a lot, you had nothing to offer. For medical services, you could try if you liked to maybe get a service. Probably unsuccessfully. To be able now to speak about these needs and address them, makes [women] feel more interested. We know they've got a variety of different problems, so it's not just, "We're here to talk about why you were involved in this part of offending," which to some extent, we were confined to before. It's just opened everything up. It's expanded what we can do, really considerably."
>
> – Practitioner, WCJS Women's Team

7.16 In addition, women's improved ability to engage with services independently was attributed to support in other areas, such as support to improve mental health (e.g. confidence), improved life-skills (e.g. communication and self-presentation skills), and encouragement or practical assistance from workers.

7.17 These findings suggest that external agencies may benefit from the support provided by WCJSs to their clients (e.g. more efficient referrals and attendance).

7.18 Practitioners reflected on the success of proactive outreach activities that support building trusting relationships with women (see section 6.54), and thereafter linking them into services in WCJSs or the community. In rural areas, community hubs were reported to improve accessibility and promote engagement with services for women who were stable and lived within a two bus-ride limit. However, evidence suggested that hubs (similar to other models), had limited success with women who had unstable substance use, or were living in very rural areas, who required individual outreach, e.g. home visits, at least initially.

7.19 There was strong qualitative evidence to support that having multi-disciplinary practitioners 'in-house' or linked to WCJSs lowered the practical and personal barriers for women to access services. In WCJSs with co-located provision, women reported seeing multiple team members in one visit and practitioners reported greater flexibility in being able to re-schedule appointments, for women to present

[64] 64 out of 358 women who exited WCJSs between April and December 2014 and whose progress was assessed.

unexpectedly, and to enable women to access support in WCJS if, for example, their needs do not meet the thresholds for specialist services (e.g. NHS psychiatric services):

> "A lot of the women that we work with, even if they do get into the services, just can't handle turning up at the right time on the right day for weeks to keep their appointments. Whereas, they can phone up [mental health nurse] and say, "Can I come in today?"
>
> – Practitioner, WCJS Women's Team

7.20 The informal environment created in centres, hubs and drop-in sessions also provided flexible and relaxed opportunities for women to receive support outside of structured appointments, and broke down some of the barriers for women to engage positively with a range of workers, not just social work (see section 6.78):

> "Sometimes you have a bad experience with [social work] in the past so you have got that barrier up already. There is a nurse, Ann*, she comes and she always speaks to you. They don't force it on you what you have got to talk about.[…] It is just informal, then you have got Claire* from Sacro she is really good as well, really approachable. I think it is good to have that mixture and you are not just feeling that it is social work that is here."
>
> – Erin (late 20s), service user

7.21 The reasons indicated by women who did not engage with (mainstream) services included low levels of confidence, wariness towards being offered support (i.e. for women who preferred to satisfy minimum supervisory requirements and leave), or that support was offered at a time when women were not 'ready':

> "[… sometimes] getting them to accept a referral for a health service, for a Welfare Rights Officer [is challenging], because their focus is elsewhere. Whether it's drugs, alcohol, their relationships, or what have you. For me personally, a huge challenge is actually getting them to accept a service or look beyond [here and now]."
>
> – Practitioner, WCJS Women's Team

## Housing

7.22 Almost two in five women entered WCJSs with a housing-related need (most of whom lacked safe or stable housing) (39%)[65]. Approximately one in ten women (13%)[66] were homeless when they entered.

7.23 At their most recent assessment, just over half (56%)[67] of women who entered WCJSs in unsafe or unstable accommodation made some

[65] 290 out of 737 women who entered between April and December 2014 with presenting needs data recorded.
[66] 88 out of 689 women who entered between April and December 2014 who had housing status assessed when they entered WCJSs.

improvement, i.e. they got somewhere to stay and/or it was safer or more stable than where they had been living previously.

7.24 In interviews, improvements in housing typically required multiple agencies working together, e.g. local authorities and housing associations; mostly driven by the persistence of WCJS practitioners e.g. social or support workers.

7.25 Women valued help to attend housing appointments, advocacy by WCJS staff to support their housing application, or to get health and safety issues addressed (e.g. dampness or changing of locks) which they had previously been unable to progress on their own.

7.26 The small group (9%, 12) whose housing situation deteriorated while in WCJSs may reflect the vulnerability of women's housing to external events such as domestic abuse, eviction, or being returned to custody, as described by practitioners.

7.27 Among women who exited WCJSs, the majority (83%) left while living in relatively safe and secure housing; 10% exited with unsafe or unstable housing and 7% of women were homeless.[68] Women who left with poor or unresolved housing situations were more likely to have left WCJSs in unplanned circumstances.

7.28 Women who were interviewed had a range of housing situations, including those who had been homeless, lived in temporary accommodation, lived with family or friends, or had their own tenancy. Women commonly linked housing to a sense of stability in having (or wanting) their 'own place', and to independence (away from negative associates or places). Housing played an important role in enabling women to 'move on' or make progress in other areas of their life; but it could take different amounts of time to see change, as illustrated in the following accounts from two women:

> "[Staff] managed to get me a flat. It turned out to be the street I grew up in... [It was] really quick. … I [have now] started building a relationship with my sister. She lives [nearby]. I am more in touch with them, whereas before I was just stuck out in the East."
>
> – Lucy (30s), service user

[67] 77 out of 137 women who entered between April and December 2014 in a 'negative state' for this outcome and whose progress was assessed.
[68] 294, 36, and 24 (respectively) out of 354 women who exited WCJSs between April and December 2014 and whose progress was assessed.

> "I'm in a temporary flat now, I'm trying to get another flat, which I've been doing for about eleven and a half months now […] But now, I've got my head clear and I know what I need to do. I'll get it done up for me and the bairn. Then, I don't know. Just do what I've been doing, because what I've been doing for the last couple of months seems to be working."
>
> – Adele (20s), service user

7.29 Practitioners also emphasised that safe and stable housing was critical to enable women to make progress in other areas of their lives. This was particularly so for women who had just left prison or were experiencing domestic violence: times where women were often motivated to make a 'new start'. A practitioner in an area with poor housing options stated that the lack of stable housing options 'set women up to fail':

> "I was speaking to [a woman] the other day who was about to get out of prison and she was dreading going into a hostel. Absolutely dreading it. She was saying, "I've got stabilised. I'm on methadone and everything. If I go into a hostel, I know that I'll be back at square one." She'll know lots of people in these hostels, [...] and it's going to be very, very difficult to say "No" to her old acquaintances."
>
> Practitioner, WCJS Women's Team

7.30 Some women did not experience a change in housing status (35%).[69] Descriptions of the time it took to secure housing for women ranged from two weeks to just under 12 months. The lack of progress (or time taken to secure housing) for some women may be attributed to practitioners' reports of shortages in appropriate housing in some areas and for particular types of women, e.g. a lack of safe options for women on release from prison or single person accommodation for women without children. 'Sticky reputations' (e.g. anti-social behaviour or substance misuse) or women declining housing options also limited progress in some cases.

### Welfare rights and finances

7.31 Two in five women entered WCJSs with financial problems (39%, 289).[70] Fifty-two women had 'serious money problems and/or no apparent means of support'.

7.32 Forty four per cent of women who entered WCJSs with serious or regular financial problems experienced an improvement. [71] Additionally, almost all women who had entered with no serious

[69] 48 out of 137 women who entered between April and December 2014 in a 'negative state' for this outcome and whose progress was assessed.
[70] 289 out of 737 women who entered between April and December 2014 with presenting needs data recorded.
[71] 70 out of 160 women who entered between April and December 2014 in a 'negative state' for this outcome and whose progress was assessed.

financial difficulties remained in a positive situation or got even better (95%)[72]. Among the women who exited WCJSs, one in five (23%) left with serious or regular money problems.[73]

7.33 In interviews, women attributed improvements in their financial circumstances to the support provided by WCJSs staff, most typically described that they 'got their benefits sorted'. Practitioners explained that this involved supporting women with their applications, and where welfare rights officers were available, the maximisation of benefits, or representation of women at tribunals (see section 6.22).

7.34 Many women reported that they would not have otherwise accessed financial support, not least because some did not know about their entitlements or that they could access free support in money advice services. Women and practitioners indicated that having support in WCJSs helped overcome the barriers to engage directly with DWP due to the complexity of processes, or based on past negative experiences.

7.35 Practitioners in WCJSs with WROs identified that resolving benefit issues and gaining some financial stability had contributed towards stability in women's lives, particularly in relation to housing. Practitioners reported that educating women about benefits and empowering them to ask for help rather than 'just pushing problems away to do with debts and benefits and housing' had reduced the risk of future benefit sanctions, offending (where this was poverty related), or eviction:

> "There were definitely people that got evicted [before] who would not have been evicted if we'd had Rob* [as WCJS's welfare rights officer]."
>
> – Practitioner, WCJS Women's Team

### Substance misuse

7.36 The high prevalence of substance misuse in women in the justice system is well documented and known to be associated with reoffending (i.e. a criminogenic need).[ix]

7.37 Three in five women entered WCJSs with an identified need for support relating to (any level of) substance misuse (59%).[74]

7.38 Just over half (52%)[75] of women who had entered WCJSs with 'serious'[76] substance misuse issues experienced an improvement, e.g.

[72] 192 and 32 (respectively) out of 237 women who entered between April and December 2014 and whose progress was assessed.
[73] 80 out of 349 women who exited WCJSs between April and December 2014 and whose progress was assessed.
[74] 437 out of 737 women who entered between April and December 2014 with presenting needs data recorded.
[75] 98 out of 190 women who entered between April and December 2014 in a 'negative state' for this outcome and whose progress was assessed.

they stopped, reduced or stabilised their use, and it no longer interfered with their daily functioning.

7.39 Women largely attributed their reducing or stopping the misuse of substances to their own determination, and readiness or decision to change (e.g. they had 'had enough', 'grew up' or identified the effect on their family (which was not unique to this outcome)).

7.40 Women described a range of interventions to stop or reduce their substance use, including medical management with legal prescriptions (e.g. methadone), detox or rehab programmes, counselling, and going 'cold turkey', this varied by individual. However, both women and practitioners held that strategies only worked when women 'are ready'.

7.41 Recovery often involved multiple agencies or workers. While few women attributed changes in substance misuse to WCJSs exclusively, some highlighted that the environment and the group or individual support (including mentoring) received in WCJSs motivated or 'pushed' them to deal with issues, reduced isolation, and improved mental health, which contributed to them reducing or stabilising their substance use.

7.42 Women and practitioners linked reductions in substance misuse to improvements elsewhere in women's lives, including family relationships, physical health, and desistance. In interviews, women frequently linked alcohol or drug use to circumstances that led to their offending, as illustrated by this woman who attributed her stabilised alcohol use to her 'growing up and getting on the right medication':

> "I'm not drunk. That's my reason [for stopping offending]. I'm not drunk and I'm not taking all my medication wrong. […] It's obvious to the people who have known me for a few years, the change in me. So, I'm well proud of myself."
>
> – Shona (20s), service user

7.43 Not all women, however, reported or showed reductions or stability in substance use. One third[77] of women who exited WCJSs still left with 'serious' substance misuse issues. Most of these women exited WCJSs in unplanned circumstances (e.g. they disengaged or returned to custody, or their order was revoked or breached) but one third left because they had completed their statutory obligations. Addictions are an area in which change takes time and support may continue to be delivered by services outwith WCJSs.

7.44 This data reflects the comments that women and practitioners made about the time it took to address substance issues, and although some women did make progress, others had not. Practitioners reported that

[76] Women were considered to have 'serious' substance misuse issues if it interfered with their daily functioning.
[77] 115 of 337 women who exited WCJSs between April and December 2014 and whose progress was assessed.

some women were vulnerable to relapses due to mental health issues and/or significant life events, e.g. being released from prison, bereavement, or losing care of their children. The quantitative data also indicated high rates of comorbidity among women with substance misuse problems; the vast majority (70%) presented with five or more additional issues, which adds to the complexity of care but underlines the value of holistic approach for women substance misuse issues.

## Mental Health

7.45 Mental or emotional health was the most prevalent issue for women entering WCJSs; over three-quarters (78%)[78] entered with a mental health need.

7.46 Over half of women (52%) who entered WCJSs with poor mental health (e.g. frequently scared, anxious, distressed, engaged in self-harming or had suicidal thoughts) experienced an improvement[79] (see Table 11). The most common improvements in mental health described by women included feeling connected to others (i.e. 'less isolated'); improved confidence and self-esteem; reduced depression, stress or anxiety; and/or having a sense of purpose and hope for the future. These four mental health outcomes are described in detail under the headings below.

7.47 Women and practitioners associated a range of features of WCJSs with improved mental health beyond specific 'mental health interventions' e.g. forming positive connections with other women and workers, support in a relaxed environment, and holistic support to address other needs, e.g. substance misuse, housing and family relationships.

7.48 However, a few women interviewed felt they had experienced little improvement in their mental health. The quantitative data showed that one in five women (22%)[80] who exited WCJSs left with poor mental health. A common reason women and practitioners gave for a lack of progress in mental health was the comorbidity or complexity of needs among some women. This included those with addictions who had higher prevalence of mental health issues compared to other women, and women with a history of complex trauma. This underlines the length of time it may take to identify and address the multiple issues that some women experience.

*Having a connection with others*

7.49 Women described feeling less isolated or 'alone in the world', or feeling a 'part of something' at WCJSs. Women attributed this to having

[78] 576 women out of 737 women who entered between April and December 2014 with presenting needs data recorded.
[79] 95 out of 184 women who entered between April and December 2014 in a 'negative state' for this outcome and whose progress was assessed.
[80] 78 out of 347 women who exited WCJSs between April and December 2014 and whose progress was assessed.

somewhere to go to get support (from staff or other women) or just having the knowledge or comfort that support was 'here if I needed it'.

> "It's the knowledge that someone is there for you … I can spend months in my bed, in the darkness, in depression. [I'm] starting to look forward to a Friday. It's a big step forward for me."
>
> – Wilma (late 40s), service user

7.50 The value that women placed in interpersonal relationships was also reflected in the quantitative progress data. The proportion of women in WCJSs who had good mental health, or were able to talk about how they felt with professionals and receive support, increased from 54% to 70% by the time of their progress assessment (on average, five months later).[81]

7.51 Critically, women identified that the informal nature of WCJSs' environment and activities, such as drop-in sessions in community hubs or group activities, provided opportunities to be with others in a way that they had not experienced with other interventions:

> "I was quite isolated. So since coming to this group it's been fantastic, meeting other women. […] And [hearing] everyone's different kind of views, and how people are feeling, it kind of makes you feel, I don't know, part of society. [...] Because when I used to go to [mental health resource centre], for treatment of depression, it was always one to one, and that didn't seem to help me. And this has helped me […] it makes you feel not alone in the world any more and not so scared of life."
>
> – Lisa (50s), service user

7.52 In WCJSs that did not have facilities for informal group interaction (e.g. CJSW offices without drop-ins), women talked positively of the role of their mentor in helping to reduce isolation.

*Confidence and self-esteem*

7.53 Improvements in confidence and self-esteem (which led to self-efficacy) were the most common and consistently reported changes in mental health reported by practitioners and women themselves.

7.54 Women attributed improved confidence largely to having support and workers that were optimistic about their potential or had a 'belief in me'. Staff themselves acknowledged the importance of sustained relationships and helping women to recognise their self-worth.

7.55 Women and practitioners also attributed improved confidence to doing activities they found rewarding, that gave them a sense of achievement (such as learning new skills that they could use in everyday life such as communication/presentation skills), contributing to something or others

[81] 214 and 280 (respectively) out of 398 women who entered between April and December 2014 and had mental health progress assessed (mental health deteriorated for 12 women).

(e.g. voluntary roles, group projects), or simply engaging with other women in a positive group setting (see purposeful activities section 6.43).

7.56 Improved self-esteem was a prerequisite for women to make or sustain important changes in their lives, such as disassociating from negative peers or perpetrators of domestic violence, or to engage independently with other services.

> "[… I'm] learning to be independent myself without having a key worker to phone up and say, "Look, I need you to phone the social work department." I can do that myself now. I speak up for myself now where I couldn't have done that last year. I didn't feel confident enough to even approach the housing or even the DSS because I was so… I just panicked around anybody that was official..."
>
> – Mary (late 50s), service user

*Less depressed, stressed or anxious*

7.57 Women reported a range of changes in their mental health from small changes in thoughts, feelings and actions experienced as part of everyday life, such as feeling less angry or stressed and more calm and in control; to changes in long-term conditions such as anxiety and depression.

7.58 The quantitative data indicated a modest reduction (16%) in the proportion of women who were frequently scared, anxious or unhappy by the time of their progress assessment.[82] Women reported being better at recognising and responding appropriately to their emotions, but still expected 'ups and downs.'

7.59 Women tended to attribute these changes in their feelings, reasoning and behaviour to having learnt new techniques or 'coping skills' from health professionals or workers in the WCJS in structured groupwork or individual sessions. These included anti-anxiety techniques learned from the nurse or OT, mindfulness training, referral to stress classes, Connections or Survive and Thrive groupwork programmes, or specialist therapies).

7.60 Women in the Willow Centre in particular reported marked improvements in their mental health, which many felt were a result of dialectical behaviour therapy (DBT) or interpersonal psychotherapy (IPT) therapies received as part of the Centre's focus on mental health:

[82] 118 women reported being stressed or anxious at the time of their progress assessment compared to 184 women when they entered the WCJSs.

> "Before, I used to get really angry easily, or frustrated because I couldn't express myself properly. I'm able to explain what the emotion is, or why I was having the emotion, and now I'm much better. I'm not going to be one hundred percent cured. I still take the tablets and that. But now, I've been given life skills and different opportunities. […] I've been able to use these skills in everyday life. I know that they're not always going to work, but at least I'm a person that can make decisions now."
>
> – Jen (early 40s), service user

*Purpose and hope for the future*

7.61 A small but notable group of women expressed changes in their attitude about life (more positive), or a feeling of hopefulness and purpose. These women had generally (but not exclusively) been involved longer or more intensely in the WCJS, and/or had stable circumstances.

7.62 Women attributed feeling more hopeful about their future to a combination of factors, including the support or 'belief' they felt workers had in them, and their own self-efficacy. Importantly, their sense of hope was often linked to tangible achievements or changes that had occurred in their life, such as changes in living or social situation (e.g. moved house, left domestic violence or negative peer associates), an agreed written action plan with staff (e.g. to return to work), or opportunities to volunteer in the WCJS or elsewhere.

7.63 Other reasons that women attributed to improvements in their mental health overall included the welcoming environment of WCJS (in contrast to previous negative experiences of social work or mainstream health services), having 'something to do', having the right medication, and having reduced or stabilised alcohol or drug use.

## Physical (and sexual) health

7.64 Almost one third (30%) of women entered WCJSs with a physical or sexual-health need.[83]

7.65 Of women who entered with poor physical or sexual health, 40%[84] and 48%[85] respectively made progress. However, the figure for sexual health must be treated with caution, as the number of women assessed as having poor sexual health was very low (and believed to be underreported.

[83] 225 women out of 737 women who entered between April and December 2014 with presenting needs data recorded (comprised of 192 (26%) women with physical health needs and 70 (9%) with sexual health issues).
[84] 49 out of 123 women who entered between April and December 2014 in a 'negative state' for this outcome and whose progress was assessed.
[85] 16 out of 33 women who entered between April and December 2014 in a 'negative state' for this outcome and whose progress was assessed.

7.66 Compared to changes in other areas of women's lives, women interviewed had less to say about physical and sexual health improvements, even when prompted. In the few women who reported physical changes, these were commonly related to appearance, e.g. 'looking better', losing weight, and having their teeth fixed. Women rarely talked about sexual health outcomes, which may reflect the personal nature of this topic.

7.67 Practitioners and women attributed improvements in physical and sexual health to having access to health professionals within the WCJSs and/or encouragement and support to attend appointments in the community (e.g. dentist or GP) (see health activities section 6.29).

7.68 Other reasons for women's improved health included reduced or stabilised drug or alcohol use, or adopting healthier behaviours, such as using gym cards obtained by the WCJS (though some women used these less than intended) or cooking and eating healthier food as a result of group cooking classes or food provided at drop-ins.

7.69 One in four women (24%)[86] left WCJSs with poor physical health, similar to the proportion of women who left with poor mental health. A minority (6%)[87] left with poor sexual health, though as noted before, this is suspected to have been underreported.

### Family and social relationships

7.70 Social and family relationships have been identified in the literature as being important in the desistance process; with offenders with family support less likely to reoffend than those without.[xi,xv,xxvi]

7.71 Almost three in five women entered WCJSs with a need relating to family and social relationships, e.g. they had poor relationships with family or rejected pro-social support (58%).[88]

7.72 However, this was an area in which women were less likely to make progress; fewer than two in five women who entered WCJSs with poor relationships with family made some improvement in this area (37%)[89] despite it being an area in which women were likely to receive support (see Table 8). This may reflect the challenges of changing complex social relations and situations within a short timeframe, or, as several practitioners pointed out, where family ties are 'not there to be strengthened'.

[86] 83 out 346 women who exited WCJSs between April and December 2014 and whose progress was assessed.
[87] 20 out of 331 women who exited WCJSs between April and December 2014 and whose progress was assessed.
[88] 425 women out of 737 women who entered between April and December 2014 with presenting needs data recorded.
[89] 86 out of 233 women who entered between April and December 2014 in a 'negative state' for this outcome and whose progress was assessed.

7.73 Among the women who exited WCJSs, over half left with fairly stable or supportive family relationships (56%).[90] In interviews, some women reported improved family relationships with their parents, siblings, and children. They attributed these improvements to a variety of factors, including reduced substance misuse, improved communication skills and strategies to manage their emotions (including anger management), or by resolving deeper conflict or trauma through DBT and psychotherapy (where specialist provision was available). Practitioners highlighted the impact of the removal (or absence) of children on women's lives.

7.74 It was not always possible or appropriate to support them to regain custody of their children if women were not in a position (yet) to do so. However, where it was appropriate, women highly valued the support of their key worker as their advocate and 'independent voice' for them within Children and Families case conferences (see partnerships section 3.20). Helping women to come to terms with the loss of children into care appeared a challenging area for some WCJSs:

> "Certainly the majority of the women I'm working with at the moment – although it fluctuates – have had their children removed permanently. It's a decision that had to be made. […] But it leaves the women so traumatised and really with this lasting grief. […] A lot of women then have substance misuse problems and often it escalates after the children have been removed […] I don't think we really have an effective way of meeting that need."
>
> – Practitioner, WCJS Women's Team

7.75 Some women also reported changes in (peer) social relationships, e.g. leaving negative relationships or forming new positive personal relationships (e.g. with spouses/partners, friends, or associates). They associated this change in part to increased confidence and independence developed through attending groupwork, and alternative sources of social support, including WCJS practitioners and positive peers. In some cases, wider contextual factors affected relationships such as moving to a new area or the death or imprisonment of a negative associate, which enabled women to move on. In one WCJS, practitioners agreed that it was often difficult to make progress with women living in on-going domestic abuse situations.

### Purposeful activities (leisure, education and work)

7.76 Having activities that women found rewarding was a frequent need among women entering WCJSs. Half of all women (52%)[91] entered without interests or positive ways to spend their time. And more than

[90] 195 out of 349 women who exited WCJSs between April and December 2014 and whose progress was assessed.
[91] 380 out of 737 women who entered between April and December 2014 with presenting needs data recorded.

half (61%)[92] were not in work, volunteering or training. Such activities (i.e. opportunities to apply skills or practice new identifies) have been identified as crucial to developing women's social capital that supports desistance[xxvii] and reintegration.

7.77 However, this was an area women were less likely to experience progress. Just over one third of women (36%)[93] who entered WCJSs without rewarding ways to spend her time experienced improvements. And less than one third (29%)[94] of those not in volunteering, work or training when they entered WCJSs made progress in this area.

7.78 In part this likely reflects appropriate case management in which support to achieve stability or meet women's immediate needs took precedence over longer-term issues (see Table 8). Furthermore, progress in this area is unlikely to be realised in the short evaluation timeframes. However, the strong desire among women for something meaningful to do (see section 6.47) and the benefit to women's confidence and mental wellbeing of such activities suggests that WCJSs, where they don't already do so, should consider engaging women in purposeful activities at an earlier stage in their engagement:

> "I've asked if I can be a volunteer [in the WCJS] … I really enjoy helping others, trying to bring the best out in others. What the staff have been doing with me… I never thought in a million years that I would want to do anything like this. [It's] sort of given me a bit of hope for the future, that I can do something that I would enjoy doing. And [to] bring out the best in me."
>
> – Lisa (50s), service user

7.79 Women who experienced positive outcomes in developing rewarding activities described acquiring new skills or knowledge (mostly from group activities or structured programmes in WCJSs); increased awareness of and/or participation in activities in the community (attributed to structured activities or WCJSs outings); or were taking action towards volunteering, or being in training or work:

[92] 488 out of 737 women who entered between April and December 2014 with presenting needs data recorded.
[93] 90 out of 249 women who entered between April and December 2014 in a 'negative state' for this outcome and whose progress was assessed.
[94] 93 out of 318 women who entered between April and December 2014 in a 'negative state' for this outcome and whose progress was assessed.

> "I've [had] social work in my life for a couple of years…[but] I'm actually moving forward on this one. I'm actually looking for work just now as well and I've got a voluntary job, which I never, ever thought I would manage to do. They've helped me get my life in the right order. [The reason for the change was] just them telling me to believe in myself basically […] I've wanted to change my life for a while now but it was just getting the push that I needed to actually do it."
>
> – Michelle (late 30s), service user

7.80 Women who described positive changes related to work, volunteering or training commonly attributed their progress to a combination of three factors; having available opportunities; belief and encouragement from others (including staff, mentors, or in some cases other women in WCJSs or family); and feeling motivated to 'move on':

> "[...] that was one of the big things that was holding me back; my past, criminal stuff I'd done. And I just kept thinking, no, I want to do this but it's not going to be allowed. And I got a lot of support and [the workers] wrote me out letters of reference. […] So I went through that process of being a volunteer, somebody who's used the service, been a volunteer and now I'm in employment."
>
> – Vicki (30s), service user

7.81 Contextual factors that influenced progress in women developing purposeful activities in the community included perceived or real stigma and public attitudes towards women involved in the criminal justice system, as described by a few women and shown elsewhere in the literature.[xxviii] A few practitioners identified 'self-censorship' among women who were hesitant to engage in community groups because they feared being judged on their past, and therefore needed 'more encouragement to get into community resources than they do [support] agencies'. Other influences on outcomes identified included the local economic environment and lack of leisure opportunities in small towns or rural areas. Despite acknowledging the challenges for women, however, some practitioners remained optimistic:

> "Women [will] quite often say I will never get a job because of my convictions. And the convictions are a barrier, I mean we can't pretend it's not a barrier, but it's not insurmountable."
>
> – Practitioner, WCJS Women's Team

## Desistance from crime

*Readiness to change*

7.82 In interviews, practitioners and women spoke about women needing to be 'ready to change' as a prerequisite to making progress in desistance and its underlying drivers. In this evaluation, being 'ready to change' was regarded as having views and beliefs that supported desistance, a willingness to work on problems, and the skills to solve problems in

daily life. These can be understood as providing the building blocks for more tangible progress in other criminogenic needs such as substance misuse and family/ social relationships.

7.83 An assessment of women's needs when they entered the WCJSs indicated that most women acknowledged that their offending was unacceptable; they believed they could stop offending and/or knew how to do so; and were willing to work on their problems (see Figure 2 above). However, most women were not solving everyday problems (such as sorting out changes to welfare benefits or resolving relationship conflicts). Problem-solving skills was one of the highest needs among women who entered WCJSs.

7.84 Encouragingly though, problem-solving skills also proved to be the area in which women in WCJSs were *most likely* to make progress (Table 11). Of the women who were not solving everyday problems when they entered WCJSs, over half (58%)[95] made some improvement towards solving problems independently. Similarly, over half of women (54%)[96] who were initially unwilling to work on their problems made some improvement and accepted support to change. Women provided examples of their improved confidence and ability to deal with mainstream services (such as housing, welfare rights, and health) as a result of support in WCJSs to build on communication and self-presentation skills, and self-efficacy (e.g. emotional regulation and improved decision making, which appeared to play a role in women's desistance, below).

7.85 Women also made progress in improved attitudes towards desistance (albeit a smaller proportion). Of the women who entered WCJSs believing that they couldn't desist from crime and/or didn't know how to, almost half (46%)[97] made some improvement.

7.86 It appeared slightly more challenging, however, to change women's views on the acceptability of offending. Of the 406 women with progress assessments, 174 women entered WCJSs with a view that offending was (sometimes) acceptable. By the time of their assessment, just 66 women (38%) had changed their attitude. Of the 108 women who didn't improve, the vast majority 94 women (87%) were inconsistent in their views about whether or not offending was acceptable.

7.87 None of the women who took part in the interviews expressed pro-criminal attitudes or views, but some were able to reflect on times where they had held negative attitudes towards authority and/or had not considered the impact of the crime on the victim. Reasons for

[95] 86 out of 148 women who entered between April and December 2014 in a 'negative state' for this outcome and whose progress was assessed.
[96] 74 out of 138 women who entered between April and December 2014 in a 'negative state' for this outcome and whose progress was assessed.
[97] 41 out of 90 women who entered between April and December 2014 in a 'negative state' for this outcome and whose progress was assessed.

change in attitudes varied, but included maturation (see below), raised awareness from groupwork content, and positive, caring, and collaborative relationships women had experienced with professionals (including sentencers).

7.88 The findings suggest that personal beliefs and views that influence women's decisions to offend may take longer to change. As indicated in findings elsewhere (in the literature), women's decisions should also be understood within the context of severely constrained choices.[xxii] The evaluation data showed that women who entered WCJSs with pro-criminal attitudes (e.g. thought offending was (sometimes) acceptable and/or didn't believe they could desist) had, on average more complex needs than women who believed otherwise.[98] This may indicate that some women may need to experience improvements in other areas of their lives before changes in beliefs or views can occur (e.g. develop better mental health, positive reciprocal social bonds, or resolve the practical needs that may otherwise 'justify' offending, such as finances).

*Changes in offending patterns*

7.89 When asked in interviews what changes there had been in their lives since entering the WCJSs, few women identified changes in offending without being prompted. Women interviewed tended not to consider themselves as 'offenders', or often distanced themselves from this label through the language they used. Many practitioners also reflected this sentiment, whereby they felt that stopping offending was more likely to flow from addressing holistic needs rather than being a direct or main focus of the intervention.

7.90 With few exceptions, the majority of women interviewed reported that they had stopped offending; some had made this decision before they had entered WCJSs, others as result of this engagement. A few women were less certain, which indicated that desistance was dependent on the circumstances they found themselves in. Women expressed this in soft terms such as 'I'm hoping I won't', 'I don't think I would', or 'I've no desire to go back to prison, *touch wood'*. These uncertainties existed even in the context of women who had made progress, as reported by this woman who had made positive changes in her personal life and housing (and had been directly engaged and encouraged by the Sheriff in court):

[98] In the group of 737 women who entered between April and December 2014 with presenting needs recorded: on average, women who believed offending was acceptable had nine needs compared to five among women who did not. Similarly, those who did not believe they could desist had nine needs compared to five needs among women who believed they could desist.

> "I'm definitely different, yeah. But sometimes it will still go through my head. That's truthful [… But] could you imagine getting back at court [in] December; I've done all of this work and then imagine going in the nick?"
>
> – Chelsea (30s), service user

7.91 While many WCJS agreed it was 'too early to tell' if the intervention had worked, practitioners identified various changes in women's offending, which included:

- **Changes in offending patterns and responses:** Several practitioners reported that few women reoffended during their order, but if they did, there was longer between offences or they committed less serious crimes. They also observed a difference in women's attitudes if they did relapse or were prosecuted for a historical offence, and felt that women were more positive or had greater resolve to persist in making behaviour changes. Practitioners attributed this to 'not giving up' on women when they experienced almost inevitable hiccups in the desistance process.
- **Improved compliance and fewer breaches:** Practitioners in several WCJSs observed improved compliance with orders and fewer breaches (although this was not consistently measured within the evaluation). In particular, Angus described a marked improvement in compliance and engagement among women on high tariff structured deferred sentences (see Box 9). Of the women who exited WCJSs, 8%[99] did so due to breach of their statutory order (though this may underestimate total breaches if women are breached but remained 'in' the WCJSs). Practitioners attributed improved compliance and reduced breach to their engagement strategies (section 6.54), holistic support and the flexibility in the way they worked with women at risk of breaching. Other contributory factors included issuing reminders and supporting women to attend supervision or court appointments.

7.92 Women frequently identified multiple triggers or reasons that lead to desistance, which often occurred interdependently. The most common reasons for reduced offending identified by women included:

- **Reduced substance misuse**: Most commonly, women referred to their offending as 'a thing of the past' because they had stopped or reduced their use of drugs or alcohol (see outcomes in section 7.42):

[99] 23 out of 274 women who exited WCJSs between April and December 2014 and whose progress was assessed.

> "So, every time I drank vodka, I'd go to jail. […] I'm totally moving out of the game. I've lost enough, I've lost time with my family, my son growing up, I've wasted four years of my life through a bottle of vodka and cans of lager."
>
> – Pam (early 50s), service user

- **Emotional regulation and improved decision-making:** Women reported thinking about their behaviours and an ability to make better decisions. This was most often attributed to skills learned in groupwork or mental health therapies (see outcomes section 7.59).

> "I'm not so angry now. I think before I do something. … I would say [it's due mainly to] the DBT. I wish I'd had the skills a year ago, and then I wouldn't be in the trouble that I'm in. I'm hoping that I won't offend again, because I'm not so angry and wound up."
>
> – Jen (early 40s), service user

- **Maturation:** Women also attributed their change in offending to having got older or tired of circumstances, which led to different lifestyle choices (e.g. leaving negative associates). This was closely linked to comments from women and practitioners of the importance of motivation and self-efficacy in making changes:

> "My behaviour has totally changed. I think it's growing up and realising you're making bad choices in your life. And it's just continuing trying to stay positive and make the proper choices for you and your family. Definitely. I think back at the time, and the offences made; there was a lot of stuff going on, it's just not being able to cope with it and stuff. So aye it was pretty hard going. But aye, my outlook on life is just totally different now, so I think that helps you to make better choices."
>
> – Molly (30s), service user

7.93 Other reasons for changes in offending identified by women were family relationships and/or losing care of children, which stood out as common triggers or motivators for women to reassess and change their lives, evident in several of women's comments above.

7.94 For some women, the desire to 'get their children back' was often a motivator for behaviour change or a deterrent for future offending as they felt they had 'too much to lose'. In other cases, disrupted family relationships were associated with criminogenic needs, such as increased substance misuse, which could in turn lead to further offending. A few women also referred to experiences in court or prison as a deterrent or motivation to not offend in future.

7.95 Whilst women's progress towards desistance was underpinned by their own motivation and decision-making, many women acknowledged the support of others. This included support from family, other agencies such as addiction services, and practitioners and women in WCJSs. Some women felt that having practitioners 'believing you can actually

make something of your life' or just being 'a part of something' in WCJSs were important in their desistance journey:

> "I come to [the service] to be part of something, part of a group. I feel very appreciated, I feel valued and I feel liked. I feel like I've got something that I do that's mine, apart from being a mother I feel like I've actually got something more to do. And it's kept me away from drugs; it's kept me away from crime; it's kept me away from idiots that I shouldn't even be associating with. […] I've actually not offended since [coming here]..."
>
> – Zoe (early 30s), service user

7.96 More broadly, both women and practitioners attributed women's desistance to improvements in other outcomes, notably mental health, finance, and substance misuse. This underlines the complexity of women's journeys towards desistance, and justifies the need for flexible, holistic services, which can accommodate multiple needs rather than purely offence-focussed work.

# 8 Aspirations of the Commission's Report

## Introduction

**This section reports on the extent to which WCJSs met the recommendations of the Commission on women offenders.**[i]

8.1 This evaluation focussed on the first three recommendations only. Funding for the 16 projects was made available as part of the Scottish Government's response to the Commission. Projects were invited to propose developments that would reflect the recommendations of the Commission in the context of local needs and resources.

**Recommendation 1:** Community Justice Centres (one stop shops based on the 218 Service, Willow Project and Women's Centres in England) are established for women offenders to enable them to access a consistent range of services to reduce reoffending and bring about behavioural change.

8.2 Community Justice Centres as envisaged by the Commission were not logistically or financially possible in all areas. Instead, local authorities (in partnership with other agencies) developed Women's Community Justice Services, which were appropriate to the characteristics of their area. This included considerations of geography, the local female offender population in terms of its size and the complexity of needs; and the extent to which the service could be sustained beyond the Scottish Government funding period.

8.3 The women's centre model was only physically realised in Scotland's three main cities: Glasgow (for women with high/complex needs only), Edinburgh, and Aberdeen. CJSW-based services had dedicated teams or workers who coordinated holistic support for women either internally (if they had co-located multi-disciplinary practitioners) or externally through support to attend appointments; but often had limited space to provide drop-ins.

8.4 Rural areas provided the equivalent of a 'touring' community justice centre: a one stop shop or hub, which operated in different localities on set days each week, in addition to women's teams operating from CJSW premises. Projects in Kilmarnock, Aberdeenshire, Ayrshire and Forth Valley focussed on specific processes or a single intervention only. Regardless of model type, however, WCJSs improved access to holistic services for women, with an emphasis on outreach, flexibility, relationship building and practical support.

**Recommendation 2:** Multi-disciplinary teams (comprising, as a minimum, a criminal justice social worker, a health professional and an addictions worker, where relevant) are established in the Community Justice Centres to co-ordinate offending interventions and needs, reduce duplication of effort and make more efficient use of resources.

8.5 Multi-disciplinary support was provided in many guises and not necessarily by a core in-house team as the Commission envisaged. Multi-disciplinary practitioners were co-located in centres and in some larger WCJSs. In other services, multi-disciplinary practitioners regularly came into the service to deliver services such as clinics, 1:1 consultations, and attended drop-ins or community hubs to work with women on a more informal basis.

8.6 In all models, key workers also referred and supported women to attend appointments in the community, (e.g. GP services, Children and Families Social Work, and local housing departments). This provided a bridge between the WCJS and mainstream services, which was important to avoid dependency, and supported women to reintegrate into their community.

8.7 Nurses and support workers based in WCJSs often had backgrounds in addictions, but local authority addictions teams or third sector agencies outside of the WCJS typically provided specialist addiction support. Support for addictions was among the most likely areas in which women in WCJSs received support when they presented with need (see Table 8).

8.8 Practitioners emphasised the benefits of a co-located multi-disciplinary team in the coordination and the provision of holistic support for women. However, the composition of the team (particularly health workers) was important. Practitioners who were employed on local authority contracts rather than through the lead organisation directly (e.g. the NHS) were limited in their ability to access information through IT systems and make direct referrals to specialist support.

**Recommendation 3:** Women at risk of reoffending or custody should have a named key worker from the multi-disciplinary team as a single point of contact as they move through the criminal justice system, including any periods in custody, to co-ordinate the planning and delivery of interventions.

8.9 Women in all WCJSs had a named key worker. In most cases, this was their supervising officer or social worker, but in other situations this could be a nurse, support worker or other member of the multi-disciplinary team. The holistic (and flexible) nature of WCJSs (teams or centres) meant that although women had an allocated key worker, they felt comfortable speaking to any member of the team if their worker was unavailable.

8.10 The coordination and continuation of support for women between custody and the community (and vice versa) appeared less developed. While WCJSs aimed to visit women in prison, or provide gate pick ups, often women were in custody or released without the knowledge of the key worker. A few of the larger WCJSs (teams or centres) were working with SPS to develop communication channels and their ability to offer women modules in prison that they had been working on in the community.

8.11 While the evaluation focused upon the recommendations for the implementation of WCJSs, WCJSs were also referred to in other recommendations (though these were not necessarily within the scope of projects or the evaluation):

- The Willow Centre (developed over a number of years) and Tomorrow's Women Glasgow were examples of WCJSs that had developed specialist mental health services by in-house NHS psychologists, which could be accessed by women in WCJSs with borderline personality disorder (**Recommendation 7**).
- Some WCJSs were used as a diversion from prosecution (**Recommendation 15**). Eighty-two women were on diversion across ten WCJSs, though typically not in single-worker WCJSs models.
- Few women entered WCJSs for reasons of bail supervision (**Recommendation 17**). Twenty-five women were on bail supervision across three WCJSs (22 of which were in one large and established WCJS).
- The court-based screening service for women appearing at Kilmarnock Sheriff Custody, implemented by Ayrshire's Women Offenders Team, showed evidence of improved communication and awareness of alternatives to remand for Sheriffs. The findings suggest that the service contributed to informed bail decisions and helped to avoid unnecessary remands (**Recommendation 19**).
- The Glen Isla Project in Angus provided an example of the effective use of a Rapid Report (**Recommendation 21**) in conjunction with the Women's Court. There was strong evidence to suggest that this contributed to practitioners being able to conduct 'meaningful breaches' with women on high tariffs quickly[100], with an observed improvement in women's engagement and compliance. Support for this approach and a shared understanding with sentencers and police about its aims was critical.

8.12 Overall, the aspirations of the Commission have been partially met. The intention and commitment to working with women differently has been embraced by these WCJSs and other women's services in Scotland. Dame Angiolini's vision for holistic services for women in the justice system is a work in progress, which has necessarily been adapted to meet local context and need.

8.13 Further opportunities remain for future initiative in WCJSs to refine and develop services, to expand on existing best practice outlined here, in the Commission, and the wider literature. However, the main challenge lies in ensuring that criminal and community justice services are integrated and connected with mainstream services so that women's needs are met regardless of where they are in the justice system, and they have support to help them move on from offending.

[100] Women who breached their order were immediately arrested.

# 9 Future Development of Services

## Introduction

**This section describes WCJSs' plans to develop their service in future and comments on sustainability.**

9.1 When asked how they saw their service developing in the future, practitioners discussed the need for additional resources, e.g. more staff, bigger/ more suitable premises, and stronger partnerships with housing services, prisons and courts. One WCJS talked about the potential of moving from working with predominantly voluntary women to taking on case responsibility for all women on statutory orders (as many WCJSs do currently).

9.2 There was support amongst some WCJS practitioners and women to extend support to all vulnerable women beyond criminal justice. A number of services had been recognised more broadly for their innovative ways of working with women and received awards for their achievements.

## Sustainability of services

9.3 Funding for WCJSs was a one-off development grant, and WCJSs were asked to include plans for long-term sustainability in their initial proposals to the Scottish Government. Local negotiations with partners about funding were still on-going at the time of the final phase of fieldwork (Autumn 2014).

9.4 On the 28th January 2015, the Justice Minister announced an additional £1.5 million funding to support community projects for women who offend.[101] At the time of writing (April 2015), the Scottish Government was considering proposals from new women's services and existing services who had indicated challenges in sustaining their project for the coming year.

9.5 Most of the 16 WCJSs planned to continue at least part of their service for an extended period of time with some funding available from core Criminal Justice budgets. In pre-existing services (particularly CJSW-based ones such as Fife and Dundee), the reconfiguration of staff into dedicated women's teams had begun before this new tranche of funding. However, some WCJSs reported challenges in securing funding from mainstream services to sustain non-social work/ multi-disciplinary posts that had been supported by the Scottish Government money, e.g. housing officers and nurses.

9.6 In the early stages of the evaluation, WCJSs were optimistic about their ability to secure funding for their non-social work staff, as the women in their services represented a 'hard to reach' group that also met their partner organisations' target population.

[101] http://news.scotland.gov.uk/News/Additional-funding-for-female-offenders-1556.aspx

9.7 The short-term nature of the funding and the evaluation timeframe presented a challenge for staff in some areas to gather sufficient evidence to support further funding applications particularly as the service was just 'bedding in' (see Table 12 below). Nevertheless, some WCJSs had secured funding from partner organisations to extend the contracts of some of their multi-disciplinary professionals. The short-term nature of funding also impacted on practice, with staff anxious about job security and cautious about creating a demand for something that would potentially disappear.

9.8 Although there was interest in expanding WCJSs to other groups of vulnerable women, many practitioners were concerned about the potential for dilution of their (intensive) approach when/if referrals increased. The outreach and holistic approaches of WCJSs rely on the flexibility and availability of staff. Therefore, sustaining this approach to meet future demand would require additional resources to maintain small caseloads.

9.9 Several practitioners felt that the Scottish Government funding had provided a symbolic 'endorsement' to reconfigure services for women at a local level that helped WCJSs get strategic buy-in from partners (see section 3.25).

# 10 Evaluation and Future Research

## Introduction

**This section describes lessons learned from the evaluation approach, and areas for future research.**

## Evaluating services

10.1 The Commission's Report highlighted that effective services should have in place "robust performance management and evaluation arrangements to be able to demonstrate impact and value for money".[i,102]

10.2 WCJSs all held considerable amounts of information about the women they worked with. However, services appeared to vary considerably in their available resources, expertise and/or systems to demonstrate the difference they made. None of the 16 interventions were allocated funds to develop their performance management and evaluation arrangements, as building local evaluation capacity was within the remit of the national evaluators.

10.3 One of the aims of the evaluation was to support WCJSs to build their local capacity for self-evaluation. The scale of the national evaluation meant that the contribution to local evaluation capacity was modest, but included: logic model development sessions, support to use Excel data collection tools and a dashboard to present data, feedback on data quality and completion, presentations at the practitioner's forum, and a self-evaluation workshop to support WCJSs to 'tell their story' using evidence.

10.4 The specific enablers and barriers experienced in this evaluation are highlighted in existing literature[xvi,xvii,xxix] and summarised in Table 12. Barriers and enablers have been drawn from existing literature but reflect the observations of evaluators in this current evaluation, and evidence from WCJSs' secondary documents.

[102] Note, a value for money assessment was outside the scope of this evaluation. Evaluation arrangements were not a specific focus of interviews; findings are based on secondary sources and observations in implementing the evaluation tool.

**Table 12: The barriers and enablers to building evaluation capacity in WCJSs**

| **Enablers** |
|---|
| • A shared understanding of what funders want to see in terms of measurement; clarity about what outcomes are being measured and what constitutes 'success'<br>• Robust collection of data that satisfies both internal needs and external requirements<br>• Using existing information already collected by services, including rich descriptions of progress in the qualitative accounts of service users and practitioners<br>• Common ground and a growing body of evidence about factors linked to reoffending that enable consistent measures to be developed across services<br>• Responsibility for evaluation tasks is appropriate to the practitioners role, therefore not viewed as a burden that detracts from their key work priorities<br>• Staff have the expertise and/or resources (including admin support) for collating and analysing robust data and opportunities to use it. |
| **Barriers** |
| • Unrealistic timescales and pressure to evidence longer-term goals for women while the service is 'bedding in' or is only funded short-term<br>• Limited investment into systems of outcome measurement and administrative posts to support the upkeep of service monitoring, which has historically focused on activities/outputs rather than outcomes<br>• Organisation-wide information systems and resources not responsive to practitioners information needs at the project level<br>• Inherited monitoring systems that may not fit current purpose<br>• "The absence of an integrated ICT system across Criminal Justice agencies makes collection of even basic data extremely challenging and often relies on manual cross reference and checking" [WCJS proposal]<br>• Different audiences requiring different types of information on outcomes<br>• Developing measurement approaches in isolation from other services<br>• Lack of difficult-to-quantify 'soft' measures indirectly linked to desistence, and gender-responsive measures (e.g. non-criminogenic factors such as welfare, confidence, safety etc.) to support practitioner buy-in of evaluation tools |

10.5 This evaluation (and that of the Reducing Reoffending Change Fund mentoring services) provided an opportunity to trial a standardised outcomes tool (the service user questionnaire). The tool captured 'distance travelled' of women against known criminogenic needs and enabled measures to be reported at a national (aggregate) level to demonstrate the contribution of WCJSs to women's desistence journey. This was a need recommended in previous evaluations of women's centres.[xvi] The lessons learned from this evaluation should inform future improvements to the tool's content and implementation.

10.6 In general, practitioners were receptive to evaluation activities. However, some expressed valid frustrations relating to the initial delays in receiving the service user questionnaire (particularly where they were funded from 2013), and ironing out unforeseen issues as a result of 'trialling' it across different services.

10.7 Challenges in introducing the service user questionnaire tended to be greater among large, established WCJSs where it introduced another layer of data gathering to existing processes and systems. New

services were typically smaller, less complex, and had a 'clean slate' on which to introduce the tool. Overall, regardless of size, WCJSs experienced challenges relating to the time, knowledge and technical skills required to interpret their data and link activities to outcomes at a service level. We understand that some WCJSs intended to continue to tailor and use tools from this evaluation to inform evidence about the impact of their service in future.

### Areas for further research

10.8 This evaluation identified a number of areas for future research, including:

- Longitudinal studies to understand the impact of WCJSs on long-term outcomes, including women's reintegration into the community and desistance (this may include linking WCJS records with centrally-held criminal proceedings data, such as reconviction rates)
- A case-control study to explore the extent to which outcomes can be attributed to particular interventions (including groupwork)
- A comparison of breach and compliance rates by different sentence types and approaches to engagement (e.g. structured deferred sentences, and the effectiveness of voluntary versus statutory engagement in WCJSs)
- In-depth analysis of the characteristics of those who find progress difficult or disengage from services (including for example interviews with women who have declined holistic support, have reoffended since attending WCJSs/ are in prison)
- Further qualitative work with women and staff to understand why some outcomes appear to be hard to achieve in practice
- Interviews with sentencers to gain an understanding of their perspectives of WCJSs and when they would use them
- Studies that include partner or mainstream agencies to explore the impact (including cost benefit) of WCJSs upon their work.

# 11 Conclusions

11.1 The findings suggest that the extended provision of community services supported women to make observable progress towards outcomes associated with desistance during the limited timeframes in which WCJSs were evaluated. WCJSs were most effective in helping women to stabilise their lives, promote their confidence and motivation to change, and help women to address their immediate practical and emotional needs. As previous studies suggest, unless issues that underlie offending behaviour are addressed, it is unlikely that community sanctions or supervision alone will reduce reoffending.[xi]

11.2 The holistic approach of WCJSs offered a genuinely enhanced service alternative to traditional CJSW supervision for women. This was made possible by practitioners working with women as individuals with strengths, needs, and aspirations, rather than focusing on women as 'offenders'. It also required CJSW departments, partner agencies, and practitioners to be open to adopting new and flexible ways of working.

11.3 A key role of WCJSs was supporting women to engage with other services (including universal services). This was achieved by both working across organisational boundaries (e.g. co-located multi-disciplinary professionals, direct referrals) and helping women to improve their confidence, communication and self-presentation skills, to enable them to access services independently. This in turn can benefit external agencies (e.g. more efficient referrals and attendance).

11.4 The evaluation identified potential gaps in service provision that may be considered in future initiatives. Opportunities include developing more purposeful or rewarding activities for women (at an earlier stage) and forging women's links in the community, helping women to cope with the loss of children (into care) and support them in regaining or maintaining custody (where appropriate), and support for women leaving short-term prison sentences (throughcare).

11.5 Practitioners' main aspirations for the future of WCJSs included the on-going aim to build services' reputation and credibility, evidence their effectiveness, and ensure sustainability. Findings also indicated the practical limits upon WCJSs' capacity given the unpredictable and resource-intense nature of female caseloads and flexible service delivery. It may be necessary to consider the potential for developing national standards to ensure women receive a consistent quality of service wherever they live in Scotland.

11.6 Overall, the findings provide a strong rationale to continue the WCJS approach, not as a single prescribed 'model', but rather as locally defined services that adopt holistic, gender-responsive, and flexible practices. The findings add to the growing evidence that such approaches can effect positive change in areas of women's lives that are known to support desistance.

# Annex A: Evaluation Questions

**Table 13: Evaluation questions against data collection methods/ sources**

| Evaluation Questions | | Information Sources | | | | |
|---|---|---|---|---|---|---|
| | | Logic model development | Quantitative service user data | Logic model questionnaire | Interviews & focus groups | Documents / secondary data |
| **1. Formative** (the reason/need): What were the intentions of the WCJS programme and the theory of change to achieve this? | a. What was the rationale underpinning the development of the WCJS(s)? | ✓ | | | | ✓ |
| | b. What is the theory of change and assumptions for the WCJS(s)? | ✓ | | | | ✓ |
| | c. Does the WCJS(s)meet a clear need? Is it (still) relevant? | ✓ | ✓ | | ✓ | ✓ |
| **2. Process** (implementation): How are WCJSs being implemented? | a. To what extent do the components (inputs, activities, participation, and outcomes) of the WCJS(s) align with the aspirations of the Commission 2012 report? Is anything missing? | ✓ | ✓ | ✓ | ✓ | ✓ |
| | b. What is working well and not so well in how the WCJS(s) are being implemented/achieved? How does this vary across sites or service-user groups? What contextual factors influence implementation? | ✓ | ✓ | ✓ | ✓ | ✓ |
| | c. How was the funding used by WCJSs - was it appropriately and adequately spent, and did it accomplish the development of the service as set out in the funding proposal | | ✓ | ✓ | ✓ | ✓ |
| | d. Was the intended reach (clients) achieved (e.g. throughput, dropout and the characteristics of users)? If not, what were the reasons for this? | | ✓ | | ✓ | |
| **3. Outcomes** (short- and long-term changes): What progress have WCJSs made towards achieving their intended outcomes and overall strategic outcomes? | a. What intended outcomes were realised during the funding period, both in terms of how services are co-ordinated, and individual user outcomes? How does this vary across different types of WCJS(s) or user groups? What contextual factors influenced outcomes? | | ✓ | | ✓ | ✓ |
| | b. To what extent do the observed results and the perspectives of service users, staff and stakeholders suggest WCJS contributed to outcomes (whether improved, worsened or unchanged)? | | ✓ | | ✓ | |
| | c. How sustainable are these changes (both in terms of service provision and user outcomes)? | | | | ✓ | ✓ |
| | d. What unintended changes (positive or negative) has the WCJS(s)made? | | ✓ | | ✓ | |
| **4. Lessons learned**: What have we learned that can inform future practice, on-going development and decisions? | a. To what extent are the evaluation findings (both in terms of service provision and user outcomes) consistent with the existing evidence base? Where findings are contradictory, what might explain this? | | ✓ | | ✓ | ✓ |
| | b. What lessons learned and recommendations for future practice can be drawn from the experiences of the WCJSs? | | | | ✓ | ✓ |

## Annex B: Theory of Change and Assumptions

### Theory of change

1. A theory of change explains how inputs and activities targeting specific participants *should* lead to short, medium and long-term outcomes within a specific context and considering a number of assumptions. The theory of change for WCJSs is detailed below. (Note, the 16 projects targeted enhancements at specific inputs and activities).

2. The key **inputs** or 'investment' in place to enable WCJSs to operate are:
    - WCJS practitioners and partner organisations (multi-disciplinary). Partners include other criminal justice social work teams, public sector agencies (e.g. NHS, SPS), local authority services (e.g. housing, DTTO), third sector organisations (e.g. employability, benefit, and mentoring services), and community providers (e.g. community colleges).
    - Premises (multi-agency as far as possible).
    - Funding. WCJSs received various levels of time-limited funding (12 - 23 months) to develop their services for women. For most projects, this funding supplemented core funding and other sources required to deliver existing services.
    - Governance arrangements and agreements across agencies.
3. From these inputs, the following **activities** occur:
    - Practitioners engage with women at all stages of the criminal justice system (e.g. early intervention, court services, bail supervision, diversion, throughcare, community sentences).
    - Social workers carry out statutory duties (e.g. supervision of orders, social work reports).
    - Practitioners work with women to identify and prioritise individual support needs.
    - Practitioners build trusting, respectful relationships with women.
    - Practitioners establish effective communication, coordination, and/or links with organisations and stakeholders involved with women who offend.
    - Practitioners provide or coordinate practical and emotional support for women on a one-to-one basis, in groupwork and/or drop-in sessions. Support or activities address areas such as women's mental health (e.g. trauma-based work), physical and sexual health, housing, mentoring, family and social relationships, substance misuse, lifeskills, welfare rights and finances, purposeful and rewarding activities (e.g. employability, interests in the community) and other practical support (e.g. access clothing banks, support to attend appointments, crisis work).
    - WCJS practitioners involve women (service users) in planning, development and reviewing of services.

- Managers support and value their staff.
- WCJS practitioners and partners develop their skills, knowledge and experience about what works to promote desistance for women.
- WCJSs use performance management and evaluation to demonstrate and impact and value of services.

4. The key **participants** or target groups of WCJS's activities is:
    - Women aged 16 years and older who are involved, or are at risk of being involved, with the criminal justice system.
5. As a result of WCJS's activities with women, practitioners, partners and wider relevant stakeholders, the intended **outcomes** for service delivery are that:
    - Women have continuity of care across the criminal justice system
    - Women can access a range of support through flexible pathways (i.e. multi-disciplinary teams or centres, community hubs, pro-active outreach). This means that WCJSs bring services to women rather than expecting them to access conventional pathways to support.
    - WCJSs provide sentencers with a viable alternative to custody (as appropriate) for women.
    - WCJSs practitioners, organisations and stakeholders have increased understanding of the needs, barriers and rationale for working in gender-specific ways with women who offend.
    - WCJSs are sustainable and have sufficient and healthy workforce to deliver services for women.
6. As a result of these outcomes at service-level, WCJSs intend for positive (short, medium and long-term) **outcomes for women**:
    - Women have a readiness to change behaviour, and the skills to do so. This includes that women have views and attitudes that support desistance (e.g. accept that offending is unacceptable and believe they can stop), are willing to work on problems, have the skills to solve everyday problems (e.g. communication skills), and engage with support services.
    - Women have their basic and long-term practical and emotional needs met (some of which are known to be linked to reoffending). These include housing, healthcare (physical, emotional/mental, sexual), substance misuse, finances, family and social relationships, purposeful and rewarding activities, and work, training and/or volunteering.
7. The logic model groups together women's short, medium and long-term outcomes. This reflects that the timeframes and order of intended outcomes will vary across different WCJSs and for individual women. The complexity of women's lives and their engagement with services is unique and changes are unlikely to be linear. For some women a readiness to change an aspect of their behaviour may only result once a basic need

has been met. For others, a readiness to change and the skills to do so will precede a behaviour change.

8. The ultimate long-term outcome that WCJSs intend to contribute towards is that women lead better lives, are empowered and integrated into their communities. Women will reduce their (re)offending, and Scottish people and communities will experience low levels of crime.[iii,103]

**Assumptions**

9. In order for the theory of change above to occur, it is assumed that:

    - WCJSs practitioners develop activities based on evidence of 'what works' to reduce reoffending among women.
    - Support and interventions are of a sufficient quality and length, and appropriately timed, to make a difference women and reoffending.
    - Practitioners within existing services have sufficient capacity and resource to deliver and sustain holistic services.
    - Services reach areas of need (i.e. where women offenders live).
    - Communities are resilient and have characteristics that will support women in the community as they seek to live crime-free lives.

[103] This is a Justice Outcome in the Justice Strategy for Scotland 2012, which is linked to the key priority of 'reducing reoffending'.

## Annex C: Methodology Details

1. The 16 projects varied in their proposals to enhance services for women, with a variety of contextual factors (e.g. urban and rural, statutory and voluntary, and types of partner agencies). They also varied in terms of pre-existing service provision, service type and scope (e.g. women received targeted/ intense support in specific areas, or support across many), locally intended outcomes, and target groups.

2. Acknowledging this diversity, the evaluation took a national approach to draw common themes and lessons across all models rather than a direct comparison (akin to comparing 'apples, oranges and pears').

*Quantitative data*

3. A questionnaire ('logic model questionnaire') captured basic aggregate data from the first 11 WCJSs funded in 2013/14. More substantially, an evaluation tool ('service user questionnaire') was available from April 2014. Practitioners in 15 WCJSs[104] used this to capture individual-level data on the 1,778 women in their WCJSs between April and December 2014. Practitioners returned anonymised data to the evaluators in a standard Excel database.

4. Demographic and offending history information was provided for most of the total 1,778 women in WCJSs. In addition, practitioners recorded women's presenting needs, progress measures and exit information.

5. To assess progress, practitioners were asked to select a statement across 14 outcomes that best represented the individual when she entered the service. At six months and/or when women exited (anytime between 0 to 9 months), the assessment was repeated and a 'direction of travel' statement was selected for each outcome to describe whether she 'got better', 'stayed the same' or 'got worse' since her initial assessment (see Figure 4).

6. Overall, presenting needs information was available for 737 women and progress data for 406 women who entered between 1 April and 31 December 2014 (for quality purposes, retrospective assessments for women who entered pre-April 2014 were not included).[105] Exit information was available for 644 women who left WCJSs between April and December 2014, including their assessed state at exit and type of support they'd received (available for 506 women). Exit data for women who entered pre-April 2014 was used as it had not been completed retrospectively.

[104] Data was not gathered in Aberdeenshire's development project.
[105] Standardised progress data was not available for Kilmarnock or Highland projects.

7. The large sample size and national use of a standardised progress tool, while not perfect,[106] gave 'direction and distance travelled' data for individuals that had been reported as lacking in earlier evaluations of women's community services.[xxx]

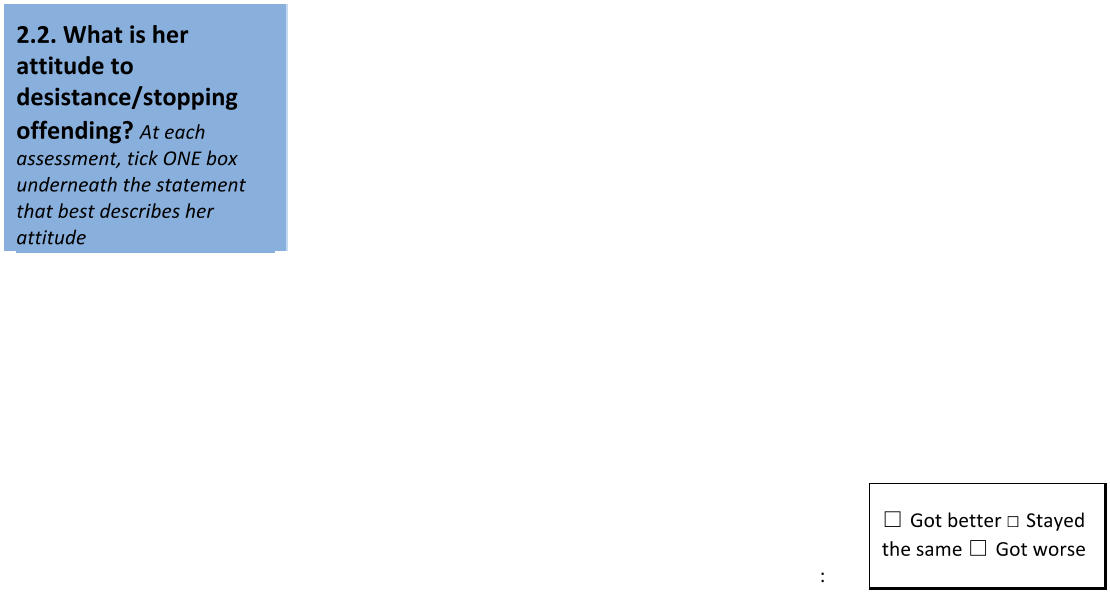


**Figure 4: Example question from service user questionnaire**

8. In analysis of women's progress, descriptive statements in each outcome measure (Figure 4) were grouped by 'negative' or 'positive' state (see Annex D for definitions per outcome). Progress was explored by women's state at their initial assessment (i.e. positive or negative) in conjunction with the direction of travel (i.e. got better, worse or stayed the same) at most recent assessment. Since women's circumstances are varied and may only become evident once relationships are established (i.e. after the initial assessment is completed), analysis emphasised 'direction of travel' rather than specific descriptive statements.

9. Where necessary in the report, percentages are provided alongside the numerator (n) and denominator (N) in a footnote. Denominators may vary due to unknown/incomplete assessments.

*Qualitative data*

10. The evaluation included two phases of qualitative fieldwork. Phase 1 (phone interviews with key practitioners) focused on implementation (e.g. key drivers for developing their WCJS, experiences of delivering activities so far, extent to which they're reaching their target group, and any lessons learned to inform others looking to develop a similar service model).

11. Phase 2 (semi-structured focus groups or interviews with women (service users) and practitioners) focused on outcomes so far for women and local

[106] The service user questionnaire was not yet validated, and was considered by practitioners to lack measures in some areas e.g. understanding and symptoms of trauma.

ways of working. Nine WCJSs were purposefully sampled based on WCJSs best-placed to illustrate the three main models of WCJSs and the two unique projects focussed on support pre-sentence (Kilmarnock and Ayrshire).

12. Prior to fieldwork, practitioners were encouraged to inform all women of the opportunity to participate in an interview (e.g. posters in drop-ins or centre) and invite individuals, with an emphasis on women who will represent the characteristics of women most typical in the WCJS (informed by quantitative data) and whom could inform key aspects of interest (e.g. use of particular multi-disciplinary support or in hubs, statutory/voluntary engagement). Participant sampling was reviewed during fieldwork to ensure adequate variation across other characteristics (e.g. age, length of engagement, level of risk/need). Participation was voluntary. Compared to the population of women in WCJSs overall, very young women and those engaging on a statutory basis were slightly underrepresented in interviews, and women who participated in interviews were mostly engaged in WCJS activities, leading to a positive sampling bias (as opposed to women not engaging in WCJSs at all).

13. All participants were issued with an information sheet and an opportunity to ask questions before informed consent was taken. Ethical approval, strategies regarding welfare and disclosure, and research access requests were developed or completed in conjunction with Scottish Government's Justice Analytical Services Department.

14. Interviews and focus groups with practitioners and partners explored the WCJSs target group, what had worked well/not in delivering activities, what changes had been observed, in whom and to what was attributed, lessons learned, e.g. critical features of success, areas for development and any unintended consequences. Questions were tailored to each WCJSs and/or role(s) of practitioners who participated.

15. Interviews with women explored their experience and reflections of the service. Questions were tailored to circumstances of individual women, but generally covered women's background (e.g. reason they attended, how any previous experience of CJSW compared), what they did in WCJS (e.g. support they valued/not), experience of various characteristics of the service (e.g. environment, practical accessibility to WCJS, relationships with workers and other women, service user involvement, voluntary nature of engagement, any changes they would make), and what changes (if any) they had noticed in areas of their life since attending (prompted in key areas if necessary, including whether offending had stopped or reduced) and their perceived reasons for change.

16. Transcripts and notes were cleaned and checked for accuracy. The data was reduced into new and existing themes (based on national logic model) through initial coding using NVivo data management software. Data was displayed in matrices, which facilitated understanding of women and practitioners/partners responses within each main theme. Patterns

and connections within and between themes were identified and interpreted across WCJSs and service user groups. Interpretation was informed by quantitative data (and vice versa). Data was recoded where necessary as the understanding of the data evolved.

## Annex D: Definitions of 14 Outcome Measures

**Table 14: Definition of positive and negative states in 14 outcome measures**

| Outcome | Negative or poor | Positive |
|---|---|---|
| **Views on offending** | a. She consistently expresses views that offending is acceptable, e.g. offending is a justifiable means to an end; victims are responsible; expresses negative views of the law, police, courts etc.<br>b. She expresses inconsistent views on whether offending is acceptable or not | c. She consistently expresses views that offending is NOT acceptable |
| **Attitude to desistance** | a. She doesn't believe she can desist from crime (stop offending) and/or doesn't know how to desist from crime | b. She does believe she can desist from crime and/or knows how to desist from crime |
| **Willingness to work on problems** | a. She is not ready or willing to work on problems and she denies the need to change<br>b. She is ready to work on problems but will not accept support to do so | c. She is ready to work on problems and accepts support to help her change<br>d. She recognises she has problems and is actively working on them |
| **Problem-solving skills** | a. She is not solving everyday problems (such as benefits, relationship conflicts etc.) | b. She is solving everyday problems but only with support from others<br>c. She can solve problems in daily life and deal effectively with issues as they arise |
| **Engagement with services** | a. She is not engaging with services (to address needs) at all<br>b. She says she is keen to engage but has not yet | c. She is engaging with services but needs some encouragement to do so<br>d. She is engaging willingly with services without the need for encouragement |
| **Housing** | a. She has no accommodation (homeless)<br>b. Her current accommodation is unstable or unsafe | c. Her current accommodation is relatively safe/stable<br>d. She has stable/safe accommodation |
| **Finances** | a. She has serious money problems and/or no apparent means of support<br>b. She has regular money problems e.g. frequent issues with benefits claims/bills, money-lenders etc. | c. She has no major difficulties but needs advice or advocacy on some money issues<br>d. She has a pattern of effective independent management of money |

| Outcome | Negative or poor | Positive |
|---|---|---|
| **Physical health** | a. She has major health problems, and is not registered with any health professional<br>b. She has some health problems. Uses A&E frequently in order to receive medical attention<br>c. She is registered with a GP but rarely makes/ attends appointments. Does not always comply with treatment/ medication | d. She has the specialist help and medication she needs. She has access to a team nurse<br>e. She has no outstanding health problems. She has own GP and Dentist |
| **Emotional/ mental health** | a. She is frequently scared/anxious. Often engages in self-harming/has suicidal thoughts at times<br>b. She is often distressed. Feels unhappy most of the time. Sometimes engages in self-harming behaviour | c. She attends GP/CPN/ support worker and feels able to talk about how she feels<br>d. She feels happy some of the time and has people to talk to when she needs it<br>e. She feels good about herself and is generally happy with life |
| **Sexual health** | a. She engages in high-risk behaviour. No contact with health services. She sees no need to address sexual health matters. At risk of abuse<br>b. She engages in high-risk behaviour. Aware of the risks but does not wish to engage with health services to consider this further | c. She sometimes engages in high risk behaviour, is aware of the risks and is engaged with services to minimise the risk<br>d. She practices safe sex and is aware of risks. No involvement in sex industry<br>e. She has no sexual health issues identified. Not at risk of abuse |
| **Substance misuse** | a. She has serious alcohol/drug use linked to offending and interferes with daily functioning, e.g. wellbeing, family-life/ education, employment and/or recreation<br>b. She has alcohol/ drug use linked to offending which can sometimes interfere with daily functioning | c. She uses alcohol or drugs but is stabilised through medication or treatment<br>d. She uses recreational drug use only - not linked to offending<br>e. She has no current issues |
| **Family /social relationships** | a. She has no family support or poor family relationships that impact on behaviour/ emotional state (including family that support offending behaviour) Rejects influence of prosocial family support<br>b. She has some evidence of problems with some family members; or sporadically accepts/rejects influence of prosocial family | c. Overall she has fairly stable relationships with family members<br>d. She has active support to desist from family and good family relationships |
| **Leisure activities** | a. She doesn't do anything positive in their spare time, says she is bored and/or associates with people who are linked to offending and does not have any interests that could be built on<br>b. She has an interest that could be built on but she doesn't do anything positive in her spare time, says she is bored and/or associates with people who are linked to offending | c. She does fill her time with positive activities but could benefit from more rewarding activity<br>d. She makes constructive use of her time and finds this really rewarding |
| **Work, volunteering or training** | a. She is not working, volunteering or in training and does not want to be. She resists efforts to help her find work etc.<br>b. She is not working, volunteering, or in training but is making an effort/ and or accepting help to find work etc. | c. She is working, volunteering or in training but would like help to find something more rewarding<br>d. She is working or in training and she find this rewarding |

# Annex E: Descriptions of the 16 Women's Community Justice Services

**Connections Women's Centre (Aberdeen)** **Centre**
Criminal Justice Social Work
Target group: Women aged 18+ in the criminal justice system living in Aberdeen city

Aberdeen CJSW has been delivering and developing the Connections Women's Programme for approximately 10 years. The additional funding (October 2013 - March 2015) was used to establish a centre to deliver services for women distinct from CJSW premises. The Connections Centre offers support, supervision and interventions for women at all stages in the criminal justice system.

The Connections' team includes a service coordinator, social workers, support workers, Caledonian women's workers. The Connection's team delivers holistic support through outreach, groupwork (e.g. *Connections* programme), 1:1 support, and weekly drop-ins (e.g. *Connections Cafe* and *Craft Café*). The team works closely with HMP Grampian Community Integration Unit, the police (e.g. arrest referral project for women involved in on-street prostitution) and Caledonian women's service (domestic abuse) and a range of other partner agencies (e.g. APEX, Sacro, health services).

**Tomorrow's Women Glasgow** **Centre**
Glasgow City Council
Target group: Women aged 18+ in the criminal justice system with complex and high needs at high / very high risk of reoffending, and women released from short term prison sentences

Glasgow City Council and partners used the funding (May 2013 - March 2015) to establish Tomorrow's Women Glasgow, a multi-agency women's centre distinct from CJSW premises for women of high/very high risk or need. Although part of CJSW, attendance at the centre is voluntary; women's court orders are supervised by social workers in local CJSW teams.

The TWG team includes a team leader, social workers, social care workers, mental health nurses, housing advisor, consultant psychologist, and an SPS prison officer. TWG work closely with SHINE mentors. TWG provide holistic support through outreach, groupwork (e.g. HOPE, an introductory programme on trauma), 1:1 support, group activities, and drop-in facilities during opening hours. TWG works from a three-stage trauma model and adopted a service-wide co-production approach to include women as far as possible in the Centre's operation.

**Willow Centre (Edinburgh)** **Centre**
Criminal Justice Social Work, NHS Lothian and third sector partners
Target group: Women aged 17+ at any point of contact with the Criminal Justice System

The Willow Service was established in 2009 and is now a partnership between the City of Edinburgh Council, NHS Lothian and third sector partners. Willow works with women on a statutory and voluntary basis. Referrals are received from a wide range of professionals and women can self-refer. The additional funding (May 2013 - March 2015) was used to open new dedicated centre in central Edinburgh; deliver additional services with new partners; develop new referral pathways (e.g. courts, HMP Edinburgh, mental health); and support the development of new and existing services for women across Lothian and Borders.

Willow's team includes a manager and senior social worker, clinical psychologists, social workers, support workers, occupational therapist, nurse, nutritionist, psychology assistant and administrator. Willow provides holistic support through outreach, 1:1 support, psychological therapies, a wide range of group work (e.g. a stage 1 trauma intervention, "Stepping Stones", a Health and Wellbeing programme, capacity building groups, mindfulness), post-programme support, and user-led groups. Staff provide training and professional development to a range of partners.

**Dundee women's community justice service** **Team**

Criminal Justice Social Work

Target group: Women aged 16+ in the criminal justice system

Dundee's women's team offers support, supervision and interventions for women at all stages in the criminal justice system. The additional funding (October 2013 - March 2015) was used to further enhance the well-established multi-disciplinary women's team (e.g. to add a senior officer, a further mental health nurse, and welfare rights officer). Services are delivered largely from CJSW premises or third sector partner premises.

All female CJSW cases are supervised by the women's team. The team includes a team manager, social workers, senior officer, support workers two nurses, welfare rights officer, administrative support. The team delivers holistic support through outreach, group work (e.g. Beyond Trauma), and 1:1 support. The team work closely and liaise with other agencies and services to help address risks and needs (e.g. HMP Cornton Vale, HMP Edinburgh Tayside Intensive Support Service, Drug Treatment and Testing Order team, Housing agencies, East Port House, Dundee Women's Aid, Dundee Women's Rape and Sexual Abuse Centre, Vice Versa, Social Work Children's Services, Police Scotland, Venture Trust, Apex, TCA Mentoring for Women Service, Shine, and Circle mentoring services).

**North Lanarkshire women's community justice service** **Team**

Criminal Justice Social Work

Target group: Women aged 18+ in the criminal justice system

North Lanarkshire's women's team offer support, supervision and interventions for women at all stages in the criminal justice system. The additional funding (October 2013 – March 2015) was used to establish a new CJSW multi-disciplinary team to deliver services for women in a centralised location (drawing women from across six CJSW localities). The team complete all new CJSW reports for women and typically supervise women's court orders such as unpaid work placements and other activities (though existing orders remain with local CJSW teams).

The service is located outside CJSW premises. The team provides intensive support to women from both North and South Lanarkshire on release from custody and intensive support is provided to women subject to statutory throughcare on release before transferring them to South Lanarkshire CJSW. The women's team includes a senior social worker, social workers, support workers, administrative staff, welfare rights worker and addictions nurse. The team delivers holistic support through outreach, groupwork, 1:1 support, and weekly drop-in sessions.

**Renfrewshire/ East Renfrewshire women's community justice service** **Team**

Criminal Justice Social Work

Target group: Women aged 18+ in the criminal justice system

Renfrewshire's women's community justice service offers support, supervision and interventions for women at all stages in the criminal justice system. The team, with an all female staff, is co-located in premises alongside other services such as Renfrewshire Drugs Service, Integrated Alcohol team and DTTO, and is in close proximity to housing services and the Court. The women's team supervises most women who are subject to statutory orders such as CPO and Parole Licenses. The team undertakes CJSW reports, Home Background reports, Home Detention Curfew, and Diversion Assessments, and work with women as part of Bail Support as an alternative to remand.

The women's team includes a service co-ordinator, social workers, social work assistants, a volunteer coordinator, and colleagues from Turning Point Scotland, Circle and Shine Mentoring service. The team delivers holistic support through outreach, group work, 1:1 support, and drop-in sessions. The team links with partner agencies to help meet complex needs of women in the service.

**Fife's women's community justice service** **Team with community hubs**

Criminal Justice Social Work

Target group: Women aged 16+ in the criminal justice system

Fife's multi-disciplinary women's team offers support, supervision and interventions for women at all stages in the criminal justice system. The additional funding (October 2013 - March 2015) was used to develop and deliver holistic services from community hubs ('one stop shops') and to sustain the role of an addictions/mental health nurse in the existing team. The team delivers support from CJSW premises and from weekly drop-in sessions held in four locations (hubs) across Fife (e.g. community halls, church). All female CJSW cases are supervised by the women's team.

Attendance at local hub's drop-in sessions is voluntary but may part of a supervision plan or used towards unpaid work hours. The women's team includes social workers, social work assistants, nurse, housing officer, and Sacro mentors. The team delivers holistic support through outreach, 1:1 support, group work (including self-esteem, adult numeracy and literacy in partnership with Community Learning and Development), and drop-in sessions at community hubs.

**South Lanarkshire's women's community justice service** **Team with community hubs**

Criminal Justice Social Work

Target group: Women aged 16+ in the criminal justice system

South Lanarkshire's WCJS coordinates holistic support for women subject to court orders across four CJSW localities. The funding (October 2013 - March 2015) was used to establish a women's team to deliver multi-agency support at weekly drop-in sessions in seven local community hubs (e.g. from community or leisure centres). Social workers in local CJSW teams continue to supervise women's cases and deliver offence-focused work (e.g. Connections groupwork) from CJSW premises, while additional holistic support may be accessed from the women's team at the local hub's drop-in session. Attendance at the drop-in sessions is voluntary but may part of a supervision plan or used towards unpaid work hours.

The women's team includes a team leader, social worker, and social work assistant. The women's team provide holistic support through outreach, 1:1 support, group activities, and drop-in sessions. A dedicated social work assistant provides 1:1 intensive support to all women in their justice service. The team works closely with local CJSW case managers and multi-disciplinary providers (e.g. Keep Well nurses, third sector partners).

**Glen Isla Project (Angus)** **Team with community hubs**

Criminal Justice Social Work

Target group: Women aged 16+ in the criminal justice system

Glen Isla Project supports and supervises women who are subject to court orders or returning to the community following a custodial sentence or period of remand. The additional funding (October 2013 - March 2015) was used to establish a new CJSW multi-disciplinary team for women and to deliver services from premises outside CJSW, on an outreach basis. All female CJSW cases are supervised by the women's team.

The team includes a team leader, social worker, NHS nurse, and third sector support worker. The team carry out supervision of orders, outreach, 1:1 support and group work. The Glen Isla Project team work closely with the Sheriff's, Procurator Fiscals, the Police, health services including Drug and Alcohol support services, Children's services and third sector agencies.

**Highland women's community justice service '*LIFT*'**
**(Inner Moray Firth area)** **Women's Worker**

Criminal Justice Social Work and Woodland Trust

Target group: Women aged 16+ in the criminal justice system (resident in Highland – excluding north of Dingwall and South of Aviemore)

Highland WCJS's women's worker supports and supervises women who are subject to court orders or returning to the community following custody (including those on day release from HMP Inverness Community Integration Unit). The additional funding (April 2014 - March 2015) was used to sustain their existing women's social worker role located in the newly established Substance Misuse Team, and develop and sustain their existing outdoor-based rolling group work programme in partnership with the Woodland Trust at Abriachan. Activities are delivered from a mixture of CJSW premises, third sector premises and the Woodland Trust outdoor area. All female CJSW cases are supervised by the women's worker (as capacity allows).

The women's service delivers holistic support through outreach, group 'taster' sessions (e.g. Women's Aid, Benefits Agency, 'Horses in Clover'), 1:1 support, and group work (e.g. SMART recovery, offending awareness programme co-facilitated with Action for Children).

**Inverclyde women's community justice service** **Women's Worker**

Criminal Justice Social Work and Action for Children

Target group: Women aged 16+ in the criminal justice system

Inverclyde WCJS's women's worker supervises, coordinates and delivers support for women subject to court orders, in partnership with Action for Children support workers (1.5 FTE). The funding (April 2014 - March 2015) was used to establish a dedicated women's service coordinator role in CJSW, extend their drop-in facilities, and to simplify pathways of support for women in the criminal justice system. Women with CPO programme requirement must engage with the women's service (e.g. individual support or drop-in depending on individual needs). Action for Children delivers a weekly drop-in session in premises outside of CJSW.

Attendance at the drop-in is voluntary, but it may form part of supervision plans, supervised by workers in CJSW. Workers provide holistic support through outreach, weekly drop-in sessions, and information 'taster' sessions.

**West Dunbartonshire, Helensburgh and Lomond women's programme**
***'Women moving forward, life skills and well-being service'*** **Women's Worker**

Criminal Justice Social Work

Target group: Women aged 16+ in the criminal justice system, residents of West Dunbartonshire Council, Helensburgh and Lomond

Argyll, Bute and Dunbartonshire's CJSW partnership used the additional funding (April 2014 - March 2015) for a social work assistant to develop and deliver their existing group work programme. The programme takes a holistic welfare approach and includes a combination of theory, practical activities, life skills, information sessions and short courses. Groupwork is delivered from CJSW premises.

Attendance at group work is voluntary but it may form part of supervision plans supervised by social workers in local CJSW teams. The social work assistant provides or coordinates holistic support through outreach, intensive 1:1 support, advocacy and mentoring.

**Aberdeenshire Women's Service – Development Project** **Project**

Criminal Justice Social Work

Target group: Women aged 16+ in the criminal justice system, staff and partners

Aberdeenshire CJSW funding (April 2014 - March 2015) was for one Senior Practitioner Social Worker to develop a criminal justice social work service for female offenders, to be operational for the end of the funding period. The project focused on identifying gaps in service provision and ways to address these with new provision, developing existing good practice, strengthening existing links with partner agencies and services, and writing Practice Guidance that would ensure that social workers embed gender responsive and trauma informed practice into their day to day work with women. An additional focus included raising awareness of the specific needs and risks of women offenders with partner services and agencies, and deliver multi-disciplinary training to a small number of staff within each service.

Aberdeenshire Council's Women's Service is embedded in generic Criminal Justice Social Work provision, supported by one Apex-employed Women's Support Worker, who works with women in the community and in prison.

**Forth Valley Criminal Justice Link Nurse** **Project**

Criminal Justice Social Work and Signpost Recovery

Target group: Women aged 16+ in the criminal justice system

Falkirk, Clackmannan and Stirling councils with assistance from the Fife and Forth Valley CJA used additional funding (October 2013 - March 2015) to introduce a registered mental health nurse to supplement existing services in the three Local Authorities. The nurse provides (voluntary) support to women with functional enduring mental health needs, offering assessments, care planning and support on a 1:1 basis, in group activities, and with other relevant services to improve mental health and practical circumstances. The nurse also provides NHS Keep Well health checks, follow-up support, and runs groupwork with the women's worker (*Survive and Thrive,* focused on understanding and managing the effects of trauma and abuse). Support is delivered in home visits, CJSW premises and third sector offices.

*Note: The nurse works closely with the criminal justice women's development worker in Falkirk's women's service (who coordinates holistic services through the weekly drop-in, throughcare, groupwork and other activities both voluntary and statutory) and the women's development worker shared between Stirling and Clackmannanshire councils (who supports women subject to statutory orders, coordinates holistic services through drop-ins in Stirling and Alloa, and throughcare).*

**Early and Effective Intervention (EEI) Pilot (Ayrshire)** **Project**

Sacro

Target group: Women aged 18+, resident in Ayrshire, (low level) crime committed in Ayrshire and who meet eligibility criteria

South West Scotland CJA used the additional funding (October 2013 - March 2015) to develop and test an early and effective intervention (EEI) approach for women in Ayrshire, starting off in South Ayrshire and incrementally expanding into East and North Ayrshire over the funding period. Sacro, a third sector organisation, in partnership with NHS Ayrshire and Arran, delivers the project. The team consists of an EEI coordinator, administrative support, and part-time NHS occupational therapist. The EEI team works with women involved in low-level offences to address needs that may have contributed to their offending.

The 'U' division Police Crime Management Unit in Kilmarnock refers women who meet the strict eligibility criteria. The EEI team assesses women in person (typically in homes) to agree a support plan before linking women into local services and/or providing support for three months. Participation is voluntary but cases of women who decline or do not engage are returned to the Police. Support is provided in women's homes or community locations.

**Kilmarnock Court Action Note Project** **Project**

Criminal Justice Social Work

Target group: Women aged 18+ in the criminal justice system (unless already involved with youth justice) living in North or East Ayrshire appearing in Kilmarnock Custody Court

Ayrshire's Women Offender's Team used the additional funding (April 2014 - March 2015) to develop a court screening service to provide Sheriffs with early, independent information to inform remand/bail decisions for women who appear in the Kilmarnock Custody Court. The project team consists of two (2 x 0.5 FTE) experienced social workers (criminal justice link officers) located within Kilmarnock Custody Court social work team.

The workers gather information about the circumstances of women due to appear at custody court to include in a Court Action Note. Information is drawn from database systems, service providers and/or women themselves (e.g. on housing situations, domestic abuse concerns, mental health, addiction issues, and engagement with support in community). Workers also propose bail support plans where appropriate, issue reminders to women about subsequent court appearances, and may link them to services to help women not to breach bail conditions in the community (plans are in place to extend this aspect of the service, by employing a full-time criminal justice officer to support women's engagement with services while on bail).

# Annex F: Data Tables

**Table 15: Profile of women in 15 WCJSs by key descriptors**

*Women in WCJSs between 1 April and 31 December 2014 (1,778 women)*

| **Total women** | **1,778** | |
|---|---|---|
| **Age (years)** | | |
| 16-17 | 24 | 1% |
| 18-20 | 130 | 7% |
| 21-25 | 262 | 15% |
| 26-30 | 328 | 18% |
| 31-40 | 577 | 32% |
| Over 40 | 454 | 26% |
| Unknown | 3 | 0% |
| **Mean age (years)** | 34 | |
| **Ethnicity** | | |
| White British | 1,643 | 92% |
| Mixed | 13 | 1% |
| Other White | 11 | 1% |
| Gypsy/ Traveller | 10 | 1% |
| African, Caribbean, Black or Black British | 9 | 1% |
| Asian or Asian British | 6 | 0% |
| Other Ethnic background | 6 | 0% |
| Polish | 3 | 0% |
| Unknown | 77 | 4% |
| **Women with dependent children (under 16 years)** | | |
| Does not have children | 610 | 34% |
| Has children | 851 | 48% |
| All live with her | 278 | 33% |
| None or some live with her - unrestricted access | 118 | 14% |
| None or some live with her - supervised access | 186 | 22% |
| None or some live with her - no access | 170 | 20% |
| Unknown living/access arrangements | 99 | 12% |
| Unknown | 317 | 18% |
| **Nature of engagement** *(1)* | | |
| Statutory | 933 | 58% |
| Voluntary | 430 | 27% |
| Unknown | 232 | 15% |
| **LS/CMI Score** | | |
| Low or very-low | 233 | 13% |
| Medium | 346 | 19% |
| High or very-high | 372 | 21% |
| Not applicable | 364 | 20% |
| Unknown | 463 | 26% |

*Table 15: cont'd*

| **Total women** | **1,778** | |
|---|---|---|
| **Source of referral** *(2)* | | |
| Sheriff Court | 1,002 | 56% |
| Criminal Justice Social Work | 338 | 19% |
| Procurator Fiscal | 82 | 5% |
| Scottish Prison Service | 78 | 4% |
| Other sources | 25 | 1% |
| NHS/ Health professional | 20 | 1% |
| Self-referral | 21 | 1% |
| Justice of the Peace Court | 12 | 1% |
| Other Third Sector | 14 | 1% |
| Police | 14 | 1% |
| SACRO | 14 | 1% |
| Addictions Team | 8 | 0% |
| Unknown | 150 | 8% |
| **Previous Convictions** | | |
| None | 334 | 19% |
| 1 or 2 | 220 | 12% |
| 3 to 10 | 352 | 20% |
| Over 10 | 257 | 14% |
| Unknown | 615 | 35% |
| **Current orders** | | |
| None | 445 | 25% |
| One or more | 1,144 | 64% |
| Unknown | 189 | 11% |
| **Main reason for women's engagement (e.g. order type)** | | |
| Early and effective intervention | 31 | 2% |
| Arrest Referral | 5 | 0% |
| Diversion from prosecution | 82 | 5% |
| Court Screening Service | 183 | 10% |
| Bail supervision | 25 | 1% |
| Structured deferred sentence | 43 | 2% |
| Community Payback Order *(3)* | 995 | 56% |
| Drug Treatment and Testing Order (DTTO) | 22 | 1% |
| Custody (4 years or under) | 51 | 3% |
| Custody (over 4 years) | 26 | 1% |
| Throughcare (voluntary) | 45 | 3% |
| Throughcare (statutory) | 37 | 2% |
| Self-referral | 26 | 1% |
| Other reasons | 44 | 2% |
| Unknown | 163 | 9% |

*Table 15: cont'd*

| **Total women** | **1,778** | |
|---|---|---|
| **Length of most recent sentence (order or custodial sentence)** | | |
| 1-3 months | 127 | 7% |
| 4 - 6 months | 123 | 7% |
| 7 - 12 months | 426 | 24% |
| 13 - 18 months | 241 | 14% |
| 19 - 24 months | 123 | 7% |
| Over 24 months | 64 | 4% |
| Not applicable (e.g. no previous sentence) | 235 | 13% |
| Unknown | 439 | 25% |
| **Community Payback Order Requirements** (women with CPO as main reason for engaging) *(4)* | **992** | |
| Supervision *(5)* | 657 | 66% |
| Unpaid work *(6)* | 482 | 49% |
| Level 1 (20-100 hours) | 230 | 48% |
| Level 2 (101-300 hours) | 248 | 51% |
| Compensation | 23 | 2% |
| Programme | 52 | 5% |
| Mental Health Treatment | 10 | 1% |
| Drug Treatment | 24 | 2% |
| Alcohol Treatment | 43 | 4% |
| Residence | 6 | 1% |
| Conduct | 59 | 6% |
| Other requirement | 15 | 2% |
| Unknown | 109 | 11% |

*Shading highlights order of prevalence.*

*Notes:*

1 *Excludes 183 women in WCJS (court screening service) where this was not applicable. Proportions reported in the body of the text excluded women with unknown nature of engagement.*
2 *This shows ungrouped data from Table 6*
3 *Includes 3 women on 'Monetary penalty (fine/compensation)*
4 *Excludes 3 women on 'Monetary penalty (fine/compensation). Includes all women who are on CPOs. The numbers differ from Table 7, which included women with CPOs attending WCJSs on a statutory basis only*
5 *Includes women who have CPO as main reason for engaging only (women who engaged for other reasons could have supervision requirements out-with the WCJS)*
6 *Includes women who have CPO as main reasons for engaging only (women who engaged for other reasons could have unpaid work requirements supervised out-with the WCJS). Breakdown excludes four women with 'unknown' level of hours.*

**Table 16: Presenting needs of women in WCJSs**

*Women who entered WCJSs between 1 April and 31 December 2014 with presenting needs recorded (737 women)*

| **Total women** | **737** | |
|---|---|---|
| **Presenting needs** | | |
| Emotional/mental health | 576 | 78% |
| Work, volunteering or training | 448 | 61% |
| Substance misuse | 437 | 59% |
| Problem-solving skills | 436 | 59% |
| Family/ social relationships | 425 | 58% |
| Leisure activities | 380 | 52% |
| Housing | 290 | 39% |
| Financial | 289 | 39% |
| Engagement with services | 250 | 34% |
| Willingness to work on problems | 239 | 32% |
| Physical health | 192 | 26% |
| Attitude to desistance | 189 | 26% |
| Views on offending | 176 | 24% |
| Sexual health | 70 | 9% |
| Other | 26 | 4% |
| *Participation and involvement (1)* | *27* | *-* |
| *Trauma/ abuse/ domestic violence (2)* | *98* | *55-89%* |

*Multiple presenting needs could be identified.*

*Note:*
1. *One WCJS consistently assessed women for 'Participation and Involvement'.*
2. *This presents data for three WCJSs that chose to consistently record women who presented with a history of domestic violence, abuse, or trauma, in addition to the other needs (this was not routinely or consistently collected across WCJSs). The range is broad due in part to small numbers of women in one service and different target groups within the three WCJSs in which this was collected.*

**Table 17: Progress assessments by number of months in WCJSs**

*Women who entered WCJSs between 1 April and 31 December 2014 for whom progress was assessed at exit or at six months (406 women)*

| **Total women** | **406** | |
|---|---|---|
| **Months in WCJS** | | |
| Less than 1 month | 6 | 1% |
| 1-3 months | 86 | 21% |
| 4-6 months | 251 | 62% |
| 7-12 months | 50 | 12% |
| Over 12 months | 0 | 0% |
| Unknown | 13 | 3% |

*Note: Period is calculated from the date of entry and date of progress assessment (at six months or exit). Shading highlights order of prevalence.*

**Table 18: Exit information for women who exited WCJSs**

*Women who exited WCJSs between 1 April and 31 December 2014 (644 women) (1)*

| **Total women** | **644** | |
|---|---|---|
| **Planned / unplanned exit** | | |
| Planned exit | 461 | 72% |
| Unplanned exit | 176 | 27% |
| Unknown | 7 | 1% |
| **Main reason for exit** | | |
| Completed order or programme | 271 | 42% |
| Stopped attending (i.e. she disengaged) | 74 | 11% |
| No longer needed support | 52 | 8% |
| Revoked due to breach | 30 | 5% |
| Revoked due to review | 24 | 4% |
| Other reasons | 17 | 3% |
| Early discharge | 16 | 2% |
| Transfer out of area | 15 | 2% |
| Death | 8 | 1% |
| Court Action Note Completed | 128 | 20% |
| Unknown | 9 | 1% |
| **Support received in WCJS *(2)*** | **364** | |
| Emotional/mental health | 246 | 68% |
| Problem-solving skills | 222 | 61% |
| Engagement with services | 210 | 58% |
| Willingness to work on problems | 193 | 53% |
| Substance misuse | 193 | 53% |
| Views on offending | 179 | 49% |
| Family relationships | 179 | 49% |
| Finances | 159 | 44% |
| Attitude to desistance | 156 | 43% |
| Work, volunteering or training | 121 | 33% |
| Housing | 120 | 33% |
| Physical health | 120 | 33% |
| Leisure activities | 104 | 29% |
| Sexual health | 46 | 13% |
| Other | 15 | 4% |
| *Trauma/abuse/domestic violence (3)* | *19* | *-* |

*Shading highlights order of prevalence.*

*Notes:*

1 *Includes 22 women who exited but later re-entered the WCJS. Total figure of women who exited will be an underestimate, as exit information was unavailable for 104 women in one WCJS (who entered the service before 1 April 2014 only).*

2 *Proportions are calculated against the 364 women who exited and had an available record of the support they received. Multiple support areas could be identified.*

3 *This includes one WCJS only where data was consistently collected about trauma, abuse or domestic violence as a specific area of support.*

**Table 19: Progress summary for all women, by outcome, entry state, and direction of progress**

*Women who entered WCJSs between 1 April and 31 December 2014 for whom progress was assessed at exit or at six months (406 women)*

| Outcome<br>Women's state at entry | Direction of progress | | | | | | Total progress assessments | |
|---|---|---|---|---|---|---|---|---|
| | Got better | | Stayed the same | | Got worse | | | |
| **Views on offending** | **75** | **18%** | **320** | **79%** | **11** | **3%** | **406** | **100%** |
| Entered in negative state | 66 | 38% | 103 | 59% | 5 | 3% | 174 | 43% |
| Entered in positive state | 8 | 4% | 212 | 94% | 5 | 2% | 225 | 55% |
| Entry state unknown | 1 | 14% | 5 | 71% | 1 | 14% | 7 | 2% |
| **Attitude to desistance** | **69** | **17%** | **327** | **81%** | **9** | **2%** | **405** | **100%** |
| Entered in negative state | 41 | 46% | 48 | 53% | 1 | 1% | 90 | 22% |
| Entered in positive state | 28 | 9% | 273 | 89% | 5 | 2% | 306 | 76% |
| Entry state unknown | 0 | 0% | 6 | 67% | 3 | 33% | 9 | 2% |
| **Willingness to work on problems** | **174** | **43%** | **198** | **49%** | **33** | **8%** | **405** | **100%** |
| Entered in negative state | 74 | 54% | 57 | 41% | 7 | 5% | 138 | 34% |
| Entered in positive state | 100 | 39% | 137 | 53% | 21 | 8% | 258 | 64% |
| Entry state unknown | 0 | 0% | 4 | 44% | 5 | 56% | 9 | 2% |
| **Problem-solving skills** | **162** | **40%** | **224** | **55%** | **19** | **5%** | **405** | **100%** |
| Entered in negative state | 86 | 58% | 56 | 38% | 6 | 4% | 148 | 37% |
| Entered in positive state | 75 | 30% | 165 | 66% | 11 | 4% | 251 | 62% |
| Entry state unknown | 1 | 17% | 3 | 50% | 2 | 33% | 6 | 1% |
| **Engagement with services** | **137** | **34%** | **236** | **58%** | **33** | **8%** | **406** | **100%** |
| Entered in negative state | 73 | 57% | 46 | 36% | 10 | 8% | 129 | 32% |
| Entered in positive state | 64 | 24% | 185 | 69% | 21 | 8% | 270 | 67% |
| Entry state unknown | 0 | 0% | 5 | 71% | 2 | 29% | 7 | 2% |
| **Housing** | **112** | **28%** | **258** | **64%** | **35** | **9%** | **405** | **100%** |
| Entered in negative state | 77 | 56% | 48 | 35% | 12 | 9% | 137 | 34% |
| Entered in positive state | 33 | 13% | 208 | 79% | 21 | 8% | 262 | 65% |
| Entry state unknown | 2 | 33% | 2 | 33% | 2 | 33% | 6 | 1% |
| **Finances** | **102** | **25%** | **283** | **70%** | **19** | **5%** | **404** | **100%** |
| Entered in negative state | 70 | 44% | 85 | 53% | 5 | 3% | 160 | 40% |
| Entered in positive state | 32 | 14% | 192 | 81% | 13 | 5% | 237 | 59% |
| Entry state unknown | 0 | 0% | 6 | 86% | 1 | 14% | 7 | 2% |
| **Physical health** | **79** | **20%** | **308** | **76%** | **16** | **4%** | **403** | **100%** |
| Entered in negative state | 49 | 40% | 64 | 52% | 10 | 8% | 123 | 31% |
| Entered in positive state | 29 | 11% | 239 | 88% | 5 | 2% | 273 | 68% |
| Entry state unknown | 1 | 14% | 5 | 71% | 1 | 14% | 7 | 2% |

*See Annex D for definitions of the 'negative' and 'positive' states in each outcome measure.*
*Percentages may not sum to 100% due to rounding.*

*Table 19: cont'd*

| Outcome<br>Women's state at entry | Direction of progress<br>Got better | | Stayed the same | | Got worse | | Total progress assessments | |
|---|---|---|---|---|---|---|---|---|
| **Emotional/mental health** | **166** | **41%** | **211** | **52%** | **28** | **7%** | **405** | **100%** |
| Entered in negative state | 95 | 52% | 79 | 43% | 10 | 5% | 184 | 45% |
| Entered in positive state | 70 | 33% | 127 | 59% | 17 | 8% | 214 | 53% |
| Entry state unknown | 1 | 14% | 5 | 71% | 1 | 14% | 7 | 2% |
| **Sexual health** | **42** | **11%** | **345** | **86%** | **12** | **3%** | **399** | **100%** |
| Entered in negative state | 16 | 48% | 14 | 42% | 3 | 9% | 33 | 8% |
| Entered in positive state | 25 | 7% | 327 | 91% | 8 | 2% | 360 | 90% |
| Entry state unknown | 1 | 17% | 4 | 67% | 1 | 17% | 6 | 2% |
| **Substance misuse** | **121** | **31%** | **260** | **66%** | **14** | **4%** | **395** | **100%** |
| Entered in negative state | 98 | 52% | 87 | 46% | 5 | 3% | 190 | 48% |
| Entered in positive state | 23 | 12% | 166 | 84% | 8 | 4% | 197 | 50% |
| Entry state unknown | 0 | 0% | 7 | 88% | 1 | 13% | 8 | 2% |
| **Family relationships** | **111** | **27%** | **274** | **68%** | **20** | **5%** | **405** | **100%** |
| Entered in negative state | 86 | 37% | 136 | 58% | 11 | 5% | 233 | 58% |
| Entered in positive state | 24 | 15% | 129 | 80% | 8 | 5% | 161 | 40% |
| Entry state unknown | 1 | 9% | 9 | 82% | 1 | 9% | 11 | 3% |
| **Leisure activities** | **124** | **31%** | **265** | **66%** | **14** | **3%** | **403** | **100%** |
| Entered in negative state | 90 | 36% | 154 | 62% | 5 | 2% | 249 | 62% |
| Entered in positive state | 34 | 23% | 105 | 71% | 8 | 5% | 147 | 36% |
| Entry state unknown | 0 | 0% | 6 | 86% | 1 | 14% | 7 | 2% |
| **Work, volunteering or training** | **111** | **28%** | **269** | **67%** | **19** | **5%** | **399** | **100%** |
| Entered in negative state | 93 | 29% | 216 | 68% | 9 | 3% | 318 | 80% |
| Entered in positive state | 17 | 24% | 45 | 63% | 9 | 13% | 71 | 18% |
| Entry state unknown | 1 | 10% | 8 | 80% | 1 | 10% | 10 | 3% |

*See Annex D for definitions of the 'negative' and 'positive' states in each outcome measure.*
*Percentages may not sum to 100% due to rounding.*

**Table 20: Exit state for women who left WCJSs between 1 April and 31 December 2014**

| | Outcome *(In order of most common area to exit in a positive state)* | Women's state at exit (506)* | | | | | |
|---|---|---|---|---|---|---|---|
| | | Positive state | | Negative state | | Unknown | |
| ✓ | Attitude to desistance | 312 | 62% | 38 | 8% | 156 | 31% |
| | Sexual health | 311 | 61% | 20 | 4% | 175 | 35% |
| | Engagement with services | 294 | 58% | 64 | 13% | 148 | 29% |
| ✓ | Housing | 294 | 58% | 60 | 12% | 152 | 30% |
| | Problem-solving skills | 288 | 57% | 59 | 12% | 159 | 31% |
| ✓ | Finances | 269 | 53% | 80 | 16% | 157 | 31% |
| | Emotional/mental health | 269 | 53% | 78 | 15% | 159 | 31% |
| | Physical health | 263 | 52% | 83 | 16% | 160 | 32% |
| ✓ | Willingness to work on problems | 260 | 51% | 86 | 17% | 160 | 32% |
| ✓ | Views on offending | 243 | 48% | 106 | 21% | 157 | 31% |
| ✓ | Substance misuse | 222 | 44% | 115 | 23% | 169 | 33% |
| ✓ | Family relationships | 195 | 39% | 154 | 30% | 157 | 31% |
| ✓ | Leisure activities | 191 | 38% | 145 | 29% | 170 | 34% |
| ✓ | Work, volunteering or training | 102 | 20% | 235 | 46% | 169 | 33% |

*Note: Total percentages may not equal 100% due to rounding. Use of colour highlights order of prevalence.*

*✓Criminogenic need (associated with the risk of offending)*

* Exit state for 506 women who left WCJSs between 1 April and 31 December 2014. Excludes Kilmarnock and Highland.

## Annex G: Group-based Support that Worked Well and Challenges

**Table 21: Elements of group-based support that 'worked well' and challenges in WCJS setting, identified by practitioners and women**

| **Worked well** | |
|---|---|
| **Engaging content** | **Non-threatening and low stress.** Activities in which women were active with their hands and had potential to interact positively with others with minimum barriers (e.g. gardening, arts and crafts).<br><br>**Fostered social connections.** Activities that contributed to positive mental health and relationships with others, including other women, workers and wider community.<br><br>**Fostered achievement.** Activities in which women felt a sense of completion or contribution (reflected in women's positive response towards certificates), or felt the activity helped them 'move forward'.<br><br>**Relevant or meaningful.** Activities in which women learnt new knowledge, skills or experiences that they could apply outside WCJS, that moved women towards work, training or a qualification, or that contributed towards others (e.g. in unpaid work groups, charity campaigns).<br><br>**Interactive and varied content.** Women responded positively to groupwork with interactive components, and a variation in activities. |
| **Flexible delivery** | **Designed to recognise that women will 'dip in and out'.** Practitioners adapted content or delivery in response to knowing that some women do not engage consistently (e.g. A health practitioner described informally adapting CBT content (typically taught in structured groupwork) for working with women 'as and when' they showed up.<br><br>**Rolling groupwork programme.** (E.g. women could join within four weeks of getting an order.)<br><br>**Fluid timescales** - women could repeat or take the time they needed complete programmes or phases of support (in voluntary scenario) |
| **Audience-appropriate** | **Content adapted for high risk/need women.** (E.g. Tomorrow's Women Glasgow (TWG) found existing Safe and Sound trauma groupwork unsuited to women with very high risk/needs and developed preparatory groupwork called HOPE. HOPE was less complex, shorter, and appropriate to women's learning difficulties and earlier stage of addressing complex trauma.<br><br>**External facilitators prepared** (E.g. one WCJS informally briefed the external community course facilitator to ensure their approach would best engage women in their WCJS (e.g. active, simple, short content)<br><br>**'Short-enough' community courses**. Practitioners suggested that courses no longer than four weeks were best to support women's engagement and successful completion of courses |

| | |
|---|---|
| **Worked well (cont'd)** | |
| **Involving women** | **Women had input into content and environment.** Most WCJSs gathered women's input through suggestion boxes, open discussions to plan activities and co-established group ground rules.<br><br>**Co-production**. Multiple WCJSs engaged women in co-facilitation or informal roles within groups. TWG adopted a service-wide co-production model. TWG's new HOPE programme (above) was piloted with women, who were given logbooks to inform its development. This was met with enthusiasm and was considered to become usual practice. |
| **Multi-agency** | **Co-facilitate with non-CJSW agency** – a number of WCJSs identified advantages of delivering groupwork alongside non-CJSW professionals (e.g. C&F, Rape Crisis, Addaction) were that it strengthened facilitation, women received a balance and mix of skills, knowledge and approaches, familiarised women (and staff) with another agency, deepened shared ownership of WCJS aims across agencies, and attracted non-CJSW women to achieve critical mass required for groupwork (e.g. in areas with dispersed population) |
| **Challenges** | |
| **On-going development** | **Some activities risked becoming repetitive or stale in drop-ins.** New content ideas had to meet budget, practical, and local constraints.<br><br>**Dedicated time or capacity required to develop groupwork further.** Developing groupwork was on-going in most WCJSs. |
| **Critical mass** | **A minimum number of women** (particularly in smaller or rural WCJSs) was required to justify running some groups. Community courses required sufficient numbers of women (who weren't guaranteed to turn up) to run courses internally. Groups require a balance of 'not too few; not too many'. |
| **Tailoring group settings for individuals** | Practitioners were considering ideas to reduce barriers for women who were reluctant to engage or found group settings difficult (particularly drop-ins), such as meeting women prior to drop-in, having 'greeters', using alternative rooms or spaces to split large groups. Difficulties identified by women included anxiety of not knowing who will be present in a group or drop-in. |

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