Justice Committee

Transfer of prison healthcare to the NHS

Written submission from Willow Services

1. **Introduction**

1.1 Willow aims to
- Reduce offending behaviour
- Improve health, wellbeing and safety
- Improve women’s access to services.

1.2 Willow provides a range of gender specific services to women over the age of 18 involved in and at risk of offending and resident in Edinburgh or returning to Edinburgh from custody. The service is a partnership between NHS Lothian, City of Edinburgh Council and SACRO. The women using the service have multiple and complex needs, including significant health problems.

1.3 Women attend a group based programme 2 days a week for approx. 9 months and have a key worker who works with them individually. The team consists of a Manager, Social Workers, Support Workers, Nurse, Psychologist, and Nutritionist. The programme is designed to develop life skills, learn to cope with the effects of trauma and abuse, address offending behaviour, build social capital and develop a positive sense of identity. Women are supported to access wider services, such as sexual health, addictions, mental health, primary care and social work services, depending on their individual needs.

2. **What “needs” does the service respond to?**

2.1 Women attending the service have a distinct and complex range of needs including:
- Experiences of abuse and trauma
- High prevalence of mental ill health and self harm
- Substance misuse
- Poverty
- Motherhood
- Relationship difficulties
- Health inequalities.

3. **Service Interventions**

3.1 The service works in partnership with a range of agencies and provides:
- Nursing and psychology assessment and intervention
- Individual key work support
- A health improvement programme
- Group work to address offending behaviour, confidence, relationships and positive identity
- A psycho-educational programme to address trauma and abuse
• A wide ranging social capital programme to assist women to develop skills, pro-social support networks, hobbies and to support them to undertake new interests, visit new places and participate and contribute in their communities
• Employability work to help women move towards personalised goals that may involve volunteering, college courses, training, education or employment.

4. Service use, demand and capacity

4.1 Current service use (snapshot at November 2012):
30 women in assessment phase
31 women attending the service
On average 10 referrals per month since January 2012.

4.2 Estimated potential annual service demand:
65 referrals from Criminal Justice Social Work statutory case load
30 referrals from prisons
25 referrals from other sources

4.3 Current service capacity:
60 women completing the 9-12 month programme per year.

5 Service outcomes

5.1 Outcomes are measured by:
• Observation and professional assessment
• Standardised assessments
• Personalised goals for individual women.

5.2 Through observation and professional assessment, improvements have been noted including:
• Planned use of primary care services by women
• Changes in diet (reductions in sugar intake, healthier eating, increased knowledge of healthy eating)
• Positive changes in their relationships
• Positive changes in how they view themselves
• Improvements in mental health
• Reduction in frequency and seriousness of offending
• Participating in pro-social activities, some of benefit to others
• Increased physical activity
• Reductions in substance use and stabilisation of substance use.

5.3 Outcomes measured by standardised assessments highlight that of the women from September 2010 to December 2011:
• 77% of women pre-intervention presented with symptomology consistent with Post Traumatic Stress Disorder (PTSD)
• all women (except 1) had clinical and statistically significant improvements, post intervention
• only 1 woman has remained symptomatic post intervention.
5.4 Clinical Outcome on Routine Evaluation (CORE) measures ‘global distress’ and found that:

All women (except 1) had clinical and statistically significant improvements, post intervention in the areas of
- Wellbeing
- Problems/symptoms
- Life functioning.

5.5 Personalised outcomes for women can be reflected in their own views of personal achievement and change. The following is a letter from an ex-service user sent to staff at Willow.

“Just thought it would be nice to drop you a wee letter as there is a few things I would like to say to yous all.

Carina and Terry you turned my life right round. I am not saying everything is perfect but you helped me to get the strength to cope much better than I have in my whole life and I don’t have the words to tell you how much I am so grateful to you for this. I know people will say they will never forget people but I know till the day I take my last breath the willow workers will always be with me every day helping me cope better with every day life.

Sally, just to let you know I am still making your sheppard’s pie. My kids love it. They ask me to make it every time they come through to visit. Thank you for taking the time to teach me these skills. Sarah you gave me so many coping methods that I still use today. I could never have got through some of the things I have had to deal with in the past few months if it were not for you.

I have started a course with transitions called Flash Beauty. I could never have done this if it wasn’t for Willow. I really hope you keep going helping the women who really need it. My biggest thanks is for never ever judging us because that is something we all fear. Good luck to yous all in the future”.

Kirsty Pate
Willow Service Manager
14 November 2012

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1 Evidence for Gender Specific Service Provision

In recent years in Scotland there have been a number of Government reviews, ministerial working groups, Committees and task force reports and strategies focusing on the specific needs of women in the justice system (Pate, 2010).

Much of this recent work has been influenced by the reports of Baroness Corston (2007) who undertook an extensive review of women in the criminal justice system highlighting the need for a “distinct, radically different, visibly-led, strategic, proportionate, holistic, woman-centred, integrated approach”.
The Fawcett Society’s review of provision for women offenders in the community (Gelsthorpe et al, 2007) is amongst the research influencing the development of women specific responses across the UK.

The health needs of the female offender population were highlighted in the Equally Well task force (Scottish Government, 2008) and in Graham’s review of health care needs of the Scottish prison population (Graham, 2007).

In addition, local research published in 2008 (Barry and McIvor, Lothian and Borders CJA) concluded provision across Lothian and Borders was “limited in its scope and depth to address the particular needs of women offenders” and “inter-agency cooperation did not reflect the specific needs and characteristics of women” (p.80).

This led to the development of “A Model and Framework for working with Women Offenders – A multi-faceted partnership approach” (Pate, 2010). This evidence based model highlighted the need for women only, holistic, trauma informed services at one location, addressing mental health, trauma and substance use, and underpinned by relational and strengths based approaches. The document also details the differing and distinct needs of women, in relation to substance use, mental health, abuse, poverty and motherhood and health inequalities.

Willow services developed from this emerging national and international evidence base supporting the need for specific service provision for women.

In April 2012 the Independent Commission on Women Offenders describes Willow as an exemplary service and recommended similar services are made available across Scotland.

References


