Howard League for Penal Reform

Early Career Academics Network Bulletin

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Early Career Academics Network Bulletin

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Introduction

Anita Dockley, Research Director

The articles in this bulletin relate to a broad spectrum of issues concerning the health and wellbeing of people, particularly marginalised groups, in the criminal justice system. They explore the experiences of people during, and after custody, when receiving support and care.

Miranda Davies explains how Covid-19 has compounded existing challenges in prisoners' access to secondary and equivalent health care. Her article builds upon recent Nuffield Trust research on prisoners' use of hospital care, and highlights the additional barriers imposed by the Covid-19 lockdown.

Sophia Benedict explores the experiences of foreign national women who are not deported at the end of their sentence but seek to resume their life in this country. It highlights their complex and multiple needs, and the many and varied barriers to accessing resources and support, both for the women themselves, and for the practitioners who work with them. The article highlights an urgent need for change in policy and practice to ensure the safety and dignity of foreign national women's resettlement.

Natalie Rutter shares the stories of two women whose gambling addictions led to their criminalisation. The article explores how relationships and narratives can support treatment and desistance. It illustrates how hearing the voices of people with lived experience can greatly enhance our understanding.

Beth Collinson and Rachel Moreton evaluate the Fulfilling Lives programme. The programme provides overarching and long-term support for people facing multiple disadvantage (including mental health problems, substance misuse, homelessness, and involvement with the criminal justice system). This article illustrates the importance of tackling multiple and complex needs holistically, not separately.

These articles share a common thread, illustrating how people's vulnerabilities and needs (often multiple) precede, and are often exacerbated by the criminal justice system. Despite illustrating the many barriers and challenges faced by those either subject to or working within the criminal justice system, these articles provide hopeful and positive policy suggestions.

Features

Prisoners' access to secondary care and the impact of Covid-19

Miranda Davies

Access to health care for different groups, such as people in prison, is a particularly salient issue when faced with a global health crisis like Covid-19. The swift strategy implemented in prisons to manage the spread of the Coronavirus (see outline in O'Moore, 2020) is testament to the clear risks of Covid-19 for people living and working in prisons. Even before medical vulnerabilities are considered, cramped living conditions and inconsistent in-cell sanitation make even the basic controls of social distancing and hand washing hard to manage from the outset.

Early modelling estimates predicted that, without intervention, there could be as many as 77,800 cases and 2,700 deaths in prisons due to Covid-19 (O'Moore, 2020). At the time of writing, data regarding confirmed cases of Covid-19 in prisons is only released monthly, and the most recent figures up to September 30 (Ministry of Justice (MoJ) & HM Prison and Probation Service (HMPPS), 2020a) stand at a total of 630 cases. The timeliness of data releases regarding the Covid-19 situation in prisons is a challenge. As recently as 12 October there have been reports of Covid-19 outbreaks affecting 100's of prisoners (Inside Times, 2020). Therefore, whilst at this stage the numbers may not be as high as early modelling estimates the true extent of Covid-19 in prisons is unclear.

As the pandemic has progressed, key health outcomes of interest have included the number of confirmed cases, as well as the number of people who have died. However, the strategy implemented in prisons to manage the spread of Covid-19 is likely to compound existing challenges of prisoners' poor access to health services as well as any attempts to provide equivalence of care. Equivalence of care should mean that people in prison receive the health care they need regardless of the fact that they are in prison. In this article I will draw out findings from our Nuffield Trust research (Davies et al., 2020), 'Locked out? Prisoners' use of hospital care' and consider what they tell us about challenges around access to secondary care and equivalence of care for prisoners – and how these issues may be affected by Covid-19.

What we found

Prisoners faced poorer access to secondary health care services even before Covid-19. We looked at more than 110,000 patient hospital records for prisoners from 112 prisons across England in 2017-18 to see how often and why they were accessing secondary care, and how usage compared to what we might expect based on the general population.

The research used routine data (Hospital Episode Statistics) to describe prisoners' use of inpatient, outpatient and A&E services. Prisoners' anonymised records were identified within hospital data using postcode as a marker of activity linked to prison estate locations. Age and sex

specific admission and attendance rates per 1,000 people were calculated to compare inpatient admissions, A&E attendances and outpatient appointment numbers for prisoners to the general population. Some of the key findings included:

- In 2017/18 there were 11,908 inpatient admissions by prisoners, 83,176 outpatient appointments and 17,928 A&E attendances.
- Prisoners had 24% fewer inpatient admissions and outpatient attendances than the equivalent age and sex demographic in the wider population
- Prisoners had 45% fewer attendances at accident and emergency departments than the general population.
- In the separate analysis of health care usage by women prisoners, it was found that six prisoners gave birth either in prison or on their way to hospital, representing more than one in 10 of all women who gave birth during their prison stay.

Prisoners' access to services

The report was written before the emergence of Covid-19, but many of the issues it highlighted are all the more critical given the changes that have occurred in prisons over recent months in response to the virus.

Steps taken to manage the spread of Covid-19 have had a significant impact on the day-to-day regime in prisons. For around four months, people in prison faced extended periods of time in their cell (at least 23 hours a day), a halt to most employment and education opportunities, and no face-to-face visits from family or friends (House of Commons Justice Committee, 2020).

In our work we found that, prior to Covid-19, prisoners had 24% fewer inpatient admissions than people in the community, and the restrictions put in place in response to the virus have further eroded access to secondary care. In a summary report of their scrutiny visits to see how prisons had managed during the lockdown period, Her Majesty's Inspectorate of Prisons (2020) noted no access to secondary care except for cancer referrals and emergency care. This is of particular concern given that prisoners also had 24% fewer outpatient appointments than the general population before the virus.

Access challenges are likely to remain an issue even as lockdown restrictions are eased. Escort numbers each day are limited, and if prisoners with symptoms of Covid-19 require hospital care this reduces the number of slots available for other things. There is also the challenge of physically getting prisoners to hospital, both in terms of whether transport is available as well as staff themselves. The availability of staff to escort prisoners to hospital is acknowledged as a key cause of missed appointments (Public Health England, 2016), and in order to manage the prison allowing for cohorting and social distancing, staff availability is likely to be further stretched.

Equivalence of care

The health care that people in prison in England and Wales receive should in theory be equivalent to the health care they might receive in the community. Even setting aside that coronavirus restrictions in prison have limited access to services, there are challenges surrounding how the notion of equivalence of health care is both understood and enacted in practice in a prison setting.

There has been significant discussion as to what equivalence of care means in terms of the practical delivery of health care for prisoners (Ismail and de

Viggiani, 2018). This was raised at the Health and Social Care Committee Prison Healthcare inquiry in 2018.The Royal College of General Practitioners position statement on equivalence of care in secure environments was noted as a making a key contribution to working towards a shared understanding of equivalence (HM Government, 2019). Of particular note is the acknowledgement of variation in health care provided in the community, and that health care in prison needs to be 'at least' comparable. This means if we want to achieve specific health outcomes for prisoners, such as a good uptake of regular screening and vaccination programmes, this may require more resources and investment than might be needed in the wider community.

There are certain groups in prison for whom equivalence of care is particularly pertinent. In our analysis of health care usage by women prisoners, we found that more than one in 10 of all women who gave birth during their prison stay gave birth either in prison or on their way to hospital. Women and babies face serious risks if they do not receive the healthcare they need by virtue of being in prison. This is evidenced by the tragic death of a baby in prison in September 2019 as well as the birth of a stillborn baby in 2020, both of which are being formally investigated (MoJ, 2020).

In response to Covid-19, 54 prisoners (including pregnant women, women with babies and medically vulnerable prisoners) were granted compassionate release (MoJ & HMPPS, 2020a), but it is not clear the proportion of perinatal women (women who are pregnant or in the post-natal period) as opposed to prisoners with other health care needs. Despite the reduction in the number of pregnant women in prison during the Covid-19 lockdown, the need for equivalence of care remains as urgent as ever, to ensure future pregnant women in prison can be appropriately cared for.

The lockdown measures in prison may have prevented a spike in cases, but they have further eroded access to health care services both inside and outside of prison. The HM Inspectorate of Prisons report (2020) notes a drop off in access to specialist mental health services for prisoners with high level needs during lockdown, as well as dental care being limited to emergency appointments only. The question remains as to whether this will continue whilst prisons are not operating under normal conditions and what the impact will be on prisoners' health. At the time of writing lockdown restrictions are being eased, but it is acknowledged that this will be a long process which won't necessarily keep pace with the easing of restrictions seen in the wider community (MoJ & HMPPS, 2020b).

Restrictions on prisoners' access to secondary care during lockdown is a concern. We know that in the general population there was a dramatic reduction during lockdown in the use of wider services such as accident and emergency (Vaughan, 2020). Usage has still not returned to normal levels, but people are being actively encouraged to use services if they need to. People with symptoms of suspected heart attacks or strokes have been highlighted as a key group who should attend services. Our research findings showed that hypertension and heart disease were the most common of nine chronic conditions recorded in prisoners admitted to hospital in 2017/18, suggesting a potential risk if symptoms prisoners show are not followed up.

Despite the need to manage the spread of Covid-19 within prisons, our research shows that prisoners faced serious challenges accessing health care prior to

the pandemic, which have been further exacerbated under lockdown. Whilst the threat of Covid-19 remains, this is likely to have a serious impact on any ambitions for delivering the equivalence of health care that is vital to avoid compounding existing inequalities.

The next stage of the Nuffield Trust prison health research

We have now started a new research project where we will be using routine data (Hospital Episode Statistics) to describe prisoners' use of hospital services from 2016/17 to 2019/20.

This will enable us to describe changes in prisoners' use of secondary care services over time to assess whether access to services has improved or further declined for prisoners. Monitoring change year on year is important both as a sign of the impact of conditions in the prison estate, as well as developments in policy and practice on prisoner health care usage.

We will also be testing a new approach to the selection of a matched population to compare prisoners' use of services versus the general population. This will provide a more meaningful comparison of prisoners' use of hospital services that takes account of prior history of hospital use as well as indices of deprivation and other demographic variables.

This will provide information for commissioners of prison health services to more accurately predict the health care needs of the prisoner population and therefore what sorts of services they should be offering, and the quantity.

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About the author

Miranda is Senior Fellow at the Nuffield Trust and is the project lead for their prisoner health research work. Her work in this area to date has focused on what can be learned from routine hospital data about prisoners' use of secondary care services and underlying healthcare needs.

Examining the barriers to community resettlement for foreign national women

Sophia Benedict

This article expands on new research published for the Griffins Society.

> 'At the moment, just no future at the moment'
> *Participant*
>
> 'It pains me to say because I think before I came into this job I didn't believe that this system was racist but frankly, it is.'
> *Probation officer*
>
> 'But if you have support… you have someone who's encouraging you, and who is kind of believing, that gives you hope'
> *Participant*

Foreign national women in resettlement

Within the criminal justice system (CJS), the lives and experiences of foreign national women have been largely overlooked and the subject of very limited research to date. Defined as women who have entered the UK from overseas to seek work or asylum, voluntarily or under coercion and who are not UK citizens (Gelsthorpe & Hales 2012), this group of women experience complex challenges at all stages of their pathway through the CJS. However, the experience of resettlement brings with it particular challenges. Whilst there has been a broad acknowledgement in recent years of foreign national women's vulnerability, the experience of women who are not deported and who begin, resume, or continue life in the community have not yet been heard. Drawing on

interviews with women, and with probation staff and practitioners supervising and supporting them, the findings of this research highlight the need for urgent changes to practice and policy and ultimately a far more systematic approach to supporting foreign national women in the CJS.

Over recent years, there has been an increased focus by the UK government on the deportation of 'foreign national criminals' on completion of their sentence, an emphasis that has geared foreign national women's pathways through the CJS strongly towards the possibility of deportation, over rehabilitation and resettlement (see Bosworth 2011; Banks 2011). Yet, many foreign national women are released into the community post sentence – 260 foreign national women were released into the community post sentence in 2017 (Ministry of Justice 2019), in addition to women serving community sentences.

The impetus for this research came from my work with women affected by the CJS in two South London women's centres. Managing the centres and working closely with women through their resettlement, it became clear to me that women categorised as foreign national within the CJS face extremely challenging obstacles to resettlement in the community. I observed that conditions of material precarity were common to all foreign national women, through being denied access to public funds and housing, being denied the right to work or to study, and struggling to access the support necessary for

everyday survival. I also observed the extent to which practitioners – both support workers and probation officers – struggled to support this group of women with the resources they had.

The findings

Interviews revealed both the enormity and complexity of the challenges faced by this group of women in resettlement. For those awaiting the outcome of applications for leave or asylum, barriers such as the No Recourse to Public Funds condition (NRPF), a lack of access to housing, and the ban placed on work, study, and in many cases volunteering, were shown to have overwhelmingly detrimental implications for every area of women's lives and resettlement.

No recourse to public funds

The NRPF condition, whereby women are denied access to welfare benefits and other supports, was described by both groups of interviewees to shape and seep into almost every detail of women's lives in the community. As described by one probation officer:

> *'The tight net that immigration enforcement puts around you means you can't work, you can't study, and you're literally at home… I think it drives them insane because they can't do anything'.*

Reflecting on the time directly after her release from custody having served a five-year sentence, one participant said:

> *'When I come out I need everything… I got no bras, underwear, all ripped, you know. I got still prison one… I've got glue in my shoes, it's pair of shoes from prison, I'm still wearing.'*

Lack of access to housing

For women and practitioners alike, the lack of access to housing was identified as the single biggest obstacle to resettlement. A probation officer explained to me:

> *'You can't do anything with them. And in those kinds of situations you, you have to say to them "You have to rely on a family member". And I've seen someone's emotional well-being just deteriorate when they've been sort of sponging off a family member or a friend for a really long period of time.'*

For many practitioners, this reliance on family and friends was particularly concerning when it meant women were forced to stay in abusive or otherwise unsafe living situations for lack of an alternative. One practitioner reflected on a woman forced to remain living in a house where she was known to be vulnerable to abuse from a male family member: 'managing risk in this situation is very hard as you can imagine'. Expressing similar concerns, another practitioner felt that her hands were 'tied by the government', with women's lack of housing options rendering them acutely vulnerable to forms of violence and enforced dependency. All women interviewed described prolonged periods of sofa surfing. For women in this study who were unable to rely on a network of family or friends, sustained periods of rough sleeping were common.

Community support

All participants identified a significant lack of support options; where women had been given practical and emotional support in the community by charities and other support services or faith groups, this support was described as critical for their survival. Importantly, probation officers frequently emphasised

to me the limitations of probation to adequately support the needs of this cohort. It became clear that the support and resources provided by probation are patchy and inconsistent across boroughs and officers.

Mental health and the impacts of waiting
Across all interviews, the mental health impacts of prolonged waiting for an outcome on immigration cases was highlighted to be overwhelming. One participant described attempting suicide twice in the year since leaving prison, whilst others said they had thought about it. As described by one participant:

> *'You're living your life in limbo. You know, you don't know what tomorrow is going to hold. Yeah, it's soul-destroying.'*

Women described the impact that the prolonged 'pressure' and 'stress' of their situations had on their health, with practitioners reflecting on the extent to which women's mental health deteriorated over time. Practitioners strongly emphasised the inadequacy of current mental health provision, and the multiple barriers preventing women accessing appropriate support. Describing the way in which mental health deteriorates over time, one practitioner reflected:

> *'You see them go from being really, really upright to, it's almost like when an apple starts off really rosy and then it scrumples (sic) because it's not being fed, it's not being watered. They're not being fed, they're not being watered emotionally, psychologically, physically. And that's how I see it for my ladies'.*

Support workers and probation officers emphasised the difficulties they encountered in supporting women they worked with to access mental health provision. They noted funding cuts to mental health support within probation services, as well as the inadequacy of community mental health support, often characterised by long waiting lists and additional practical barriers. Thus, living in contexts defined by prolonged and sustained waiting and an absence of material security were seen to instigate a severe decline in mental wellbeing, an experience worsened by the absence of suitable and accessible mental health provision.

Practitioner perspectives
For both the voluntary sector workers and probation practitioners interviewed, supporting foreign national women was experienced as a personal burden and distinctly more challenging than working with women with UK citizenship. High levels of emotional investment were described as making professional boundaries more challenging to maintain; for one practitioner, this manifested in giving her own money for a bus fare after hearing that her client would travel to an appointment by foot at some distance. Another probation officer relayed that she sourced donations of soap, cosmetics and clothes in her free time. These quotes sum up a feeling that emerged strongly from interviews with practitioners, of being a '*lifeline'* to women in a context of limited support options or referral pathways. Communication with the Home Office was described by all practitioners as extremely poor, and in many cases non-existent. This was felt to be one of the main barriers to effectively supporting women.

Taken together, these testimonies shed harsh light on the multiple and interconnected barriers to accessing support faced by foreign national women. They evidence the inadequacy of current community provision, and the lack of

funding and resources available to support this group. Perhaps most powerfully, the findings make clear the ways that community resettlement in fact replicates the conditions of confinement found in immigration detention centres, with levels of emotional distress and mental health deterioration mirroring those found within detention contexts. Despite being physically free, women recounted feeling as though they were still 'in prison', even suggesting life would be better in prison:

> *'I've done a year now, out of prison, and I'm still struggling…I'm feeling still I'm in jail. Even I'm better in jail.' (participant)*

What now?

There is urgent need for change within current policy and practice to ensure that this group of women experience safety and dignity in resettlement. The following recommendations form part of this process:

Build the knowledge, capacity and skills of practitioners. The practitioners interviewed who held a mixed caseload of UK national and foreign national women identified a significant need for specialist training on the issues and unique experience of foreign national women. In-depth, face to face training must be provided to all professionals across probation and voluntary sector services working with foreign national women.

Support women by supporting practitioners. Practitioners identified the emotional cost of supporting and supervising foreign national women due to the complexity of cases, the level of distress and trauma typically experienced by this group, and lack of institutionalised bespoke support. The inadequacy of broader community support meant practitioners were likely to feel they carried the 'burden' of support by themselves. All practitioners supporting this cohort should have access to appropriate clinical supervision. The additional complexity and time involved in supporting foreign national women should be reflected in smaller caseloads for practitioners working with these women.

Improve Home Office communication and transparency in decision making. A lack of communication between the Home Office and probation staff was identified, particularly in relation to cases not having an allocated caseworker in the Home Office for lengthy periods of time, frequent changes in allocated caseworkers, and an overall absence of communication in response to attempts by practitioners via phone and email. Consistency in caseworker and regular flow of information is needed to enable practitioners to responsibly inform and manage the expectations of women awaiting immigration outcomes.

Home Office reporting. Awareness of women's financial precarity should be reflected either in the frequency of Home Office reporting visits demanded, or in the granting of financial support for travel to reporting appointments.

Improve access to mental health support. There is an urgent need for increased mental health provision for this group through increased funding and capacity building of community mental health services. Provision must be available in multiple languages.

Time spent waiting. The length of time spent waiting for decisions on the outcomes of immigration cases was identified as the single most harmful factor in women's mental health deterioration. The findings of this study demonstrate the urgent need for increased communication from the Home

Office with updates on cases for both women and practitioners.

Increase provision for people with no recourse to public funds. This research evidences the harm caused by the NRPF condition. The findings build a strong case for the condition not to be imposed on women resettling in the community; however, where the condition is imposed, there is a need for vastly increased provision for women affected: increased financial support, greater and consistent access to food bank vouchers, travel warrants and other grants to enable day to day survival.

Improve access to housing/accommodation. There is an urgent need for the development of a housing pathway for foreign national women who do not qualify for National Asylum Support Service (NASS) provisions. There is a need to drastically increase access to emergency accommodation and refuges by creating more refuge spaces for women affected by NRPF. There is a need for this cohort to be considered for alternative housing options such as hosting programmes available for refugees and asylum seekers, where currently their criminal record may prohibit them from being considered.

Increase access to meaningful activity. Following the findings of this study: women must be allowed the right to work, even if capped at a certain number of hours; women must be allowed to study or to seek out volunteering placements.

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About the author

Sophia is Women's Services Manager at a South London based charity, running two women's centres supporting women affected by the criminal justice system and multiple disadvantage. She was Griffins Society Research Fellow between 2018-2019 and published the report *'Just no future at the moment: Examining the barriers to community resettlement for foreign national women'* in June 2020.

Narratives of women's community supervision: Problem gambling, shame, stigmatisation and a challenge to desistance

Natalie Rutter

As individuals we all hold our own narratives, and our own stories, shaped by our experiences and perceptions which change and develop as we do. Sometimes we feel comfortable being open and at times, our stories and narratives remain our own, especially when we feel marginalised, ashamed or stigmatised.

For women involved in the criminal justice system, and ordered to a defined period of community supervision, these feelings are clear. Within criminological research there is a recognition of the importance of listening to individuals whom have been criminalised. Developments continue to reflect and make use of creative methodologies in order to provide a voice. Often ignored and unheard (Fitzgibbon and Stengel, 2018), criminalised women remain among the most marginalised voices in society (Harding, 2017).

Within practice, the same is clear, and within practitioner relationships it is of fundamental importance to listen and attend to the views of those in receipt of service provision (Burke et al., 2019). However, for criminalised women they are often overlooked in policy, planning and services (Prison Reform Trust, 2016), and there are further challenges through the views of wider society. The media give greater attention to criminalised women (Malloch and McIvor, 2011), and they are often depicted as 'other' when involved in crime (Jewkes, 2015). This can result in higher levels of social stigmatisation (Estrada et al., 2012).

The discussions presented stem from qualitative doctoral research conducted in Northern England. This focused on understanding the relationships of individuals and their influence on desistance, through their own narratives, when undertaking a defined period of community supervision managed by a Community rehabilitation Company. This short piece draws upon the longitudinal narratives of two women whom became criminalised for the first time through problem gambling.

Research surrounding problem gambling draws links to involvement in crime (Williams et al., 2005; Mestre-Bach et al., 2018). There is also striking evidence of the prevalence of problem gambling for women (Perrone et al., 2013). Sarah and Elvira, whose names have been changed, share their stories of addiction which led to their criminalisation, alongside their experiences of community supervision and the availability of support. For both women, whom were in their fifties, this was their first ever involvement in the criminal justice system, stemming from the criminal behaviour they engaged in to fund their gambling addictions. They share how their escalation in addiction led to hidden behaviour, their criminalisation, feelings of shame and stigmatisation. Their narratives then enable us to recognise how these feelings challenged their own journeys of desistance from crime due to the impact this had on their relationships, and sense

of belonging within their wider community. Finally, we see Elvira and Sarah make some sense of their addiction, and the support networks available to them which encouraged steps forward.

Escalating behaviour

Although Elvira and Sarah were not specifically asked about their gambling, or how this escalated into criminal behaviour, their explanations of this were a key part of their wider narrative. For Elvira, it was a 'natural' escalation of behaviours, but an element of her personality she felt had always been with her.

> *"I never gambled or anything … I started buying the odd scratch card on my dinner break and I won just short of nine grand on one … and I think it would have been a few years after that that I joined an online thing, and I thought it was naff. It was only really a couple of years ago that I went on it again … and won a few times. I mean my husband didn't know I was going on it. I just won a couple of hundred here and there … and … I can't even say, it just escalated from there, I think. But it must have always been in me because I remember when I was 16 … I was on like 25 pound a week and I would blow it all on the bandits and the bingo. … Then it all happened when it all came big online … I don't even go in bookies or owt like that … I mean I would end up falling asleep on the couch gambling, like nod off when I was actually gambling, I would nod off. It's a terrible life really." (Elvira)*

When Sarah spent time reflecting on how her gambling addiction had escalated, attempting to find a reason for this, her narrative is filled with feelings of loss and grief through the bereavement of her father-in-law.

> *"You know when you look back for triggers … and I think it could have been because of … when we lost me husbands dad, he died in the December and in the February, I started gambling … I mean I have sat with counsellors trying to work out why I have done it and me girls … and they said all we can put it down to is when grandad died because you were there with him every day … the last few weeks of his life I stayed there, I slept at the house. I wouldn't leave him … and I think part of it was … partly boredom, I felt really bored, really at a loose end … and I think looking back I maybe was depressed, and I didn't realise. I have never suffered with anxiety or depression …" (Sarah)*

Therefore, although both women explained different routes into their problem gambling, each is supported by the knowledge shared within addiction research. For Elvira, it was an escalation in behaviour, and for Sarah the escalation of her problem gambling became more of a coping mechanism, linked to her mental health. For both women this addiction, and the criminalisation which followed led to significant feelings of shame and stigmatisation.

Hidden behaviour

Within Elvira's narrative we can see how her problem gambling and escalation was kept secret from her husband.

> *"Gamblers are liars they hide things from you … you know. I don't want any more secrets. I used to be terrified of bank*

statements coming in and I used to hide them in my bag and shred 'em at work in case he'd find out … what I was using the money on. It's a secret life." (Elvira)

The same was also the case for Sarah:

"The guilt … and that's what I think stopped me from telling him about it and because I was ashamed, and I did feel guilty and I just couldn't bring myself to tell him." (Sarah)

Feelings of shame and stigmatisation

When I first met Elvira, I asked her to share a little about herself, her response was;

"*Fifty years old … convicted of a crime. Which I am not proud about … worked at [employment] for seven years that's where I committed the crime over the past year and a half, I was depositing on me bank card to fund me gambling problem." (Elvira)*

The first few words spoken to me by Elvira demonstrate feelings of shame which surround her criminalisation, but also how she labels and stigmatises herself through both her offence and her addiction. Here we can see challenges to Elvira's identity, or secondary desistance, as she is unable to internalise a non-offending identity (Nugent and Schinkel, 2016), or assume her role as a non-offender (Maruna and Farrall, 2003).

"It's really difficult, it's the shame and embarrassment that I've gotta get over and that's what I'm struggling with …" (Elvira)

The same is evident for Sarah:

"I feel guilty, yes I do … [researcher passes participant some tissues] *… I think I will always feel guilty … I don't think I can help that … do I carry guilt, yes … it's very difficult to lift it, very difficult …" (Sarah)*

Alongside these feelings of shame, guilt and embarrassment both Sarah and Elvira talked about wider feelings of stigmatisation. It is clear that this is exasperated by the wider media where higher levels of social stigmatisation (Estrada et al., 2012) are evidenced.

"Loads of people slagging me off on the newspaper and people saying don't read it and I read em … hang her. I thought god I haven't murdered anybody there is some cruel people out there." (Elvira)

Sarah's feelings of shame and stigmatisation were also amplified through her relationships, and wider media reporting, as her husband's family provided the local paper with a story on her case:

"One of his sisters decided that she would ring the [local paper] … it went in the papers because there was nobody from the paper in the court, so she give them a story … It was such an embarrassment really … after going through the court ordeal and all the rest of it … it was a week later that it was in the paper … And it was like going through it all again." (Sarah)

Here, relational desistance is challenged through the labelling of wider relationships placed on both Elvira and Sarah, also influencing their sense of

belonging in their wider community through both their criminalisation and addiction.

Challenging relational networks and sense of belonging

Literature within desistance research and resettlement has continued to highlight the importance of positive relational networks (McNeill and Weaver, 2010; McNeill et al., 2012). For the most part Elvira's husband remained a supportive feature within her narrative, and for Sarah her family stood by her throughout:

> *"I mean I am lucky, I have got a wonderful husband, you know … he is amazing … I mean he could have just left me after what I'd done … honest to god is just the perfect bloke … he would do anything for me you know … he is my rock." (Elvira)*

> *"I feel lucky in that way, that friends and family … have all stood by me and have supported me" (Sarah)*

The relationships Elvira and Sarah have with their husbands and immediate family demonstrates parallels to previous research. It highlights how women within the criminal justice system lack strong, positive relational connections (Singh et al., 2019), and how partners often play a role in promoting criminal behaviour (Leverentz, 2006).

However, for both women the strong relationship they had with their husbands, and immediate family, resulted in wider relational breakdowns and tensions.

> *"It's like me husband, he has fallen out with his mam and his sisters … I've brought the family name into dispute and everything … you know … I've embarrassed them. And he was like – look she has got an addiction, you know, give her a break. She has been your daughter-in-law for 26 years … but she has been really nasty and now he has fallen out with them … I feel guilty about that." (Elvira)*

> *"Because of what happened, I mean it put a massive strain on me marriage, a massive strain … erm because some of me husband's family … it sort of spilt … and to be truthful me husband in the middle of it. It was extremely hard, it was hard for him, and it still is …and his sisters' sort of gave him an ultimatum really. I have got a stepdaughter as well … and his daughter did the same thing. You either spilt up or we don't see you and that's still the situation." (Sarah)*

In addition, these tensions relate to the challenges faced with regards to their sense of belonging within the wider community, and link back to their feelings of shame and guilt.

> *"I couldn't go out and if it was something for me it was like I needed some new boots and I couldn't buy a pair … because I felt guilty about spending money on me when I had done what I had done." (Sarah)*

> *"I am always worried what other people think of me … I mean I know I am a nice person and I will get on with anybody … but … I just don't want people thinking bad of me, of what I have done … I do suffer from a bit of paranoia sometime, like if I'm in a waiting room … and someone calls me name out. I'm thinking don't all me*

name out, what if someone recognised my name from the paper … And I'm thinking shall I drop some of my name … the double barrel." (Elvira)

Elvira talks about how these feelings have even prompted her to consider changing her identity with regards to her name. These feelings resulted in the limited confidence and sense of belonging both women felt within the wider community, challenging their internal and external abilities to move forward, and therefore their identity and relational desistance (Nugent and Schinkel, 2016).

"With it being what I have done, been in the papers and everything, I won't go to the local shops on me own … I have to have me mate or me husband with me, you know what I mean … I think I am fearing confrontation, more than anything really … Its really important, it's very important that I start feeling alright when I do go out on my own. I always seem to have me head down I don't want people to notice me." (Elvira)

Making sense of addiction and the availability of support

For Elvira the realisation of getting caught was what stopped her, but also enabled her to access available support:

"I think back I just think what made you do that … I can't believe that I did it, and that amount as well. It's just when you're in the height of gambling, you just … you're like a rabbit in the headlights you don't see anything that's going on around you … you just don't. I just needed to gamble … Getting caught stopped me. I mean I needed to get caught … to stop the gambling." (Elvira)

Both women were subject to a defined period of community supervision, and shared their positive experience of support:

"Because they knew what I was like from the beginning when I first started coming here … I was a bit of a wreck, an emotional wreck you know. And low confidence and that … and they can see a difference in me and I can as well. I am getting more confident … from what I was … have some good conversations you know … I feel like I can tell 'em anything really, there is no holding back … they don't judge me … they don't look down at me … they have just been so nice." (Elvira)

Both women accessed specialist addiction support, albeit through different mediums. Elvira attended Gamblers Anonymous:

"I go to GA mostly twice a week, Tuesday and Friday nights which I find saved my life really. Even me husband comes with me on a Tuesday, I mean it is a mixed meeting on a Tuesday, gamblers and friends and family and on a Friday its just gamblers." (Elvira)

However, Sarah was unable to find the support she needed within this group:

"He didn't do anything, it was really just people ranting at each other. And I can understand sometimes it helps to voice it out, I've got no objections to that, but I did just find it a little bit intimidating." (Sarah)

Instead she regularly came to a weekly group run by a local drug agency within the local women's centre:

> *"We do the ABC's … like what the consequences are, what the trigger system was for you doing that day … It sounds stupid, but I come out on a Friday feeling really positive. I mean I might feel a bit down during the week or whatever, but I come out on a Friday feeling extremely positive about what we have talked about. And we go through things about what the consequences can be like with friends, with family, with relationships … health matters, money matters … and we look back at things, at what we have done. And you sit and think, yeah, I can relate to that … and before I wouldn't have even thought about it. And it does make you think a little bit more in depth about it." (Sarah)*

These groups provided a space where they felt supported, but also where they would offer support to others. For both women support was not only received through professional avenues, but personal ones too. Sarah's daughters were fundamental in helping her overcome the shame and stigmatisation she felt, but also in improving wider relationships and Sarah's sense of belonging.

> *"They was like mum everybody makes mistakes mum and don't let it get to you. And it happened and we will deal with it, and they are very much like that, they've … it was me who felt all the shame and everything else. But they … they was like its happened, we have made mistakes and it's never stopped you wanting to be near us and caring about us, it works the same. So, I know that I am really lucky that I have a fantastic relationship with them." (Sarah)*

What has been evident in the narratives of stories of Elvira and Sarah is the ups and downs felt. As part of their realisation both women shared how they would never fall back into their addiction. This is based on how they have overcome feelings of shame and stigmatisation to gain a stronger sense of belonging through relational support.

> *"It's whether they are gonna trust me or not … I know I won't do it again, now it's all out in the open. What is done is done, I can't go back." (Elvira)*

> *"I can say it, I will never ever, ever be in trouble again in my life. I made a mistake, but I have never gambled again. I have not gambled since March and I will never do it again. I know it hasn't, but at the time it ruined my life." (Sarah)*

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Towards a Fulfilling Life – learning from a national programme supporting people affected by multiple disadvantage

Rachel Moreton and Beth Collinson

Fulfilling Lives is a National Lottery Community Fund programme worth £112 million over eight6 years. The programme aims to better support people experiencing multiple disadvantage. The University of Sheffield and CFE Research have been commissioned to evaluate the programme. In this article we outline latest findings from the evaluation to date. Links to source reports and briefings are provided at the end.

Jessica struggles with her mental health. She experienced domestic abuse and had her child removed from her care. She used substances to block out the trauma and engaged in criminal activity to support her addictions. She tried to seek help and had sporadic engagement with mental health and substance misuse services, but when her mental health is poor, she finds it difficult to keep appointments and has been signed-off from some services as a result. On a day to day basis, she has felt that she does not have anything to live for.

Matthew also had a history of trauma, long-term alcohol dependency, repeated involvement with the police, several serious health conditions and has spent over ten years street homeless. In particular, he struggled with high levels of anxiety and found it difficult being indoors and around other people. He received no benefits and owned nothing other than his clothes.

You can read more about Jessica and Matthew, and others affected by multiple disadvantage, at www.multipledisadvantageday.org/true-stories They are just two of over 4,000 people to have received support from the Fulfilling Lives programme since its launch in 2014. Voluntary sector-led partnerships in twelve areas of England provide intensive support to help people experiencing multiple disadvantage navigate their way through local services. The programme is committed to changing the wider system that affects people facing multiple disadvantage on a daily basis to create long-term and sustainable change.

The Fulfilling Lives programme defines multiple disadvantage as experience of two or more factors of homelessness, current or historical offending, substance misuse and mental ill health. In 2015 it was estimated there were at least 58,000 people in England annually who had

contact with all three homelessness, criminal justice and substance misuse services (Bramley and Fitzpatrick, 2015). Many also had experience of mental health problems. The Fulfilling Lives programme aims to work with those with the most severe needs and appears to have been successful in achieving this aim – 94 per cent of people supported have at least three of the defining needs, and just over half experience all four.

These four needs are further complicated by other factors. Many beneficiaries also have other disabilities and long-term health conditions. Few have qualifications, many have problems with literacy and most people are far from the labour market when they join the programme.

People's needs are interrelated and mutually reinforcing. Individually, the issues described are all challenging; together they create a level of complexity that can be difficult to address. The effects of one area of need impacts on the ability of individuals to cope with or manage another. Therefore, it is crucial that issues are tackled together, holistically, and not separately. Yet services are often set up to treat needs independently. A particular need looked at in isolation may not be severe enough to meet thresholds for accessing support.

Ninety per cent of programme beneficiaries experienced both mental ill-health and substance misuse. Analysis of evaluation data shows that getting help with mental health, in particular counselling and psychological therapies, is linked to people making better progress. However, very few actually received this type of help. Fulfilling Lives partnerships report that co-occurring mental ill-health and substance misuse frequently results in people being excluded from support, with people asked to address their substance misuse before getting mental health support, or even an assessment. This leaves people in a catch-22 situation as substance misuse is often used to self-medicate symptoms of poor mental health.

In the past there has been a tendency to view multiple disadvantage as a phenomenon primarily affecting men. More recently studies have challenged this view (Sosenko, Bramley and Johnsen, 2020) and this fits with our evaluation findings. Overall, women make up over a third of all Fulfilling Lives beneficiaries. Women's needs are different from men's but just as complex and severe, and in some cases more so. Women are more likely than men to have higher levels of overall need and risk on entering the programme. They are more likely to be affected by poor mental health, have higher levels of risk of self-harm and to be more at risk from others. We also know that experience of sexual assault and violence or abuse from a partner is prevalent among women experiencing multiple disadvantage (Fitzpatrick, Bramley, Johnsen, 2012). It is important that women's particular needs and experiences are taken into account in designing services. Targeted and tailored support is needed and can help ensure women engage. For example, the South East Fulfilling Lives partnership employs specialist workers to support women facing multiple disadvantage, including those who have had children taken into care or are in abusive relationships. Sixty-two per cent of their beneficiaries are female.

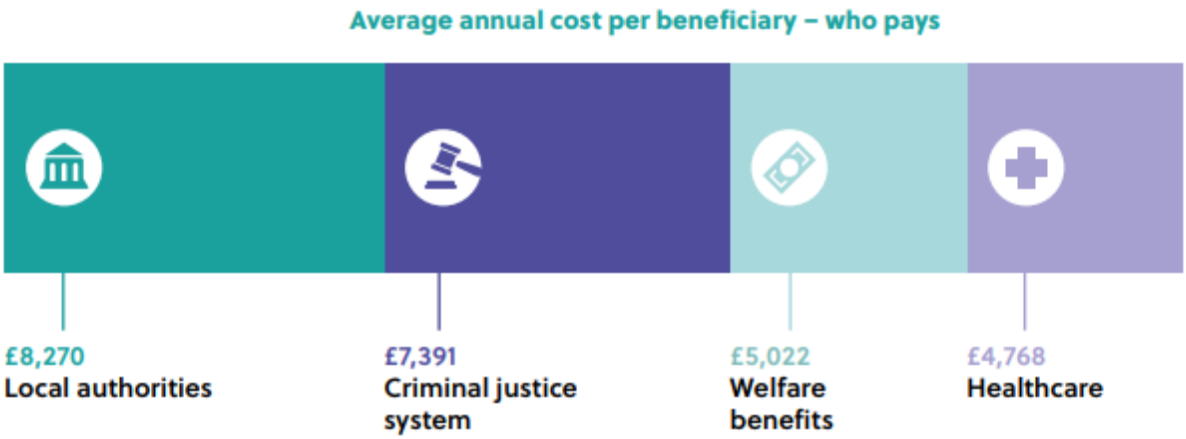
Everyone deserves the opportunity to reach their full potential. But the current system often fails those affected by multiple disadvantage. We highlighted some of the barriers to accessing services above. What we see instead are negative and/or avoidable interactions with public services, in particular the criminal justice system. While not

everyone affected by multiple disadvantage is a frequent user of emergency services, some are and this kind of avoidable use of services can be costly. When people first join the programme, they are each using, on average, public services costing over £25,000 per year. This is based on 20 different types of service interactions and is undoubtedly an underestimate as it does not include all types of interaction, such as ambulance call outs or prescription costs. Twenty-seven per cent of Fulfilling Lives beneficiaries attended A&E at least once during their first three months with the programme. One person attended as many as 25 times. Twenty-eight per cent were arrested at least once during the same few months, with the maximum being 11 times. Nineteen per cent spent at least one night in police custody and eleven per cent spent time in prison.

To provide some context, we can compare the costs above to public spending on similar services for the population generally. In 2017/18 total public spending on public order and safety (including police services, law courts and prisons) was just £441 per person in England (HM Treasury, 2018). In contrast, Fulfilling Lives beneficiary interactions with the criminal justice system cost on average at least £7,390 each. But the cost to the public purse belies the tragic waste of human life and potential. One in twenty beneficiaries have died since the start of the programme. The average age of those who died was 43 for men and 39 for women. The youngest was just 21 years old.

Fulfilling Lives offers a different approach, involving persistent and ongoing support, free from restrictive timescales and focusing on beneficiaries' priorities rather than external targets. Partnerships work alongside mainstream services to better coordinate the support that people receive.

A key ingredient of the programme is the trusting relationships that staff build with beneficiaries. Another is the use of navigators. Navigators are service-neutral staff that focus on securing and coordinating services for beneficiaries. Navigators play a vital role in advocating on behalf of beneficiaries and working hard to overcome barriers to getting support. The substantial and longer-term funding for the programme has meant that navigators and other support workers have relatively small case-loads- between six and ten is seen as the optimal number (Moreton et al., 2018) - and are free to work with people without the time limits that restrict some other services.



Partnerships report how their beneficiaries are often labelled by services as too high risk to work with, 'hard to reach' or that the extreme poverty and difficulties people find themselves in are viewed as 'lifestyle choices'. Fulfilling Lives shows that it is possible to engage with and help those with the most complex and entrenched needs. Most recently, responses to the COVID-19 pandemic seem to suggest that more creative and flexible cross-sector efforts, without the need for people to meet conditions before they are housed or receive treatment, have resulted in more people getting help (Revolving Doors Agency, 2020).

Change is possible but it takes time. Our findings show that, overall, beneficiaries make substantial progress in reducing risk and improving their self-reliance in the first six months on the programme, followed by more gradual progress thereafter. This suggests that while rapid progress can be made in addressing some of the immediate and superficial needs (arranging accommodation, getting benefits set up and so on), tackling other underlying, more complex and entrenched issues, often resulting from trauma, will take longer. Those who leave the programme for a positive reason (35 per cent of all those who have left) stay with the programme for an average of 14 months. But it can take up to 48 months to achieve a positive move-on. The average length of time on the programme for those who are still engaged is 23 months.

Our evaluation data shows progress is rarely smooth. People face setbacks and relapses in their journey towards a more fulfilling life. It is essential that support services acknowledge and accommodate this reality rather than punishing it through exclusions. Fulfilling Lives projects have excluded just three people since the programme began, and two of these returned to work with the programme at a later date. In contrast, 13 per cent of beneficiaries report being excluded from other services because of their behaviour or conduct during their first three months with Fulfilling Lives. Fulfilling Lives partnerships also work hard to avoid closing cases. Those who drop out spend an average of eleven months on the programme. When people do drop-out, the door remains open for them to return. While progress may be slow and longer-term support will be needed, after just one year, the evidence suggests that Fulfilling Lives reduces negative behaviours and misdirected demand for services.

After approximately a year with Fulfilling Lives, beneficiaries overall have lower levels of need and risk. Areas of improvement include reduction in unintentional self-harm, reduction in levels of housing need, improved impulse control and better engagement with services. Beneficiaries also improve their levels of self-reliance and independence over the course of their first year with the programme. Progress is made with emotional and mental health, managing tenancies and accommodation, substance misuse and social networks and relationships.

After a year with the programme there is a reduction in the number of people who are homeless, and particularly the number of people rough sleeping. In their first three months with Fulfilling Lives, 57 per cent were homeless for at least part of that time. This drops to 45 per cent after a year with the programme and then to 37 per cent after two years. Twenty-seven per cent were spending at least some time rough sleeping during their first three months with Fulfilling Lives. After a year on the programme, this drops to 18 per cent, and after two years, drops further to 14 per cent. In line

with the reduction in homelessness, there is an increase in people living in their own tenancies (private and social) and in supported accommodation.

We also found an encouraging drop in the number of people who have interactions with negative and crisis services after a year with the programme. The proportion of people who were arrested at least once drops from 28 per cent to 20 per cent. In the first three months working with Fulfilling Lives 27 per cent of people attended A&E at least once. After a year this has gone down to 24 per cent. Perhaps more importantly, the average number of attendances per person also goes down. Overall, there is a statistically significant reduction in police cautions, convictions, and evictions from tenancies.

Fewer arrests, cautions, convictions, visits to A&E and evictions

And what of Jessica and Matthew? With the support of her dedicated Fulfilling Lives worker, Jessica feels she has someone on her side and has hope for the future. Fulfilling Lives worked with Matthew to secure him a flat but also to support him to adjust to life indoors. He is now settled in the flat, getting help with his health issues and has had no contact with the criminal justice system since being housed.

About the authors

This article draws together key messages from Fulfilling Lives evaluation reports from the previous two years. It has been compiled by two members of the wider evaluation team, Beth Collinson, Learning and Impact Associate at The University of Sheffield and Rachel Moreton, Associate Director at CFE Research.

Beth Collinson, Learning and Impact Associate, University of Sheffield

Prior to joining the Fulfilling Lives team, Beth studied at Sheffield Hallam University and is close to completing her PhD, funded by Alcohol Change UK. Beth's research interests relate to gendered experiences of recovery from substance use and how community engagement helps to aid the recovery process. Beth also coordinates a public and patient involvement panel in Sheffield (ShARRP) which aims to empower those with relevant first-hand experience to shape how drug and alcohol related research is undertaken. Beth can be contacted at b.collinson@sheffield.ac.uk.

Rachel Moreton, Associate Director, CFE Research

CFE Research is an independent, not-for-profit social research company providing research and evaluation services across the broad fields of wellbeing, education and the economy. Rachel has 14 years' experience working in social research in the public and voluntary sectors. Since joining CFE Research in 2012 she has worked on a range of evaluation and research projects, many of them aiming to improve the wellbeing of people who are disadvantaged or socially excluded. Rachel leads the nine-year evaluation of the The National Lottery Community Fund's Fulfilling Lives programme.

The Howard League Commission on Crime and Problem Gambling: Research commissions

The Commission on Crime and Problem Gambling will commission research projects to support it's work. Details of the first three research commissions are as follows:

- **Research commission one**: Sentencers' understanding and treatment of problem gamblers
    - *This research project is now underway. Visit our Research Commission: Sentencing page for further information*
- **Research commission two**: Exploring people's experience of crime and problem gambling
    - *Recruitment is in process. Visit our Research Commission: Lived experience page for further information.*
- **Research commission three**: The prevalence of problem gambling among those committing crimes (title TBC)
    - *More details soon*

The research commissions are advertised separately. Please register your interest in receiving information about the commissions by emailing Anita Dockley (anita.dockley@howardleague.org).

For more information about the Commission on Crime and Problem Gambling see: https://howardleague.org/commission-on-crime-and-problem-gambling/.

Howard League for Penal Reform

Become a Howard League Fellow

A fellowship for academics and magistrates

Throughout the Howard League's 150-year history we have been committed to informed debate and have been highly successful in achieving real and lasting change in the penal system. A guiding principle of our work has been to develop new ideas and to understand the consequences of changes and innovations. In this time of flux and uncertainty both in communities and the penal system, it has never been more important to generate discussion, ideas and commitment to a humane and effective penal system.

Howard League fellows will be invited to attend special events that will offer opportunities to meet informally with senior politicians and academics as well as attend seminars and events to contribute to current research streams and emerging, innovative ideas.

One of our inaugural fellows is Barry Godfrey who is both Professor of Social Justice at the University of Liverpool and a magistrate. He became a fellow 'in the hope that my research can contribute to the work of the Howard League, and do something useful. My aim is to analyse historical data and longitudinal research to show policymakers that incarceration has long been socially and financially unaffordable; inefficient as a system; and incapable of bringing about reform and rehabilitation.'

How to become a fellow

Academics and magistrates may apply themselves or be nominated to become a fellow. There is no fixed cost but a minimum donation of £10 a month is suggested. The expectation is that fellows will have supported penal reform and social justice. The criteria for elevation to a Howard League fellow are deliberately broad in order to promote individual initiatives and creative work that embeds justice in the community.

Nominations should be no more than 200 words long and emailed to Anita Dockley, the Howard League's research director at anita.dockley@howardleague.org. The nomination should also include the name, contact details (address and email) and the nominee's institution/bench. A selection panel will assess all nominations.

Nominations are assessed on a quarterly basis.

Guidelines for submissions

Style
Text should be readable and interesting. It should, as far as possible, be jargon-free, with minimal use of references. Of course, non-racist and non-sexist language is expected. References should be put at the end of the article. We reserve the right to edit where necessary.

Illustrations
We always welcome photographs, graphic or illustrations to accompany your article.

Authorship
Please append your name to the end of the article, together with your job description and any other relevant information (e.g. other voluntary roles, or publications etc).

Publication
Even where articles have been commissioned by the Howard League for Penal Reform, we cannot guarantee publication. An article may be held over until the next issue.

Format
Please send your submission by email to anita.dockley@howardleague.org.

Please note
Views expressed are those of the author and do not reflect Howard League for Penal Reform policy unless explicitly stated.