



Triage and diversion: Getting it Right 24/7

About the Prison Reform Trust

The Prison Reform Trust is an independent UK charity working to create a just, humane and effective prison system. We have a longstanding interest in improving criminal justice outcomes for women and our strategy to reduce the unnecessary imprisonment of women in the UK is supported by the Big Lottery Fund.

The Transforming Lives programme: reducing women's imprisonment

About 13,000 women are sent to prison in the UK every year, twice as many as twenty years ago, many on remand or to serve short sentences for non-violent offences, often for a first offence. Thousands of children are separated from their mothers by imprisonment every year. Yet most of the solutions to women's offending lie in the community. The Prison Reform Trust is working with other national and local organisations to promote more effective responses to women in contact with the criminal justice system. It is a specific objective of the Transforming Lives programme to identify and tackle drivers to women's imprisonment. This includes promoting greater use of early intervention and community responses for women in contact with criminal justice services, such as support for mental health and wellbeing, and help to meet social care needs. For further information see www.prisonreformtrust.org.uk/women

For further information about this briefing paper and the Transforming Lives programme in Scotland, contact: anne.pinkman@prisonreformtrst.org.uk

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Introduction

The concept of triage was adapted from hospital accident and emergency departments and involved a rapid assessment of an individual's needs and circumstances. Within a criminal justice context, triage and diversion generally involves a joint mental health and policing approach to crisis care, which may or may not also involve alleged offending behaviour. The development of community triage services in Scotland prompted consideration of whether the approach pioneered could be extended to address the particular needs of women and people with learning disabilities. Although two distinct constituents, women and people with a learning disability are both minority groups within the criminal justice system, known to have particular and often multiple needs that are frequently unrecognised and left unmet.

In March 2017, Police Scotland and the Prison Reform Trust (PRT) held a seminar, Triage and Diversion: Getting it Right 24/7 (see Appendix 1), which aimed to:

- profile triage and diversion, and the benefits of prevention and early intervention, by drawing on examples from across the UK
- highlight the added value of partnership working across and between statutory sectors, and between statutory and non-statutory sectors
- consider the particular needs of women and people with learning disabilities within the context of triage and diversion, and
- make recommendations.

The potential for widening the scope of triage and diversion to respond to women and people with learning disabilities – whether at moments of difficulty or crisis in their lives, or for alleged offending behaviour – was a major focus of our seminar.

Background

One in four people experience mental ill-health in any given year, and a proportion of these come to the attention of the police: 157 incidents are recorded every day on the Vulnerable Persons Database relating to mental health (Police Scotland/Scottish Police Authority, 2016). Calls on police time to deal with such incidents are high and time consuming, and can lead to inappropriate detention in police custody. In response, Police Scotland and NHS Greater Glasgow and Clyde worked together to develop and pilot a community triage service. Primarily, the pilot sought to demonstrate the benefits of more timely intervention by mental health professionals, the avoidance of unnecessary detention either in police custody or hospital, improved outcomes for the individual concerned, and reduced costs to police, health and criminal justice services.

Following the joint Police Scotland and NHS Greater Glasgow and Clyde Community Triage service pilot, Police Scotland wrote to each NHS Board to encourage the development of Community Triage services across all 32 local authorities, and progress is being made in certain areas, including Tayside, Fife, and East and Midlothian.

Women who offend

It is well established that women's contact with criminal justice services is often the result of significant underlying difficulties and multiple needs that could be better addressed in the community. These include treatment for addictions and/or mental health problems, protection from domestic violence and coercive relationships, help with money/debt management, and support for families. In 2012, the report of the Commission on Women Offenders, chaired by Dame Elish Angiolini, noted that:

Many women are frequent reoffenders and have complex needs that relate to their social circumstances, previous histories of abuse and mental health and addiction problems
(Commission on Women Offenders, 2012).

The report further highlighted the generational cost of parental imprisonment, noting that around 30% of children with imprisoned parents will develop physical and mental health problems, as well as a higher risk of their ending up in prison. Women are more likely than men to be primary carers of children, therefore, these risks – and associated financial and human costs – are heightened when women are drawn into the criminal justice system.

PRT has long called for a reduction in women's imprisonment and a step change in how the criminal justice system responds to women. Although men and women have many shared experiences that contribute to their contact with criminal justice services, women are more likely than men to:

- be of lower risk to public safety
- be in prison for dishonesty offences
- be remanded in custody
- have higher rates of mental health problems
- have drug problems
- have histories of physical and sexual abuse, and victimisation
- have dependent children (Commission on Women Offenders, 2012)¹.

People with learning disabilities who offend

People with learning disabilities come to the attention of the police for much the same reason as anyone else, including at moments of crisis in their lives and for alleged offending behaviour. People with learning disabilities who live in the community may have support needs, such as understanding and paying bills, managing money and dealing with tenancy agreements; like anyone else, they may experience problems with their mental health or with alcohol and drug misuse; and they may find it hard to develop and maintain friendships. Not everyone with a learning disability living in the community will receive the support they need; organisations that provide support have noted an increased incidence in their contact with the criminal justice system (ARC Scotland, 2015).

Although precise numbers are unclear, a significant minority of people with a learning disability are caught up in the criminal justice system; in England and Wales the estimate is 7%, which compares with around 2% of the general population (NHS England, 2016). Evidence shows that,

¹ See Appendix 2 for further information about women in the justice system.

once in contact with criminal justice services, there can be failings that give rise to discriminatory treatment of men and women with learning disabilities (Joint Committee on Human Rights, 2007; Talbot, 2008).

The SOLD² network contributed to our seminar to ensure that the voices of people with a learning disability are heard.

Triage and diversion

The concept of triage was adapted from hospital accident and emergency departments and involved a rapid assessment of an individual's needs and circumstances. Within a criminal justice context, triage and diversion generally involves a joint mental health and policing approach to crisis care, which may or may not also involve alleged offending behaviour. Based on locally agreed protocols, triage and diversion services seek to ensure access to necessary crisis care, timely access to other health, social care and voluntary sector services, and a reduction in the use of police custody as a place of safety.

Different models exist throughout the UK, based on local need and leadership, and how services have developed over time. A 2016 evaluation of services by Reveruzzi and Pilling identified 'certain functions of the triage and diversion model that may be associated with better outcomes and longer-term sustainability'. These included:

- Joint ownership of the scheme at a senior management level to support the development of effective partnerships
- An established and regular process to review joint working arrangements
- Clarity about the population to be served
- Provision of information on agreed referral pathways to health and community services at the point of crisis or after its resolution
- Joint training programmes for all staff involved, and enhanced mental health training for police officers
- Co-location of health and police staff (e.g. linked to a Control Room) or dedicated phone line(s)
- The development of agreed protocols for:
 - effective information sharing between services, in particular, access to health information including services to which people could be triaged e.g. bereavement, counselling and alcohol
 - provision of timely advice to police officers at the point of initial contact and during the assessment process
 - integration of triage services with health service-based crisis and alcohol pathways

Triage for different population groups is most commonly used for juveniles. There are also examples of innovative work being undertaken to meet the specific needs of women in contact with the police, and suspected of crime.

² Supporting Offenders with Learning Disabilities (SOLD). The SOLD network was established in response to the Keys to Life, (the 2013 Scottish Government strategy on improving the quality of life for people with learning disabilities) <https://soldnetwork.org.uk/>

One such example is the Humberside Police Adult Female Triage Project; see Box 1, below.

Box 1: Humberside Police Adult Female Triage Project

The Adult Female Triage Project was delivered by a community safety partnership including Humberside Police, local drug services and the Hull Together Women Project (TWP). Typically, eligibility for the project was limited to women who had committed first and/or low-level offences, such as drunk and incapable/disorderly, theft, and criminal damage valued at £300, or below.

Following the introduction of the triage project, all women brought into police custody were provided with information about the project and the types of support available through TWP. If the woman admitted her offence, demonstrated remorse, and agreed to participate in the project, an initial needs assessment was undertaken. Information from the assessment was shared with the responsible custody sergeant, along with background information about the woman and the offence committed. The custody sergeant would decide if the woman was released to participate in the triage project – in which case she was given a date to attend an initial meeting with TWP, and the case was closed and logged as ‘no further action’ – or charged and processed in the normal fashion.

Support offered by TWP includes skills development for parenting, relationships, confidence building, anger management, domestic abuse awareness, and IT and basic skills. Counselling and access to a drug and alcohol specialist was also offered, alongside mentoring, debt and money advice and tenancy support.

Attendance at TWP was voluntary; however, if a woman did not attend her initial meeting, TWP would follow up with a phone call, and if she failed to engage with the support offered, this was reported back to the police. An independent evaluation by Hull University found a 46% reduction in the rearrest rate over a 12-month follow up period for women referred to the triage project, compared to a control group of similar female offenders. The re-arrest rate was 14% for women referred to the triage project, compared to 25% for women processed through the criminal justice system as usual.

More information about the project can be found here:

<http://library.college.police.uk/docs/Police-Female-Triage-Report-Hull-University-2015.pdf>

See also: Fair Cop? Improving outcomes for women at the point of arrest (Guiney and Earle, 2017).

Liaison and diversion/criminal justice liaison

A slightly different service, referred to as liaison and diversion in England and criminal justice liaison in Wales, seeks to improve health outcomes and reduce re-offending by providing early intervention for people when they come to the attention of the criminal justice system. Liaison and diversion is a process whereby people of all ages who come to the attention of the police for alleged offending behaviour, and who might have mental health or substance misuse problems, learning disabilities, autism, and other needs, are assessed by appropriately qualified healthcare staff as early as possible following their contact with the police. Assessment generally takes place when the person is in police custody, but may happen when they appear in court. Information from assessments is shared appropriately and proportionately with justice agencies and members of the judiciary to help inform criminal justice decision making, including diversion

away from criminal justice, where appropriate, and reasonable adjustments, where necessary. Referrals into local services are also made as necessary, and in some areas, key workers³ provide personalised, one to one support. Some services work closely with women's centres, such as the Wakefield All Age Liaison and Diversion Service (see Box 2, below), while others have strong links with community learning disability services.

Individuals who have been assessed by liaison and diversion services may continue through the criminal justice system, with the necessary support, or may be diverted away from criminal justice into treatment, care and/or support in the community.

Box 2: Wakefield All Age Liaison and Diversion Service and Wakefield Well Women's Centre

Cheryl (not her real name) was a victim of emotional, sexual and physical abuse by her partner for more than two decades. Over time, Cheryl's self-confidence and self-esteem diminished, which resulted in an emotional breakdown and a reduced ability to manage her household and care for her children. Her partner raised concerns with social services, which led to Cheryl being issued with a conditional caution for child neglect, and her children were removed from the family home.

The conditions of Cheryl's caution required her to attend a full wellbeing assessment with a female specialist from the liaison and diversion service. The assessment was held at a local women's centre, and Cheryl was encouraged to speak openly for the first time about everything that had happened to her.

Following the assessment, it was recommended that Cheryl attended a local group to help rebuild her self-esteem and improve her emotional wellbeing. Cheryl agreed to attend the Freedom programme, which explored the tactics and beliefs of domestic abuse perpetrators and how this impacts on the emotional health of their victims. As she began to speak to other women attending the course, Cheryl's emotional health improved, and she grew in confidence.

Cheryl's progress was observed by social services, and her children were released back into her care. Cheryl continued at the women's centre and, due to her progress, was invited to train to become a facilitator on the Freedom programme. Cheryl said:

It was the Freedom course that helped me... Every time I attended a group, I would leave with another piece of the jigsaw puzzle that helped me understand what had happened to me... Without the support of my L&D worker, I would have never begun this journey. I often sit and wonder where I would be now if I hadn't received her support. Not only has this support helped me with improving my life, it has also improved my children's lives. Now they have their mum back to herself and well again.

Cheryl is no longer with her former partner who, after 25 years, left her when she first attended the Wakefield Well Women's Centre.

For further information, contact Nicola Tutty: ntutty@wakefield.gov.uk

³ Sometimes referred to as an engagement worker, a support worker or a key worker, the roles can be similar and often comprise a named worker who takes a lead role in providing support and advocacy for their clients, linking them to services that will address their needs and help with recovery and resilience; sometimes services are provided 'in-house' and sometimes clients will be supported to access mainstream services.

Community triage – Scotland

Community triage schemes in Scotland and throughout the UK follow similar models. Joint working between police officers and mental health nurses, underpinned by local protocols, informs and supports operational decision making and risk management when dealing with incidents in the community involving individuals with mental health needs. This enables timely and appropriate responses to a person's immediate needs, and referrals into longer term treatment, care and support as necessary.

During our seminar, we heard about two triage services: NHS Greater Glasgow and Clyde Community Triage and Ayrshire Police Mental Health Triage, and these are described below.

In 2015, Police Scotland and NHS Greater Glasgow and Clyde piloted the Community Triage Crisis Out of Hours CPN⁴ Service, which operated across Greater Glasgow, Renfrewshire, Inverclyde and West Dunbartonshire. The pilot ran for a period of six months, an evaluation was conducted, and the service was continued. The aim of the pilot was to demonstrate that, following police attendance at an incident in the community involving a person experiencing mental distress or crisis – and where there is no immediate danger or threat to life – Community Triage leads to more timely intervention by mental health professionals and avoids unnecessary detention either in a police station or hospital. It was anticipated that Community Triage would provide a better outcome for individuals involved in incidents attended by the police, as well as achieving efficiencies and improvements for police, health and other public services. Anticipated outcomes of the pilot were:

- a reduction in the number of detentions in hospital and police custody
- a reduced burden on police and health staff (who, in the absence of community triage, can spend long periods of time in hospitals awaiting assessments)
- improved outcomes for individuals experiencing mental distress
- improved partnership working between police and health services
- improved pathways into mental health services following a person's initial contact with the police, including follow up for individuals who may find it hard to engage with services
- reduced costs to police, health and criminal justice.

During the pilot period, police officers contacted the community triage service on 234 occasions. Each of these incidents involved a person who appeared to the police officer to be either in distress or experiencing a mental health crisis. Results from the six-month pilot are shown in Box 3, below.

⁴ Community Psychiatric Nurse.

Box 3: evaluation results from the NHS Greater Glasgow and Clyde Community Triage Crisis Out of Hours CPN Service

- Most incidents (92%) the police were called to took place in a private place, such as a domestic residence
- Most individuals the police were called to (215, or 92%) were willing to have a telephone assessment with a community psychiatric nurse (CPN) from the Community Triage service. Of this group:
 - 184 (86%) required no further intervention at that time
 - 31 had a face to face assessment with a CPN following the telephone conversation
- Seven individuals the police were called to refused a telephone assessment, and these were followed up with a face to face assessment with a CPN
- Of the 38 face to face assessments conducted by CPNs, 29 (76%) individuals were assessed as needing no further intervention at that time; and nine were admitted to hospital for full psychiatric assessment
- Outcomes of Community Triage interventions, overall:
 - Following telephone and face to face assessment by a CPN, 225 (96%) individuals required no further intervention at that time
 - Five individuals refused to engage with either a police officer or a CPN; following a telephone conversation between the police officer and the CPN, no further action was deemed necessary
 - Police officers took advice and guidance on seven other occasions: one involved a malicious call; another was an individual whose behaviour was known about and was not uncommon for himself; four individuals were too intoxicated to be assessed, and one person had already been assessed that day by the Community Triage Service
 - Having been assessed by a CPN and found to be fit and well, six individuals were arrested and/or reported for alleged offences. Four of the six were taken into police custody, and two were dealt with at the scene of their offence and reported to the Procurator Fiscal. These six individuals represent 2.5 % of the total number assessed by the Community Triage Service.
- Service delivery times:
 - Most incidents attended during the pilot (159, or 68%), were dealt with in less than two hours and 198 (85%) were completed within three or less hours⁵.

For further information, see:

<http://www.policecare.scot.nhs.uk/wp-content/uploads/2015/06/Community-Triage-NHS-Greater-Glasgow-Clyde-Pilot-Evaluation-Report.pdf>

Most of the 'out of hours' incidents police were called to involving individuals in the community with mental health needs were concluded by a telephone consultation between the individual concerned and a CPN. This enabled the person to stay in their own home, removing the need for them to be taken to hospital by the police. Only a small number of individuals were taken into police custody.

⁵ Although accurate data prior to the pilot regarding police resource time dealing with this type of incident is unavailable, it is accepted in the operational policing environment that a conservative estimate of police resourcing would be two officers engaged with each incident for at least four hours. These data demonstrate that 225 persons did not need to go to hospital. Prior to Community Triage, it is most likely that each of them would have been taken by police officers to hospital. It is therefore estimated that 1,800 police officer hours have been saved, allowing officers to return to frontline duties (Pilot Evaluation Report)

As police officers' awareness of and confidence in community triage increased, so too did their use of it. At the end of the pilot, police officers and CPNs were extremely positive about the service provided. The evaluation concluded that a community triage telephone consultation service worked equally well in both urban and rural areas, and the suggestion was made that services could be developed to suit the needs and demands across different communities, both in and out of hours. Speaking about community triage, Chief Inspector Rosie Wright said:

The community triage pilot across Greater Glasgow and Clyde showed us the benefit of valuable partnership working between frontline services providing better outcomes for those in distress contacting the police. The results prompted me to develop the model across the country, using local services to meet the local needs and demand of different areas.

The Ayrshire Police Mental Health Triage follows a slightly different model, with a CPN seconded from the NHS Ayrshire Crisis Resolution Team and co-located with the police. A review by NHS Ayrshire Crisis Resolution Team, Police Scotland (Ayrshire Division) and North Ayrshire Council found that nearly 50% of incidents involving adults with mental distress processed by Police Scotland could have been signposted or referred to mental health services. Following the review, and in consultation with a wide range of partners, a 'triage pathway' was developed that enables police officers to make direct contact with the Crisis Resolution Team when they are called to incidents involving adults in mental distress/crisis. The Crisis Resolution Team can offer advice and support to both the police officer and the person in need of assistance; interventions, including short-term intensive community-based care as an alternative to hospital admission, and referrals into voluntary sector services. Speaking about the triage service, Sergeant Mo Boyle highlighted the value of inter-agency working between health and justice, noting especially the benefits of information sharing and joint data management, co-location and shared access to resources.

Triage and diversion for women and people with learning disabilities

Throughout our seminar, many themes emerged concerning the ongoing development of triage and diversion and opportunities to address the particular needs of women and people with learning disabilities who come to the attention of the police. Themes can be clustered into four main headings:

1. Using the first point of contact with the police as an opportunity to identify and respond to the particular needs of women and people with a learning disability, and to consider alternatives to prosecution, as appropriate
2. The importance of multi-agency working, especially between the police and health and social care services, and between statutory and voluntary sector services, and the need for professional services to integrate support around the individual
3. The need for robust referral routes into local services that meet the particular needs of women and of people with learning disabilities
4. Ensuring women and people with a learning disability are involved as equal partners in developing new and improved responses.

1. Using the first point of contact with the police as an opportunity to identify and respond to the particular needs of women and people with a learning disability, and to consider alternatives to prosecution, as appropriate

Women in contact with criminal justice services are known to have high levels of unmet need. The presenting reason for a woman's contact with the police may be just one of many difficulties in her life, for which she may need support. Police Scotland's Ten Year Strategy for Policing (Police Scotland & Scottish Police Authority, 2016) highlights, for example, the need to work with partners to intervene at an early stage to address 'high impact' issues such as 'domestic abuse, substance misuse, sexual offending and mental health'; and the National Strategy for Community Justice (Scottish Government, 2016) notes:

There is strong evidence to suggest that tackling the underlying causes of offending, such as problematic drug or alcohol use, or mental health issues can be effective in reducing crime.

The National Strategy for Community Justice advocates a person-centred approach, tailored to meeting the needs of specific groups, driven by improvements in the delivery of effective, evidence-based interventions. Specific groups for which particular responses are needed include women and people with a learning disability. The Strategy further urges community justice partners to:

...help people into appropriate support services as early as possible with greater use of ...community triage (Scottish Government, 2016).

During our seminar, the question of 'thresholds' required to access services was raised. Of particular concern was the high numbers of individuals with multiple needs, none of which may reach the threshold to access services. The cumulative impact of such unmet need can create significant problems for the individual concerned, leading to distress, crisis, and offending behaviour. Creating opportunities for prevention, early intervention and help to access support can prevent escalating levels of need throughout a person's life, and subsequent costs to the public purse, including crisis intervention. Speaking about individuals with learning disabilities in particular, one delegate said that the risk of offending should be considered during assessments to access services, noting that once a person has offended, they may find it harder than ever to access the services they need.

The importance of identifying opportunities for early diversion from the criminal justice 'pathway', was highlighted during our seminar. To understand better what might be possible within the framework of community triage, a meeting with the Crown Office and Procurator Fiscal Service was proposed. The National Strategy for Community Justice encourages the use of early intervention including Arrest Referral, and Police Custody Healthcare such as alcohol brief interventions, distress brief interventions and community triage; and further recommends that community justice partners should:

Maximise opportunities for early intervention and be mindful of the impact of areas such as health, on improving community justice outcomes.

On the question of alternatives to prosecution, the Strategy notes:

When a report is submitted by the police to the Crown Office and Procurator Fiscal Service, prosecution in court is only one of a range of possible options... Diversion aims to prevent individuals entering the wider criminal justice system by addressing the underlying causes of offending; and help ensure people get access to the drug, alcohol and mental health services they need (Scottish Government, 2016).

One of the challenges for people with a learning disability is that their needs are often not immediately obvious, and they might try to cover up their disability for fear of ridicule or a more punitive outcome. This, in turn, might mean that options for triage and diversion are missed, and the person enters the criminal justice system with their needs being neither recognized nor met. Learning disability awareness training can help police officers be alert to signs to look for, and an agreed protocol with community triage can prompt further investigation. Many SOLD⁶ members think that a validated method should be used for identifying people with a learning disability who come into contact with criminal justice services (ARC Scotland, 2015).

Steven Robertson, a member of the SOLD user group, spoke about his experiences of the criminal justice system, with a focus on being questioned at the police station. Steve raised concerns and made suggestions for change, and these are shown at Box 4, below.

Box 4: the SOLD user group works to highlight areas of concern affecting people with a learning disability in the criminal justice system

Steve Robertson, a member of the SOLD user group described what needed to change to better support people with learning disabilities accused of committing an offence. These include:

- better and earlier identification of when a person might have a learning disability
- increased levels of support to enable effective participation in justice proceedings
- better understanding by justice agencies of the specific communication needs of people with learning disabilities, bearing in mind that one size will not fit all
- information should be provided in an accessible way, taking into consideration the particular support and communication needs of the individual concerned.

Steve explained that many members of the SOLD user group had felt unable to participate in and, therefore, excluded from the criminal justice process, and let down by limited support offered at the police station. Speaking of his own experience, Steve said there was little preparation time set aside to meet the duty Appropriate Adult, and throughout the police interview his understanding was rarely checked. He explained that the police had given him mixed messages, by telling him to take his time yet pressing him to answer questions quickly. He was given minimal legal advice during a telephone call with his lawyer, and he found it difficult to remember the information given to him. He said the experience was frustrating, upsetting, and stressful.

About the SOLD user group: based on their experiences of contact with the criminal justice system, group members develop and deliver training and presentations for criminal justice personnel; inform and develop proposals for service improvements; promote and inform accessible information; and offer guidance for the on-going work of the SOLD network.

For further information, contact Kenny McKay: kenny.mckay@peoplefirstscotland.org

⁶ Supporting Offenders with Learning Disability Network.

2. The importance of multi-agency working, especially between the police and health and social care services, and between statutory and voluntary sector services, and the need for professional services to integrate support around the individual

The benefits of partnership working were highlighted throughout our seminar. The two presentations on community triage especially demonstrated the added value of professionals from different services sharing their knowledge and expertise to ensure the most appropriate outcome. There are, however, a number of challenges to partnership working, and these were raised throughout our discussions and solutions explored.

An effective response to people with multiple needs requires professional services to integrate support around the individual, and a focus on prevention and early intervention, which can be hard to deliver. Cultural and organisational factors can militate against joined-up working, and it is often only at the point of crisis – when a person comes to the attention of the police – that services intervene. While entry into the criminal justice system should not become a ‘gateway’ into health and social care, contact with the police, and timely access to triage and diversion services, can help to ensure that a person’s needs are recognised and met.

Effective multi-agency working, especially at an operational level, is often dependent on good working relationships between frontline workers and can stall easily in the absence of such. Co-location of services, shared priorities and a clear mandate for staff to work across organisational boundaries can help build effective working relationships. Local protocols or memoranda of understanding can be especially useful to provide clarity for effective data sharing, and investment in multi-agency team meetings and shared training can yield positive results.

The voluntary sector makes an important contribution to the mix of local service provision in a number of ways. Many people who come into contact with criminal justice services have negative experiences of professional services, such as the police and health and social care, often stretching back to their childhood. This can make it hard for them to seek help and for professional services to respond positively towards them. Voluntary organisations often have less formal ways of working that make their services more accessible, as well as bringing specific expertise targeted towards particular groups. For example, women in contact with criminal justice services who have children have reported being more likely to seek help from voluntary rather than statutory services for fear that their children might be taken into care.

Two main points made during our seminar were that voluntary sector services can often ‘plug the gap’ left by over-stretched statutory services, and that relatively small budgets can bring significant benefits to individual service users. Many voluntary sector organisations, both large and small, contribute to local areas by securing funds from non-statutory sources such as the Big Lottery Fund, and by providing services; however, when voluntary services are relied upon to provide essential services, statutory funds should be made available.

3. The need for robust referral routes into local services that meet the particular needs of women and of people with learning disabilities

For triage and diversion to work effectively, there need to be local services into which individuals can be referred. One delegate made the point that: ‘a waiting list isn’t a service’. Another delegate spoke of ‘referrals with traction’ – meaning that for referrals to be effective, the person making the referral and the person receiving the referral must ensure that the potential service user is firmly connected to the opportunity for support. A number of delegates noted that, while services to support women and people with learning disabilities existed in some geographical areas, they were not universal and often relied on the availability of voluntary services and short-term funding. Knowing what was available outside of one’s own professional or practitioner sphere of operation, or who to contact to find out, can also be problematic.

For people unused to negotiating their way around local services and who may need help with, for example, daily living, support with parenting, or help moving on from an abusive relationship, an effective key worker can make all the difference (Barclay and Pettitt, 2014; Burrows, 2014; Women Centred Working, 2016). The importance of a named key worker was highlighted by the Commission on Women Offenders (2012), providing women with a single point of contact, and ‘intensive mentoring’ whereby practical support is provided ‘on a range of issues relating to offending behaviour’. At our seminar, the Shine Women’s Mentoring Service was cited as a good example of where women receive the support they need to move forward in their lives; see Box 5, below.

Box 5: Shine Women’s Mentoring Service

Shine is a national mentoring service for female offenders. The service is provided as a Public Social Partnership; a strategic partnership between public and voluntary sector organisations. Shine was launched in April 2013 and is available across Scotland.

The service is available to all adult females who are:

- currently serving a custodial sentence in Scotland of less than four years and not subject to a statutory order
- or on remand
- or subject to a Community Payback Order⁷.

How we help: mentoring is a way of helping and supporting people in achieving their goals. The Shine Women’s Mentoring service provides women with a mentor who will provide support on a one-to-one basis with many of the issues they might face in the community. A Shine mentor will discuss any issues the woman may have before participation with the programme. This will be done in prison, prior to release or in the community if serving a Community Payback Order.

<http://www.shinementoring.org/>

The need for suitable accommodation – a home, and support for independent living – was highlighted. Safe, decent and secure housing is a significant factor in promoting and maintaining good health and wellbeing, and is critical for women with children. Conversely, an absence of

⁷ Community Payback Orders (CPO) were set up in 2011 by the Scottish Government. Before a judge can sentence a person to a CPO, they must usually get a report first from a criminal justice social worker. There are nine different requirements that can be given as part of a CPO, and the judge will decide which ones should be included for each sentence. For further information, see (accessed 16 August 2017):

<https://www.scottishsentencingcouncil.org.uk/about-sentencing/community-payback-orders/>

adequate housing is a strong predictor of offending behaviour and reoffending and can compound other problems such as poor mental health, risk of abuse, and substance misuse. Supported accommodation for women offenders, to increase the likelihood of successfully completing an order or compliance with bail conditions was recommended by the Commission on Women Offenders (2012). Support for independent living and supported housing for people with a learning disability often focuses on building daily living skills and friendship networks, providing support as necessary. At our seminar, the ‘Housing First’⁸ approach was cited as a model of good practice, and Glasgow Housing First is described in Box 6, below. Positive Tracks is a project that supports people with learning disabilities on their release from prison, helping them to integrate into society, and is described in Box 7.

Box 6: Glasgow Housing First

Glasgow Housing First provides mainstream social housing and 24-hour support to individuals who are homeless, aged 18 or over, and involved in drug misuse. The service places homeless individuals directly into independent tenancies in Glasgow with no requirement to progress through transitional housing programmes. By sustaining a permanent tenancy in Glasgow, service users are in a better position to access community support, health care and social benefits.

Individuals are not required to abstain fully, as this model of care focuses on reducing drug related harm. The service also works with tenants in a person-centred way by offering a selection of support from which the individual can choose as they see fit.

The type of support offered will include advice on tenancy management, budgeting, personal safety, cooking, and food shopping. Peer support workers who have had similar personal experiences will also work with residents to encourage trust, friendship, and engagement with local recovery services.

The overall aim of Glasgow Housing First is to provide a high quality service which:

- Treats individuals with respect, privacy and dignity
- Enables individuals to become active and valued members of their local community
- Supports people to develop towards their full potentialSupport people on their recovery journeys
- Promotes the realisation of individual dreams and aspirations.

<http://www.turningpointscotland.com/what-we-do/homelessness/glasgow-housing-first/>

Gendered working, meaning working only with women (or only with men), can help to create services that are more responsive to a particular client group. Women centred or women-specific ways of working seek to integrate services around women, provide tailored support to meet individual needs, and to build trust between women and professional services, which, in turn, can help get to the root causes of multiple and complex needs. The importance of women-specific services for women in contact with or on the edges of the criminal justice system was recognised by the Commission on Women Offenders (2012); while the need for ‘high quality, person centred’ services for people who have committed offences is identified as one of six principles underpinning community justice (Scottish Government, 2016).

⁸ Housing First departs from orthodox ‘linear’ approaches to homelessness by placing homeless people with complex needs directly into independent tenancies without first insisting that they progress through transitional housing programmes and/or undergo treatment. Tenants are then provided with flexible, non-time-limited support in their homes and communities.

Box 7: Positive Tracks

Positive Tracks is a pioneering project funded by the Big Lottery to support people with learning disabilities upon their release from prison and reintegration into society.

Many prisoners have previously undiagnosed learning disabilities, and may also experience mental health concerns, autism and dyslexia, and may self-harm.

Many people with learning disabilities find it hard to talk about how they are feeling and to understand what is expected of them. This, in turn, can lead to frustration and anger, which can adversely affect their behaviour. Positive Tracks works with individuals on their release from prison, helping them to make a successful transition back into society once their sentence has been completed. The project helps with accommodation, life skills and employability support. Referrals have been taken from three prisons: HMPs Barlinnie, Polmont, Greenock and Cornton Vale.

On release from prison, individuals are supported through a 12-18 month programme. During this time, they are enabled to sustain a tenancy and manage a personal budget; become prepared for further education, training or employment; and integrated into the community – so reducing the likelihood of reoffending.

The most intensive element of the programme is the provision of accommodation, in partnership with local housing associations, and life skills and employability support, with the objective of achieving employment for each person supported.

Speaking about Positive Tracks, a member of the Scottish Prison Service said:

Your ability to provide individualised one-to-one care and support... is nothing less than exceptional, and it heartens me to hear the many success stories of prisoners we have referred onto you who have settled [in the community].

The benefits of a person-centred approach were further highlighted by a criminal justice social work team, alongside contributions by Positive Tracks to risk management discussions, and professional support of both the person concerned and the criminal justice staff who work with them.

Unfortunately, grant aid for this project has now ended and the service is no longer available.

For further information contact Marie Gray: marie.gray@cornerstone.org.uk

Kirsty Pate from the Willow Service described a new 12-week interpersonal psychotherapy intervention for women with depression who were diverted from prosecution. The purpose of the intervention was first to address women's mental health needs so they were better able to benefit from other support services provided by Willow, once their depression had been addressed. Of the 22 women who took part in the pilot intervention, 17 completed, with 13 women no longer meeting the criteria for a diagnosis of depression. During her presentation, Kirsty highlighted the importance of a person centred approach within the therapeutic environment and described how the women involved often needed encouragement to attend through personalised reminders and help with transport and child care. The Willow Service in Edinburgh and the 218 Service in Glasgow⁹ were both described as 'excellent women-specific services' by the Commission on Women Offenders (2012). The Willow Service is described in Box 8, below.

⁹ The 218 Service provides an alternative to custody for women in the criminal justice system: <http://www.turningpointscotland.com/what-we-do/criminal-justice/218-service/>

Box 8: Willow Service

The Willow Service is a partnership between NHS Lothian, City of Edinburgh Council and Sacro to address the social, health, and welfare needs of women in the criminal justice system. Willow aims to:

- Improve women's health, wellbeing and safety
- Enhance women's access to services
- Reduce offending behaviour.

A wide range of services are offered to women aged over 18, resident in Edinburgh or returning to Edinburgh from custody. Women participate in a programme for two days a week for six to nine months, involving group work and key worker support. The programme is designed to meet the specific needs of women and is delivered by a multi-disciplinary team.

The team consists of criminal justice social workers, criminal justice support workers, a nurse, psychology associate, and a nutritionist. The team provides a range of interventions to:

- assess all aspects of physical, mental and sexual health
- support follow up where necessary
- help cope with the effects of trauma and abuse
- consider women's pasts and support them in planning safely for the future
- address offending behaviour
- improve mental health and well being
- develop new skills and coping strategies
- address substance use problems
- develop plans for education, training and employability
- provide new social experiences and relationships
- link women into services.

Contact: kirsty.pate@nhslothian.scot.nhs.uk

4. Ensuring women and people with a learning disability are involved as equal partners in developing new and improved responses.

While much of our discussion centred around providing support for women and people with learning disabilities, a recurring theme was that support should be complemented by working with individuals to develop their own strengths and build resilience – an approach sometimes referred to as 'asset based'. When individuals are supported to develop their own solutions, those solutions are likely to be more effective in sustaining longer-term wellbeing and resilience.

Reflecting this theme, an evaluation of a project that sought to identify and address unmet need in young women concluded by considering:

...how many fewer women might be in abusive relationships if young women developed resilience and self-esteem through projects such as this; and how many fewer children would be involved in child protection proceedings or in local authority care if young women were supported in their own right and not just in relation to parenting abilities/capabilities (Warwick-Booth, et al, 2015).

Working with women and people with learning disabilities as equal partners to design and deliver services that meet their needs and builds upon their strengths is likely to be more effective and efficient than services designed without the unique insight and experience of service users.

One delegate, Steve Robertson, drew attention to the work of People First¹⁰, and their motto:

‘nothing about us without us’, adding that: the government have worked best when they work with People First. Police Scotland can’t drive forward on Triage on their own, so we should help. By working together, we can make things happen.

Recommendations

Our seminar discussions demonstrated significant support for early intervention and diversion, where appropriate, within the framework of community triage for women and people with learning disabilities. Prevention, early intervention and proportionate responses for steering individuals with multiple needs away from prosecution and custody is reflected in legislation (Community Justice Scotland Act 2016), the National Strategy for Community Justice (Scottish Government, 2016), Justice in Scotland : Vision and Priorities (Scottish Government 2017) and Police Scotland’s Ten-Year Strategy for Policing (Police Scotland & Scottish Police Authority, 2016). Although little is said about people with learning disabilities, the focus on a person-centred approach should ensure their particular needs are met. The SOLD network and website is an invaluable resource for better understanding of both the challenges facing people with learning disabilities in, or on the edges of, the criminal justice system, and solutions.

While delegates at our seminar didn’t formally agree on the following recommendations, they are based on our discussions, and reflect the mood and tone of the event.

1. Community Justice Scotland should support the continued provision and development of triage services across all local authority areas. They should seek to inform and encourage responses that address the particular needs of women and people with learning disabilities, and to share best, and evolving best practice. Individuals who are suspected of an alleged offence should not be excluded from triage services.
2. Community Justice Partnerships¹¹ should ensure provision of triage services in their area.
 - a) Triage services should be available at peak times, identified locally in consultation with Police Scotland, and accessible 24 hours a day, seven days a week.

¹⁰ People First (Scotland) is an independent organisation run by our members (people with learning difficulties), for our members. We say that there are 3 things we try to change:

1. The way people with learning difficulties see themselves – most of us have grown up believing that we are not much use; that we have nothing useful to say and that we can do nothing for ourselves or anyone else.
2. The way the world sees and thinks about people with learning difficulties – most people in our communities believe that, at best, we are “poor souls” and, at worst, that we are a nuisance and a drain on society.
3. The law and policy as it affects people with learning difficulties – our lives are often ruled and directed by laws and policies that we have had no say in. One of our mottos is “nothing about us without us” and we’re pleased to say that, these days, Government and local government usually tries hard to listen to our points of view.

<http://peoplefirstscotland.org/>

¹¹ Each local authority/ Community Planning Partnership area is required to establish a Community Justice Partnerships (CJP). Statutory partners are the constituent local authority, local Health Board, local Health & Social Care Partnership, Police Scotland, Scottish Prison Service, Fire Scotland, Crown Office and Procurator Fiscal Service and Scottish Courts Service. Each CJP has a statutory requirement to consult with third sector partners.

- b) The particular needs of women and people with learning disabilities should be considered and addressed in service provision.
- c) Service users, including women and people with learning disabilities, should be involved as equal partners in developing triage services.
- d) Robust referral routes and links with third sector service providers should be developed and maintained to ensure sustained support, as necessary, including for women and people with learning disabilities.

3. Directory of Interventions¹²:

- a) The Scottish Government, in partnership with Community Justice Scotland, should refresh the Directory of Interventions and ensure it contains a comprehensive list of interventions and support to meet the needs of women in contact with the criminal justice system.
- b) Community Justice Partnerships should be responsible for ensuring the Directory of Interventions is kept up to date for their local area, and that specific services and support for women and people with learning disabilities are included.

4. Police Scotland should ensure awareness training for all front-line police officers on the particular needs of, and appropriate responses to, women and people with learning disabilities and mental health problems, who can be especially vulnerable in the criminal justice system. People with lived experience should be involved in the development and delivery of this training.

5. Community Justice Scotland should develop awareness training for community justice partners, including sentencers, on appropriate and early responses for individuals whose vulnerability and/or unmet health and social care needs can precipitate contact with criminal justice services. People with lived experience should be involved in the development and delivery of this training, including women, and people with learning disabilities and mental health problems.

¹² The 'National Directory of Interventions and Services for Offenders' was developed as part of the Scottish Government's Reducing Reoffending Programme. It is a web-based database containing information on the interventions and services available for offenders in Scotland (in custody and in the community). The purpose of the Directory is to provide practitioners and those responsible for planning the delivery of services for offenders with accurate information about what is available nationally and in each local area or Prison so that informed decisions can be made.

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Appendix 1

Triage & Diversion: Getting it Right 24/7 Agenda

Date: Wednesday 8 March 2017 Time: 10am - 3pm

Venue: Albany Centre, 44 Ashley St, Glasgow G3 6DS

9.45- 10.00 Registration and Refreshments

10.00-10.15 Welcome

Yvonne Donald, Prison Reform Trust

Chair, Professor Michele Burman, University of Glasgow

10.15-10.25 Community Triage- A National Strategy

Chief Inspector Rosie Wright, Police Scotland

10.25- 10.40 Community Triage- Progression in Ayrshire

Sergeant Mo Boyle, Police Scotland & Jacqueline Nisbet, NHS

10.50-11.10 Panel Questions

11.10-11.25 Refreshment Break

11.25-11.40 Discussion

11.40-11.55 Liaison and Diversion- A UK wide picture

Jenny Talbot OBE, Prison Reform Trust

11.55-12.10 Recognising the needs of people with learning disabilities in the justice system

Steve Robertson, SOLD

12.10-12.30 Recognising the needs of women in triage

Kirsty Pate, Willow

12.30- 12.45 Panel Questions

12.45-13.15 Lunch

13.15-14.15 Afternoon Session and Discussion

14.15-14.45 Feedback

14.45-15.00 Close

Appendix 2

Women and the criminal justice system

Scotland has one of the highest rates of imprisonment for women in Northern Europe. The average daily women's prison population is approximately 357, with 271 (76%) women imprisoned and 86 (24%) on remand. Most women remanded into custody (70-80%) do not go on to receive a custodial sentence.

In June 2015, the Cabinet Secretary for Justice, Michael Matheson MSP, announced his plans for the future of the custodial estate for women. The announcement confirmed there would be a new national unit at HMP & YOI Cornton Vale catering for 80 women, and a further five regional custodial units throughout Scotland, each housing up to 20 women. In September 2017, the location of the first two units was announced as Glasgow and Dundee and will open in 2020.

In September 2017, the Scottish Government also announced plans to extend the presumption against short term sentences of up to 12 months. This should significantly reduce the numbers of women being sentenced to custody. In 2015-16, 90% of all sentences imposed on women in Scotland were up to 12 months in length, and 1,077 women were affected (Scottish Government, 2017a).

Women are a small minority of those in the criminal justice system: women represent less than 5% of the prison population and 15% of individuals on Community Payback Orders (Scottish Prison Service, 2017 & Scottish Government, 2017d).

The drivers and patterns of women's offending are generally different from men's.

Most of the solutions to women's offending lie not in the criminal justice system but in improved access to community based support services, including women's centres. These enable women to address underlying problems which may lead to offending but which the criminal justice system cannot solve.

In 2015-16 women in Scotland accounted for 17% of all convictions. Women tend to commit economically-motivated crimes to support drug use or cope with poverty, e.g. shoplifting. In 2015-16 the vast majority of crimes of dishonesty that women were convicted of were for shoplifting (71%). However, the number of women in prison serving a sentence for theft by shoplifting reduced from 21% to 17% when compared to the previous year. (References are listed as end note below)

Women in prison are more likely than men to be on remand: 27% of women in prison in September 2017 were on remand compared to 18% of men (Scottish Prison Service, 2017).

The impact of a period on remand is often considered to be more disruptive than a prison sentence, with women being released with no financial or practical support.

The number of women released early from prison subject to Home Detention Curfew is low, although the percentage is still higher than that for men at 9% compared to 5% (Scottish Prison Service, 2017).

Women in prison have often been victims of much more serious offences than the ones they are accused of committing:

- 46% said they had been victims of violence from their spouse or partner.
- 50% of women said they have witnessed violence between their parents/carers when they were children, compared to 43% of male prisoners (Scottish Prison Service, 2016).

Women can become trapped in a vicious cycle of victimisation and criminal activity. Their situation is often worsened by poverty, substance dependency and poor mental health. The Scottish Prison Service Prisoner Survey in 2015 found that:

- 52% of women said they had a history of self-harming
- 64% of women felt suicidal
- 74% had feelings of anxiety and depression
- 72% of women suffer from emotional difficulties
- 26% of women in prison spent time in care as children compared with 29% of men
- 41% of women prisoners were under the influence of alcohol at the time of their offence
- 45% of women admitted being under the influence of drugs at the time of their offence
- 23% of women were prescribed methadone whilst in custody (Scottish Prison Service, 2016).

Women in prison are far more likely than men to be primary carers of children. 65% of women report having children. 32% describe themselves as single parents. The true figure is considered to be much higher as it is known that many women are reluctant to disclose that they are mothers (Scottish Prison Service, 2016).

In the five years to 2016:

- 111 women were pregnant while in custody
- 32 mothers gave birth while in prison
- Nine babies lived with their mother in prison (Scottish Prison Service, 2016a).

Imprisonment results in an estimated 27,000 children being separated from their parents each year (Families Outside, 2016).

Incarcerated relatives and mothers being treated violently are recognized as adverse childhood experiences:

Children of prisoners are more likely than other children to show antisocial behaviour and have mental health problems...the immediate effects of parental imprisonment can include feelings of shame, social stigma, loss of financial support, weakened ties to the parent, changes in family composition, poor school performance and increased risk of abuse or neglect (Scottish Government, 2017c).

32% of women report that they receive no visits from family or friends. Prisoners who receive no visits are significantly more likely to reoffend than others (Scottish Prison Service, 2016).

28% women lost their homes and possessions as a result of imprisonment and 33% did not know where they would be living on release. Without accommodation, it is much harder to get a job or training placement, arrange benefits or care for children (Scottish Prison Service, 2016).

The number of Community Payback Orders (CPOs) imposed on women have more than doubled since 2011-12. In 2015-16, 2,953 women received a CPO. 72% of women successfully complete CPOs. Reconviction rates for community based disposals are significantly better than that for imprisonment (Scottish Government, 2017d).

The annual cost of a prison place is £36,724. By comparison, a Community Payback Order costs £2,259, a Home Detention Curfew costs £973, and Diversion from Prosecution costs £617. These costs relate solely to Criminal Justice Social Work provision (Scottish Government, 2016).

The proportion of women dealt with out with the courts has increased gradually over recent years. In 2015-16, 788 women were Diverted from Prosecution. This accounts for 42% of all Diversion from Prosecution cases. In the same year 1,367 women were issued with Police Formal Adult Warnings, representing 41% of all Formal Adult Warnings issued (Scottish Government, 2017a).

Appendix 2: references

Families Outside (2016) Rendering them Visible: a review of progress towards increasing awareness and support of prisoners' families, available at:
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Scottish Prison Service (2017) SPS Prisoner Population, available at:
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About the Prison Reform Trust

The Prison Reform Trust is an independent UK charity working to create a just, humane and effective prison system. We have a longstanding interest in improving criminal justice outcomes for women and our strategy to reduce the unnecessary imprisonment of women in the UK is supported by the Big Lottery Fund.

The Transforming Lives programme: reducing women's imprisonment

About 13,000 women are sent to prison in the UK every year, twice as many as twenty years ago, many on remand or to serve short sentences for non-violent offences, often for a first offence. Thousands of children are separated from their mothers by imprisonment every year. Yet most of the solutions to women's offending lie in the community. The Prison Reform Trust is working with other national and local organisations to promote more effective responses to women in contact with the criminal justice system. It is a specific objective of the Transforming Lives programme to identify and tackle drivers to women's imprisonment. This includes promoting greater use of early intervention and community responses for women in contact with criminal justice services, such as support for mental health and wellbeing, and help to meet social care needs. For further information see www.prisonreformtrust.org.uk/women

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