Resettling prisoners with mental health needs or a learning disability

A mental health good practice guide
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Foreword

I well remember the sense of shock that greeted the publication by the Office for National Statistics, in October 1998, of its review of psychiatric morbidity in prisons in England and Wales which showed that more than 70% of the prison population suffered from two or more mental disorders. The review was a long overdue recognition that many prisoners' lives are affected by something that can be identified (and therefore mitigated) which has an impact on their behaviour. At the time I was HM Chief Inspector of Prisons, having published two years before a thematic review of healthcare in prisons entitled Prisoner or Patient?. In that review I called for the NHS to take over responsibility for healthcare, not least because of the vast amount of mental ill health which was going both undiagnosed and untreated. I was fortunate enough to have as my Chief Medical Inspector, Dr John Reed, who, in 1993, had published a NHS report pleading for recognition that at least 500 prisoners a year satisfied the conditions for admission to secure hospitals. The NHS finally assumed that responsibility in 2003, and a number of improvements have resulted. But there is a long way to go before the prison system can claim equivalence with standards of mental healthcare available in the community.

I am delighted, therefore, to welcome this immensely helpful and informative good practice guide which, I am sure, will be welcomed by all those who have any part to play in the care and resettlement of the special needs of this large part of the prison population. There are three reasons why I welcome this guide, and I hope that those who read it will bear these in mind because they have a bearing on the successful application of the advice it contains.

Firstly, when it comes to this group of prisoners, it is all too often about 'settlement' rather than 'resettlement' because the individual concerned was not settled in society before he or she went into prison in the first place. More often than not, there are no doctor’s notes to consult, either because the person is not aware of his or her condition or has not sought help beforehand. It is essential
therefore that information-sharing protocols are established to ensure the information gathered in prison is not in vain. This guide contains useful guidance on the sharing of information between all those responsible for carrying out treatment and supervising resettlement and offers practitioners advice on how to go about this.

The second reason that I welcome this guide is that HM Prison Service is notoriously bad at turning good practice somewhere into common practice everywhere. Whilst Chief Inspector, I highlighted 2,800 examples of good practice in prisons of which only about 50 were passed on to others, and every year I find myself asking how many Butler Trust award-winning innovations will survive a change of prison governor. This guide is based on good practice that is actually happening now, somewhere, which, if it is to succeed, must become common practice. However, in order for this to happen, there needs to be a complete change of attitude to custody at the top.

The third reason I welcome this guide is that I have always maintained prison health is a public health issue because almost every prisoner will leave prison and return to the community. The mental and physical health of this group is, therefore, a matter of concern to the communities to which they will return, whose members should speak out against any practice in prison which could ultimately jeopardise their own well-being.

This guide, because it contains so much practical evidence of what is possible (as well as what is desirable) is providing a public service because it is informing people of what they have a right to expect. Included in the public, of course, are the relatives of those suffering from mental health problems, many of whom are in despair about what to do about a condition in a loved one whose problems affect the way they themselves live their lives.

So I hope that many people will take advantage of what is in this guide, I commend all those who have had a hand in its production and I thank Nacro for its public-spirited initiative.

David Ramsbotham
House of Lords
(HM Chief Inspector of Prisons 1995-2001)
Introduction

Resettlement is the ‘effective reintegration of imprisoned offenders back into the community’.\(^1\) Its objective is to help offenders return to a normal life, to find a job and home and to cope with life without reoffending. Yet offenders often leave prison with a number of complex and inter-related problems, including mental health needs or a learning disability, which make resettlement more difficult. For these offenders, a co-ordinated multi-agency response – in prison, during the crucial transition between custody and the community and long after release – is vital in order for resettlement to be successful.

In many ways, offenders with mental health problems or a learning disability have the same resettlement requirements as other offenders (eg, training and education needs) and the same rights as non-offenders (eg, the right to care planning under the Care Programme Approach). However, for this group continuity of care and the opportunity to engage with mental health services are also vital. Yet these requirements, along with their other resettlement needs, are often not met. Melzer et al\(^2\) found that 96% of offenders with mental health needs were released into the community without supported housing. Furthermore, more than three quarters were not given an appointment with outside carers.

Effective resettlement and meeting people’s needs – including addressing the health inequalities that many offenders face – can have a positive impact on reducing reoffending and increasing social inclusion. Or as a service user at Mind’s enquiry into social inclusion put it: ‘Social inclusion must come down to somewhere to live, something to do, someone to love. It’s as simple – and as complicated – as that.’\(^3\) However, without a systematic approach, this is likely to remain an aspiration rather than a reality for many.

This guide is aimed at a wide range of practitioners working with offenders with mental health needs or a learning disability who have either been released from prison or are preparing for release. It is intended to provide advice and guidance on resettlement issues, not
just for resettlement practitioners, but also for the wider multi-
disciplinary teams who work with this often complex group. The
guide also seeks to emphasise that resettlement is not an abstract
notion, but something which should be undertaken in consultation
with the offender.

Chapters two to eight of this guide mirror the pathway approach
taken by the Reducing Reoffending National Action Plan\(^4\) with each of
these sections looking at the aim of one particular pathway, the
particular issues the practitioner needs to focus on in that area, the
key players at that juncture and important points for good practice.
The guide does not provide detailed information where this is
already readily available from other sources, but rather acts as a
reference guide to signpost practitioners in the direction of detailed
information on the relevant topic. As well as identifying sources of
support, it also highlights relevant projects and services.

A note on terminology: the terms ‘mental health problem’ and
‘learning disability’ in this publication cover individuals who do not
meet the criteria for formal admission under the Mental Health Act
1983 as amended by the Mental Health Act 2007.

Notes
1 HM Inspectorates of Prisons and Probation (2001) Through the Prison Gate: A joint thematic
review by HM Inspectorates of Prison and Probation London: HM Inspectorate of Prison
follow-up study’ The Howard Journal 41, pp. 1-13
London: Home Office
Chapter 1

The principles of resettlement

Offenders with mental health needs or a learning disability are a particularly vulnerable group. Many will also be suffering from additional problems: poor physical health; drug and alcohol misuse; homelessness or accommodation difficulties; debts, financial exclusion and poverty; a lack of basic skills, low educational attainment and unemployment; or relationship difficulties. They may also be victims of abuse, both physical and sexual. Whilst in isolation many of these issues are what are commonly referred to as ‘sub-threshold’ and do not meet the criteria for access to services, when more than one is present the level of complexity and need can be high.

For resettlement to be effective it needs to be integrated, with a person’s diverse needs being addressed in a holistic way. For example, if mental health services are in place but the person’s benefits are not sorted out, then successful resettlement is unlikely to occur. Delivering an integrated approach to resettlement means all key agencies and organisations working ‘in partnership to deliver services’ rather than individual agencies working in isolation. This approach should also actively involve the individual, their family and/or carer. An effective resettlement strategy is likely to lead to greater engagement with the resettlement plan (and the services set up to support the plan’s aims) as well as greater compliance if it is developed in consultation with the offender.

An integrated approach is better placed to deliver co-ordinated packages of care because of its ability to cut across traditional agency boundaries and access a range of resources or services. It may also lead to more creative and innovative approaches to resolving problems. To achieve effective integrated resettlement through a partnership approach, the Audit Commission has stated that the following measures should be in place:
clear and shared objectives
- realistic timetables and action plans
- a clear framework of responsibilities and accountability
- mutual trust between partners
- realistic methods of measuring progress and achievements
- access to resources

Primary responsibility for the delivery of a resettlement plan falls on HM Prison Service and the National Probation Service. Other agencies, including health and social care agencies and the voluntary sector should also be involved. The lead agency may change depending upon who has statutory responsibility or what the greatest level of need is. But key players will include: the resettlement worker in prison; the offender manager; and the care co-ordinator or key worker.

Resettlement workers are based in most prisons. They will either be prison officers who have participated in resettlement training or workers employed by a voluntary sector organisation. The main brief of resettlement workers is to assist prisoners with accommodation issues. However, they will also give advice on finding employment and benefits. They are likely to work with the prison mental health or inreach team to ensure relevant prisoners engage with community-based mental health services.

Offender managers work with offenders subject to community supervision either as a sentence from the courts or after release from prison on licence. All offenders sentenced to more than 12 months in prison are released on licence with conditions which state what they can and cannot do in the community, and some offenders will be released from prison before the custodial part of their sentence is due to end. Following a thorough assessment, an offender manager draws up a single sentence plan in collaboration with the offender and others providing interventions, with personal supervision helping the offender to comply and co-operate. Offenders released on licence will have a minimum of one contact per week for 16 weeks with an offender manager. Contact levels after that will be determined by the offender manager following an
Resettling prisoners with mental health needs or a learning disability

Offender Assessment System (OASys) review. If an offender breaches their licence conditions they may be recalled to prison immediately.

The role of the care co-ordinator is to design and oversee a person’s care plan under the Care Programme Approach (CPA). Guidance on the CPA process focuses on the support needed for individuals receiving secondary mental health services. It is described as a process for managing complex and serious cases, including those requiring multiple service provision from different agencies (including housing, physical care, employment, criminal justice and voluntary agencies) and encourages liaison with offender managers and other professionals along the offender healthcare pathway.

The role of the CPA care co-ordinator should usually be taken by the person best placed to oversee care management and resource allocation, and this individual can be from any discipline depending on capability and capacity. The care co-ordinator should have the authority to co-ordinate the delivery of the care plan and ensure this set-up is respected by all those involved in delivering it, regardless of the agency of origin – it is important the care co-ordinator is able to support people with multiple needs to access the services they need.

However, the intention is not that the care co-ordinator is necessarily the person who delivers the majority of care. There will be times when this is appropriate, but other times when actual therapeutic input may be provided by a number of others, particularly where more specialist interventions are required. This approach supports the principles of *New Ways of Working for Everyone* which aims to employ the skills of everyone involved in the most appropriate, effective and efficient manner.

For people who have experienced sexual abuse or violence, being able to choose between a male and female care co-ordinator can be a crucial factor in establishing trust and a therapeutic relationship. A service user's cultural or religious needs should also be taken into account in the choice of care co-ordinator. Local workforce strategies should ensure that there is appropriate diversity and a mix of skills within the team to allow for this.

For those who are in contact with mental health services but not subject to the CPA process, their care will be facilitated by the
appropriate professional with a statement of care agreed and recorded.

Whilst there are similarities between the CPA and offender management, they are not synonymous vehicles. The CPA exists to manage mental health issues, whereas offender management is focused on reducing reoffending and may contain sanctions that the CPA can’t impose. However, there may be common areas of work and so for offenders with mental health needs or a learning disability, it is important that mental health services and probation work in partnership to improve health and reduce reoffending.

Finally, some offenders may need advocates to work with them to ensure that they receive the right information and support to make informed choices about their care. Advocacy is an essential part of the empowerment process which supports individuals to negotiate often complex systems and services and ensure their views are heard. Whilst practitioners may argue for the needs of the people they work with, they are not advocates – advocates are independent from statutory services and there is no conflict of interest. Information on local services can be found via organisations such as Mind or Rethink, through local primary care trusts or via the UK Advocacy Network (see appendix one). Advocacy services should be free to the individual offender.

Notes

4  Not all offenders will be subject to offender management. In particular, those offenders sentenced to less than 12 months’ imprisonment – who may be repeat offenders and/or in need of the most support – will not access these services.
Chapter 2
Accommodation

Although accommodation is arguably the key element of resettlement – without an address prisoners cannot be released on parole, cannot receive drugs treatment, cannot register with a GP and may find it difficult to get a job – it is often the hardest component to put in place. A Revolving Doors Agency study, published in 2001, showed that many offenders leave prison without community support from any statutory or third sector organisation, and 50% of prisoners serving sentences of 12 months or less had no home to go to.\(^1\) Therefore, if a person has accommodation prior to custody, they should take steps to ensure that the tenancy or ownership is maintained. If they have no accommodation to return to they will need to apply early for housing if they do not wish to be homeless on release or discharge.

Maintaining accommodation

Only remand prisoners and those serving short sentences can claim benefits to cover housing costs whilst in prison. A prisoner who is not able to claim benefits will therefore need to make some other arrangements for their home. If the person’s family or partner is still living in the home they should make a new claim for benefits. If no-one is living in the home, the prisoner may want to get a friend or relative to keep an eye on the property. Prisoners who are in rented accommodation prior to custody may be able to claim Housing Benefit to cover their rent. This applies whether they are renting from the local council, a housing association or a private landlord. In order to claim, the person must intend to return to live there on release and the accommodation must not be let or sub-let to anyone else in their absence. Prisoners should seek advice from the prison’s housing adviser.

If the prisoner is not eligible for Housing Benefit and is unable to pay
the rent by other means, they should contact their landlord as soon as possible to let them know. If they were living in council, housing association or hostel accommodation they should enquire whether they will be rehoused on release or discharge if they relinquish the tenancy voluntarily. If this is agreed, then the provider should be asked to confirm this in writing.

If accommodation is given up, arrangements will need to be made to collect and store any property. This is best done by a relative or friend as councils don't store belongings or furniture, and commercial storage can be very expensive.

**Paying a mortgage**

Sentenced prisoners cannot get any help with mortgage payments. Remand prisoners who were receiving mortgage interest payments as part of their Income Support or income-based Jobseeker's Allowance prior to remand can continue to claim this. However, if they were on contributions-based Jobseeker's Allowance they will need to make a new claim.

If someone is unable to meet their mortgage repayments they should contact their mortgage lender to let them know. They could ask for the payments to be deferred or rescheduled. They may want to consider letting their property or selling it. However, before making any decision they should seek advice from a solicitor or a housing advice service. If they accumulate mortgage arrears they should also seek advice from an appropriate agency such as the Citizens Advice Bureau.

**Sorting out utilities**

If a person's house is empty whilst they are in prison they will need to sort out their utility bills, including Council Tax. If the person's partner, relative or other co-owner or co-tenant is still living in the property they may be eligible for a discount.

If a prisoner's home is empty whilst they are in prison they will still have to pay water rates and standing charges for gas and electricity unless these services have been disconnected. They should write to the relevant companies giving the date they were imprisoned and
their release or discharge date (if known) and ask for the charges to be waived in the meantime. If the companies do not agree to this, the prisoner should ask whether the company wishes to disconnect the supplies until the person returns.

**Sorting out rent or mortgage arrears**

If a prisoner has accumulated rent or mortgage arrears prior to imprisonment this is likely to have a negative impact when they are in a position to apply for housing, even if they have given up the tenancy. If this applies, the person should contact their landlord or mortgage lender as soon as possible after they arrive in prison to inform them of their change of circumstances. They can ask for any arrears to be deferred without attracting interest payments until they are in a position to address these. Alternatively they can request that payment schedules be reduced to meet their change of circumstances to see if they can pay off some of these even whilst they are in prison. Any attempt to meet their responsibilities is likely to be viewed favourably by future landlords.

**Preparing for release**

Time spent in custody should be used to search for the most appropriate accommodation. However, housing advice services are likely to be overstretched. Practitioners therefore must work closely with prisoners to ensure they get assistance from housing services as early as possible after arriving in custody to increase their chances of getting support.

The prisoner will need to consider where they want to live, what type of accommodation they would like and what other requirements they might have. Once the prisoner is clear about these things they, with the help of the practitioner, should contact the local housing advice office in the relevant area to make enquiries about what accommodation might be available and how to apply for it. Once a project or area has been identified, the person should apply for release on temporary licence (day release) to visit the project or the local housing advice office.

The shortage of accommodation in most areas means that choice
may be very limited. Accommodation providers often have priority lists and certain criteria that the applicant needs to meet, so this should be looked into before an application is made. Unless prisoners are looking after children or can demonstrate vulnerability that places them in priority need, they may face difficulties securing accommodation. Therefore, it is important that prisoners are realistic when applying and open to the different options available to them in order to increase their chances of gaining accommodation on release.

In broad terms, there are four types of accommodation: general needs housing (including social housing or council housing); hostels and supported accommodation; private rented accommodation; and family and friends.

- **Types of accommodation**

  **General needs housing**

  **Council housing**

  Recent changes in legislation around vulnerability may have slightly increased offenders’ chances of securing accommodation, although this is unlikely to be a panacea. Prisoners should register with their council as ‘homeless’ in case there is help available. They have to be on the register before they can apply to some local housing associations.

  Some councils only allow prisoners on their housing register six weeks prior to release. This means that they will be low on the register and are unlikely to be offered anything immediately. However, hard-to-let housing – ie, property in poor condition and/or in less desirable areas – may be immediately available.

  **Other housing providers**

  General needs housing associations mainly provide permanent housing for families, couples and elderly people. Waiting lists may be very long and housing is usually unfurnished. Offenders should register with all housing associations that have single accommodation, even if they are unlikely to be offered anything for a long while.
Hostels and supported accommodation

Special needs housing associations, along with some independent hostels and other housing providers, provide temporary housing for specific groups including young people, those with mental health problems or a learning disability, people who have suffered discrimination and those with particular problems such as substance misuse. Many will accept people coming out of prison. Most provide housing for single homeless people only, although some have parent and child units.

The accommodation provided ranges from places in short-stay hostels to self-contained flats or bedsits. It is usually furnished. The waiting lists, although shorter than for general needs housing, are getting longer each year. In some areas, even quick-access hostels tend to be full most of the time and vacancies are often reserved for specialist contact and assessment teams which refer people who have been living on the streets for six weeks or more. Many smaller towns will have few hostels.

Residents in special needs housing will have a key worker who will help them claim Housing Benefit and provide other support. The key worker can also refer residents to council and general housing associations for permanent rehousing. The quality of housing offered can vary from low to very high.

Supported housing

Supported housing is both a good short-term and long-term option for people who need some support, but who want to live with a degree of independence. It is an option often taken by people with some level of need before they move on to entirely independent living. Different projects will offer different levels of support, so it is important to try and match needs with what is on offer. Supported housing includes:

- **Hostels** Hostels offer varying degrees of support depending upon their set-up and the criteria they operate under. Some provide emergency accommodation and support whilst others are for the short to medium term; others still provide transitional support. Many are for specific groups of people. People live independently but there is often support provided in relation to the life skills...
and social skills needed to do so. Some providers are also able to offer ‘move-on’ facilities as people progress to more independent living.

- **Outreach/floating support** This type of accommodation is suitable for people with fairly low support needs and is designed to encourage independent living. Mutual support between residents is encouraged. The accommodation usually consists of individual flats allocated to an outreach support project within a particular area. Support is provided by a team of workers who visit residents in their own flats. Support can range from advice to practical support to counselling.

- **Adult placement schemes** These schemes involve living in the home of another person who acts as the landlord, but who also provides support.

- **Sheltered housing** Sheltered housing is commonly an option for older people or people who are very vulnerable. Residents live in a block or group of flats which is overseen and serviced by a warden and sometimes other support staff. This option offers a good level of independence but with other services (including community care services) attached.

- **Group homes** Group homes vary from self-contained flats to flats where there are shared living, cooking and bathing spaces. Residents provide their own mutual support but there may also be additional support in the form of support workers.

- **Registered care homes** Registered care homes are an option for people who are severely affected by a mental health problem or learning disability and who require 24-hour support. Residents usually have their own bedroom and share other facilities.

**Private rented accommodation**

Some housing associations and voluntary organisations can arrange lodgings in private rented flats or bedsits. Council housing departments, housing aid and general advice centres should have information about local schemes.

Such schemes apart, private rented accommodation is generally not an option open to prisoners in areas where there is a housing
shortage unless they have a job on release. It is expensive and Housing Benefit may not be sufficient to meet the cost. Generally people will not be able to raise the money needed for deposits and rent in advance. Although there are some rent deposit schemes around the country, offenders are often unable to use these. This can be because they are not considered sufficiently creditworthy or because there are not enough landlords taking part in the scheme or because they are unable to demonstrate a local connection. Councils should have details of rent deposit schemes in their area.

Prisoners with money and who want to rent privately should ask family and friends to help them find somewhere prior to release or discharge. The council and local housing advice centres may also be able to give them a list of local landlords.

### Applying for accommodation

A number of housing providers take applications solely or largely through their local council. Special needs housing associations generally expect application forms to be completed jointly by prisoners and either a probation officer or a resettlement worker. Applications for supported housing should be made through social services or the local council. People being released from prison and subject to the CPA should discuss their accommodation needs at any pre-release meeting.

If prisoners are likely to be homeless on release or discharge then they should contact their local council or the council in the area they want to resettle in to see what options may be available to them. Where the local authority has reason to believe that a person may be homeless or is threatened with homelessness, it is under a duty to make enquiries to satisfy itself whether the applicant is eligible for assistance and whether any duty is owed to that person under homelessness legislation. Homelessness is not just being without a roof over your head – a person is also considered homeless if they don’t have the right to stay where they are living or the home is not suitable for their needs. Where the person is believed to have a priority need, there is a duty to provide interim accommodation whilst those enquiries are carried out. The main duty is to ensure
that suitable accommodation is available for people who are eligible for assistance, unintentionally homeless and who fall within a priority need category. People who fall within the priority need criteria include those whose household contains someone who is vulnerable as a result of a mental health problem or learning disability, as well as people who are vulnerable as a result of having been in prison or custody.

Prisoners who are likely to be homeless on release can apply 28 days before their release to the council's homeless persons’ unit as a ‘homeless person in priority need’. If they are not classified as a priority need, they are unlikely to be offered housing. Instead, they will be given a list of temporary housing, such as bed and breakfast accommodation and private landlords who accept people claiming Housing Benefit.

The decision on whether someone is vulnerable is one for the local authority to make. Whilst the Homelessness Act 2002 did extend the definition of vulnerability to prisoners who are homeless on leaving prison, this will not apply to everyone. Rather, assessment of vulnerability is based upon factors such as: whether there is a history of care; whether the person is isolated and without social or family networks to depend upon; the duration of periods in prison; whether a person has been in and out of prison with intermittent housing; and the fact that a short period in custody can result in vulnerability due to limited resettlement provision being available.

The nature and degree of a mental health problem or learning disability may also place someone in a priority need group.

In Wales, the Homeless Persons (Priority Need) (Wales) Order 2001 extended priority to ‘anyone homeless since leaving custody as a prisoner (and who had a local connection with the local authority applied to)’. Therefore, unlike in England, there is no requirement for applicants to establish vulnerability. Instead, they just have to prove that they have a local connection.

The reality is that even if vulnerability can be proved, the shortage of social housing and supported housing may result in little else being offered initially beyond bed and breakfast accommodation or referral to a night shelter. Added difficulties also include the prisoner having no local connection, previous antisocial behaviour
in a tenancy, current rent arrears and, in some cases, the prisoner’s offences, which may be seen as unacceptable behaviour and can be justifiable grounds for being treated as ineligible for accommodation. Therefore, the key is to get advice and support from specialist housing workers.

People who are not offered accommodation or help from the council can ask for a review of this, but this will need to be done within 21 days of receiving the decision letter. They may also wish to seek advice from the local Citizens Advice Bureau or Shelter (see appendix one for details). Even if the local council decides it has no legal duty to provide accommodation, they must still provide advice on finding alternative accommodation. However, this may only be information about local hostels or cheaper accommodation.

### Paying for accommodation

#### Discharge grant

Most convicted prisoners who have served more than 14 days are eligible for a discharge grant on release. If they will be homeless on release, prisoners should make sure that they let prison staff know. Some prisoners may be able to get a further grant known as a higher discharge grant payable directly to the accommodation provider at the governor’s discretion. They can, as a last resort, pay for bed and breakfast for a night or two whilst they try to sort out somewhere to live.

Some providers may require rent in advance by means of a deduction from the discharge grant.

#### Housing Benefit

Prisoners who will be unemployed or on a low income on release can claim Housing Benefit to pay their rent. They can also claim Council Tax Benefit if they are paying the tax. Local housing aid and other advice centres can advise on claiming benefits. Further information can be found in Nacro’s leaflet, *Benefits and Debt*.²

There are limits on the amount of Housing Benefit people can claim, which are determined by the average rent in an area. People should
contact the relevant department of their council to see how much of their rent will be covered.

If the person has a place in a hostel or special needs housing association, the key worker or other staff there will help them get their rent paid. People will not get their rent paid if they are living with a close relative or anyone else on a non-commercial basis – even if they are paying them.

If the person has been subject to a community care assessment, their local social security department will assess their financial situation – including their income and any savings – to see whether they are eligible for support and at what level.

Practitioners need to know:

- what types of accommodation are available locally and how to apply for these
- about accommodation projects that work with ex-offenders and people with mental health needs or a learning disability
- where information and advice can be obtained locally
- how to apply for housing-related support through Supporting People
- how to identify other funding opportunities

Notes

Research shows that employment reduces the risk of reoffending by between a third and a half. As such, it is an essential element of a prisoner's resettlement plan and should not be ignored, even if it is considered that the individual is far from being ready for work. Even though many prisoners may not be equipped or qualified for full-time work when they are released, any kind of purposeful activity (such as attending a college or training course, doing a part-time job or some volunteer work) can improve self-esteem and reduce the likelihood of reoffending.

For offenders with mental health problems (past or present) or a learning disability, there can be a double stigma when applying for work, and a previous chaotic lifestyle can make it more difficult to settle down to employment straight away. It is important to recognise that different people start from varying stages of ability and, consequently, a tailored approach to returning to work or training is required, which may need to be gradual. However, there is much that can be done, both in prison and on release, to help.

**Help in prison**

**Education and training**

It is important that preparation for employment starts as early as possible, and there are many things that can be done in prison to help with this. This can include prisoners ensuring their skills and education are up to a good level by taking full advantage of courses that may be on offer in the prison. Many prisoners have poor skills or few qualifications and this is likely to stop them from being able to get work immediately on release. If they can address these issues whilst in
prison, it will help to speed up the process when they are released.

Options which should be considered include educational courses, vocational courses or paid prison work which may also offer qualifications alongside. If the person is in a resettlement prison, there may also be the possibility of attending college courses, vocational training or work experience outside the prison.

**Advice**

Most prisons run courses to give advice about work, and some have job clubs and resettlement centres which offer employment advice. Jobcentre Plus staff go into many prisons to offer advice and they also have access to Jobcentre Plus databases which give details of job vacancies around the country. They may be able to fix up a Freshstart interview before release which helps to speed up a person's benefit claim and access to initiatives such as New Deal or Flexible New Deal.

► **Help on release**

**Help from Jobcentre Plus**

Jobcentre Plus offers a number of programmes and services to help people into employment, and it is worth an individual making an appointment to see what may be on offer for them. What is available will depend on their situation and what is available in the relevant area. This could include apprenticeships or work trials, or they could be referred to a programme which helps people into work, such as New Deal, Flexible New Deal, Pathways to Work or Progress2work.

**Advice services**

Jobcentre Plus is not the only organisation that can help people into work – there are many other organisations, particularly third sector organisations, which can also offer help. Those being released from prison should seek as much help as they can from any organisation in their area. Local organisations will offer various services: they may run job clubs where people can use the internet and search for jobs;
they may offer help with writing a CV or filling in job application forms; or they may provide personal advisers or mentors to help people find work.

Individuals with mental health issues should also check what help is on offer from mental health services in their area. A number of mental health trusts have employment specialists to assist people to get back into work. Many mental health charities also support individuals to get back into work, and their expertise will be very useful when it comes to disclosing mental health issues to employers or returning to work after a period of ill health.

**Getting into work or training**

For offenders with multiple or complex needs, it is important to recognise that returning to work after a period of imprisonment or ill health can be difficult. Indeed, some prisoners may have never worked before due to an unstable lifestyle, lack of education and periods of imprisonment or ill health. Such individuals will need a lot of support and a gradual form of entry into the workplace.

When thinking about employment, education or training, it is a good idea for a person to consider what they have to offer employers, and whether their route should be straight into employment or whether they should consider other options such as training, education or voluntary work as a first step. For example, in order to get paid work, an individual will need a certain level of literacy skills and qualifications, as well as other useful things such as a work history, references and a good CV. It is not realistic to try to encourage prisoners to get paid work if they lack a number of these essentials.

**Looking for jobs**

There are many different ways to look for job vacancies, the most obvious being through Jobcentre Plus which has vacancy boards and searchable electronic databases of many local vacancies. Individuals should also regularly search local papers and any local job websites. Another source of employment is local employment agencies which
may be able to offer temporary or casual work, which is often easier to find than full-time permanent positions. This can be a good stepping stone to better or more permanent work because it provides work experience to add to a CV, as well as providing recent references. For those with mental health issues or a learning disability, there may be an agency working specifically with this client group in their area who will have an understanding of their particular needs.

Many jobs can be found through word of mouth and anyone looking for a job should ask friends, family or other contacts to let them know if they hear of any vacancies or can suggest any employers to contact. This way of recruiting particularly applies to small businesses who may be willing to judge individuals solely on their ability to do the job. In these cases, having a family member or friend to vouch for a person may be the most important factor.

**Training**

Training can be a very useful route to employment as it offers work-based skills and qualifications, giving a person direct experience for a particular job. An individual may be able to get on to a training course through one of the schemes offered by Jobcentre Plus.

Another option may be an apprenticeship course. Apprenticeships allow individuals to learn on the job so that they can earn a wage whilst training. They are available to anyone aged 13 and upwards and are offered in a range of fields including construction, engineering, beauty therapy and business administration. Individuals can find out more from the Apprenticeship Helpline on 0800 0150 600.

There are a range of training providers across the country offering many different courses. Those being released from prison can find out what is in their local area by contacting Nacro’s Resettlement Plus Helpline on 0800 0181 259. Time in prison counts as a ‘period of unemployment’ where this is the criteria for access to courses. Training should lead to a nationally recognised qualification.

Some colleges will not accept people who have just left prison, instead requiring that the person complete a ‘period of stability’ in
Resettling prisoners with mental health needs or a learning disability

the community of up to six months before they will consider applications. If their application is refused for this reason, ex-prisoners should ask their probation officer or other practitioner (if they have one) to support them in asking the college to reconsider.

If a person is worried about how they will pay for training, they should talk to the training provider about any help available for those on low incomes or benefits. They could also think about taking out a career development loan if they want to train for a specific job. Under this scheme a person can borrow between £300 and £8,000, and they only have to start repaying the loan once they have finished their course. For more information, ring the Career Development Loan Helpline on 0800 585 505.

Offenders who have difficulties with reading, writing or arithmetic might benefit from a basic skills training course. If English is not their first language, ESOL (training in English for speakers of other languages) is also available. These courses can be taken as stand-alone options or included as part of a youth training or work-based training course. Anyone needing help with basic skills can call NIACE (National Institute of Adult Continuing Education) for details of local basic skills training providers.²

Self-employment

For some prisoners with mental health problems or a learning disability, self-employment can be a way to support themselves and their families and to make use of their skills. Some will see it as a way of avoiding the difficult issue of disclosing convictions or mental health problems to potential employers. However, they should bear in mind that self-employment is often a very difficult option that requires a lot of hard work and support. Prisoners should think very carefully about how they can make this option work before committing to it.

There are a number of organisations which can provide support for people setting up a business and provide training on skills such as financial management, budgeting, self-management, advertising etc. A good first point of contact is Business Link on 08456 009 006.
**Voluntary work**

If a person does not have a good work history or many job skills, volunteering can be a good route into employment. It allows individuals to put some recent work history on their CV, learn new skills, obtain references and get a good idea of what certain types of work are like. A lot of people who volunteer say that it also boosts their self-esteem.

If a person is claiming benefits on release from prison, they will still be allowed to volunteer, but they should check with Jobcentre Plus whether there is a limit to the amount of hours they can do. If they are claiming Jobseeker's Allowance, the person must still be available for a job interview at 48 hours' notice, and be able to start work at a week’s notice.

If prisoners are interested in voluntary work, they should be encouraged to find out about local opportunities once they have been released. They could make an appointment at their local volunteering centre, look in the local paper or on the websites of charities they would like to work for. They could also search for volunteering vacancies in their area on the ‘do-it' website at www.do-it.org.uk.

It is important that any project offering voluntary work treats ex-offenders and people with mental health problems or a learning disability fairly and that they are not penalised, eg, for having a criminal record that has no relevance to the role they are applying for. A project should therefore be picked for its ability to assess risk objectively, provide support and supervision, and it should also have a written policy on the involvement of ex-offenders with reference to the *Disclosure Code of Practice*.

Before starting voluntary work at a project there should be a clear discussion about what is expected of the volunteer and what the volunteer can expect from the project. The latter should encompass what training is included, confirmation that the volunteer is covered on the project's insurance policy, whether and how expenses are paid, responsibility for health and safety, and an understanding of the aims of the project.
Disclosing convictions can be a daunting prospect, particularly if the individual has a serious offending history as well as mental health problems. Many people will need support to understand whether they should disclose previous convictions when applying for a job, and how to go about disclosing them in a positive and reassuring way.

Whilst some employers will not take on a person who has a criminal record, there are many who are willing to give ex-offenders a chance. The way that information is disclosed can have a significant effect on whether that person is offered the job. It is important therefore to take time to work through this aspect of any application.

Grounds for disclosure

First of all, the individual will need to understand whether they do actually have to disclose their criminal record. If they are not asked about their criminal record by a prospective employer, they do not have to volunteer the information. However, if they are asked, they may well have to disclose the information.

It is important for the person to understand whether their previous conviction is ‘spent’ or ‘unspent’ under the Rehabilitation of Offenders Act 1974. If the conviction is unspent, they must disclose it if they are asked whether they have a criminal record. If the conviction is spent, this means it does not have to be disclosed unless they are applying for a job which is exempt from the Rehabilitation of Offenders Act 1974. For jobs which are exempt, the applicant must disclose any previous convictions, spent or unspent, as well as any cautions, reprimands or final warnings.

Exempt jobs include:

- work with children
- work with vulnerable adults
- private security work
- taxi driving
- accountancy
- the law
If a person is thinking of applying for an exempt job, the employer may carry out a criminal records check (either standard or enhanced) through the Criminal Records Bureau. These checks will show all convictions, as well as cautions, reprimands and final warnings.

Exempt jobs usually involve some contact with vulnerable groups. For this reason, it can be more difficult for people with a previous criminal record (and, to some extent, mental health problems) to get work of this kind. It might be appropriate to discuss with the person a type of work where their convictions are less likely to be relevant. If they are still set on a particular career choice, this may become more of an appropriate option as time passes and their offending behaviour and mental health problems are further in their past. However, people who have committed serious violent or sexual offences are unlikely to ever be offered work with vulnerable groups.

See appendix two for how long convictions take to become spent or, for additional information, contact Nacro’s Resettlement Plus Helpline on 020 7840 6464.

When to disclose

Application stage

If an employer is going to ask about criminal records, it is likely to be on the application form. If a form asks about criminal records, it might be best for the individual to write ‘Yes – see covering letter’ or ‘Yes – I’m prepared to discuss this at interview.’ They can then enclose a letter which gives a short account of the offence and their attitude to it, or be ready to discuss it at interview.

It is best not to disclose any convictions on a CV as this document should be a positive representation of the person’s skills and experience. If there is a gap on the person’s CV due to a period of imprisonment or a mental health problem, the person could write ‘unavailable for work due to personal circumstances’ and then explain this further at interview.

Interview

The advantage of disclosing at the interview is that the employer has
the opportunity to see the person behind the conviction. However, it takes a lot of confidence to disclose at this stage, and the individual may need some help in working out how best to verbally disclose at interview. A written statement could be prepared which could either be read from or be handed to the interview panel.

**Job offer**

An employer might ask about criminal records when they have made a job offer. If the individual has not already been asked, they should be prepared to disclose in the right way in order to avoid the job offer being withdrawn.

**How to disclose**

The way that disclosure is made is very important. However, the individual should also convey to the employer that they are applying for the job because they can do it and that they would be a very hard-working and reliable employee. They shouldn't let their criminal record take over an application, covering letter or interview.

The main thing individuals need to do is offer reassurance to the employer that they are not a risk, and that their crimes are in the past. They should be careful not to sound like they are making excuses for their past behaviour – employers will not want to know.

Here are some things an individual could point out which would reassure employers:

- **Length of time since the record** – if the conviction(s) happened a long time ago, they should say so. The employer will then think it is less likely that they will commit another offence now.

- **How things have changed** – if they were young when they were convicted, have since grown up and now have a family, home or other duties, they should point this out. If their offence was related to circumstances in their past, they should say this also. If the conviction resulted from the use of alcohol or drugs they may be able to point out that they have undertaken courses and are now drug or alcohol free. Equally, if the conviction occurred when they were ill they may be able to point out that they are now well,
have an insight into their illness, and are compliant with any treatment.

- **Relevance to the job** – if the conviction is not relevant to the job they are applying for, they should say so. This might be important if they are applying for work with children or vulnerable adults.

- **The context behind the offence** – if the conviction sounds more serious than it was, they should give a full explanation of the offence. All crimes cover a wide range of behaviour – from the minor to the very serious. For example, if a frightened person hits someone in self-defence, they will be seen as less blameworthy than someone who intends to cause serious injury.

- **Regret** – if they regret the offence, they should point this out to the employer and explain that they have learnt a lesson from the experience and would not reoffend.

**Disclosing time spent in prison**

If a person has spent time in prison, there are ways they can reassure an employer that they will not reoffend. They should first of all explain the context behind the offence and any mitigating circumstances.

They can then talk about their time in prison and explain it as positively as they can. For example, if they attended any offending behaviour courses, they should point this out. They should also tell the employer if they took part in any education or training whilst they were in prison. This will show employers that they were committed to getting into employment on release, rather than going back to crime. If they had any jobs or positions of responsibility, they should also point this out.

Character references can be very useful in reassuring a potential employer that the level of risk posed by an individual is low. As a practitioner, you may want to consider whether you can offer a character reference for an individual to show to future employers. You could also advise the individual that other professionals, such as probation officers or staff at mental health services, may be able to help with this as well.
Disclosing mental health problems or a learning disability

As with convictions, if not asked specifically about any mental health problem or a learning disability during the application process or at interview, there is no legal obligation to disclose it. This is the case for all health problems that may impact on a person’s ability to do their job satisfactorily. However, if asked specifically (or asked to explain a gap in employment history that may be a result of hospital admission or a mental health problem) and the relevant information is not disclosed, then the person may be dismissed for deliberately withholding information about their mental health, if it later comes to light.

Those sentenced under Part III of the Mental Health Act 1983 (ie, those who receive a hospital order under, for example, s37 or s41) will also need to disclose this information – if asked – subject to the provisions of the Rehabilitation of Offenders Act 1974 (see ‘Grounds for disclosure’ on page 26). The rehabilitation period for someone subject to a hospital order (with or without a restriction order) is five years from sentence, or two years after the order expires, whichever is the longer.

Even if not asked, some people will feel that it is best to voluntarily disclose any mental health problems or a learning disability. The advantage of this is that they do not have to worry about being ‘found out’ or having to explain visits to the doctor or the possible side effects of medication. They might also receive support and understanding from their employer and fellow employees.

If an employer offers a job to someone with full knowledge of their medical history, it is likely that they would find it difficult to dismiss that employee at a later date without discussing this fully and/or offering reasonable assistance, even if difficulties did arise. Clearly,
any employer would need to consider the person’s suitability for a job with regard to their mental health problem and could be held liable if pressure at work or other factors within their control contributed to a subsequent illness. The employee would also be covered by the Disability Discrimination Act 1995 (DDA) as long as their mental health problem fell within the definition of ‘disability’. If a person is covered by the DDA, then the employer must make ‘reasonable adjustments’ to ensure that they can undertake their role successfully.

The Special Educational Needs and Disability Act 2001 has extended the provisions of the DDA to education. It ensures that local authorities, nurseries, schools, universities and colleges do not treat disabled pupils or students any less favourably than others as a result of their disability. It is also unlawful for a qualifications body to discriminate against a disabled person when it is awarding, renewing, extending or withdrawing a professional or trade qualification.

However, there are also disadvantages to voluntarily disclosing a mental health problem or a learning disability. Disclosure may result in discrimination, with the applicant not being selected for interview or not being offered the job. This could also happen if the person is offered the job subject to them passing a medical or on completion of a medical questionnaire, during which the condition came to light.

Indeed disclosure might make it easier for the employer to dismiss their employee if the mental health problem recurs or becomes more severe within the first year of employment and starts to cause difficulties at work. However, the person may have a case under the DDA which is not affected by any time restrictions.

As with disclosing convictions, there is always a balance to be struck between disclosing and not disclosing a mental health problem or a learning disability. Although it will ultimately be up to the applicant to decide, they can be helped to understand the arguments and to develop a strategy. This will include when to disclose, how, to whom, and how much information they wish to
Resettling prisoners with mental health needs or a learning disability

disclose. They can also be helped by evidence of support, including a supportive letter from their psychiatrist, other mental health professional or other relevant third party.

Further advice on disclosing mental health problems can be obtained by calling Mind on 08457 660 163. See appendix one for more information on Mind.

Practitioners should:

- understand the process of a gradual approach to returning to work, and consider other options such as training, education and voluntary work
- understand the Rehabilitation of Offenders Act 1974
- be able to offer advice on how to disclose sensitive information to potential employers
- run employment preparation sessions
- collate a directory of local services and support available
- collate information on employers, agencies and advice services which are particularly sympathetic to the needs of offenders with mental health problems

Notes

2 NIACE in partnership with Tribal have assumed the role previously performed by the Basic Skills Agency.
3 This is because a rehabilitation period has been served, the length of which is dependent on the particular sentence the person received and their age. See appendix two for more information on when convictions are spent.
When someone with a mental health problem or a learning disability is sent to prison under sentence or on remand, the practitioner who has been working with them must ensure continuity of care. Prison entry should not be seen as an opportunity to disengage with the service user or to close the case. Rather, contact should be made with the prison to pass on information about a person's care and treatment, and that contact should be maintained so as to ensure continuity when the person is released. Information should be passed to the prison mental health team and/or healthcare centre.

When preparing for release, *Prison Service Order 3050* states ‘where a prisoner is receiving medical treatment which needs to continue after discharge...information to ensure continuity of care [should be] communicated, with the prisoner's consent, to his or her GP and/or other responsible community agencies.’

Where the prisoner preparing for release has a mental health problem both *Prison Service Order 3050* and the Department of Health's *NHS Plan* state ‘all people with severe mental illness will be in receipt of treatment, and no prisoner with serious mental illness will leave prison without a care plan and a care co-ordinator.’ The prison mental health team will be key in facilitating assessments, arranging CPA meetings and providing information.

Birmingham and Solihull Mental Health NHS Trust, in conjunction with HMP Birmingham, have appointed a specialist discharge co-ordinator to improve communication and planning between prison and outside agencies for offenders with mental health needs from the point of sentencing to release from prison.

For further information, contact Jacqui Reid on 0121 515 4810 or email jacqueline.reid@hmps.gsi.gov.uk.
Primary care

Healthcare is provided on three levels: primary, secondary and tertiary (or specialist). The severity of a person’s health condition and their need will dictate the level of provision. However, it is usual for primary care providers to also be the gatekeepers to other care.

Most mental health problems, in particular common problems like mild to moderate depression and anxiety, are adequately treated and managed by primary care services. Some GP practices will have dedicated counselling or other psychological services or be able to access them, and a number have employed primary care mental health workers. Other practices have introduced gateway workers who co-ordinate and ensure prompt access to mental healthcare.

Where a prisoner does not have a GP, it is vital that they register with one as soon as possible after release. All UK residents are entitled to register with a GP. GP practices operate on a geographical basis, and although people have the right to choose which GP or practice they wish to register with, in most cases GPs will only accept someone if they live within their catchment or local area. Occasionally, this can be limited to just a few streets. A person will therefore require an address before they can register.

A list of local GP practices can be obtained from the local primary care trust (PCT) in England or the local health board in Wales or through NHS Direct (0845 4647). People should contact GPs in their area to see if they are accepting new patients or whether they are full. They may also want to ask whether there is a gender mix of doctors in case this is important and what, if any, complementary therapies are available through the practice.

Where a person is not registered with a GP or not able to register, the local PCT or local health board in Wales should be contacted to see what alternative arrangements are in place to allow people to be assessed or to ensure continuity of care. If their circumstances are such that normal engagement is not possible or difficult, alternative arrangements should be considered. For example, a letter containing relevant information could be given to the prisoner on release with instructions that this be handed to their GP when they register or to
any clinician when they are seen. Alternatively, the information could be lodged with the local PCT to await registration.

Where someone has been de-registered by a GP for unacceptable behaviour then alternative arrangements to provide primary care will need to be made. The PCT or local health board should be contacted to discuss and arrange these.

Prisoners with a known discharge date should complete – or be helped to complete – the HC1 form, ‘Claim for help with health costs’, which will allow those eligible to be discharged with an NHS prescription exemption certificate, meaning that they do not have to pay for their prescriptions. The form generally takes about three weeks to process, so enough time should be allowed for this to happen.

Part of the new primary care mental health provision is through *Improving Access to Psychological Therapies*[^3] which supports PCTs in meeting National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders. These guidelines recommend a range of psychological therapies to treat people and support recovery through a system of stepped care (ie, providing the level of intensity of care most appropriate to meet a person’s need).

Step one involves the recognition of the problem and awareness or ‘watchful waiting’.

Step two is a low intensity service for people with mild to moderate depression, mild to moderate panic disorder, mild to moderate generalised anxiety disorder, or mild to moderate obsessive compulsive disorder. It involves guided self-help, pure self-help, behavioural exercises and psycho-education groups.

Step three is for people with mild, moderate or severe depression, mild to moderate panic disorder, mild to moderate generalised anxiety disorder, social phobia or post-traumatic stress disorder. It involves cognitive behavioural therapy, behavioural activation, counselling and therapy for couples.

To ensure the best health outcome, people should have a say in
what kind of treatment they receive. Equally, clinicians should explain what treatment they are recommending and why they think it is suitable.

Access to services can be through self-referral but is mostly via an individual’s GP. Some service providers are exploring how they can increase the range of referrers, including criminal justice staff.

**Secondary care**

Secondary care (or secondary mental health or learning disability services) is for people with more serious (or severe) and more enduring conditions. Services can be provided in a variety of ways: through inpatient care; community mental health teams; and crisis resolution or home treatment teams.

Where an offender is already in contact with mental health or learning disability services, this contact should continue and practitioners across different agencies should work together to provide a full package of care and support. Where an offender has had previous contact with mental health services then these should be re-established if possible or a new referral made. Where an offender has had no previous contact with mental health services then an initial referral will need to be made via their GP (see page 34).

Inpatient care is only likely to be used when a crisis cannot be managed in any other way. In many parts of the country it is restricted to those who need compulsory admission under the *Mental Health Act 1983* (as amended by the *Mental Health Act 2007*). Community mental health teams are the mainstay of secondary care, providing both initial assessments and treatment as well as access to specialist care. Community mental health teams are comprised of psychiatrists, mental health nurses, occupational therapists, psychologists and social workers.

Meanwhile, crisis resolution or home treatment teams target adults suffering from an acute psychiatric crisis of such severity that it would otherwise require admission to hospital. These teams provide
assessments and treatments 24 hours a day, seven days a week as well as acting as gatekeepers to other mental health services.

Other secondary services might include: an early intervention service for first episode psychosis focusing on those aged between 14 and 35 upon first presentation of a psychotic illness; homelessness mental health teams acting as the first point of contact for a homeless person; the prison mental health team or inreach team; and the court diversion or criminal justice mental health liaison service to facilitate a person's transition between the criminal justice and health and social care systems.

Where there is a wide range of different mental health and specialist services it can be difficult for professionals and service users to navigate the system. The National Service Framework for Mental Health requires all areas to have a local service directory which is updated at least yearly. Practitioners should use these directories but also develop their own, which should include contact details of different services, the criteria for referral, and how these should be accessed. In addition, visits to and regular meetings with service providers can help build relationships and support networks.

**Tertiary care**

Tertiary services are intensive, highly specialised treatments or services targeted at particular high-risk groups. They include the following:

- Assertive outreach teams aimed at those with a severe and persistent mental health problem who have difficulty in maintaining lasting and consenting contact with services. Clients are also likely to have multiple, complex needs including a history of violence or persistent offending, a significant risk of self-harm or neglect, a poor response to previous treatments, and co-occurring mental illness and substance misuse.

- Forensic services aimed at those who are at particular risk of
Resettling prisoners with mental health needs or a learning disability causing harm to others and who may have had contact with the criminal justice system. Services would include both inpatient and intensive community support and provision.

- Specialist personality disorder services for the few people with more complex problems who can't be managed by community mental health teams and who might require specialised individual or group-based psychological treatments.
- Dual diagnosis services for those with severe mental illness and drug/alcohol misuse or dependency.

Access to tertiary services will be via secondary care. However, if a person has had previous contact with tertiary services then a direct referral back may be possible. If a person is currently in contact with tertiary services then there should be contact between those services and other practitioners working with the individual.

**Care Programme Approach**

People in contact with, or requiring, secondary services may also be subject to CPA arrangements. Guidance on the CPA process focuses on the support needed to manage complex and serious cases. Each person subject to the CPA will have a care co-ordinator to design and oversee their care plan. However, this may not be the person who delivers the majority of care. There will be times when this is appropriate, but there will be other times when the actual therapeutic input may be provided by a number of others, particularly where more specialist interventions are required.

For people who have had damaging experiences of sexual abuse or violence, a choice between a male and female care co-ordinator may be a crucial factor in establishing trust and a therapeutic relationship. A service user’s cultural or religious needs should also be taken into account when selecting a care co-ordinator.

For people who are in contact with mental health services but not subject to the CPA process, care will be facilitated by the appropriate professional with a statement of care agreed and recorded.
The Recovery Model

The Recovery Model is an approach that focuses on and supports a person's potential for recovery. It has now been expressly adopted by many as the guiding principle for mental well-being. Recovery, in this sense, may not necessarily mean a complete recovery in the same way that someone might recover from a physical health problem. It refers more to a sense of empowerment, allowing someone to stay in control of their own life despite a mental health problem. The model moves away from a person ‘surviving’ a mental health problem or ‘getting rid’ of problems to taking control of their life, participating in activities, developing relationships and fulfilling their potential.

The Recovery Model does not have to be at odds with the traditional approach to treatment but can complement it. It allows the service user to play a more active role in ensuring that all areas of their life are taken into account through a person-centred, step-by-step and progressive approach.

Important factors in the Recovery Model are:

- good relationships
- financial security
- satisfying work, training or related activities
- personal growth
- having the right living environment
- developing one’s own cultural and spiritual perspective
- developing resilience to possible adversity or stress in the future

Learning disability

A learning disability – sometimes called an intellectual disability – is identified as:

- a significantly reduced ability to understand complex information or learn new skills (impaired intelligence)
- a reduced ability to cope independently (impaired social functioning)
- a condition which started before adulthood (18 years of age) and has a lasting effect.\textsuperscript{7}

This definition encompasses people with a broad range of disabilities. The presence of a low IQ should not, in itself, be sufficient reason for deciding whether someone should be provided with additional health or social care support. However, many specialist services will only accept referrals if the person has an IQ below 70.

The term ‘learning difficulties’ generally refers to people with a low IQ or normal intelligence with specific difficulties such as dyslexia, ADHD or dyspraxia who can have difficulties in education settings. However, confusingly, the term can sometimes be used to describe learning disabilities and may be the preferred terminology for some people with learning disabilities and self-advocacy groups.

Although some inpatient services (including assessment units and respite care) continue, learning disability services have gradually been reintroduced in community settings by multi-disciplinary community learning disability teams with practitioners from health and social care. In some areas there may be forensic community learning disability teams. Local authorities provide or commission much of the social care that people with a learning disability may need.

The focus for learning disability services is a personalisation agenda (ie, ensuring that people are able to live their lives as they wish) with person-centred planning based on the principle of inclusion, advocacy and direct payments to give people more choice and control in their lives.

**Direct payments**

Following the development of individual care plans through care management, service users are now able to organise their care as they want and to access a range of provision through direct payments.

Direct payments are cash payments which are made to individuals
who have been assessed as needing social care provision in lieu of that provision. They enable service users to purchase the type of care they want in the way they want it. Initially, people aged 18-65 assessed as needing community care were eligible. This was extended to older disabled people in 2000, and from 2001 direct payments have been available to carers, parents of disabled children and disabled young people aged 16 or 17. Direct payments are also available to people with a learning disability, or their carers.

The law has been changed to make it a duty (rather than an option) for local authorities to make direct payments. Direct payments should be discussed as a first option at each assessment and each review. Anyone who is eligible has to give their consent to direct payments and be able to manage them, although they should be supported in this if required. In *Our Health, Our Care, Our Say* the government committed to extending direct payments to those groups currently excluded (ie, those not able to consent to or manage a payment even with assistance) if it is considered to be in their best interest.

In addition to purchasing help with dressing, cooking etc direct payments can be used for social activities, as well as with getting assistance to access training and employment. There is also the option for service users to receive part of their care package through direct services (eg, attendance at a day centre) with the rest being made up of direct payments.

**Individual budgets and self-directed support**

Individual budgets and self-directed support are a means of pooling budgets from a variety of sources to allow service users to take control of their own social care budgets, manage their own support and choose the services they want using the money more flexibly.

Individual budgets were first proposed in *Independence, Well-being and Choice* and were also a key feature of *Our Health, Our Care, Our Say*. They are currently being piloted in a number of areas.
Practitioners should:
- have an awareness of mental health and learning disability issues
- know the level of mental healthcare an ex-offender is subject to
- understand the implications for the provision of that care
- know the contact details of people involved in the provision of that care including their GP and responsible medical officer
- know of local arrangements for assessments or provision of care where a person is not registered with a GP
- maintain regular contact with the ex-offender’s clinical team and GP

Notes
4 For more information, see Nacro’s Liaison and Diversion for Mentally Disordered Offenders available from www.nacro.org.uk.
Chapter 5
Drugs and alcohol

Many offenders with mental health problems or a learning disability may also have drug and alcohol problems. There may be a causal link between the two or they may be using drugs and alcohol to ‘self-medicate’. Alternatively, drug and alcohol use could be a result of the chaotic lifestyle led by many offenders with complex needs. As with any of the other pathways in this guide, there need to be clear working relationships between mental health or learning disability services (both primary and secondary care) and drug and alcohol services.

Some offenders will have a ‘dual diagnosis,’ ie, the co-existence of mental health and substance misuse problems. The term covers a wide range of problems but can include situations:

- where someone with a primary mental health diagnosis uses substances to reduce the severity of their symptoms
- where substance misuse and/or the withdrawal from that substance gives rise to mental health problems or symptoms
- where someone’s existing mental health problem is worsened by substance misuse
- where substance misuse and mental health problems co-exist but do not appear to be related to each other

Many areas practise a ‘parallel approach’ to dual diagnosis involving the provision of care and/or treatment by more than one agency at the same time. Whilst this allows someone to receive specialist help for different elements of their need, it can lead to fragmented care. To prevent fragmentation of care, it is generally better if there is an integrated approach and partnership working.

Whichever system exists locally, practitioners will need to ensure they liaise with all relevant agencies and services when someone
they are working with has a dual diagnosis. In particular, it is vital that mental health and/or learning disability services and drug services engage with one another. People with a dual diagnosis need to be able to access a range of services including the Improving Access to Psychological Therapies programme.

### Drugs

#### In prison

The drug strategy in prison has moved away from one of abstinence and detoxification towards a maintenance approach. It aims to provide a comprehensive treatment framework which is compatible with the National Treatment Agency’s Models of Care. The interventions available are designed to meet the needs of low, moderate and severe drug misusers and appropriate through-care arrangements are also made to ensure continuity of treatment upon release. In addition to clinical services, interventions include the following:

- Counselling, assessment, referral, advice and through-care services (CARATs) – the key non-clinical gateway which provides the through-care link to the community through a partnership with external drug agencies, probation officers, prison officers and healthcare staff.

- An integrated drug treatment system – combining clinical management with intensive CARAT support to offer a range of effective needs-based interventions and realistic treatment opportunities.

- Drug rehabilitation programmes, including cognitive behavioural therapy and the 12-step approach which may comprise the RAPt\(^t\) step programme and therapeutic communities.

#### On release from prison

Drug use following release from prison is very high. One survey of prisoners who had mostly served short sentences and used drugs in the 12 months prior to imprisonment found that 77% had used illegal drugs since release.\(^2\) It is vital therefore that continuity of
care is provided and that drug-using prisoners are linked into community treatment programmes.

Release from prison can also be a very dangerous time. A Home Office study found that the risk of death for men released from prison is 40 times higher in the first week of release than it is for the general population. This is largely ascribed to drug-related deaths. Three hundred and forty-two deaths were recorded among the study's sample group of men in the year after release, whereas in a sample matched for age and gender in the general population, only 46 would be expected.

The Drug Interventions Programme (DIP) established in April 2003 is a partnership programme between the police, prisons, probation officers and the courts, as well as the National Treatment Agency, treatment service providers and those who provide linked services such as housing support and support for those seeking jobs. DIP's principal aim is to reduce drug-related crime by engaging with a broad range of offenders with differing levels of drug misuse and offending, moving them into appropriate treatment and supporting them through and after treatment, whether in a custodial or community setting. Its main focus is those who use Class A drugs, particularly heroin/opiates, cocaine and crack cocaine.

Delivery of DIP at a local level is through drug action teams, using criminal justice integrated teams who adopt a case management approach to offer access to treatment and support. Criminal justice integrated teams may provide ongoing support or broker access to treatment and wrap-around services as appropriate, or may signpost the individual to other services in the community. This may be as part of a ‘shared care’ model with different elements of treatment being provided by different agencies.

Some offenders are released from prison on a licence which includes drug testing. This is available for adult prisoners released on licence from a sentence of more than 12 months and for young adult prisoners aged 18-21 where they have committed a ‘trigger offence’, are defined as a prolific or other priority offender and have a class A drug habit linked to their offending. Any ongoing clinical treatment will be on a voluntary basis.
Offenders with drug misuse problems who come into contact with probation can receive an intervention one of four ways: as part of a community sentence; under the terms of a post-custodial licence; as part of supervision following release from custody; or by referral into treatment on a voluntary basis. A community order with a drug rehabilitation requirement is the main delivery route for drug interventions on community sentences.

The National Probation Service has a range of substance misuse accredited programmes available which are designed to tackle offending. Where an offender is not subject to criminal justice treatment requirements or linked into an existing programme, they can be referred through their GP or they can self-refer through a provider, including voluntary sector organisations.

### Alcohol

A significant number of offenders misuse alcohol. In a study by the Office for National Statistics, 58% of male remand prisoners and 63% of male sentenced prisoners reported an alcohol use disorder. However, these figures may be something of an underestimate as the prevalence of alcohol-related disorders has risen since 1998 (eg, the alcohol-related death rate in the UK rose from 6.9 per 100,000 in 1991 to 12.9 in 2005).

A recent study in the south west found that nearly two thirds of all prisoners have an alcohol use disorder, of whom roughly half are hazardous or harmful drinkers and half are alcohol dependent. In relation to offenders in the community, 66% of men and 56% of women have an alcohol use disorder and 23% of offenders with an alcohol use disorder are homeless. Encouragingly though, 51% of offenders with an alcohol use disorder are motivated to tackle their alcohol problem.

Offenders with alcohol use disorders are also likely to misuse other substances. The south-west study found that 73% of offenders with an alcohol use disorder have misused drugs at some time and that 22% of offenders with an alcohol use disorder also inject drugs.

Heavy drinking is also closely associated with mental health problems. Another study by the Office for National Statistics found
that 59% of male prisoners and 87% of female prisoners with an alcohol use disorder were assessed as having two or more mental disorders.\textsuperscript{6}

The World Health Organisation categorises alcohol use disorders as follows:

- Hazardous drinking – people drinking above recognisable sensible\textsuperscript{7} levels but not yet experiencing harm.
- Harmful drinking – people drinking above sensible levels and experiencing harm.
- Alcohol dependence – people drinking above sensible limits and experiencing harm and symptoms of dependency.

Existing provision for alcohol-misusing offenders under probation supervision is frequently delivered in partnership with a range of voluntary and statutory agencies, and can be broadly broken down into three categories:

- Tiers one and two of 	extit{Models of Care for Alcohol Misusers}\textsuperscript{8} (eg, interventions comprising alcohol screening, advice and information, and referral to mainstream specialist interventions)
- Accredited offending behaviour programmes
- Help meeting social care, employment and training needs

Additionally, an alcohol treatment requirement can be made part of a community order or suspended sentence order for those offenders who are alcohol dependent and require intensive, specialist treatment. The type of intervention provided is primarily determined by the need as assessed, with other more punitive requirements added where necessary to reflect the seriousness of the offence.

Offenders subject to statutory supervision on release from prison can be made subject to a licence condition requiring them to address their alcohol problems. Offenders not subject to criminal justice requirements or conditions with alcohol use problems should access services via their GP or via self-referral to a project. However, it should be recognised that treatment options may be scarce and hard to access.
Practitioners should:

- have a working knowledge of drug and alcohol issues as they relate to offenders with mental health problems or a learning disability
- know about the drug and alcohol use of clients they are working with
- know which treatments and regimes their clients are subject to, including criminal justice requirements
- have the contact details of drug and alcohol workers involved in their clients’ care
- maintain regular contact with these workers

Notes

1 RAPt stands for Rehabilitation for Addicted Prisoners Trust.
3 Drug-related Mortality Among Newly Released Offenders 1998 to 2000, Home Office online report 40/05 is at www.homeoffice.gov.uk/rds/pdfs05/rdso/r4005.pdf.
5 Walsh A (2007) A Needs Assessment of Alcohol Treatment Services for Offenders in the South West Criminal Justice System Bristol: Government Office for the South West
7 Sensible drinking levels are usually set by the Department of Health.
Chapter 6
Benefits, finance and debts

Benefits

Claiming benefits can be difficult, time-consuming and confusing. Some benefits – e.g., Child Benefit – are fairly straightforward whilst others – e.g., the Discretionary Social Fund – may prove both frustrating and unrewarding. Advice should be sought from experienced benefits advice workers to ensure that both the most appropriate benefit and the full entitlement are obtained. Benefits are subject to change in terms of who qualifies and how they should be applied for. Therefore, information in this chapter should be used only as guidance and further advice should be sought from specialist workers.

On release from prison, individuals may be eligible for a variety of benefits, depending on their circumstances. Benefits can be grouped into the following categories: earnings replacement benefits, means-tested benefits, and extra non means-tested benefits.

Earnings replacement benefits currently include Jobseeker’s Allowance, Incapacity Benefit, Employment and Support Allowance, Severe Disablement Allowance and Carer’s Allowance. Employment and Support Allowance replaced Incapacity Benefit and Income Support paid because of an illness or disability (including disability as a result of a mental health problem) for new claims from 27 October 2008. People currently receiving these benefits will continue to receive them, as long as they continue to satisfy the entitlement conditions. Employment and Support Allowance is a new way of helping people with an illness or disability to move into work if they are able. A claim will usually include a Work...
Capability Assessment.

Means-tested benefits currently include Income Support, income-based Jobseeker’s Allowance, Housing Benefit, Council Tax Benefit, Child Tax Credit, Working Tax Credit and the Discretionary Social Fund.

Extra non means-tested benefits currently include Disability Living Allowance and Attendance Allowance.

**In prison**

The majority of benefits are affected when someone goes into prison, although there are differences depending on whether the person is on remand or has been sentenced. Prisoners claiming benefits before they went into prison need to inform their local Jobcentre Plus office about their circumstances as soon as possible.

Some benefits will continue to be paid to prisoners although they will have to make a new claim. New remands and newly-sentenced prisoners may be entitled to Housing Benefit, Council Tax Benefit and mortgage interest for a limited time.

Some benefits will be suspended and prisoners may be able to claim back payments on release. For example, remand prisoners who were claiming Incapacity Benefit, Attendance Allowance, Maternity Allowance, Disability Living Allowance, a state pension or bereavement benefits may be able to claim back payments from the relevant department if they are acquitted.

Most other benefits, however, will stop altogether. Where this happens, the families of prisoners may be able to claim the benefits instead. For instance, if the prisoner was claiming Housing Benefit and has left a partner, relative or friend at home, that person may be able to claim the benefit if he or she is liable for the rent.

If prisoners have left children in the care of others, the new carers will be entitled to Child Benefit. Women in prison who have a child with them are also entitled to this benefit. Those who are paying someone else for the care of their child are also entitled to receive benefits so they can make payments to the carer.
Preparing for release

Jobcentre Plus staff work with HM Prison Service to ensure that most prison establishments have weekly visits from Jobcentre Plus staff. On entering and leaving custody, prisoners should be offered advice and assistance in relation to claiming benefits and training and employment opportunities. Where there is no regular visit to an establishment, the prison’s own resettlement team should be able to contact Jobcentre Plus staff on behalf of inmates.

Benefits generally take some time to arrange and to be paid. Prisoners who will be dependent on benefits on release should arrange an early interview at their local Jobcentre Plus office, preferably for the day of release. In order to claim benefit, prisoners will need their National Insurance number. Prisoners who already have a National Insurance number but have lost or forgotten it should contact the Jobcentre Plus office in the area in which they lived prior to imprisonment to obtain the number so that this matter does not hold up the process. If a person does not already have a National Insurance number, advice on how to apply for one can be obtained from the Department for Work and Pensions (DWP) or from Jobcentre Plus offices.

Most prisoners aged 18 and over who have served custodial sentences of 14 days or more are entitled to a discharge grant – roughly equivalent to one week’s benefit payment – which is paid to them by the prison on release. In addition, some prisoners may be eligible for an additional discretionary accommodation payment to secure accommodation on release. The payment will only be made direct to the housing provider. Prisoners will also be issued with a travel warrant to their UK destination.

After release

Offenders who need to claim benefits should make a claim as soon as possible after release or discharge. Unless they are unable to work because of illness or because they are a single parent, they are expected to be available for and actively
seeking work in order to claim benefits. If they have not already done so, they will need to make an appointment to see a personal adviser at their local jobcentre as soon as possible. The adviser will discuss the employment and training options that are available locally and will help them draw up a plan for getting back into work.

On release, prisoners are given a form B79 ‘Notification of discharge from prison’, which gives details of their stay in prison. Prisoners should take this form with them to the Jobcentre Plus office where it may be used to assist assessment for crisis loans and claims for benefits.

Pathways to Work

Pathways to Work is the programme run by Jobcentre Plus to encourage people who are claiming incapacity benefits to consider starting or returning to work. As well as help from Jobcentre Plus, individuals may get support from a partner organisation. Extra money may be available when people start or stay in work. A person can apply if they are entitled to benefits because of their health condition or disability. Additionally, if someone is claiming incapacity benefits for the first time, or claiming again after a break in receiving benefit, they will automatically be considered for Pathways to Work. Incapacity benefits include: Employment and Support Allowance; Incapacity Benefit; Income Support on the grounds of incapacity; and Severe Disablement Allowance.

The service offers individual support and access to a wide range of help including work-focused interviews with a personal adviser and the Condition Management Programme. This programme aims to educate, support and advise people on how to manage their condition and help them function better, using the principles and approach of cognitive behavioural therapy. The programme does not replicate current NHS treatment and can be delivered either by the NHS and Department of Health for Jobcentre Plus, or by a specialist provider.
### Additional support

Community care grants are available to help with basic needs such as clothing, cooking equipment, furniture and bedding. The grants are for people who are on Income Support or income-based Jobseeker’s Allowance, or who will be eligible for these benefits on release from prison. Applications should be made to the local Jobcentre Plus office and prisoners may make an application up to six weeks before release or discharge. If someone is refused a grant, they should seek advice and consider appealing against the decision.

There are also grants to cover home leave. Whilst prisoners cannot apply for grants to cover home leave, the people they stay with may be able to do so. They will be eligible if they are getting Income Support or income-based Jobseeker’s Allowance, and they should get a form from a Jobcentre Plus office.

Community care grants do not have to be repaid. Therefore, they are a better option than crisis loans which are available for similar short-term living expenses but which do have to be repaid.

The Discretionary Social Fund is to help people obtain things they need after release which they cannot afford on their benefits. It is discretionary so there is no automatic entitlement to it and, if there is no money in the local budget, a claim may be turned down even if it has merit. When submitting claims, people will need to provide a list of what they want and how much it will cost.

A crisis loan may be available to support someone before other benefits are paid. A loan can be applied for by phoning or visiting the person’s local Jobcentre Plus office. If staff think the person has spent their discharge grant recklessly, however, a claim may be refused. If an application for a crisis loan is refused applicants can appeal and should ask for a review form. Loans have to be paid back.

### Appealing against decisions

If a claim for benefit is rejected, or if the benefit paid is not the amount expected, there are some basic ways to ask the DWP to
reverse or amend the decision. These are revision, supersession and appeal. In special circumstances further appeals can be made to social security commissioners or the Court of Appeal or above on a point of law.

Revision requests another ‘inhouse’ look at the decision by the DWP and the request must usually be made within one month. Therefore it is important that the original decision is recorded in writing and dated. Requests can be made either by telephone or in writing. There is no automatic right to revision. However, the claimant should set out clearly what they believe the problem to be and request that the decision is looked at again.

Supersessions can be asked for at any time but are only an option in some circumstances. The claimant must be able to show that: there was ignorance of, or that the DWP made a mistake as to, a ‘material fact’; or there has been a change in circumstances; or there is an error of law. Requests for a supersession can only be made in writing.

Appeals ask for an external look at the decision by an independent tribunal and must be made within one month of the decision. When an appeal is requested, the DWP will carry out their own revision first which may make an appeal unnecessary or cause the request to be refused. Requests for an appeal can only be made in writing.

The Big Book of Benefits and Mental Health is aimed at people who are trying to find their own way through the benefits system and at those attempting to help them out along the way.

To obtain a copy, contact welfare rights worker, Judy Stenger, Neath Income Project, Neath Mind Association, 32 Victoria Gardens, Neath SA11 3BH. Tel: 01639 643905
Debts

If prisoners have incurred debts before entering prison, it is vital that these are tackled promptly to prevent problems being exacerbated whilst they are in custody and thus causing difficulties for families, as well as for themselves, on release. There may be staff within the prison or money advice specialists visiting the prison who can help. Creditors may pay more attention to specialist advisers than to prisoners themselves.

Some debts are more important than others. These debts (priority debts) are where the creditor can impose the greatest penalty if the debtor does not pay, and should be dealt with first. For example, prisoners can be evicted in their absence or have their homes repossessed if they do not pay their rent or mortgage. Non-payment of maintenance or Council Tax may lead to goods being repossessed. Utility companies may disconnect those who have not paid their bills, and fines can be imposed for non-payment of TV licence fees. Items may also be repossessed for non-payment of hire purchase arrears. It is important for prisoners to contact all their creditors. Some may suspend payments until the prisoner's release or agree to accept a smaller regular payment.

Where a prisoner cannot get housing costs to cover the period of imprisonment, they should be encouraged to take action. If they allow rent arrears to build up they will find it much more difficult to get housed on release. Council or housing association tenants can voluntarily give up their tenancy and ask the housing provider to undertake to rehouse them on release. A few housing providers may agree to this.

Prisoners should not use commercial debt management companies which charge a fee because these fees can increase the debt and exacerbate the problem. In any case, such companies do not always pay debts promptly and take all other debts into account when arranging payments, which means that prisoners – or their families – might not be able to afford them. Rather, prisoners should seek help from the Citizens Advice Bureau or other debt counselling organisations (see appendix one for details). UNLOCK is developing
debt management training for offenders and assists them to access insurance and mortgage services. Some prisons encourage prisoners to open bank accounts whilst in custody so that they can save their earnings and manage their finances better.

If prisoners still have debts when they are released from prison they should take advice from appropriate organisations such as the Citizens Advice Bureau or debt counselling advice centres on how these should be managed. They should also ensure they contact their creditors as soon as possible to agree a repayment plan.

**Practitioners should:**
- have a working knowledge of the benefits system
- collect information on different benefits which might be applicable
- have a working knowledge of the appeals procedure
- know where to obtain specialist information and advice on benefits
Chapter 7
Families and children

Maintaining contact with family and friends is important whilst prisoners are in custody and it is also an essential element of ensuring effective resettlement. This can be doubly important for women as many will have dependent children and are often the sole carers. However, prison overcrowding often means that prisoners are moved far away from their family homes – especially women and young people – which makes the task of keeping in contact more difficult.

Support from family and friends can be the one consistent factor that offenders experience throughout their involvement with the criminal justice system. It can also be a critical factor for change in an offender’s life, resulting in effective resettlement, the reduction of reoffending and an improvement in emotional well-being. Families and friends can:

- provide somewhere to live
- help with employment or in finding a job
- recognise changes in a person’s behaviour and health
- support a person’s programme of treatment and care
- help with licence conditions

Families on low incomes can get help with travel costs from the Assisted Prison Visits Unit (APVU) to visit their relatives. To qualify they must be a close relative or partner and on a qualifying income. People may also be able to claim assistance if they are the prisoner’s sole visitor.

The APVU will pay for travel to and from prison by public transport or private car. A meal allowance may be paid dependent upon the time taken to complete the travel and the visit. Some overnight allowances may also be possible at the discretion of the APVU.
Families of prisoners – in particular children – may also need help. Many offenders’ children suffer from mental health problems and prisoners’ families are often socially excluded. Families also complain that their views are not listened to and that information about family members is not taken into account.

Where families are isolated they should be put in contact with support groups such as Action for Prisoners’ Families or Partners of Prisoners (see appendix one for contact details). Children should have their particular needs assessed and met through the *Every Child Matters* agenda. They can be referred to Sure Start and children’s centres which can assist with learning and development. Where children are of school age, arrangements should be put in place with schools to ensure that they have time to visit their parent(s) and to prevent potential bullying from their peers.

Work led by directors of offender management is also taking place to strengthen family ties, support children and families and reduce reoffending using a collaborative approach. Practitioners should find out what initiatives are taking place locally.

**Practitioners should:**
- know about the families of the clients they work with
- listen to them
- identify any particular support needs offenders’ families have
- maintain contact with families and friends
- have a working knowledge of the APVU
Chapter 8
Attitudes, thinking and behaviour

Understanding the way someone behaves, their thought processes and how to manage the risk they pose is important in order to reduce reoffending and ensure effective resettlement. Both the prison and probation services run a number of accredited programmes targeted at an individual's offending behaviour, including cognitive skills programmes. Some programmes will be specific (e.g., domestic violence or sex offending) whilst others will be more general.

Offenders with mental health needs should get access to cognitive behavioural therapy and ‘talking treatments’ through the Improving Access to Psychological Therapies programme. Offenders with a learning disability may need to access specially adapted programmes to meet their needs.

Assessment through the Offender Assessment System (OASys) and other risk assessment tools will enable both assessment of the level of risk and the development of a sentence plan to meet the offender’s needs. The sentence plan should address the individual’s mental health need or learning disability. There may also be a link to other aspects of a person’s reducing reoffending plan e.g., drug testing and treatment orders.

Practitioners should ensure that their contact details and the care offered are included in an offender’s sentence plan.

Managing risk

The risk that someone presents with – or is perceived to present with – is likely to impact both on the types of services available and
the way those services are offered. Therefore, it is important to understand what the risk is, what the level of risk is and its immediacy, who is at risk, and how it might be managed.

Risk may be defined as the probability of a harmful event occurring, whilst harm may be categorised as any of the following:

- a risk of harm to the public
- a risk of harm to others, including staff, children, carers, friends and significant others
- a risk of harm to oneself, either intentional self-harm or unintentional neglect, including risk of suicide
- a risk of harm from abuse, including emotional abuse, physical abuse, sexual abuse, substance misuse, financial negligence, misdiagnosis or maltreatment of the individual by an institution
- a risk of harm to one's own or other's property where this poses a personal risk to oneself or others

Whilst risk may not be entirely eliminated, it should be rigorously assessed and managed. Its formulation is based on consideration being given to a number of factors. For offenders with complex needs, including a mental health problem or a learning disability, it is desirable that any risk assessment is completed in partnership with someone within the same agency and with reference to someone else from another agency. Ideally, it should have the assessed individual's co-operation. It must be objective, factual and undertaken with reference to both risk assessment tools and clinical judgement. As risk is not static, all assessments should be ongoing and reviewed regularly (for example as part of the CPA or sentence plan) and consolidated at key points. All such assessments and decisions must be recorded.

The aim of the risk assessment is to ascertain what the risk is, what it means and how serious it is. The assessment should also determine whether the risk is specific or general, namely whether it is against an individual or a defined group (such as women or gay men) or whether it is indiscriminate. The assessment should also specify the following:
what the level of risk is (high, medium, low)

how immediate the risk is

in what circumstances the risk is likely to occur

how volatile the individual is

the triggers and patterns associated with previous offending or breakdown

the individual's strengths and positive feelings that may help reduce the risk

what has worked before

what specific treatment or management plan can best reduce the risk

The level of risk is likely to increase at times of transition, including the transition between prison and the community and vice versa, or between different support mechanisms in the community.

Following an assessment of risk, a risk management plan should be drawn up. Risk management can be defined as the managing of an individual or a situation, either to prevent an event occurring or to reduce the level of assessed risk. The three main principles that underpin risk management are as follows:

Following assessment of the risk, there is a responsibility to take action to reduce the level of that risk and manage it effectively.

Management of risk should change the balance between risk and safety, following the principle of negotiating safety.

Fostering a positive attitude in the prisoner can develop and enhance their life quality, as well as create opportunities for change.

Both the level of risk and its immediacy are likely to determine how risk is managed. Low and medium-risk cases are likely to be managed by individual agencies but with reference to each other. High and serious-risk cases will be referred to multi-agency public protection arrangements (MAPPA). If the individual is assessed at level three – the highest risk of causing serious harm or whose
management is so problematic that multi-agency co-operation and oversight is required at a senior level – then they will be subject to a multi-agency public protection panel (MAPPP). Levels one and two will be subject to local agency or inter-agency arrangements.

**Practitioners working with such individuals should be aware of:**

- the level and immediacy of the risk
- which agencies are involved in the management of the risk
- which agency is the lead agency, whom to contact within that agency and how
- what their role is in the management of the risk and how risk management should be reported
- review dates

Importantly they should also know who the local MAPPA co-ordinator is in case the level of risk posed by one of their clients escalates and requires referral, although this is likely to be done in consultation with their senior manager.

Practitioners should make sure that the offender's sentence plan includes details of the care offered and how to contact them.

**Making use of leisure time**

Whilst finding accommodation and employment or training are rightly seen as the key elements of resettlement, even if these are in place ex-offenders are likely to have long periods of time to fill, especially if they are not in a permanent and healthy relationship or in regular contact with family and friends. Without something constructive to do, offenders with mental health problems or a learning disability can become depressed, drift back into their previous lifestyle or generally become demoralised.

Practitioners should encourage offenders to expand their range of social networks. This can be achieved by getting involved in sport,
joining a gym or joining social networks, either real (eg, book clubs, film groups) or virtual (eg, via the internet). Other possibilities include participating in evening classes, taking further education courses, joining a local faith group or volunteering. Care should be taken to ensure that such activities do not breach any licence conditions that are in place.

However, each of these encounters can potentially be frightening as ex-offenders may be unsure how much of their past they should reveal if asked. Initially they should think about putting together a short matter-of-fact statement (eg, ‘thought it was time to get fit again’, ‘just moved into – or back into – the area and don’t really know anyone yet’) until they feel more confident about dealing with more difficult questions as and when they arise.

**Practitioners should:**
- encourage ex-offenders to widen their social networks and develop leisure activities
- know where to find information about evening classes or further education courses
- know where to find information about leisure and sporting activities
- enquire how people spend their leisure time and know what licence conditions they are subject to
Chapter 9
Meeting diverse needs

Whilst some resettlement issues will be common to all those across the prison and mental health estate, certain groups – in particular women, people from black and minority ethnic (BME) communities and older people – will have very different experiences of the criminal justice and mental health systems. Therefore, any resettlement package aimed at these groups must include specific elements designed to meet their particular needs.

*Women*

Many women offenders have been victims of sexual and violent abuse, and they are also more likely than men to suffer economic disadvantage.¹ Around one third of women prisoners lose their homes and often their possessions too whilst in prison. In addition, women offenders are more likely than men to be single householders, which has implications for managing finances and housing, and for making arrangements for the care of children and other dependants.² As they are also usually the sole carers of any dependent children, imprisonment or admission to hospital will therefore carry added stresses.

Housing and employment are identified as the two main obstacles to effective resettlement, particularly where children are involved. A catch 22 situation can arise where women cannot get access to housing without access to their children, but cannot get access to their children without housing.³ Furthermore, women prisoners are often inadequately prepared for release: a study in 2001 found that only 11% of women prisoners received help with housing matters whilst 41% did not have accommodation arranged for release.⁴

Overall, there is no significant difference between women and men in terms of morbidity in respect of mental health problems. However, risk factors (such as poverty, social isolation, lack of mobility etc)
for particular illnesses may affect women more than men. Women prisoners have significantly worse health than women in the general population. A University of Oxford report on the health of women prisoners showed that women in custody were five times more likely to have a mental health problem than women in the general population. Furthermore, 78% of women prisoners showed some level of psychological disturbance compared with 15% in the general population. Of all the women sent to prison, 37% say they have attempted suicide at some time in their life and in 2007, although women accounted for 6% of the prison population, they accounted for 46% of all self-harm incidents in prison. Many will be reluctant to engage with statutory mental health services due to fears that they will be seen as 'bad mothers' and may have their children taken into care. Consequently, they may be more likely to accept a referral to voluntary sector provision which takes a holistic approach to emotional well-being. Women are also more likely to require referral to counselling services to tackle issues relating to abusive pasts and their relationships with their children, as well as more likely to have been imprisoned for drug-related offences.

The three-year Women's Offending Reduction Programme and the recent Corston review have looked at the specific needs of women and made recommendations for a co-ordinated approach to address the issues women offenders commonly face. The National Offender Management Service has published a national service framework for women offenders which will act as a guide for commissioners in relation to meeting the needs of women offenders. In addition, the Together Women Programme is delivering models of gender-specific service provision for women.

Community-based women centres which offer an holistic, female-focused approach and provide a wide range of services are now regarded as the most effective way of working with women offenders. Gelsthorpe et al argue that as women have multiple problems, an effective response requires the involvement of a range of voluntary and public sector organisations. Work should focus on empowerment and emphasising positive ways out of offending which are allied to female learning styles. Above all, practitioners should listen to what women want. This includes the following:
help with childcare arrangements and/or other caring arrangements

- safe accommodation

- access to women staff and key workers

- women-only sessions

- a range of community options, including talking therapies

### BME people

People from BME communities are over-represented in both the criminal justice system and some parts of the mental healthcare system. Their chances of successful and effective resettlement are adversely impacted by the fact that they are more likely to experience social and economic disadvantage in the housing, education, health and social care arenas.

A study carried out by Nacro in 2005 found that BME prisoners were less likely than white prisoners to seek out resettlement services based in prisons.\(^\text{13}\) Not only do they experience the problems shared by the general prison population such as drug or alcohol dependency, family breakdown or poverty, but the impact of all these is further compounded by the fact that upon release they are more likely to experience discrimination during resettlement. For example, homelessness is a problem for many, but a disproportionate number of black households figure in the homelessness registers of local authorities and historically discrimination has played a part in the allocation of housing stock.\(^\text{14}\) These factors can result in BME offenders being excluded and marginalised from mainstream services at a particularly vulnerable time. This will have implications for their mental well-being, aggravating ongoing problems or possibly leading to the onset of others.

Resettlement services need to take account of the specific needs of BME offenders by proactively linking them in with specific accommodation and employment projects where appropriate. Efforts
should also be made by those agencies providing resettlement services to link with BME communities and BME mental health and faith groups, ensuring that their services are proactively publicised throughout communities. All promotional and publicity material for services should prominently display a statement on equality and diversity and indicate that anyone requiring the material in another language or format should contact the lead for the service.

As part of the assessment of need, people should be asked directly and sensitively about their cultural and religious needs. Meeting these needs can have a positive impact on someone’s emotional well-being. Wherever possible, the assessment should be carried out by someone from the same or similar minority ethnic group as the prisoner. There should be a choice of referral (including to generic and specifically developed services).

In addition, resettlement services should monitor the uptake of their services so that they are fully aware of where services are underused or not taken up by particular groups, and can modify their approach accordingly.

Resettlement services also need to pay particular attention to the needs of foreign nationals. This group makes up one third of all BME prisoners. Those claiming asylum or seeking refuge are likely to have undergone considerable mental stress and trauma and this may impact on their mental well-being. Resettlement services must be aware of the particular needs of this group who may be more rootless than the general BME population. Services should be liaising closely with agencies such as Hibiscus who work primarily with foreign national women caught up in the criminal justice system (see appendix one for contact details).

### Older people

Demographic changes in the general population – reflected in the offender population – will bring their own challenges in relation to resettlement services. Health, social and welfare needs all increase with age and, in order to meet these, there should be a ‘formal and routine assessment process for older offenders...following release
Resettling prisoners with mental health needs or a learning disability

The older prisoner population is the fastest-growing population across the prison estate in England and Wales. On 31 March 2009 there were 7,358 prisoners aged over 50 in England and Wales, including 518 over 70. Most will be serving long sentences.

Offences committed by older male prisoners are predominantly sexual and against the person, and over 80% are serving sentences of four or more years. The number of women prisoners aged over 50 has more than trebled, rising from 92 in 1996 to a population of 304 in 2009. Nearly half of these women are foreign nationals (44%) and many are serving long sentences for drug importation.

Fazel et al suggest that older prisoners experience accelerated ageing which means they may experience problems associated with older age from the age of 50 onwards. Many older prisoners have complex and often unmet health and social care needs following release: 30% are likely to have a personality disorder; 30% are likely to suffer from depression; 85% have a long-standing illness or disability; and the rates of dementia will at least reflect that in the general population. Over half are likely to have been in prison before and are often more vulnerable because they find it difficult to cope with the physical and mental stresses and demands of prison life. However, services available to help the health, emotional and mental well-being of this population are not consistent across the prison estate.

In addition, older prisoners experience the same social exclusion problems as younger prisoners, as well as the same need to engage in meaningful activities – to feel they are ‘part of something’ – and the same problems with respect to coping, adaptation and ‘psychological survival’.

On top of this, older prisoners are harder to resettle because they are more likely to become institutionalised, to have not benefited from prison programmes which are geared to the needs of younger prisoners (especially offending behaviour, education, vocational and employment programmes) and many will have a multitude of resettlement needs, especially older sex offenders and those with
disabilities. This group may also be unlucky in the quality and availability of care and welfare services in the areas to which they are released, or they may be assigned to an approved hostel which is unsuitable for their mobility needs.

Prior to release or discharge, older offenders should have their needs assessed with an older person’s specific assessment tool. This should include mental health screening tools and assess social care needs, accommodation needs, mobility and personal hygiene. Some older offenders will need specific assistance from the NHS and local authority social services for older people, including a referral to services for older people. Others will need pension and benefits advice. Although most older offenders might not wish to seek employment, education and volunteering may be viable options to help them to reintegrate into the community.

Skills training – e.g., cooking, personal hygiene – to help older offenders achieve independent living will be vital. Regular exercise to maintain mobility and prevent health problems, including mental health problems, should also be considered.

Projects such as the Age Concern Older Offenders Project in south west England provide the link between prisons and the community, offering services such as pension advice, visits from outside agencies, links into senior citizen forums and befriending. Restore 50plus is a peer support network supporting older prisoners in prison and the community. It offers advice, information and one-to-one befriending and mentoring, as well as working with service commissioners and providers to encourage the delivery of care and support services for older people who have committed offences. The project has also recently established a partnership with the Footprints Project to look at the needs of older prisoners with health needs.

In addition, Nacro has produced a pack on working with older prisoners, sponsored by the Department of Health, which provides a range of useful information and practices which can be employed to assist practitioners working with older offenders in the community.
Practitioners should:

- understand that different groups have different needs in relation to resettlement
- know where to get information about projects and resources for specific groups
- construct a database of local providers of specific services
- be prepared to address examples of discrimination and disadvantage

Notes

2 ibid
3 Gender and Justice Policy Network (2001) Joining up Services for Women at a Local Level London: The Fawcett Society
11 These are large-scale demonstrator projects funded by the National Offender Management Service operating in the north west and Yorkshire and Humberside.
16 Care Services Improvement Partnership South West (2007) A Pathway to Care for Older Offenders: A toolkit for good practice can be found at www.dh.gov.uk/publications.
17 Prison Reform Trust (June 2009) Bromley Briefings Prison Factfile London: Prison Reform Trust
18 ibid
19 Fazel S, Hope T, O'Donnell I and Jacoby R (2004) 'Unmet treatment needs of older prisoners: a primary care survey' Age and Ageing 33, no. 4
20 For more information on the Age Concern Older Offenders Project (ACOOP) contact Liz Davis on 01460 76003, 07975 767929 or email info@acoop.org.uk.
21 Tel: 01305 757217; Email: info@footprintsproject.co.uk; Website: www.footprintsproject.org.uk; Address: Footprints Project, 3 North Square, Dorchester, Dorset DT1 1HY
Appendix 1

Useful organisations

- **Action for Prisoners’ Families**
  Action for Prisoners’ Families is the national membership organisation representing the needs of organisations working with the families of prisoners across England and Wales.

  [www.prisonersfamilies.org.uk](http://www.prisonersfamilies.org.uk)

  **London head office**
  Unit 21
  Carlson Court
  116 Putney Bridge Road
  London SW15 2NQ
  Tel: 020 8812 3600
  Fax: 020 8871 0473
  Email: info@actionpf.org.uk

  **East Midlands office**
  The Lenton Centre
  Willoughby Street
  Lenton
  Nottingham NG7 1RQ
  Tel: 0115 905 2736

- **Age Concern and Help the Aged**
  The aim of Age Concern and Help the Aged is to promote the well-being of all older people and to help make later life a fulfilling and enjoyable experience.

  [www.ageconcern.org.uk/AgeConcern/AgeConcernandHelptheAged.asp](http://www.ageconcern.org.uk/AgeConcern/AgeConcernandHelptheAged.asp)

  Age Concern England
  Astral House
  1268 London Road
  London SW16 4ER
  Free helpline: 0800 009 966

- **Business Link**
  Business Link is a free business advice and support service which is available online and through local advisers.

  [www.businesslink.gov.uk](http://www.businesslink.gov.uk)

  Business Link helpline: 0845 600 9006
Resettling prisoners with mental health needs or a learning disability

- **Consumer Credit Counselling Service**
  The Consumer Credit Counselling Service is a registered charity whose purpose is to assist people who are in financial difficulty by providing free, independent, impartial and realistic advice. Online debt counselling is available through their website.
  www.cccs.co.uk
  Free helpline: 0800 138 1111

- **Department for Children, Schools and Families**
  The Department for Children, Schools and Families is a UK government department with responsibility for children’s services, families, schools and education for 14 to 19 year olds.
  www.dcsf.gov.uk
  Tel: 0870 000 2288
  Email: info@ccsf.gsi.gov.uk

- **Hafal**
  Hafal (meaning ‘equal’) is the principal organisation in Wales working with individuals recovering from severe mental illness and with their families.
  www.hafal.org
  Suite C2
  William Knox House
  Britannic Way
  Llandarcy
  Neath SA10 6EL
  Tel: 01792 816 600
  Fax: 01792 813 056
  Email: hafal@hafal.org

- **Hibiscus**
  Hibiscus was set up in 1990 to cater specifically for the special needs of foreign national and British-based BME women in prison.
  www.hibiscuslondon.org.uk
  12 Angel Gate
  320 City Road,
  London EC1V 2PT
  Tel: 020 7278 7116
  Email: fpwphibiscus@aol.com

- **Department for Work and Pensions**
  The Department for Work and Pensions is a government department responsible for welfare and employment issues.
  www.dwp.gov.uk

- **Jobseekers Direct**
  Search and apply for jobs, training, career information, voluntary work and childcare provision anywhere in the UK.
  www.jobseekers.direct.gov.uk
● **Mencap**
Mencap is the leading UK charity for people with a learning disability and their families.

www.mencap.org.uk

**London head office**
Mencap
123 Golden Lane
London EC1Y 0RT
Tel: 020 7454 0454
Fax: 020 7608 3254
Email: information@mencap.org.uk

**Welsh office**
Mencap Cymru
31 Lambourne Crescent
Cardiff Business Park
Llanishen
Cardiff CF14 5GF
Tel: 02920 747588

**Wales Learning Disability Helpline**
The Wales Learning Disability Helpline can offer advice, information and support on any issue to do with a learning disability.
Tel: 0808 808 1111
Email: helpline.wales@mencap.org.uk

● **Mind**
Mind is the leading mental health charity in England and Wales.

www.mind.org.uk

**London office**
5-19 Broadway
London E15 4BQ
Tel: 020 8519 2122
Fax: 020 8522 1725
Email: contact@mind.org.uk

**Welsh office**
3rd Floor
Quebec House
Castlebridge
5-19 Cowbridge Road East
Cardiff CF11 9AB
Tel: 029 2039 5123
Fax: 029 2034 6585

**Mind info line**
Provides information on a range of topics including types of mental distress, where to get help, drug and alternative treatments and advocacy. It can also provide details of help and support for people in their own area.
Tel: 0845 766 0163
Email: info@mind.org.uk

PO Box 277
Manchester M60 3XN

**Mind Legal Advice Service**
Provides legal information and advice on mental health-related...
law covering mental health, community care, capacity, discrimination, equality and human rights.

Tel: 0845 2259393
Email: legal@mind.org.uk

Mind LAS
PO Box 277
Manchester M60 3XN

- **Nacro**
  
  Nacro, the crime reduction charity, aims to make society safer by finding practical solutions to reducing crime.

  www.nacro.org.uk

  *Head office*
  Park Place
  10-12 Lawn Lane
  London SW8 1UD
  
  Tel: 020 7840 7200

  Nacro’s **Resettlement Plus Helpline** offers information and advice to ex-offenders, serving prisoners, their families and friends and to organisations working with them.

  Tel: 0800 0181 259 (freephone for ex-offenders, serving prisoners, their families and friends) or 020 7840 6464

  Email: helpline@nacro.org.uk

  159 Clapham Road
  London SW9 0PU

  Nacro’s **Mental Health Unit** aims to improve responses to defendants and offenders with mental health issues.

  www.nacro.org.uk/criminal-justice-expertise/mental-health/
  
  Tel: 0117 9350404
  Email: mentalhealth@nacro.org.uk

- **National Debt Helpline UK**
  
  The National Debt Helpline UK offers free, confidential debt advice through its freephone helpline.

  www.nationaldebtlineuk.com
  
  Tel: 0808 808 4000

- **National Federation of Enterprise Agencies**
  
  The National Federation of Enterprise Agencies (NFEA) is a national enterprise network with members drawn from local enterprise agencies and a wider range of enterprise support organisations which provides an array of services to new and emerging businesses, including independent and impartial advice, training and mentoring.

  www.nfea.com

  12 Stephenson Court
  Fraser Road
  Priory Business Park
  Bedford MK44 3WJ
  
  Tel: 01234 831623
  Fax: 01234 831625
  Email: enquiries@nfea.com
• **NIACE**
The National Institute of Adult Continuing Education (NIACE) aims to encourage all adults to engage in learning of all kinds.
www.niace.org.uk
20 Princess Road West
Leicester LE1 6TP
Tel: 0116 204 4200/4201
Fax: 0116 285 4514
Email: enquiries@niace.org.uk

• **Partners of Prisoners**
Partners of Prisoners and Families Support Group (POPS) provides a variety of services to support anyone who has a link with someone in prison, prisoners and other agencies. POPS provides assistance to these groups for the purpose of enabling families to cope with the stress of arrest, imprisonment and release.
www.partnersofprisoners.org.uk
Valentine House
1079 Rochdale Road
Manchester M9 8AJ
Tel: 0161 702 1000
Fax: 0161 702 1000
Email: mail@partnersofprisoners.co.uk

• **Prince's Trust**
Helps young people through training, skill building, business loans, grants, personal development and study support outside school.
www.princes-trust.org.uk
*Head office*
18 Park Square East
London NW1 4LH
Tel: 020 7543 1234
Fax: 020 7543 1200
Email: webinfops@princes-trust.org.uk
Any young person wanting information about programmes should call 0800 842842.

• **Rethink**
Rethink is the leading national mental health membership charity working to help everyone affected by severe mental illness to recover a better quality of life.
www.rethink.org
89 Albert Embankment
London SE1 7TP
Tel: 0845 456 0455
Email: info@rethink.org
To access their national advice service, telephone 020 7840 3188 or email advice@rethink.org.
● **Shelter**
Shelter is a charity that works to alleviate the distress caused by homelessness and bad housing by giving advice, information and advocacy to people in housing need, and by campaigning for lasting political change to end the housing crisis for good.
www.shelter.org.uk

*London office*
88 Old Street
London EC1V 9HU

*Free housing advice helpline*
0808 800 4444
Tel: 0844 515 2000
Email: info@shelter.org.uk

*Welsh office*
25 Walter Road
Swansea SA1 5NN
Tel: 0845 075 5005

● **UK Advocacy Network**
UKAN, the UK Advocacy Network, is a user-led organisation which aims to promote mental health advocacy.
www.ukan.co.uk
c/o 8 Beulah View
Leeds LS6 2LA

● **UNLOCK**
UNLOCK, the national association of reformed offenders, campaigns for better facilities for serving prisoners to plan for life after release.
www.unlock.org.uk
35a High Street
Snodland
Kent ME6 5AG
Tel: 01634 247350
Fax: 01634 247351
Email: enquiries@unlock.org.uk

● **Turning Point**
Turning Point is the UK's leading social care organisation providing services for people with complex needs, including those affected by drug and alcohol misuse, mental health problems and those with a learning disability.
www.turning-point.co.uk
Standon House
21 Mansell Street
London E1 8AA
Tel: 020 7481 7600
Email: info@turning-point.co.uk
• **Volunteering England**
Volunteering England works to support and increase the quality, quantity, impact and accessibility of volunteering throughout England.

www.volunteering.org.uk

Regents Wharf
8 All Saints Street
London N1 9RL

Tel: 0845 305 6979
Fax: 020 7520 8910
Email: volunteering@volunteeringengland.org

• **Women’s Business Development Agency**
Women’s Business Development Agency provides business support, training and advice for women starting up and running their own businesses.

www.wbda.co.uk

The Enterprise Centre
Coventry University
Technology Park
Puma Way
Coventry CV1 2TT

Tel: 024 7623 6111
Email: admin@wbda.co.uk
Appendix 2

When is a conviction spent?

The Rehabilitation of Offenders Act 1974 gives people with spent convictions, cautions, reprimands and final warnings the right not to disclose them when applying for most jobs. Apart from those given prison sentences of more than two and a half years, most people will benefit from it at some point in their lives. The table below sets out the time it takes for the main current sentences (as at January 2010) to become spent.

For information about other sentences, ancillary orders, military convictions, the impact of multiple convictions and jobs that are exempt from the Rehabilitation of Offenders Act 1974, contact the Nacro Resettlement Plus Helpline on 020 7840 6464 or email helpline@nacro.org.uk.

<table>
<thead>
<tr>
<th>Sentence, order or warning</th>
<th>Time it takes to become spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absolute discharge order</td>
<td>6 months</td>
</tr>
<tr>
<td>Bind over</td>
<td>1 year or until order expires, whichever is longer</td>
</tr>
<tr>
<td>Caution (conditional)</td>
<td>3 months</td>
</tr>
<tr>
<td>Caution (simple)</td>
<td>Nil (spent instantly)</td>
</tr>
<tr>
<td>Community order</td>
<td>5 years; 2½ years for those under 18 when convicted</td>
</tr>
<tr>
<td>Compensation order</td>
<td>Once the compensation is paid in full</td>
</tr>
<tr>
<td>Conditional discharge order</td>
<td>1 year or until order expires, whichever is longer</td>
</tr>
<tr>
<td>Detention and training order, 6 months or less</td>
<td>1 year after order expires; 3½ years for 15-17 year olds</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Detention and training order, more than 6 months</td>
<td>1 year after order expires; 5 years for 15-17 year olds</td>
</tr>
<tr>
<td>Detention in a YOI, 6 months or less</td>
<td>3½ years for those under 18; 7 years for 18-20 year olds</td>
</tr>
<tr>
<td>Detention in a YOI, more than 6 months</td>
<td>5 years for those under 18; 10 years for 18-20 year olds</td>
</tr>
<tr>
<td>Final warning</td>
<td>Nil (spent instantly)</td>
</tr>
<tr>
<td>Fine</td>
<td>5 years; 2½ years for those under 18 when convicted</td>
</tr>
<tr>
<td>Hospital order, with or without a restriction order</td>
<td>5 years or 2 years after order expires, whichever is longer</td>
</tr>
<tr>
<td>Prison sentence, 6 months or less</td>
<td>7 years</td>
</tr>
<tr>
<td>Prison sentence, more than 6 months but less than 2½ years</td>
<td>10 years</td>
</tr>
<tr>
<td>Referral order</td>
<td>Once the order expires</td>
</tr>
<tr>
<td>Reprimand</td>
<td>Nil (spent instantly)</td>
</tr>
<tr>
<td>Suspended sentence, 6 months or less</td>
<td>7 years</td>
</tr>
<tr>
<td>Suspended sentence, more than 6 months</td>
<td>10 years</td>
</tr>
<tr>
<td>Youth rehabilitation order</td>
<td>1 year or until the order expires, whichever is longer</td>
</tr>
</tbody>
</table>
About Nacro

Nacro, the crime reduction charity, is dedicated to making society safer. We have unrivalled expertise in developing effective solutions to crime and stimulating fresh thinking on how best to reduce it, based on over 40 years of experience. Combining practical services to individuals, communities and organisations with pioneering campaigns, Nacro lobbies for better ways to reduce crime, whilst demonstrating how this might be done in practice.

About Nacro’s Mental Health Unit

Nacro’s Mental Health Unit has been working to tackle problems faced by offenders with mental health needs since 1990. We work with government agencies at a national and local level to develop more effective services for this client group. We provide a range of services: information and advice; policy development and other consultancy services; and training. We also run a major annual conference on mental health and crime.

Nacro’s website, www.nacro.org.uk, offers information and support for practitioners and policy-makers working in the field of criminal justice and mental health. To find out more, visit www.nacro.org.uk/criminal-justice-expertise/mental-health or contact the Mental Health Unit (tel: 020 7840 1203; fax: 020 7840 7240; email: mentalhealth@nacro.org.uk).
The successful resettlement of offenders is vital in order to reduce both reoffending and social exclusion. Yet meeting the often complex resettlement needs of offenders with a mental health problem or learning disability can be extremely challenging. This new guide aims to give practitioners from a range of agencies and organisations a thorough understanding of resettlement issues and interventions so they can better help members of this group to successfully reintegrate into the community following release from custody. Covering each of the reducing reoffending pathways laid down in the government’s Reducing Reoffending National Action Plan, it sets out good practice and guidance, as well as identifying a number of useful organisations which can assist further with the task.