



Throughcare Services for Prisoners with Problematic Drug Use



A Toolkit

Throughcare for Prisoners with Problematic Drug Use: A Toolkit

Throughcare for Prisoners with Problematic Drug Use

Funded by the Directorate General Justice
of the European Commission



This toolkit has been developed within the scope of the project 'Throughcare for Prisoners with Problematic Drug Use' funded by the Directorate General Justice of the European Commission.



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Preface

This toolkit was developed within the scope of the project 'Throughcare for Prisoners with Problematic Drug Use,' which has been partly funded by the Directorate General Justice of the European Commission. The project began in December 2008 and concluded in December 2011.

Birmingham City University (BCU) has acted as the project coordinator. The throughcare project brought together a multi-disciplinary network representing a wide range of different professional groups and practitioners working both inside and outside prisons. The project partners were the Association of Varna Organizations for Drug Prevention (AVODP), Varna, Bulgaria; ULSS 16, Italy; Convictus, Estonia; Promovarea Dreptului la Sanatate Association, (APDS) Romania and WIAD, Germany.

The primary aim of the throughcare project has been the development of a toolkit that will assist in the introduction or extension of throughcare services for prisoners and other individuals in detention. It is evident from the research carried out by project partners that throughcare services are in different states of development throughout Europe. It is hoped that this toolkit will contribute to the extension of such services, assist in the development of knowledge of throughcare and facilitate collaboration between all agencies involved with delivering services to prisoners both within the prison estate and upon release.

The development of the toolkit has been underpinned by research carried out by project partners that includes the views and needs of prisoners, prison staff, NGOs working in the field and government organisations. Within the lifetime of the project literature reviews of the current situation within the partner countries have been undertaken as well as qualitative interviews with professionals working within the criminal justice system. The toolkit is based on the results of the partner research and is strengthened by contributions from experts drawn from various disciplines within the field.

Introduction: Rationale, structure and target groups

Release from prison and the period immediately following can be a very hazardous time for prisoners. It is important that the work that goes into helping and supporting them through this period can, if all those concerned work together, offer worthwhile gains not only to the prisoners and their families but to community and public health in general. This toolkit aims to help ensure that action is taken both in prison and by community services and civil society so that individual hardship, family suffering and threats to public health are reduced in the interests of society as a whole.

Prisoners need significant help and support because they are a particularly vulnerable group. For example, many come from deprived backgrounds, have poor educational and social skills and often have poor links with community health services. For many, imprisonment brings with it a stigma and prisoners are often regarded as 'unworthy' in the wider community. Prisoners may face discrimination due to having been a prisoner (i.e., criminal record) and due to the association of prison with drug use, violence and same-sex activities. Involving prisoners in the organisation of their throughcare requires sensitivity to overcome these prejudices and to address societal barriers and encouraging offenders *to want* to reintegrate and not to just 'get away' from having been in custody. Clearly, there are issues of self-confidence that need to be addressed and the introduction of throughcare programmes can help in this regard.

The toolkit is based on research carried out by the partners in the *Throughcare for Problematic Drug Users* project (henceforth the Throughcare Project)¹. The data that informs the toolkit comes from extensive literature analysis and experiences collected from various countries of Europe. It is, wherever possible, evidence-based but also takes full account of the principles made clear in the research, acknowledging core values in public health. The principles include the right to health, the right to equivalent health care and right to care within widely accepted principles of professional ethical conduct, such as confidentiality. Values such as equity and social justice underlie a public-health approach to health and wellbeing care in prisons.

The research drew particular attention to: (a) the importance of services and plans being based on the individual needs of prisoners; (b) the continuing need to provide good and accessible information to prisoners; and (c) the essential need for collaboration both within prisons and between prison and the community.

Throughcare is, for the purposes of this toolkit, taken to mean all the services and support that can be made available to those in compulsory detention to improve their health, their educational and social skills and their mental health resilience so that they have a better chance of resettling into a crime-free satisfying life once back in the community.

The Throughcare Toolkit

The toolkit is divided into six main sections.

¹ The project was funded by the European Commission Directorate-General Justice and involved partners from Germany, Italy, Romania, Bulgaria, Estonia and the United Kingdom.

Section 1: Key Elements of Throughcare

The first stage in developing and implementing throughcare provision is to identify what constitutes effective throughcare. This section outlines the key elements in throughcare and provides a theoretical basis upon which the following sections can be built.

Section 2: Needs Analysis

Services offered to prisoners often fail to take sufficient account of individual differences between offenders. This section explores ways of carrying out a comprehensive assessment of offenders' needs upon their arrival in prison at the start of what should be a continuing process involving a range of staff.

Section 3: Working collaboratively

One of the key principles of throughcare is that different organisations need to work together. In practice, there is only limited collaboration between prisons and external organisations. This section explores ways of encouraging collaborative working practices. It is important to identify the key people involved with throughcare in both prison and the community.

Section 4: Information needs of Prisoners

Research has identified a need for providing effective information for prisoners about what is available to them (MacDonald *et al.*, 2008). This section explores the information needs of prisoners and the different ways of delivering information.

Section 5: Training Staff

The research from the Throughcare Project has identified a need for staff training in throughcare delivery. This section explores the training needs of prison staff and approaches to delivering an effective training course.

Section 6: Evaluating throughcare

The toolkit aims to assist practitioners in evaluating the throughcare systems they have implemented. This means not only monitoring how effectively these services have in fact operated but also improving what is provided.

Evaluation is important because it offers an opportunity for reflecting on experience and improving practice. When it is carried out effectively, it is a practical, useful and empowering tool for everyone concerned. It is also important to provide evidence of good practice and to increase sustainability of programmes and projects.

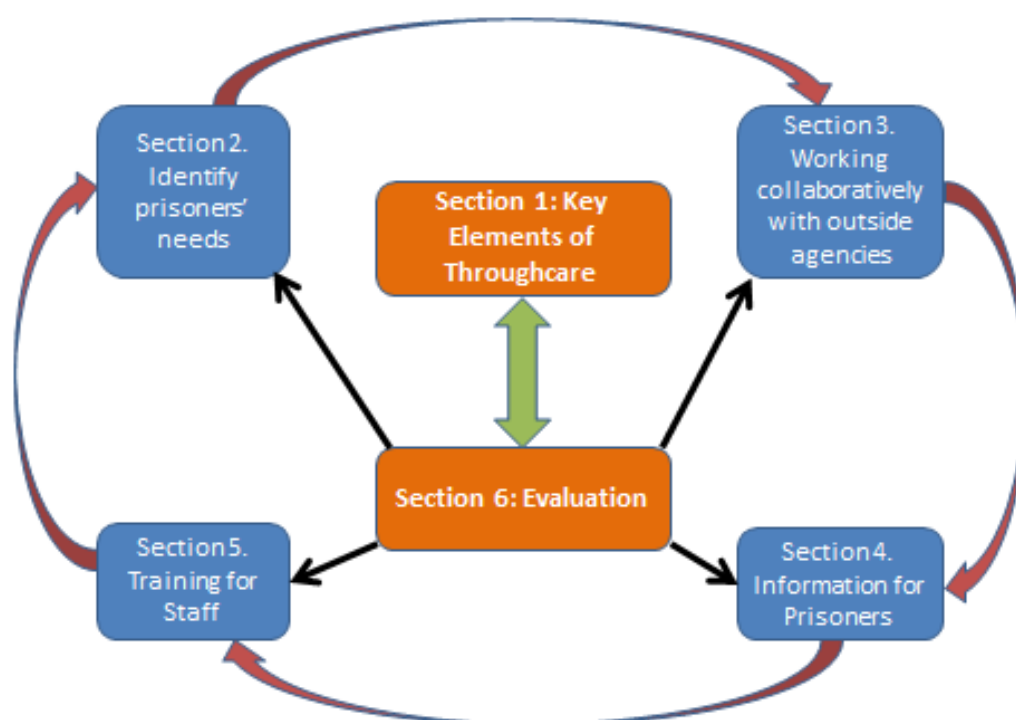
How to use this toolkit

This toolkit has been designed to help you develop, implement and evaluate effective, joined-up throughcare provision for prisoners. It covers everything including: understanding the fundamentals of what throughcare means; how to carry out a needs assessment; how to work collaboratively; providing information to prisoners; training staff; and, finally, developing an effective evaluation tool.

This toolkit is not meant to be the property of one department but used by all organisations that should be engaged in the delivery of throughcare, such as the prison service, probation service, NGOs, health services and many other organisations and agencies. One of the principles of throughcare is that it is a coordinated, multi-agency collaboration.

You can choose to dip into the guide to find specific information or you can work through it methodically. As outlined in Diagram 1 below, implementing throughcare cannot be seen as a step-by-step process. As the diagram shows, section1: *Key Elements of Throughcare* and Section 6: *Evaluation*, are central to the process of developing throughcare provision and need to be considered at all stages in the process of development.

Diagram 1: Using the Throughcare Toolkit

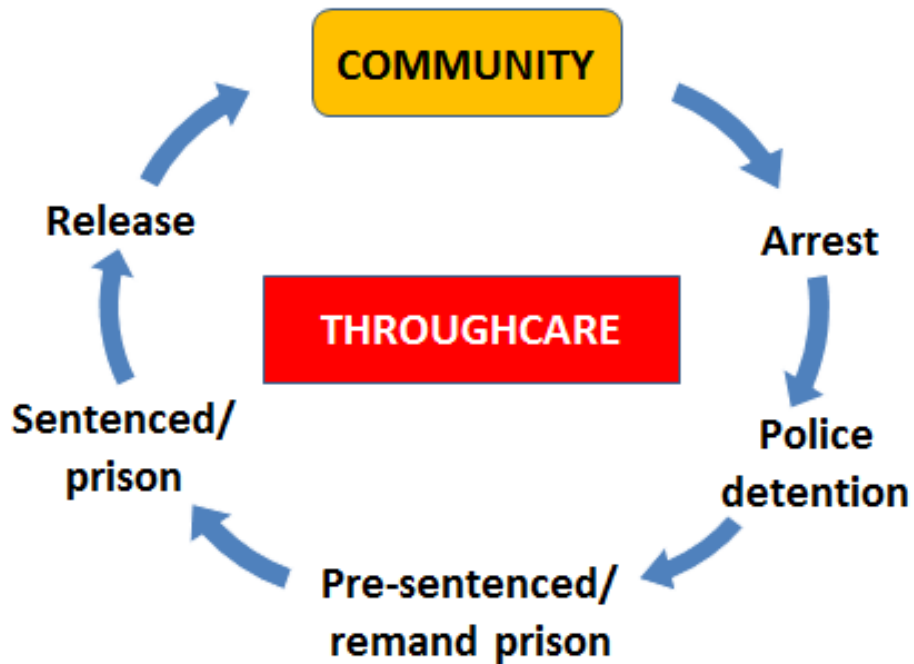


What is 'throughcare'?

Throughcare has been defined as the smooth transition of prisoners from prison to the community. The principle idea is that offenders experience a coordinated and smooth progression of care (Møller *et al.*, 2007; Sainsbury Centre, 2008). The services are primarily concerned to assist prisoners to prepare for release, to help them settle in the community and prevent reoffending.

Throughcare is defined as the continuous, co-ordinated and integrated management of offenders from the offender's first point of contact with correctional services to their successful reintegration into the community and completion of their legal order (Clay 2002: 41; see Diagram 2 below). It is important to note however that not all services provided within prisons have been introduced as part of a throughcare package; many services, such as continuity of care, are provided as part of good medical or nursing practice, which is viewed as important as part of a decent and modern prison service. It should also be noted that staff in prisons have a key role in helping to build the competencies that prisoners will need upon release.

Diagram 2: Throughcare process



Rationale for producing the toolkit

This toolkit is necessary because the failure to ensure a smooth transition from prison to community can be detrimental to the health and wellbeing of the prisoners and their families. For prisoners with problematic drug use, this can even have fatal consequences. Effective throughcare can benefit prisoners, their families and communities by facilitating safe resettlement and reducing the likelihood of re-offending. It can also reduce the negative effects on community health. For example, if good treatment of serious communicable diseases has been achieved in prison, these diseases are less likely to be conveyed back into the community.

The toolkit is also necessary because the development and provision of throughcare requires the collaboration of several agencies and professions, where lack of joined-up working has been common practice for some time.

Cost effectiveness

The high cost of keeping an individual in prison has long been well known. In the UK, in 2002:

A re-offending ex-prisoner is likely to be responsible for crime costing the criminal justice system an average of £65,000. Prolific offenders will cost even more. When re-offending leads to a further prison sentence, the costs soar. The average cost of a prison sentence imposed at a crown court is roughly £30,500, made up of court and other legal costs. The costs of actually keeping prisoners within prison vary significantly but average at £37,500 per year (SEU, 2002).

The cost effectiveness of initiatives aimed at reducing recidivism, however, is often difficult to gauge. Some work has explored the cost effectiveness of interventions to reduce recidivism and found real economic value in such activities. For example, the

New Economics Foundation (2008) found that in the UK, for every pound (1.14 Euros) invested, it was calculated that £14 (16 Euros) of social value is generated to women, their children, victims and society generally over ten years. The Matrix Knowledge Group (2009) found that:

Diversion from custody to community orders via changes in sentencing guidelines is likely to produce a lifetime cost saving to society of more than £12 million (£1,032 per offender). The costs of changing sentencing guidelines are likely to be paid back within three years of implementation.

However, there remains little research into the cost effectiveness of throughcare provision. There are some suggestions that throughcare can be cost effective and some researchers have found that specific throughcare initiatives have been 'cost effective' over the years (Tombs, 2004). For example, Currie (1993), almost twenty years ago, found that supported work programmes for problematic drug users were successful in getting people into stable jobs.

Impact on recidivism

According to the United Nations Office on Drugs and Crime (UNODC) (2008) report:

Recidivism and relapse rates for released prisoners who have participated in prison drug treatment programmes are slightly lower than for control groups that have received no treatment at all. However prisoners who complete both in-prison treatment programmes *and* who attend residential aftercare programmes have significantly lower rates of drug use and re-arrest.

Good throughcare provision therefore has the potential to:

- help reduce the costs of maintaining individuals in prison and assist in turning prisoners into productive members of society;
- be beneficial in reducing the number of victims of crime;
- reduce the risks of crime to the offenders themselves and their families;
- be cost effective;
- have a major impact on recidivism.

Individualised care

This toolkit is based on a general principle that throughcare is about individualised care. This means that good throughcare provision is developed on the assumption that each prisoner has particular, individual needs that are different from those of others. Prisoners are all different. They may be from a range of ages, young to old; male or female; they might have disabilities or specific health issues; they will all have different family or cultural backgrounds.

Throughcare provision, therefore, needs to be tailored to the needs of individual prisoners. Throughcare services must be aimed at the individual prisoner and not simply at treating the problem: the most effective throughcare is that which is suited to the individual offender rather than a standard 'one size fits all' approach.

Target Groups

There are several stakeholder groups that would benefit from this toolkit. These include:

1. Politicians and policy makers;
2. Prison and NGO staff;
- 3 Local healthcare officials;
4. Prisoners.

1. Politicians and policymakers

For politicians and policy makers, the toolkit will be useful because throughcare is of value both socially and economically as it is arguably more cost effective than the cost of financing prisons. Economically, throughcare helps to reduce the number of people who might otherwise re-offend, costing the state less. At the same time, effective throughcare can help offenders become contributors to the economy. Socially, throughcare is valuable because it helps ex-offenders become less of a social problem.

2. Prison and NGO staff

Although the constraints facing prison and NGO staff are different, the toolkit is valuable because it helps them to develop systems that work to provide a more holistic service that meets the needs of prisoners. Evaluated projects demonstrate what is effective and what is not, what works and what does not.

3. Local healthcare staff and practitioners

The toolkit would be useful to local healthcare officials because it would help them to identify ways of working collaboratively with others in the field, enabling scarce resources to be shared more effectively.

4. Prisoners

For prisoners, the toolkit will be of particular value in developing processes that are suited to their needs rather than what is thought to be good for them. This will be achieved by engaging them directly with processes that are aimed to help them. The toolkit will provide a way of empowering people who are often disempowered, enabling prisoners to take control of their own lives.

Further Reading

Baldry, E. (2007). 'Throughcare: Making the policy a reality: the throughcare context in Australia'. University of New South Wales.

Online: http://www.sydneyshive.org/Throughcare_policy.pdf [Accessed 12/11/2011]

Centre for Mental Health (2010). *Beyond the Gate: Securing employment for offenders with mental health problems*. Briefing 42. London: Centre for Mental Health.

Evaluation Trust, The (2007). *Measuring Outcomes Toolkit*. Gloucester Children's Fund. Online: <http://www.evaluationtrust.org/tools/toolkit> [Accessed 06/05/2011].

Field, G. (1998). *Continuity of Offender Treatment for Substance Abuse Disorders from Institution to Community*. Rockville, MD: US Department of Health and Human Services.

Finnegan, L., Whitehurst, D. and Deaton, S. (2010). *Models of Mentoring for Inclusion and Employment*. London: ESF MOMIE and Centre for Economic and Social Inclusion. Online: http://www.eoef.org/uimages/File/Models%20of%20Mentoring%20for%20Inclusion%20and%20Employment_%20A%20review%20of%20exisitng%20evidence.pdf [Accessed 12/10/2011].

Fox, A., Khan, L., Briggs, D., Rees-Jones, N. Thompson, Z. and Owens, J. (2005). *Throughcare and Aftercare: Approaches and promising practice in service delivery for clients released from prison or leaving residential rehabilitation*. Home Office Online Report 01/05. London: Home Office.

Glasgow City Council (2011). 'Throughcare Services'. *Living in Glasgow*. Online: http://www.glasgow.gov.uk/en/Residents/Care_Support/CriminalJustice/Throughcare/ [Accessed 12/10/2011].

HM Prison Service (2011). 'Resettlement'. *Advice and Support*. Online: <http://www.justice.gov.uk/guidance/prison-probation-and-rehabilitation/before-after-release/resettlement.htm> [Accessed 12/10/11]

Lewis, S., Vennard, J., Maguire, M., Raynor, P., Vanstone, M., Raybould, S. and Rix, A. (2003). *The Resettlement of Short-term Prisoners: An evaluation of seven Pathfinders*. RDS Occasional Paper No. 83. London: Home Office. Online: <http://rds.homeoffice.gov.uk/rds/pdfs2/occ83pathfinders.pdf> [Accessed 21/02/2011].

McAllister, D., Bottomley, K. and Liebling, A. (1992). *From Custody to Community: Throughcare for young offenders*. Aldershot: Avebury.

McSweeney, T., Turnbull, P.J. and Hough, M. (2008), *The Treatment and Supervision of Drug-dependent Offenders: A review of the literature prepared for the UK Drug Policy Commission*. London: Institute for Criminal Policy Research, King's College.

Park, G. and Ward, S. (2009). *Through The Gates — Improving the effectiveness of prison discharge: first half-year evaluation, August 2008 to January 2009*. St Giles Trust. Online: [http://www.hlg.org.uk/getattachment/f9237acc-2b3f-4b0c-b93d-147891152402/Homelessness-Code-of-Guidance-\(2\).aspx](http://www.hlg.org.uk/getattachment/f9237acc-2b3f-4b0c-b93d-147891152402/Homelessness-Code-of-Guidance-(2).aspx) [Accessed 23/02/2011].

Scottish Government (2011). *National Objectives for Social Work Services in the Criminal Justice System: Standards — Throughcare: the Scottish Government*. Online: <http://www.scotland.gov.uk/Publications/2004/12/20473/49295> [Accessed 12/10/2011].

Scottish Throughcare & Aftercare Forum (2006). *How Good is Your Throughcare and Aftercare Service?* Glasgow: Scottish Throughcare & Aftercare Forum.

United Nations Office on Drugs and Crime (UNODC) (2003). *Peer to Peer: Using peer to peer strategies in drug abuse prevention*. New York: United Nations. Online: http://www.unodc.org/pdf/youthnet/handbook_peer_english.pdf [Accessed 14/10/2011].

Webster, R. (2004). *Assessing the Aftercare and Throughcare Needs of Drug and Alcohol Misusers in Havering: A draft report*. July 2004. Havering London Borough.

Section 1: Key elements of throughcare

Introduction

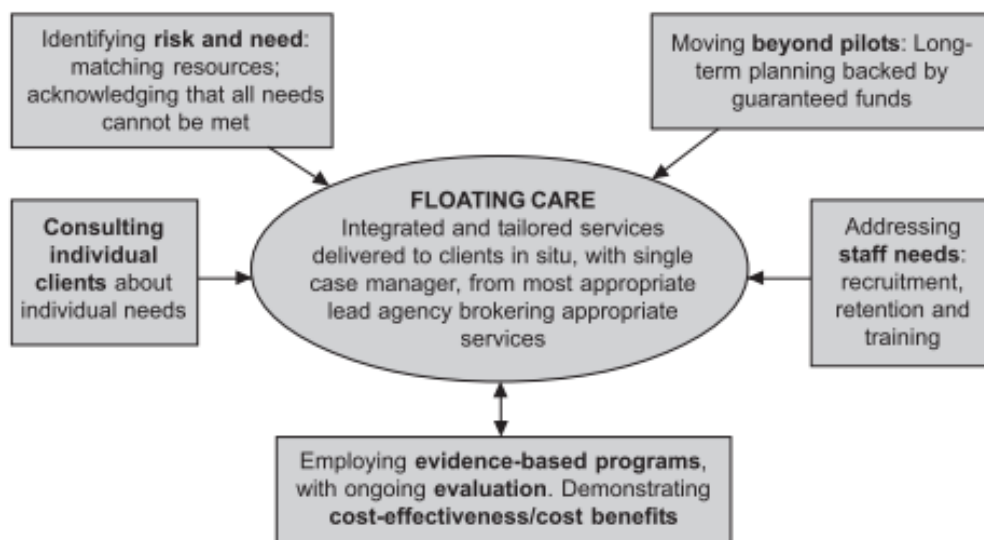
Most of the definitions, discussed previously, show that throughcare is a complex collection of interacting elements and not just a single discrete process of treatment for a specific issue. Throughcare includes access to additional support for issues that may include mental health, general health, housing, managing personal finance, family problems, learning new skills and gaining employment.

The research carried out for this toolkit indicates that there is often a lack of activities to address prisoners' real needs, which focus, in particular, on social adaptation, accommodation and employment (partner research reports and literature reviews). It is generally recognised that successful throughcare will involve a combination of service providers and interventions (Fox *et al.*, 2005).

A holistic approach

Prisoners, by default, have multiple and complex needs and mono-problem services are thus of very limited use: they need multiple inputs that are integrated (Durcan, 2008). Therefore, an approach that takes a holistic view of the needs of prisoners and ex-prisoners, which includes support with health, finding housing, skill development, employment, finances and re-building family relationships, will have a higher probability of success (Diagram 1).

Diagram 1: A model of throughcare service delivery to prisoners and ex-prisoners



SOURCE: Borzycki and Baldry (2003)

Structure of Section 1

This section highlights the key elements of throughcare and provides examples of good practice. For throughcare services to be successful, it is essential that each agency and institution has a clear division of tasks and is working with a shared goal in mind.

Four areas have been identified as the key elements of a successful throughcare service:

- a. *Health.* Many ex-prisoners often have a range of health issues, in particular, problematic drug use and mental health issues;
- b. *Family.* Many prisoners experience issues relating to their families yet research shows that family support is vital to the success of prisoner re-integration;
- c. *Finance and Housing.* Ex-prisoners often come out of prison with no money, significant debts, nowhere to live and a poor understanding of what help they can receive;
- d. *Employment.* Ex-prisoners need work to give them a sense of purpose and provide stability in their lives.

Health

Research conducted by the partners involved with this project indicates that some prisoners thought that the services to which they have access in the community are unsatisfactory and some prisoners access drug services for the first time when they enter prison (see Text Box 1.1).

The general health of prisoners, particularly the high incidence of smoking, alcohol use, problematic drug use and not being registered with a GP is now well known.

In some cases, prison can be the point where medical services start and the process of throughcare begins. For those in substitution treatment, or other medical treatment, continuity of care is of the utmost importance (see Text Box 1.2).

Social and psychological support after release is also important. Prisoners often have multiple health issues, whereas the services provided in prison are designed to address only single issues and tend to work in isolation from each other.

The result can often be a piecemeal, untailored response, based on what happens to be available in that particular prison or area, rather than what the prisoner needs to tackle his or her offending behavior (SEU, 2002:8)

Prisoners who have been interviewed for this project often feel that there is a need for a more 'joined up' approach to service provision¹.

Mental health issues

Many of the community organisations that were interviewed during the partner research felt that mental health is not 'adequately dealt with' and there is often a lack of expertise in recognising and supporting mental health issues or knowing where to refer individuals.

The mental health needs of female offenders, particularly emotional damage (abusive or sexual relationships), low aspirations or substance abuse, were mentioned as common characteristics.

Text Box 1.1

'This is the first time I feel to be taken seriously in prison. Whenever I have a problem, either personnel or juridical, I can go to the staff in the therapeutic community and they will help. They treat me humanely in here.' (Male focus group, Prison 2. Partner Research Report, Germany)

Text Box 1.2

'I was in the methadone programme before prison. It was no problem to continue that this time — but this was the first time I could go on.' (Male focus group, Prison 1. Partner Research Report, Germany)

¹ <http://www.throughcare.eu/links.html>

It is generally recognised that offenders' mental health issues are more effectively addressed when there is strong partnership working between local mental health teams, mental health team workers within the criminal justice system and other prison staff (see Good Practice Example 1.1).

Good practice example 1.1: Association of Varna Organizations for Drug Prevention (AVODP), Bulgaria [Bulgarian NGO]

Established in 2000 and re-registered in 2009 as a non-governmental organisation and civil association, the aim of AVODP is 'To prevent drug use/abuse and its adverse consequences by establishment of an effective network of state, municipal and non-governmental organisations.' The main objectives of the organisation are:

- to increase the awareness of the community on all aspects of drug use, drug dependence and related harms;
- to provide the stakeholders with reliable data and information on drug use tendency;
- to provide effective services for problematic drug users and groups at risk, which include offenders, ethnic minorities and women;
- to increase the knowledge of stakeholders on good policies and practices for tackling drug use and the adverse consequences of drug use;
- to contribute to effective institutional cooperation.

AVODP aims to achieve continuity in the treatment available to drug-using prisoners and the delivery, in a prison setting, of services that meet the real needs of problematic drug user (PDU) offenders and which are equivalent to those available in the community.

AVODP, together with prison staff, deliver drug services in the prison and act as mediators between the prison and community-based services. Representatives of AVODP, in cooperation with prison staff, are involved in the process of needs assessment, service delivery and referral for PDU offenders. This cooperation results in PDU offenders achieving an easier transition from prison to society. Services that AVODP deliver in prison include: counselling; group and individual therapy; training; needs assessment; referral; and education.

This effective partnership was facilitated by the establishment of a network of all stakeholders with a horizontal management structure. The philosophy of the network is that 'we work with people, not with institutions'.

A key first step towards all staff becoming aware of offenders' mental health issues and engaged in their support is the delivery of cross-regional training to all staff working with offenders.

It is essential that prisoners are comprehensively assessed upon their admission to prison. An early needs assessment and planning of respective measures is recognised to be a vital first stage of effective throughcare.

Throughcare: The Role of Families

Countries differ in the efforts made by the prison system to keep prisoners in touch with their families. Research carried out over the last decade has highlighted the lack of any serious consideration of the role of families in the throughcare process (Mills, 2005). Recent

research and experience indicates that stable family relationships and other community links can be key factors in effective resettlement and reducing re-offending (NOMS, 2009). There is enormous potential in using families as part of the resettlement process but also significant risks (see Good Practice Example 1.2).

Good practice example 1.2: UK Drug Strategy, 2008.

The UK Government's national drug strategy outlines a whole-family approach, which intervenes to meet the needs of the entire family, involves the family in the planning and process of treatment, extends family interventions and introduces support for parents with problematic drug use to gain access to drug treatment. (NOMS, 2009)

Potential role of families

Families have a potentially significant and positive role in helping ex-prisoners to resettle effectively. Family members may give ex-prisoners practical support by providing accommodation and employment or can be instrumental in helping them to find a place to stay or a job. It is recognised that families can help members who have been in prison to resettle into the community and to break the 'cycle of drug misuse' (NOMS, 2008a).

Social bonds such as family relationships can also provide the incentive and pressure to change and provide offenders with a stake in the community. Families can be useful in building up ex-prisoners' self-confidence and help motivate them to lead a law-abiding life (Mills, 2005).

Much less is known about the actual social and psychological support that families can offer during the resettlement process. Some studies have shown that families can be important providers of advice and guidance to prisoners, helping them to settle back into the community and encouraging a sense of responsibility. Families can also be instrumental in persuading ex-prisoners to accept help or guidance from organisations such as probation. Potentially, then, the impact of agencies may be greater if families are more involved in the offender management process (Garland *et al.*, 2001).

Issues facing prisoners' families

The influence of families on prisoners will, however, depend upon the strength of the bond between them. Expecting families to play a significant role in resettlement and desistance (i.e., to cease offending) does have various unwelcome implications and may place families who are already experiencing considerable social and financial difficulties under further pressure.

Some families may engage in criminal activity and are therefore unlikely to promote effective resettlement and desistance. For many women,

experience of violence and sexual abuse has occurred in the family context. In such circumstances, the family cannot be viewed as having a positive influence (see Text Box 1.3).

Additionally, not all families welcome the prospect of the release of a family member who has been imprisoned, particularly if that person has committed some kind of crime against them in the past (HMIPP, 2001). In some cases, families may fear that they will be held

Text Box 1.3

'It is harder for women as many are in abusive relationships and often don't have money to get to appointments that have been made by the prison and a lot are working in the sex trade forced to do it by their husbands/partners. The abusive partner often doesn't want them to be off drugs or to get better. ... The number of women who come into the prison, who are homeless is incredible. Some say they don't want a regular home – a lot of them are heavy drinkers.' (Head of Health Care, Scotland. Partner Research Report, UK).

responsible or blamed if a prisoner fails to 'go straight', because they were unable to exert effective pressure.

Need for support

Even when they are in a position to be supportive, families receive little assistance in their role in resettlement. They are often excluded from the sentence planning process, even though prisoners may wish them to be involved (NOMS, 2008; Murray, 2003) (See Good Practice Example 1.3).

Good practice example 1.3: Family Links, NIACRO, Northern Ireland (NIACRO, 2011) [UK NGO]

Family Links is offered to the families of all prisoners in Northern Ireland. It provides both practical advice and emotional support in coping with what can be a lonely and difficult experience. Children especially can suffer real trauma.

Family Links staff contact each family within 24 hours of receiving a referral from Probation Board for Northern Ireland (PBNI) staff based within the prisons. If family members want to take up the offer, they will be given an information pack and, depending on what they need, they can have:

- One-to-one on-going support for adults, children and young people.
- Telephone support.
- Home visits.
- Information on other agencies that can offer help and how to access them.
- Advice and information on benefits, housing, debt etc.
- Transport to any of the three prisons in Northern Ireland.
- Help with childcare.
- Links to visitors' centres and prison-visit staff.

In 2010–11 Family Links sent out 1130 information packs, made 705 home visits and on 1258 occasions put families in touch with other relevant sources of help and information.

The problems that can occur when prisoners return to their families, as relationships may have changed considerably, have long been known. Partners left at home often become stronger and more independent because they have been forced to cope on their own. Ex-prisoners can struggle to adjust to this change, particularly if it threatens their role as providers and protectors, and this may destabilise family relations and even lead to relationships ending, thereby reducing the chances of effective resettlement (Mills, 2005).

Some voluntary sector groups give families assistance to prepare them for release, as they appear to appreciate the difficulties of readjustment and will support families after, as well as during, the imprisonment of a relative (Codd, 2009). It has been suggested that such support should be available to more prisoners' families (ExOCOP, 2011).

Distance from home

A further issue that is faced by many families with relatives in prison is that offenders are often incarcerated many miles from home. For example, in a survey of prisoners in the West

Midlands region of England, the majority (66%) of prisoners who did not receive a visit from their families claimed that this was due to the distance from home to the prison (NOMS, 2009, p. 30).

Some countries are beginning to address this issue. For example, in the Netherlands, the municipalities are beginning to take responsibility for prisoners from their own regions. In this model, offenders from the municipality will be incarcerated in local prisons to enable continuity of links with the community.

Finance and Housing

It is generally recognised (Hucklesby and Hagley-Dickinson, 2007) that access to appropriate accommodation upon release is of the utmost importance. It has also been observed that while most prisoners would prefer to live independently, assisted living can be more appropriate, especially when the individual is using drugs or undergoing substitution treatment.

Prisoners on remand and those with short sentences have indicated that they are not offered enough help to find accommodation. Prisoners with long sentences frequently refer to the difficulties of going on home leave and the temptation to drink alcohol. Some prisoners expressed unease about being placed in hostels after release as this can lead to a return to drug use: the presence of other residents who were involved in drug dealing in the hostel, for example, can make it difficult for ex-prisoners to remain drug free (see Text Boxes 1.4, 1.5).

A key element in helping ex-prisoners to integrate is the provision of effective support in developing independent living skills and maintaining tenancy. It is also essential that consistent 'through-the-gate' support is provided for ALL prisoners without settled accommodation.

Different services can be combined as a 'one-stop' service. For example, the provision of accommodation can be combined with an education/ training offer. Similarly, the potential for job search activities as part of a package provided by housing providers needs to be explored. The particular needs of women could be addressed through the provision of more and varied accommodation services (see Good Practice Example 1.4).

Text Box 1.4

'Housing is a big issue for us as if you don't have housing then you can't get home leave. So you need to find a hostel to take you. It is not good to be in a hostel as you see drugs and alcohol all the time and it makes it hard to keep to the conditions of home leave.' (Focus Group, Male sentenced prisoners. Partner Research Report, UK)

Text Box 1.5

'... "You have to wait for 6 weeks for benefits and if you have no one to support you then you go back to prison..." Benefit support was the only option for most of those we spoke to and all reported difficulties in getting registered and in receiving payments and several reported having returned to offending to meet the short-fall.' (Focus Group, Centre for Mental Health. Partner Research Report, UK)

Good practice example 1.4: The Heantun Housing Association (West Midlands, United Kingdom) [UK Charity]

The Heantun Housing Association in partnership with the local Multi-Agency Public Protection Arrangements (MAPPA) in Staffordshire, provides an intensive floating support scheme for high risk of harm offenders. This provides additional support and surveillance through regular home visits with excellent feedback to individual offender managers. Funding is from the probation service and the Stoke on Trent and Staffordshire Supporting People budgets. (Department for Communities and Local Government, 2008, pp. 40–

Some key post-release activities that contribute to successful throughcare can be identified:

1. Individually tailored case management, following on from risk-assessment using reliable tools and incorporating the prisoner's input.
2. Case (sentence) plan development outlining programmes and access to services as soon as possible following prison reception.
3. Brokerage of services from organisations best equipped to provide services, while also recognising that some key organisations may not have the critical mass necessary to operate viably within a brokerage system, and generic service providers may not be adequately skilled to deal with this population.
4. A demarcation of staff responsible for supervision from the staff responsible for social and other support.
5. An understanding that individuals may easily become overwhelmed if confronted with a range of reporting requirements following release.
6. A definition of service success beyond reduced recidivism, incorporating small gains and progress rather than only re-offending.
7. A genuine engagement by a worker with the individual ex-prisoner (Borzycki and Baldry, 2003).

Employment

Gaining employment upon release has been identified as a primary concern of many prisoners. It is recognised by staff and prisoners that a daily structure and going to work everyday are essential in achieving successful social reintegration (see Text Box 1.6).

Finding a job after imprisonment is especially hard for prisoners who have served long-term imprisonment (a period normally defined as longer than five years) because there is widespread unwillingness amongst employers to employ an ex-prisoner. Prisoners too, often have negative perceptions of employers. Furthermore, time spent in prison can have a negative effect on individuals' job skills.

Additional problems can arise from a lack of job opportunities upon release, including the difficulty in obtaining benefits when they are needed. In turn, lack of money can push newly released prisoners into further criminal activity.

Text Box 1.6

'The big thing for us is when you get out of prison and then you find that there is no work for us. Most of us are going to end up without a job and getting work is the most important thing to help us resettle in the community. We do CVs and that in the prison but that is it. We do go on some work placements.' (Focus Group, Male Sentenced Prison. Partner Research Report, UK)

There is also a need to engage offenders, as a group and as individuals, in the process of developing their own employability skills. Potential activities might include:

- providing an early intervention programme that allows prisoners to reflect on their own needs and to fully engage in the process of change;
- setting up prisoner forums to capture their 'voice' in designing learning and support programmes;
- providing intensive one-to-one support at critical times to maintain motivation and momentum.

Cooperation

A crucial prerequisite for successful throughcare services is cooperation between different agencies and institutions and the coordination of work between them. Social services and job agencies have to be effectively involved in the process if former problematic drug users and ex-prisoners are to successfully reintegrate back into society (see Good Practice Example 1.5).

Good practice example 1.5: Work Wise, Netherlands [Dutch NGO]

The Dutch initiative, **Work Wise**, brought together fourteen custodial institutions. With a strong emphasis on partnership across organisations; with a focus on the individual needs, requirements and capacities of the prisoner; and close linkages between the respective tasks of each agency Work Wise has achieved significant success. Work Wise worked with the prisoners to ensure that they followed and completed a training course, found and held onto jobs and also found safe and permanent places to live. Every prisoner participating in Work Wise received his or her own individual employment counsellor to guide them through the programme. It linked work-related activity to wider social activity so that attention was also paid to building up and maintaining a positive social network for the offender to fall back on.

More than 2,000 offenders participated in the scheme in 2005, with the number rising to 2,810 in 2006. A sample survey of 200 offenders was conducted three or six months after they had left the institution in 2006. This found that three-quarters of the interviewees were engaged in work, in education or both while more than 96% had a safe place to live. In 2007 the partners decided to mainstream this model as the standard route for offenders in the participating judicial institutions and youth welfare organisations.

Work Wise adopts a comprehensive approach. Irma van der Veen of Work-Wise says 'all of our Dutch projects plan for resettlement that takes account of the world out there and covers housing, employment, finances, health, social environment and even sports and hobbies'. (**Work-Wise, 2007**)

Links also need to be developed with national employers in order to encourage them to make a commitment to take on (ex-) offenders for work experience or employment. In the United Kingdom, for example, links have been made with employers in several regions: the prisons work closely with the employers to provide genuine work skills and in some cases employment (see Good Practice Example 1.6).

More locally, employers sometimes offer employment opportunities to ex-prisoners.

At the UK Low Newton women's prison, several external companies have offered employment opportunities to ex-prisoners (Independent Monitoring Board, 2010:14).

Good practice example 1.6: Timpson Shoe Repair [UK Business]

Timpson are providing very practical support to ex-offenders, working closely with a number of prisons. Not only do we actively recruit ex-offenders to work for us, we have also set up a full-time training facility at HMP Liverpool and HMP Wandsworth in London. Timpson staff train prisoners in a prison workshop environment. (Timpson, 2011)

Further reading

Barnsley Council (2011). *Throughcare for young offenders*. Online: <http://www.barnsley.gov.uk/through-care-for-young-offenders> [Accessed 14/10/11].

Pugh, G. (2010). *Children's Centres and Prison Links*. Ipswich: Ormiston Children and Families Trust. Online: <http://www.clinks.org/assets/files/Ormiston%20Trust%20Children%20Centres.pdf> [Accessed 14/10/11].

Scottish Prison Service (2010). *SPS Strategy Framework for the Management of Women Offenders in Custody*. Online: <http://www.sps.gov.uk/Publications/Publication187.aspx> [Accessed 14/10/11]

Scottish Prison Service (2004). *Supporting Safer Stronger Communities: Scotland's Criminal Justice Plan*. Online: <http://www.scotland.gov.uk/Publications/2004/12/20345/47602> [Accessed 14/10/11]

United Nations Office on Drugs and Crime (UNODC) (2009). *Handbook on Prisoners with Special Needs*. Vienna. Online: <http://www.unodc.org/documents/justice-and-prison-reform/Prisoners-with-special-needs.pdf> [Accessed 4/11/11].

Next Steps

The above sections have provided an introduction to the key elements of throughcare. All of the elements described are essential to the development of a seamless throughcare provision. Partner research has indicated that the development of throughcare processes is at various stages in different countries; reference should be made to the above to determine which elements require implementation or greater emphasis in your country.

The following checklist will assist in the process of determining which elements of your throughcare provision require attention.

Checklist: Key elements in an effective Throughcare system

Indicators for Employment best practice

- a) There is a variety of services available that meet these identified needs.
- b) There is co-ordination and cooperation between different agencies and institutions.
- c) Social services and employment agencies are effectively involved in the process of offender management.
- d) Offenders have access to a specialist employment support that finds the employers (often creating bespoke jobs) and supports both employer and employee.

Indicators for Health best practice

- a) Partnership working with local mental health teams have been established.
- b) Opioid substitution therapy treatment has been established.
- c) Mental health services are expanded and integrated within the prison context.
- d) Cross-regional training for all staff working with offenders is delivered to raise awareness of health issues (particularly mental health).
- e) A comprehensive needs assessment upon admission to prison has been developed.

Indicators for Finance and Housing best practice

- a) Consistent 'through-the-gate' support is provided for ALL offenders without settled accommodation.
- b) Support is provided for developing independent living skills and maintaining tenancy.
- c) An education/ training offer has been developed as part of the accommodation services.
- d) The potential for job-search activities to be delivered by housing providers is being explored.
- e) The particular needs of women are addressed through the provision of more and different accommodation services.

Indicators for Family Reintegration best practice

- a) Families are involved in the sentence planning process.
- b) Families are supported during the imprisonment of a relative.
- c) Families are consulted and fully prepared for an imminent release.
- d) Prisoners are fully prepared for a return to their families. Particular attention is paid to difficulties they might face due to the changing nature of relationships within the family unit.

Section 2: Needs assessment

Introduction

In planning and delivering any effective service, it is crucial to understand the needs of the clients. A needs assessment is therefore an important first step in developing a throughcare service.

Prisoners generally have a range of specific and acute mental and physical needs that relate to their backgrounds and the nature of prison itself. Prisoners tend to come from deprived backgrounds and to have low educational and social skills, poor health and little, if any, employment record. Prisons themselves vary hugely in character, category and in the facilities they provide and this can affect the development and wellbeing of those held within them.

Research carried out as part of this project indicates that prisoners are often treated as a homogeneous group. The reality is that each prisoner is an individual with a unique background, life experiences and resultant set of needs. This section identifies methods of assessing those needs in order to target throughcare services appropriately and set objectives for evaluating the effectiveness of the services provided.

Although the aim is to have a single, comprehensive, assessment process, it may be useful to look first at health needs and then at other needs.

Health needs assessment

All prisons in Europe have a prison health care service. International regulations widely accepted require States to provide health care in prisons that is generally equivalent in range and quality to what is available to the public in the general community. (Details of the human rights and other international regulations, the principles that underpin prison health and progress that is being made in Europe can be found at: www.euro.who.int/prisons See also HMP Peterborough, 2006; Weilandt and Greifinger, 2010.) The standard minimum rules for the treatment of prisoners will not be repeated here but the following paragraph is based on what they contain.

Every prisoner should be seen by a professional at the time of reception to the prison and by a doctor soon after admission to prison. A first assessment of each prisoner will consider the immediate aspects of their needs, including any infectious disease, threats to themselves or others, any medical treatment they are receiving and their mental state in general terms. Subsequently, a more detailed assessment should be done of their medical condition, their medical history, their need for specialist investigation or treatment and the essential parts of a care plan where immediate action is necessary. While the health care team will undertake these assessments, it may be necessary for them to call for further assessment by specialists from a number of disciplines, such as dentistry, psychology, optometry and pharmacy.

Other needs

While screening for health conditions is undertaken in many prisons, the assessment of other needs may need further development because prisoners are often from marginalised sections of the community, are homeless, poor, out of work and often have mental health, drug and alcohol issues. Many prisoners have led chaotic lives involving little contact with health or social services. Most have more than one serious and unresolved medical issue. A comprehensive needs assessment requires the combined efforts of several professional

staff both within and outside the prison. In many prisons, the educational needs of prisoners will be measured as well as their learning difficulties, if any. An idea of their social skills, their abilities to cope with the everyday challenges of prison life will emerge over time through staff observation.

Incorporating a comprehensive needs assessment into throughcare takes time. As a result, a case conference approach may be effective. This is where those staff who have had daily or professional contact with an individual prisoner can pool their knowledge to decide what treatment should be provided. This chapter concentrates on assessment of needs at the individual level. For prison population health needs assessment, see Marshall *et al.* (2000).

Risk assessment

It is important, therefore, to assess if prisoners are at risk of reoffending and the risk they pose to the public. This is known as 'risk assessment' and a number of tools have been developed for this purpose.

Good Practice Example 2.1 describes OASys, commonly used in the UK for assessing adult prisoners.

Good Practice Example 2.1: OASys, United Kingdom

OASys (Offender Assessment System) is a series of computer-based forms broken down into twelve different areas that examine factors that can predict the likelihood of offenders being re-convicted and the risk of harm they pose to the public. These include:

offending history, current offence, social and economic factors:

- access to accommodation, education, training and employability;
- financial management and income;
- lifestyle and associates;
- relationships, drug and/or alcohol misuse.

personal factors:

- thinking and behaviour;
- attitude towards offending and supervision;
- emotional factors such as anxiety or depression.

The OASys document scores offenders on both their risk of re-offending and the factors that have contributed to their criminal behaviour. These can include lack of a job or a home, or a problem like drug or alcohol abuse. Generally, the higher the total score on the OASys assessment, the higher the individual's risk of re-conviction and/or risk of harm to the public.

An OASys assessment will generally be carried out at the stage that a pre-sentence report is produced with further assessments conducted periodically throughout the sentence (whether in custody or in the community) and at the end of a sentence when the offender might be on licence. OASys is designed to enable a properly trained and qualified individual, often a probation officer, to:

- Assess how likely an offender is to re-offend;
- Identify and classify offending-related needs, including basic personality characteristics and cognitive behavioural problems;
- Assess risk of serious harm, risks to the individual and other risks, e.g. to the public at large;
- Assist with the management of risk of harm;
- Link the assessment to the supervision or sentence plan;
- Indicate the need for further specialist assessments or intervention.

Some issues have been identified with the OASys. One difficulty is that the individuals administering OASys might not interpret the information given in the same way, i.e. the information is capable of being interpreted and scored subjectively. An additional problem is that risk assessment is not an exact science and this can result in an inconsistent approach (Insidetime, 2009).

Additionally, research has indicated that 'attention should be paid to whether offenders have realistic perceptions of their own likelihood of re-offending and the links between criminogenic problems and offending' (Moore, 2009).

It should be noted that the research above addressed the self-assessment questionnaire element of the OASys rather than the practitioner interview. However, it does indicate that the OASys is not a perfect measure of potential risk and that care should be exercised in its administration.

Good practice example 2.2, *Asset*, is commonly used in the assessment of young people in detention in the UK.

Good practice example 2.2: *Asset*, United Kingdom: Young Offender Assessment Profile

In the UK, a tool has been devised for use with young offenders, which is similar to the OASys. *Asset* is a structured assessment tool to be used by Young Offender Teams in England and Wales on all young offenders who come into contact with the criminal justice system.

It aims to look at the young person's offence or offences and identify a multitude of factors or circumstances, ranging from lack of educational attainment to mental health problems, that may have contributed to such behaviour.

The information gathered from *Asset* can be used to inform court reports so that appropriate intervention programmes can be drawn up. It will also highlight any particular needs or difficulties the young person has, so that these may also be addressed. *Asset* will also help to measure changes in needs and risk of reoffending over time. (Youth Justice Board, 2011)

Involving the prisoner

The research carried out by the Throughcare Project indicates that prisoners' perceptions are seldom used in the development of their own throughcare programme. The research also indicates that prisoners are often aware of their own specific needs.

The main aims of a throughcare programme are to build up confidence, to motivate participation and even to promote a feeling of partnership between individual prisoners and those providing help. Therefore, it is important that good communication is established and maintained with each prisoner involved in the programme.

This will take some time, particularly because trust must be built up. This in turn will depend on a perception by the prisoner that their personal needs are the main driving force in the plans being made.

Getting prisoners to self-assess can be a useful starting point. If you do not have a self-assessment tool in place, the questions to be found in Figure 1 below could form the basis of an effective questionnaire.

Figure 1: A self-assessment questionnaire

Do you need any help to complete this form?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
---	--	-----------------------------	------------------------------

	Are any of these a problem for you? (please tick box)	No	Yes	Is this problem linked to your offending?	
1	Finding a good place to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Understanding other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Keeping to my plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Dealing with people in authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Mixing with bad company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Being bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Being lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Going to places which cause me trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Taking drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	Drinking too much alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Losing my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	Doing things on the spur of the moment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	Repeating the same mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	Getting violent when annoyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Reading, writing, spelling and numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	Getting qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	Getting a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Keeping a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Managing money, dealing with debts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Getting on with my husband/wife/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Looking after my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	Worrying about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	Making good decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	Feeling depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	Feeling stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	Not having a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	Do you think you are likely to offend in the future?				
		<input type="checkbox"/> Definitely not	<input type="checkbox"/> Unlikely	<input type="checkbox"/> Quite likely	<input type="checkbox"/> Very likely
Why do you think this?					

SOURCE: OASys self-assessment questionnaire in Debidin (2009:274).

Needs assessment into individual plans

A crucial stage has to be reached when the needs of an individual are pulled together along with options available for meeting the identified needs. There are some essential preliminary decisions to be made first; they include:

- Prison management must agree that assessment and throughcare plans are worthwhile and important in the running of the prison, within the prison's objectives and ethos.
- The key people concerned must agree to share information and to work together. At a minimum, this would include: a member of the health team; a selected member of the prison staff with day-to-day contact with the prisoner and willing to accept an important role in the assessment process; an informed and cooperative prisoner with at least some motivation to accept help.
- A method of communication with the people outside prison who could report on the position regarding the family of the prisoner; for example, a member of the local social services department willing to contact colleagues elsewhere in the country.
- Agreement at senior level that these people would collaborate in the assessment process.

Although this may appear simple and easy to achieve, it can, in reality, be quite challenging.

Prisoners with special needs

Some groups of offenders are particularly vulnerable and have special needs. Individual care plans must meet their needs.

Women

Women prisoners usually have greater and more complex needs than their male counterparts and these require special consideration. For example, women prisoners often have family care responsibilities, being sole carer for children or elderly relatives. Many women prisoners will also have had traumatic experiences in their lives pre-custody, which can greatly influence their confidence and resilience. If these are not recognised, and remain untreated or handled insensitively, then imprisonment can have considerable and continuing added problems affecting their ability to gain from throughcare assistance. Another difficulty they face is that they are in a small minority in a prison system geared for the majority, which are male prisoners. A good account of their difficulties is contained in Van den Bergh *et al.* (2011). Recent work in developing checklists for women's health in prisons gives a detailed indication of how their special needs can be assessed and met. (See www.euro.who.int/prisons)

Elderly prisoners

Increasingly, prisons are facing a growth in the number of elderly prisoners. This is the fastest growing group within the prison system. In the United Kingdom, during the period 1990–2004, there was a 216% increase in the number of prisoners over the age of 60. In the UK in 2009, 8% of prisoners were over the age of 60 (Ministry of Justice, 2010:160).

With age comes a range of further issues that need addressing by prison staff. Particular issues include physical and cognitive impairment and these have an impact on the ways in which elderly prisoners react to prison life. For example, common requirements such as climbing on or off beds, dropping to the floor for alarms, standing for the head count and

getting to the dining hall for meals may pose a physical challenge for elderly prisoners. Sensory impairments may make hearing orders from staff difficult (Williams, 2011).

Elderly prisoners have distinctive, distressing and often unmet psychosocial needs. Developing issues such as dementia may affect elderly prisoners' ability to recognise or remember individual staff or their own cells (See Text Box 2.1).

Elderly prisoners often pose the lowest risk of recidivism on release and they are particularly vulnerable to social challenges such as poor employability and homelessness. They often return to unsafe neighbourhoods in poor health; they are often institutionalised once released after a long incarceration (Williams, 2011).

Text Box 2.1

'He forgets his medications; he loses his way to his cell. He doesn't recall staff names or faces, forgets that he is in prison. He gets into fights because he ends up in the wrong cell. He is unsafe and needs more care.' (Prison Officer, cited in Williams, 2011)

Foreign nationals

In most prison systems in Europe, a high proportion of prisoners are non-nationals, often due to drugs-linked crime. They have obvious language barriers, which it is not easy for prison staff to address, but also have very different cultural beliefs of which many prison staff may be unaware. It is, therefore, possible that non-nationals will feel that little attempt is made in prisons to understand their needs. As migration is now recognised as a public health problem in Europe, further work on assessing the needs of non-nationals and how best to assist their throughcare is necessary. Discharge arrangements can be complicated if the prisoner is an illegal immigrant. The particular issues as regards non-nationals should feature in the training plans related to throughcare outlined in Section 5 of this Toolkit.

Sympathetic targeting

An approach that targets specific groups of prisoners has potential disadvantages, however. A focus on particular groups can lead to a feeling amongst others that their needs are being ignored (see Text Box 2.2).

Text Box 2.2

'[One] participant... observes that drug treatment, once in prison, is most usually focussed on opiate users and not on the needs of crack-cocaine users.' (Partner Research Report, United Kingdom)

Prisoners with Mental health difficulties

Most prisoners with serious mental ill-health will have been diverted into psychiatric facilities. However, some with less severe but still challenging mental health conditions, which require skilled assessment, treatment and care, remain in prisons. In some prison systems, special mental health teams are providing in-reach services to help with such prisoners and these teams can provide the needs assessment and participate in throughcare planning. This is where coordinated approaches with community services are essential. The whole subject of mental health in the criminal justice system must feature in the training of all staff in prisons.

Prisoners with more than one problem

It is an unfortunate fact that many prisoners have what is called co-morbidity, namely more than one condition or illness complicating their care and making their needs assessment all the more important. Some examples are within the prison health team's responsibilities,

including such serious infections as HIV with substance abuse and addictions. As with throughcare needs in general, however, all prison staff should be aware of what the health team are doing and why, as care and preparation for discharge has to be a whole-prison activity. This raises issues of confidentiality that need to be borne in mind (see Section 1).

Short-Term Prisoners

Recent research in the UK (Bradley, 2009; Brooker *et al.*, 2009) agrees that the provision of support services to prisoners who are sentenced to a term of less than twelve months is more problematic than provision for prisoners serving longer sentences. In particular, research has indicated that assessment is not translated into action and that there is not always a systematic mechanism for support to be accessed. Much of this may be the result of rushed needs assessment that is more about fulfilling tariffs than addressing real needs. (See Text Box 2.3).

Text Box 2.3

'Prisoners can often be 'disinclined to identify vulnerabilities within the prison environment [while] staff undertaking screenings can appear rushed and uncaring, and prisoners were concerned around exposing themselves to bullying.' (Anderson and Cairns, 2011:6)

Short term prisoners often experience particularly chaotic lifestyles, have problematic drug and alcohol use and serious mental health issues.

There are issues with many of the systems currently used to assess the needs of short-term prisoners. The mental health element, for example, has been criticised for being too brief and often lacks any element to address learning difficulties. Screening processes are often fragmented and there 'appear to be limited or inadequate processes for the systematic transfer of information between agencies within the prison if needs are identified that fall outside the scope of the agency undertaking the assessment' (Anderson and Cairns, 2011).

Above all, Anderson and Cairns advise that, in the case of short-term prisoners, it is important to make the best use of the limited time available, address immediate problems and maintain existing support, build motivation, self-esteem, confidence and re-engagement and signpost prisoners to external organisations.

One approach is to encourage self-help through the use of manuals such as that described in Good Practice Example 2.3 below:

Good Practice Example 2.3: Self Help Manuals

The Dutch self-help manual, entitled *Stoppen met criminaliteit, Werkboek voor (ex)gedetineerden* (Nelissen and Schreurs, 2011) addresses the needs of short-term prisoners. The manual is based on the principle of empowering the prisoners to identify and change their offending behaviour. The manual has been adopted by the Modernization Program of the Dutch prison system as one of the tools for promoting the process of personal reform of detainees in cooperation with their mentoring prison officer.

The first part of the book offers detainees a guide to cognitive transformation, which enables them to explore how far they are open to change and to choose to change. The second part of the book invites the client to engage as soon as possible in a process of active change and experiencing success. The third part of the book prepares for solution-focused coping with worst-case scenarios in conditions or environments of adversity.

The manual targets all detainees especially those with short prison sentences. The prisoner can read the book by themselves or with a member of the prison staff, probation officers, coaches, case managers and volunteers.

Ten key steps in needs assessment

The following key steps bring together many of the points outlined above.

1. Establish with prisoner what their perceived throughcare needs are. When this assessment is carried out will depend on whether the prisoner has a short or longer term sentence.
2. At reception or at the prisoner's arrival at prison: the reception staff while providing information about the prison, its rules and its services, will establish if there are immediate concerns troubling the prisoner; an example with women may be about what arrangements have been made for their children to be looked after.
3. At reception, immediate health needs assessment: do they have the medicines they require, are they a threat to themselves or others?
4. As soon as is possible, a full health needs assessment with the completion of the agreed medical screening form and some attempt at establishing information about medical history.
5. As soon as prisoner is more settled, say after two weeks or so, educational needs should be assessed, work skills if any noted; check on maintenance of family contacts.
6. A case conference should be held so that results of the above assessments can be considered and programme of activities prepared.
7. Establish system for regular checks on progress being made with programme.
8. After a few months, hold a further case conference.
9. Produce a throughcare directory, from services and NGOs in the community.
10. About six months from expected date of discharge, hold a special case conference with representatives of social services, community health, housing and relevant NGOs to start programme for preparation for discharge.

Further reading

Cavanagh, S. and Chadwick, K. (2005). *Health Development Agency: Health needs assessment*. Online: http://www.nice.org.uk/media/150/35/Health_Needs_Assessment_A_Practical_Guide.pdf [Accessed 12/10/2011].

Revolving Doors Agency (2011). *Revolving Door Prisoners—What Works?* Online: <http://www.revolving-doors.org.uk/documents/revolving-door-prisoners-what-works/> [Accessed 12/10/11].

Stevens, A. and Raftery, J. (Eds.) (1994). *Healthcare Needs Assessment: The epidemiologically based needs assessment reviews*. Oxford: Radcliffe Medical Press.

Tombs, J. (2004). 'Throughcare: A Process of Change'. *Criminal Justice Social Work Briefing Paper 7*. Online: http://www.cjsw.ac.uk/cjsw/files/Briefing%20Paper%207_final.pdf [Accessed 12/10/11]

Next Steps

The above sections and examples illustrate the range of options available to establish an effective needs-assessment process. Partner research has indicated that the development of throughcare processes is at various stages in different countries and reference should be made to the above to determine which elements require implementation or greater emphasis in your country. The following checklist will help you to assess the effectiveness of your current needs assessment and which elements require attention.

Checklist: Indicators for an effective needs assessment

Effective needs assessment is possible if the following quality criteria are met.

- a) Prison management agree that throughcare plans are worthwhile and important.
- b) Key people have agreed to work together and share information.
- c) A clear assessment programme is in place.
- d) The assessment programme examines educational needs, coping strategies and social skills as well as health needs.
- e) A case-conference approach has been adopted that involves staff who have duty and/or professional contact with prisoners.
- f) Risk-assessment tools are used to assess the risk of re-offending and potential risk to the public.
- g) Prisoners are involved in the development of their throughcare planning.
- h) A clear means of communication with prisoners' families outside the prison has been established.
- i) A throughcare directory of services and NGOs in the community has been produced.

Section 3: Throughcare networking: collaboration between prisons and other organisations

Introduction

One of the most powerful instruments in providing successful throughcare services is effective cooperation and networking between prison services and external organisations that support reintegration of former prisoners/offenders. These include non-governmental organisations (NGOs), governmental organisations and social welfare organisations. The research carried out as part of the Throughcare Project (qualitative interviews with stakeholders within prisons, NGOs working in partnership with prisons and prisoners – see www.throughcare.eu) highlighted that in most of the countries involved, NGOs have no systematic access to prisons. Clearly, in many cases, this is a result of understandable security concerns. Access, therefore, mainly depends on the goodwill and initiatives of stakeholders within the prison system. In the prison services, treatment and post-release services are often not perceived as being part of the same continuum. There is, therefore, a need to further develop and improve collaboration and structured networking between prison systems and NGOs and other community organisations.

Networking between ‘in’ and ‘out’ of prison services has obvious benefits including:

- having more impact as a group than as individual organisations;
- learning from others in an interdisciplinary team;
- giving and gaining personal support;
- identifying new opportunities;
- sharing information and experiences;
- having a forum for debate;
- avoiding that one issue is picked up by different organisations/parallel handling of cases;
- improving cost-effectiveness.

Collaboration and transparent case management

The research carried out as part of the Throughcare Project indicated that cooperation between the prisons and external organisations (both governmental and non-governmental) is perceived as the ideal context for the management of effective throughcare. Cases should be treated systematically and be recorded transparently so that they can be traced to avoid insufficient care and duplication. Cooperation should, ideally, involve all parties operating outside prison that have a role in offender management, such as the prosecution service, police, courts, probation service, prisons, governmental and NGOs. What needs to be emphasised however, is that the individual rights and wishes of the prisoner and his/her right to confidentiality should always be respected when introducing or extending programmes.

Cooperation with NGOs

NGOs are organisations that are:

- Formally or informally organised around shared purposes;
- Non-governmental and so not part of the state apparatus;

- Self-governing rather than externally controlled;
- Voluntary, both in the sense of being non-compulsory and in the sense of voluntary involvement in their governance and operations;
- Primarily humanitarian or cooperative rather than commercial in their objectives (United Nations Environment Programme, 2003);
- Often innovative in nature;
- Flexible with the ability to try out new ideas and offer innovative services.

NGOs may run parallel activities; they may play oppositional roles; or they may represent weaker members of society, organising them to become more influential in decision making and resource allocation. This 'civil society' function entails moving from a 'supply side' approach, concentrating on project delivery, to a 'demand side' emphasis, helping communities articulate their concerns and participate in development processes (Clark, 1995).

NGOs can play an important role in throughcare provision for prisoners. In most cases, NGOs work in narrow, focused areas and this enables them to reach individual prisoners in their own situations. These organisations identify problems, raise issues at national or international level, provide services and advocate, facilitate, initiate and implement change.

Cooperation with NGOs in the prison setting is challenging because it combines two very different systems: the prison (a closed, restrictive system) and NGOs (which often have a flexible, open, informal type of organisational structure).

Current cooperation between NGOs and prisons varies across Europe due to legal and cultural differences between member states. In each country, therefore, the possibilities for cooperative activity will vary and the extent and type of cooperation must be matched to the situation (Wiegand, Weilandt, MacDonald *et al.*, 2010). NGOs vary in a range of ways, such as their mission, strategic planning, size, area of work, number of employees and professional experience. Each prison or region should therefore establish a framework for cooperation, which can take advantage of the opportunities provided by NGOs in tackling challenges related to throughcare.

NGOs and Prisons working together

There is a widespread lack of throughcare for prisoners, especially for those with problematic drug use, at the time of release. NGOs can play a vital role in filling this gap. Co-operation between prisons and NGOs does not occur automatically; rather there needs to be an investment of time and training. Prison staff need to engage proactively with external agencies and be clear about what they want from such agencies at the planning stages of any potential collaboration. Prison services should commit to embedding short-term projects implemented by NGOs into the prison structure. However, NGOs need to be aware of how prisons work and be prepared to adapt their services accordingly.

Networking objectives

The key aims of collaboration are to respect the prisoners' own needs and wishes and enable them to attain the support they need to re-integrate into society.

The main efforts to achieve this goal are:

1. to promote collaborative interventions;
2. to promote inclusive interventions;
3. to promote inter-sectoral cooperation;
4. to ensure that interventions can be justified to all parties and the greater public.

It is vital to focus resources (local, state, federal and private) more efficiently on achieving these objectives.

Networking activities that bring together different agencies need to have clear objectives and these must be formulated and agreed by all parties involved. However, aims and objectives need to be formulated and linked to activities and responsibilities.

Additionally, institutional arrangements, administrative structures, financial terms and technical matters need to be defined. It should also be remembered that prison staff often have accountability for the prisoners in their charge and this should be respected by any collaborating agency. Such responsibilities can also act as a barrier to collaboration and should not be viewed by external organisations as an unwillingness to co-operate. Rather, the two parties should negotiate a collaboration that satisfies the requirements of all concerned.

Subject areas for cooperation and networking

Networking can only be effective if all parties agree on subject areas that are of relevance. Those subject areas should be linked to the key problems facing prisoners, such as:

- qualifications and work;
- housing;
- finances/debts;
- drugs and other relevant health issues;
- migration, integration, diversity management;
- family/children;
- attitudes and behaviour;
- coping with custody and criminal career;
- cross-cutting issues like gender mainstreaming.

Arranging Throughcare: beginning to cooperate

Establishing and maintaining an effective working relationship is a complex task, involving the sharing of values, effective communication, clarity about the specific roles and responsibilities of partners, as well as the appropriate lines of decision taking. Communication and information sharing are essential aspects of a trusting and effective working relationship (See Text Box, 3.1). Therefore, the following criteria should be met:

Text Box 3.1

'The ideal is when all involved parties sit together and talk together on how to proceed. That's what we do in our case conferences.'
(Partner Research Report, Germany)

- appoint an official liaison person for each organisation;
- draft a memorandum of understanding;
- organise information sharing/feedback workshops on a regular basis.

There are many different possible approaches to start the process of cooperation between prisons and external organisations. One example is to **organise a discussion with community organisations on throughcare**. The aims of this dialogue can be to:

- identify areas of common interest for prisons and external organisations;
- raise awareness amongst prison staff of external organisations and the potential benefits of cooperation with them;

- develop cooperation skills to allow prisons to involve external organisations in the throughcare process.

During this discussion, all parties involved should be given the opportunity to present themselves, their mission, their core values, their areas of competence, their services and strategies, their resources and their actual or possible contribution to the throughcare process. Prisons should prepare information about how external organisations can help with any throughcare activities in the prison or region and about what representatives of NGOs should know before coming to the prison to deliver services, information and training.

This dialogue should be followed up in different ways. One step might be to compile a **Throughcare Directory**, in which all relevant regional counselling services and support structures are listed (such as descriptions of services and useful contacts). It is important that any such directory should be updated on a regular basis. The directory might be used by prison staff as a source of information when looking for specific services for prisoners on release.

The dialogue can also be the starting point for a more structured and formalised working relationship between prisons and NGOs.

Examples of good practice

The following examples of good practice are from Germany and illustrate ways in which cooperative working can be achieved.

In the first example, NGOs were invited to reflect on different ways in which cooperation can be developed (Example of Good Practice 3.1).

Example of Good Practice 3.1: The Berlin Throughcare Model

In November 2009, the Berlin Senate Administration for Justice invited NGOs, which are active in different throughcare initiatives in different Berlin prisons, to come together for a kick-off meeting. The aim of this meeting was to strengthen networking between prisons and external organisations related to several throughcare objectives. The main aim of the meeting was to discuss the following questions.

- What could be the main characteristics of a network that supports prisoners on release?
- How could networking bring additional value to the activities of the single players?
- How can each partner contribute to the network?

All NGOs had the opportunity to present their activities and to discuss their respective expectations on future networking. Furthermore, in their workshops the participants discussed the specific networking objectives for male and female prisoners and young offenders.

This kick-off meeting was the starting point of the so called Berlin Throughcare model (Passage (undated) online: <http://www.passage-berlin.eu/cms/index.php>). The model is based on four pillars:

- network management;
- capacity building and human resource development;
- emphasis on skill development;
- gender and diversity management.

The second activity is an example of how a number of different agencies and NGOs work together to provide effective throughcare for offenders (Example of Good Practice 3.2).

Example of Good Practice 3.2: Bremen Entlassungsvorbereitung (EVP)

In the city of Bremen (Northern Germany), The Entlassungsvorbereitung (EVB) (Hoppenbank E.V (undated), online: <http://www.hoppenbank.info/16.html>) has been implemented. The EVB is a cooperative venture between Bremen prison, representatives of local authorities, NGOs (Hoppenbank, Verein Bremische Straffälligenbetreuung; both NGOs work with ex-prisoners) and the drug rehabilitation/treatment centre (comeback). Within the EVB pool, further cooperation agreements exist with the probation service and a socio-psychiatric treatment centre in Bremen. The EVP is a pool of organisations whose support can be drawn upon when prisoners are about to be released.

All relevant information and data on individual prisoners are forwarded to the EVB six months before their release in order to assess the assistance that is required. Assistance is provided through the EVB relating to social, mental and physical issues, social reintegration and reintegration into the labour market. This includes assistance for drug dependent prisoners in finding adequate counseling and treatment and also assistance relating to requests for 'Therapy instead of Penalty'.

The specific objective of the EVB pool is to support individual prisoners during the months before release, at the point of release and during the period after release. As a result, prisoners are allocated a case manager from the EVB pool who is responsible for their support in this period of their lives. To ensure that the continuation of this service, the coordinator of the EBV moved its office into Bremen prison in order to be better informed and more involved in the process.

Furthermore, directly situated in the open, accessible part of Bremen prison, the so-called 'centre of competence' has been established as part of the EVB pool. The centre of competence is responsible for prisoners as well as ex-prisoners and combines training and job-generating measures, debt counseling, drug counseling and further services.

The centre of competence is also responsible for assisting prisoners and ex-prisoners in their return to the labour market. It also helps ex-prisoners find adequate jobs for the period after imprisonment, establishes contact to peer-group mediators that assist ex-prisoners in the period immediately after release and helps prisoners and ex-prisoners in applying for possible jobs. As part of the EVP concept, assistance continues after the ex-prisoner has successfully found employment. Whilst individuals are still in prison, the centre of competence creates a profile for them relating to their qualifications and possible employment, as well as checking what documents (such as application files) are necessary.

Concepts similar to the EVB also exist in other regions of Germany. In Baden-Württemberg, for example, the NGO "Projekt Chance" (see website: <http://www.projekt-chance.de/?willkommen,34>) accompanies young prisoners before, during and after their release. Each juvenile detainee is accompanied by either full-time employed staff or volunteers of the project who establish contacts to relevant service providers.

Further reading

Global Development Research Centre (2011). *The NGO Café: The WWW virtual library on Non-Governmental Organisations*. Online: <http://www.gdrc.org/ngo/index.html>, [Accessed 17/10/2011].

World Bank (1995). *Working with NGOs A Practical Guide to Operational Collaboration between the World Bank and Non-Governmental Organizations*. Operations Policy Department, World Bank. Online: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/1995/03/01/000009265_3961219103437/Rendered/PDF/multi_page.pdf [Accessed 17/10/2011].

Next Steps

The above sections and examples illustrate the range of options available to establish effective collaborations and partnerships. Partner research has indicated that the development of throughcare processes is at various stages in different countries and reference should be made to the above to determine which elements require implementation or greater emphasis in your country.

The following checklist will assist in the process of determining which elements you need to prioritise to establish effective cooperation and collaboration.

Checklist: Preparing for effective cooperation

Effective throughcare networking is possible if the following quality criteria are met.

- a) Common goals are defined and agreed between partners.
- b) A co-ordinating body is agreed by all actors.
- c) Roles, responsibilities and tasks of all actors are clearly defined.
- d) Quality standards are defined.
- a) Transparency, trust and relationship are guiding principles.
- b) Individual case management is established (e.g., interdisciplinary case conferences).
- c) There are clear procedures on communication, information and data sharing and data protection.
- d) There are clear and sustainable funding structures.
- e) All services are individual and locally or regionally oriented.
- f) On-going evaluation is an integral part of the networking process (see section 6).

Section 4: Providing information to prisoners

Introduction

The provision of effective throughcare services depends on connecting prisoners with the appropriate organisations. This, in turn, is dependent on the provision of effective information to prisoners at every stage of their journey through the criminal justice system and beyond (see Text Box 4.1).

The importance of providing information to prisoners is now recognised at an international level:

the UNODC recently commented that ‘to support the throughcare package, prisoners should be able to easily access information about community services available to them post release’ (UNODC, 2008, p. 59).

This chapter explores the different aspects of delivering information to prisoners:

1. The type of information that needs to be provided;
2. How information is delivered;
3. Who delivers it.

One of the underlying principles of the toolkit is a commitment to a ‘participatory approach’ and consequently, the chapter discusses the need for regular feedback to stakeholders and the role of the prisoners themselves in delivering information. In many cases, prisons will already have information booklets available and the emphasis should, therefore, be on building and extending existing provision.

What kind of information should be provided?

Prisoners should be supplied with a range of information to help them find the right support for their needs (see Text Box 4.2). It can largely be categorised as ‘general’ and ‘specific’.

General information includes:

- aims and objectives of organisations and the services they provide;
- material designed to help prisoners identify where they can go for help;
- why they need to do so;
- how to get there.

Text Box 4.1

‘A great frustration reported by some prisoners was being referred from one service to another, and examples were given of disputes between services as to whose problem a prisoner was. Prisoners also complained of being repeatedly assessed and often the same questions being asked but the information never being shared or read.’ (The Centre for Mental Health, focus groups. Partner Research Report, UK).

Text Box 4.2

‘Prisoners would like to have more information material about where to get help after release: ‘A mere list with addresses and facilities, so that you know whom to address, that would be a lot. In other prisons I was in they had that.’ (Female focus group, Prison 1. Partner Research Report, Germany)

More specific information may include:

- lists of professionals;
- useful telephone numbers;
- the services every one of them provide;
- how each of them can help the client;
- how clients can access information;
- any cost implications.

It is vital that this information is kept up-to-date: all phone numbers, addresses and web links must be 'live'.

Format of information: how do we deliver the information to prisoners?

How we deliver the information affects its effectiveness as a tool. Information needs to be:

- easily understood by prisoners with a wide range of abilities;
- written in accessible language that meets the needs of all clients;
- focused on options open to clients both in prison (including services delivered by external organisations) and after release.

There are several ways in which information can be provided.

Textual leaflets or booklets

The simplest and easiest way of informing prisoners about services is through textual leaflets or small booklets, distributed around the prison. Such material contains all relevant information (see Text Box 4.3).

Text Box 4.3

'The prisoners suggested that a booklet should be available for those prisoners about to leave prison. The booklet should include clear and straightforward information on a range of topics that are likely to affect them. These might include issues such as social benefits and how to apply for them; how to find accommodation; the location and appropriateness of different counselling centres; the location of soup kitchens. The booklet might also provide answers to frequently asked questions about release and information about issues that they are likely to forget. Importantly, this may also include useful telephone numbers and addresses.' (**Partner Research Report, Estonia**)

However, it is important that leaflets are short, clear and are available in offenders' native language. They should enable prisoners to find what they need easily and quickly.

Easy-to-read leaflets

Text-based material can be problematic when prisoners have difficulty reading or are unable to read. Leaflets can therefore be more effective if they contain information presented graphically.

One effective way of communicating information is the use of cartoons. This is standard practice in the delivery of health messages to prisoners. In this case, health messages are delivered through comic-style leaflets and booklets (see Good Practice Example 4.1).

Good practice example 4.1: Blood-borne virus (BBV) information leaflet for young prisoners

To promote awareness of blood-borne viruses, and how to prevent and treat infection, the British Liver Trust, Health Protection Agency and Offender Health have collaborated to produce the first national BBV leaflet for prisons. Designed in a 'comic noir' style with bold graphics, the 4-page leaflet covers modes of BBV transmission, prevention and harm-reduction measures available in prisons including highlighting the availability of hepatitis B vaccination, disinfectant tablets, condoms, HIV, hepatitis B and hepatitis C testing and treatment. The leaflet was pre-tested in three establishments and was positively evaluated among prisoners as engaging, easy to understand and much better than traditional health leaflets. A young offender commented '*This is spot on*', while a prisoner at a local establishment thought '*The leaflet's good. You don't want to come to prison and go out with a life sentence i.e. HIV or hep B or hep C.*' (HPA Prison Infection Prevention Team, 2007a; HPA Prison Infection Prevention Team, 2007b)

Use existing prison information sources

Existing prison information sources are useful vehicles for informing prisoners about services. In particular, prison newsheets, newspapers, notice boards and prison radio could be used to broadcast information.

Face-to-face information

Face-to-face contact is an effective but more costly way of providing information. This may include individual counselling, peer-to-peer approaches and snowballing. The opportunity for prisoners to seek further advice or ask questions can enhance knowledge transfer and provide encouragement for them to learn more about a particular issue.

Innovative ways of providing information can include the use of drama, an approach that has been shown to be an effective way of changing prisoners' attitudes and increasing understanding of important messages (Badger and Clark, 2000).

Combining approaches

Arguably, the best approach is to use a combination of methods. The use of leaflets as the only method of information delivery is preferable when the provider does not have any access to the prisoners.

Periodically, focused information campaigns within the prison can be effective methods of informing prisoners about issues and support that is available. It is worth considering allowing NGOs inside the prison to provide information sessions about their services (see Text Box 4.4).

Text Box 4.4

'The community organisations would occasionally carry out informational days and give out leaflets but did not visit the prisons regularly. In one prison, Narcotics Anonymous (NA) were allowed to carry out regular self-help support groups but in another prison it was still considered as a security risk and therefore they were allowed only to perform informational days.' (Partner Research Report, Estonia)

Who delivers the information to prisoners?

Information needs to be delivered by as wide a range of people as possible and can include internal and external staff as well as the prisoners themselves.

Internal staff

Prison staff are important conduits for information. External experts (representatives of community-based services) are able both to provide up-to-date and reliable information and to gain the trust and attention of the prisoners.

It is important to include prison staff in discussions about the best ways to reach prisoners. This is because by doing so, they are included in an activity that concerns them as well as the prisoners (see Text Box 4.5).

The prison staff perspective is valuable because they are familiar with the particular issues relating to their own prisons and this helps in determining what will and will not work. A focus group with prison experts can be an effective method of capturing such information.

Text Box 4.5

'First of all it depends on the organisation, where the person gets methadone. They have or they can inform us that some person is coming to them and is getting methadone. I find out myself where the client is going and where he is getting treatment. This is my personal initiative. But, I don't get information from organisations. And they don't ask about us. There is nearly no system of relations at all. There are some attempts, some round tables, that we initiate.' (Partner Research Report, Estonia)

If prison staff are delivering the information, they need training on how to do it effectively. It is also important to take account of the capacity and experience of the organisation delivering the information.

External staff

Some prisoners say that they feel more comfortable when they receive information from external experts rather than from prison staff. In-prison counselling and provision of information is best provided by external agencies, which can coordinate treatment, support and contacts with offenders after release. To ensure effectiveness however, external staff, will also need to receive training about the prison environment.

It is also important to deliver information through 'cultural mediators' if prisoners are from different cultural groups such as migrants, ethnic minorities or refugees.

Peer-to-peer approaches: a participatory approach

In addition, it is important to use prisoners themselves, their families and friends, as conduits for informing their peers. Indeed, the value of using a peer-to-peer approach is increasingly recognised by researchers and practitioners as a means of engaging prisoners in their own rehabilitation. Offenders are more likely to listen to their peers because they can 'understand the context in which they operate, and can convey information in a way that they can understand' (Finnegan *et al.*, 2010, p. 10).

Feedback

One of the key elements in developing a strong network of institutions and agencies to meet the needs of drug users is to create an atmosphere of trust. Trust can be created by a strong culture of frequent, transparent and constructive feedback.

Feedback from prisoners can be collected through a range of methods and these must be chosen carefully and be appropriate to the situation. Questionnaires are formal tools for collecting feedback and can be used to gain a broad picture of stakeholder perspectives. However, less formal feedback includes focus groups or even individual comments, collected verbally or on paper.

Collecting feedback is only the first part of a process, however. It must be clearly demonstrated that feedback is listened to and acted upon: furthermore, information on such action must be fed back to the stakeholders. These parts of the process are often ignored or forgotten and evidence indicates that this is a cause of disillusion with feedback processes.

Contacts and networks

The identification of key contact people with responsibility for providing information on available facilities is vital to the smooth running of throughcare services (see Good Practice Example 4.2).

It is necessary to have a contact person in every prison and external organisation in order to establish an effective network. Those individuals who provide information about the organisations and services should develop close relationships with all institutions concerned. Experience indicates that in throughcare delivery, the development of personal working relationships is significant.

Prisoners need to participate actively in establishing their contacts and developing their relationships with the organisations. This means that prisoners must be made aware of the identity of their key contacts (See Text Box 4.6).

Good practice example 4.2: German Prison

For drug dependent prisoners, *Prison 1* provides information material and recommends that prisoners make contact with the drug counsellor. (Partner Research Report, Germany)

Text Box 4.6

'There is also a lack of information on the view of ex-prisoners with problematic drug use. Prisoners with problematic drug use are perceived mainly as a passive group but not as people who can be actively involved in the planning of the treatment process.' (Partner Research Report, Bulgaria)

Mediating information

All this has to be accompanied by a consideration for cultural differences and context. The use of particular approaches in one context may be inappropriate in another.

It is important to take account of the prison location, prisoners' ethnic and cultural origin, gender, family status, social and health status before and during imprisonment.

Those organisations that deliver such information are the mediators between the client and institutions. They design and direct the information flow to the clients.

Consent and participation in throughcare planning

The provision of information to prisoners is vital but it is also important that they are not the passive recipients of information. Providing information must be carried out with a participatory approach in mind. We have already discussed the value of peer-to-peer delivery of information but this goes further.

Consent

When identifying the needs of clients, designing treatment plans and referring them to particular programmes it should be done with their consent. Clients need to sign a written agreement that includes all the steps that will be followed by them.

Experience indicates that when they know beforehand exactly what process they will go through, step-by-step, clients are more willing and motivated to follow the plans they have agreed to.

Participation

Information is not only one way, it is important that professional staff not only provide information but also listen carefully to prisoners' views and accept their feelings and ideas. Professional staff should show prisoners that their aim is the prisoners' safety and well-being and staff should share their own views and feelings with prisoners.

Motivation for change and gaining consent are two very important prerequisites for effective and successful treatment process and recovery. Clients should feel that they have made their own choice and that the professionals are there to support and guide them.

Further reading

United Nations Office on Drugs and Crime (UNODC) (2003). *Peer to Peer: Using Peer to Peer Strategies in Drug Abuse Prevention*. New York: United Nations. Online: http://www.unodc.org/pdf/youthnet/handbook_peer_english.pdf [Accessed 17/11/2011].

Next Steps

The above sections and examples illustrate the range of options available to provide information to prisoners. Partner research has indicated that the development of throughcare processes is at various stages in different countries and reference should be made to the above to determine which elements require implementation or greater emphasis in your country.

The following checklist will assist in the process of determining which elements of your information provision require attention.

Checklist: Preparing Information for Prisoners

Objectives of providing information for prisoners

- a) An up-to-date overview on the nature and extent of problematic drug use, its adverse consequences and the service available in the area/region through the gathering of all relevant information from the organisations and services involved has been created and maintained.
- b) A community-based focus to problematic drug use has been created and an integrated cross-institution response at the local level has been strengthened and supported.
- c) Initiatives and networking arrangements for the exchange of information and experience with other organisations, as well as for dissemination of best practice have been put in place.
- d) The activities of our organisation have been co-ordinated with other relevant programmes and organisations.

Principles of providing effective information

- a) Trust has been created between provider and the recipient of information.
- b) Information for prisoners is accessible, up-to-date and easy to understand.
- c) The offender management team has identified the key issues for prisoners at the point of release.
- d) Feedback is shared between all stakeholders routinely.
- e) The individual needs of clients, cultural differences and context are taken into account in delivering information.
- f) Information to prisoners is non-discriminatory.
- g) A variety of methods are used in the delivery of information.
- h) Cultural mediators are used to deliver information to ethnic minorities, migrants and specific cultural groups.
- i) Information is concise and appropriate.
- j) Consideration is given to context and location of prisons concerned.

Section 5: Providing training for prison staff

Introduction

Training on throughcare is limited in many parts of Europe. Criminal justice professionals themselves argue that there are too few staff who have appropriate training in aspects of throughcare (see Text Box 5.1).

There are considerable variations in what training is available for prison staff. The project team identified that, in some of their countries, training that addressed

throughcare issues was not available. Training is about highlighting the many issues that face prisoners as they leave prison and re-enter the community. Programmes could be delivered more effectively if staff are aware of the key issues of implementing throughcare and the implications for the management of prisoners both in prison and after release.

Training should be made available for all staff who work within the prison environment and who are involved with the throughcare needs of prisoners. Training sessions should be available for a range of staff, including prison officers, prison medical staff and NGO staff. It is also important to promote the value of such training to management staff.

Prioritisation and commitment are important in facilitating joint working arrangements, specialist training and the ability of dedicated staff to pursue appropriate action (Burrows *et al.*, 2001). It might be beneficial, for example, for individual prisons to have dedicated employees responsible for throughcare training, awareness and co-ordination. This could help in identifying what training is available and necessary.

It is important to remember that the organisation of throughcare varies enormously as a result of differing national criminal justice systems. There are also important national differences in the way prison drug care is provided and the respective country's national drug strategy. Variations can also occur as a result of differences in health and community services¹.

Key elements in raising staff awareness

Defining throughcare is a vital first step in raising awareness of the issues surrounding its implementation. Although overall definitions are available, it is valuable to explore the variety of different definitions in order to develop a rounded view of the term. It is also important to explore the different terms that are often used as alternatives to, or elements in, throughcare as a first step in any training programme.

Text Box 5.1

'The specialists who were interviewed (both prison staff and representatives of community organisations) acknowledged that there should be a comprehensive approach and consistency in drug services but only a few mentioned having received training on throughcare issues.' (**Partner Research Report, Estonia**)

¹ The question of the stewardship of prison health is currently being investigated by the Health In Prisons Programme (HIPP); their findings might assist in the introduction of equitable services.

Exploring trends and statistics is a good way of raising staff awareness of the scale of the issues surrounding throughcare (see Text Box 5.2). Trend data should be used that is relevant to the country concerned, although overall European data is necessary to place the national situation in context.

Text Box 5.2

'We need more training on drug dependency and recent developments in treatment...Some colleagues have no idea what dependency is, what to do, etc...' (Social worker. Partner Research Report, Bulgaria)

Evidence collected for this project suggests that many criminal justice professionals are unaware of all the rights to which prisoners are entitled once they leave prison.

The first major issue that needs to be explored with staff is the scale and depth of the problem of drug use in prison. An awareness-raising training session in this area would explore drug use amongst certain groups and the influence of drug use on re-offending (See Text Box 5.3).

Text Box 5.3

'Although most specialists who were interviewed were qualified to work in their respective fields, only few of them had received any information about throughcare and aftercare in drug services.' (Partner Research Report, Estonia)

It is important that prison staff are aware of key elements in providing successful throughcare, these include:

- individual care plans that meet the needs of different target groups, e.g. women drug users;
- a nominated case worker;
- ease of access to services;
- self-help groups to provide added support;
- a balance between support and supervision;
- high quality services that have been evaluated;
- the need for co-operation between prison-based and community-based agencies and the importance of an effective case management system.

It is vital that collaborative partnerships are established between prison staff and external organisations. However, these relationships should be characterised by a sense of 'shared purpose and values'.

Staff need to be aware of the key debates and issues in current research on prisons and throughcare. These relate to:

- pre-sentenced (remand) prisoners;
- hard-to-reach groups;
- women;
- juveniles.

Designing a Training package: getting it right

A good training package needs an effective structure and to be based on firm principles. A variety of key principles are considered below.

Flexible structure

Most training packages are normally divided into a range of modules, comprising an introductory section, core sections and any additional modules, depending on needs. This basic structure can be applied effectively to any training activities relating to throughcare with criminal justice professionals.

Training packages should have a flexible structure, although based around core modules to ensure robustness. Additional modules should be designed to be used separately or in sequence according to the need of the professionals.

The most effective training packages use a variety of different media to present key messages. Most packages use core PowerPoint presentations, which summarise the most important aspects. Additionally, further information, including useful materials, should be provided to trainers.

Each module should be well structured. Modules should begin by specifying the target group, the time required for delivery of the module and a list of materials needed. The main objectives of the module and what is to be achieved should be outlined clearly. Knowledge, skills and behaviours that trainees should acquire should be listed in the targeted learning outcomes. Each module should include an introduction and a range of activities that can be used to achieve the respective objectives.

Relevance

It is also important to adapt the modules to the appropriate national context to include nationally focused resources, statistics and national information.

Principles of delivery

There are several general principles to be followed when delivering training. Facilitators:

- should respond to trainees' uncertainties and fears in an empathetic way;
- should listen carefully to participants' comments and views;
- should be patient and flexible, being able to adjust training to different levels of knowledge, understanding and experience whilst ensuring that the intended learning outcomes are met;
- should create a supportive and non-threatening atmosphere where trainees will be at ease and encouraged to ask questions;
- should demonstrate that they respect the experiences and qualifications of participants.

Training Environment

The training environment is important. The choice of venue for a course of training depends on various factors including financial resources and accessibility. The room where the training is held must be adequate in size and temperature and be light enough. Seating arrangements are also important and appropriate for the task. A lecture may be presented to a group sitting in rows facing forward or a horseshoe shape, but discussions are usually best in a circle. Informal settings are usually preferable.

Training modules should contain a variety of materials such as PowerPoint presentations, background information for the trainer and handouts. The modules should provide a selection of references to international resources on throughcare. The material should be adapted to suit specific national needs.

Ground rules

It is vital that general workshop rules are defined from the outset. When doing this, the specific background of the participants must always be taken into account. Whilst participants should be encouraged to express their opinion honestly, it is important that the group is non-judgemental. Participants should be encouraged to use non-pejorative expressions, such as using the expression 'drug user' or 'problem drug user' rather than 'drug addict'.

Confidentiality

It is important that the sharing of sensitive information by participants during sessions, should be treated confidentially. No specific examples given of intravenous drug users, drug injecting or drug hang-outs should be shared with external colleagues or organisations outside the training session. Failure to observe this protocol could result in fear or distrust, drive intravenous drug users underground and compromise harm-reduction strategies. If a training programme is to be delivered partially by intravenous drug users, consideration will need to be given as to whether they may need specific preparation or training to aid their contributions (WHO, 2004).

Teaching Methods

When conducting a training session, a variety of methods can be used. An interactive approach has greater advantages and impact than more passive approaches and participants should be encouraged to be actively involved. In some situations, it is useful to use comment cards that can be given to the facilitator at any time during the training session. This can facilitate the inclusion of less confident participants or help to answer questions that individuals do not dare to ask in front of the group. However, an interactive approach is more demanding for the trainers because they need to encourage discussion, participation and the sharing of views.

Collaborative training with external agencies

Individually, organisations often have limited resources for providing training (See Text Box 5.4). Collaborative working is one way in which resources can be shared effectively. External agencies can also be invited to provide sessions as part of a training programme.

To encourage an atmosphere of collaborative working, training events should be arranged that include participants from different agencies, such as probation, prison services and NGOs. It is important to be aware that training courses need to be adapted to suit the needs of the organisation (See Text Box 5.5)

Text Box 5.4

'NGOs do not have the capacity or trained staff able to deliver training and services.'
(Partner Research Report, Bulgaria)

Text Box 5.5

'All training and services delivered by external experts have to be adapted not only to the needs of prisoners with problematic drug use but also to the needs of the prison staff.'
(Partner Research Report, Bulgaria)

Evaluation

All training sessions need to be evaluated by participants. At the end of a training session, all participants should fill out a satisfaction survey form in order to help the facilitator to assess the participants' views on the effectiveness of the training. Satisfaction survey forms should be used to assess each module. These should be carefully analysed to inform the preparation of future training courses.

Preparing a training course: a checklist

One of the keys to providing a successful training programme depends on being prepared and this involves thinking in advance about what is required. It requires you to be familiar with your material but it also requires you to engage with the participants (see Good Practice Example 5.1).

Good practice example 5.1: Preparing and planning a training course – A checklist (Wiegand *et al.*, 2010)

The following are some points to consider when preparing and planning your training.

- Start on time
- Identify your audience and be aware of what they already know and what they expect to gain from the training.
- Set dates and times.
- Book a suitable room.
- Make sure the technical equipment can be used in the premises.
- Make sure directions are clear to everyone.
- Provide refreshments, snacks etc.
- Choose activities that are most suitable to the target audience.
- Read all materials thoroughly before the training session.
- Make sure that your knowledge is up to date.
- Be aware of your limitations and use activities that you feel comfortable with.
- Make sure you have all equipment and materials required.
- Make sufficient copies of handouts for the session.
- Distribute comment cards and provide a box so that participants can leave their comments during breaks.
- Set the ground rules with the group regarding confidentiality.
- Arrive in the training room early to set the room up.
- Relax and enjoy the training session!

Further reading

Burrows, J., Clarke, A., Davison, T., Tarling, R. and Webb, S. (2000). *The Nature and Effectiveness of Drug Throughcare for Released Prisoners*. Home Office Research Study, No 109. London: Home Office.

Next Steps

The above sections provide a guide to delivering successful staff training. However, it should be noted that training should be tailored to local needs and should not be delivered in a prescribed manner. The following checklist will help you to assess the effectiveness of training sessions you might want to design and deliver.

Checklist: Preparing Throughcare training

Awareness raising

- a) Participants have identified the key elements of throughcare.
- b) Participants have identified the key issues for prisoners at the point of release.
- c) Participants are aware of the rights to which released prisoners are entitled
- d) Participants have identified the benefits of working collaboratively with external organisations.

Getting training right

- a) Training package is flexible, containing a range of stand-alone modules alongside core modules.
- b) Training is at an appropriate level for all participants. It is simple enough but not patronising yet at a deep enough level for all participants.
- c) Training materials used are appropriate to the participants' needs.
- d) The training environment is appropriate to the needs of the participants.
- e) The training environment has been open, encouraging and transparent.
- f) The training has enforced the rule of confidentiality.
- g) The training has been evaluated by participants.

Section 6: Evaluating throughcare services

Introduction

It is important to measure the effectiveness of throughcare services and this must be done through an effective evaluation process. Evaluation processes are important because they: identify how well the client's needs were met; assess service outcomes or impacts; identify the extent objectives were met; assess efficiency and cost-effectiveness. Above all, evaluation helps identify 'what works' and 'what does not work' in reducing re-offending and, ultimately, aims at improving staff's frontline practice with clients (CLINKS, 2010:7).

However, research among partner countries has shown that, generally speaking, there is a lack of adequate data collection and processing systems for monitoring and evaluating existing throughcare services (see Text Box 6.1).

Very few authorities used organised and objective methods of assessing the short- or long-term impact on the client of their service. Consequently, there was little evidence of

systematic and objective evaluation of throughcare services. Indeed, this reflects Baldry's (2007) comment that there appeared to be '...a dearth of independent well designed research and evaluation on throughcare'.

This chapter explores the meaning of evaluation and why it is important, key elements in an effective evaluation programme and identifies some useful evaluation tools. Gauging the effectiveness of throughcare programmes is problematic because it is difficult to keep contact with individuals after they have been released from prison. Evaluation is problematic. However, all efforts should be made to collect data, even if it is imperfect as it can still be used to extend and improve throughcare services.

Text Box 6.1

'There is not an effective monitoring system for throughcare services. Every prison has its own approach for throughcare provision and if throughcare services exist in one prison, these are usually delivered without evaluation, consistency or follow up. The lack of such components makes it difficult to get reliable information on the effectiveness of similar activities and services.' (Partner Research Report, Bulgaria)

Defining Evaluation: What do we mean?

The term 'evaluation' is often used and it is useful to explore what is meant by the term: partner research suggests that it is poorly understood (See Text Box 6.2). Evaluation involves assessing the strengths and weaknesses of programmes, policies, personnel, products and organisations to improve their

effectiveness (American Evaluation Association, 2011). An evaluation asks a broad question of the activity or programme: 'Are the results desirable, affordable, replicable, and sustainable?' (Management Systems International, 2006:1).

An evaluation, generally, has several objectives:

Text Box 6.2

'According to the Estonian national Drug Prevention Strategy (2012) the main problem in monitoring the drug situation is the lack of national definitions and conceptions.' (Partner Research Report, Estonia).

- to find out how well clients' needs were met;
- to assess service outcomes or impacts;
- to assess whether its objectives were met;
- to assess its efficiency;
- to find out 'what works' and 'what does not work';
- to improve staff's frontline practice with clients.

Evaluation of throughcare provision therefore needs to focus specifically on the effectiveness of programmes and other activities in helping individuals to stop re-offending (CLINKS, 2010: 11).

A process, not an event

Many evaluations take place at the end of a piece of work as a one-off event and these clearly have little impact on the progress of the work itself. Evaluation should therefore be an on-going process that takes place from the start of the work through to its conclusion. Even if an external team carries out the evaluation, it should be ingrained in the day-to-day operations of the organisation (Corporation for National and Community Service, 2011). One example of the value of incorporating evaluation into the development of an intervention is that of Transitional Care. This was a project introduced by the Scottish Prison Service in 2001 to support short-term and remand prisoners with problematic drug use during the transition between prison and the community (See Text Box 6.3).

Text Box 6.3

'It was inevitable that an initiative as complex and ambitious as Transitional Care would encounter some challenges. Throughout the period of the evaluation the initiative evolved to take cognisance of emerging issues identified by the research and by the various stakeholders involved in its operation. As understanding of the challenges of providing throughcare services to short-term prisoners with drug problems developed, the need for a new approach was identified. This resulted in the replacement of the Transitional Care initiative with a new national Throughcare Addiction Service. It is hoped that this report, though identifying some of the difficulties faced by the Transitional Care initiative and through identifying areas that were perceived to enhance effective practice, will enable future throughcare services for prisoners involved in substance misuse to be strengthened and improved.' (MacRae et al., 2006, p. 83)

Continuous development, not a tick-box exercise

Often, evaluation is a mandatory element of a programme or activity. However, it is important to look beyond the simple requirements and consider what value it can be to the project. Indeed, 'evaluation should be useful to an organisation and its staff and not a chore to be

Text Box 6.4

'the evaluation process for the offending behaviour programmes is intended to provide a robust base upon which evaluations for other correctional opportunities can be built.' (Audit Scotland, 2005, p. 3)

completed to please funders and commissioners' (Evaluation Trust, 2006). Evaluation is therefore a developmental process, not a 'report-card process' (Corporation for National and Community Service, 2011). For example the Scottish Prison Service argued in 2005 that evaluation formed a base on which further work could be built (See Text Box 6.4).

Why is it important to evaluate?

The importance of evaluation as part of the developmental process is clear but it also, more broadly, helps us to understand the impact of our activities, makes us accountable for what we have done, develop as an organisation and assists in the decision-making process. Evaluation can provide us with much useful data; even results that are unwanted, unplanned or undesired can be used to improve services.

Understanding impact

Evaluation can help understand the difference the service provision made, whether the difference was intended and what changes could make the initiative more effective and sustainable in the future.

Evaluation allows us to understand the impact of the services provided and use that information to improve their effectiveness (See Text Box 6.5).

Text Box 6.5

'Only with a stronger system of measurement can we can track the things that matter to people over the long term'. (New Economic Foundation, 2008)

Accountability

Measuring 'reductions in reoffending' is currently popular with government and commissioners and this reflects the value of evaluation as a way of demonstrating accountability to stakeholders (CLINKS, 2010: 7). It is important to be able to clearly justify using limited and valuable resources for throughcare by the results that are achieved.

Organisational learning

Potentially, evaluation is a way for an organisation to learn, not just individual staff members. It is a way for the organisation as a whole to assess its progress and change in ways that lead to greater achievement of its mission (Corporation for National and Community Service, 2011).

Assists decision making

Evaluation is increasingly recognised as a valuable information tool for senior managers in both decision making and advocacy efforts. In particular, it can help senior managers decide whether a throughcare activity has been successful enough to warrant further support (See Text Box 6.6).

Text Box 6.6

'The purpose of the report is to ascertain whether the service might reasonably be recommissioned by London Probation or be funded in another way, and to inform St.Giles on their own performance and amendments they might wish to make to various aspects of their practice.' (Park and Ward, 2009:2)

Evaluation is an essential component of effective decision making, whether it be strategic planning or the quiet decision making of daily organisational life. When evaluation is part of an organisation's ongoing life, learning is valued because it provides the information necessary for continuous improvement (Corporation for National and Community Service, 2011).

An evaluation provides important feedback that can inform how improvements can be made, such as where resources would be most effectively focused, what other resources are needed and what other input is required. With the information that is collected, it is possible

to determine which activities to continue and build upon and which may be needed to change in order to improve the effectiveness of the programme.

One size does not fit all

As with throughcare, there is no standard evaluative package that can be applied to all activities. In fact, there is still debate about whether a universal metric (agreed method of demonstrating effectiveness) would be useful for organisations that work with offenders. Any such metric would have to be flexible and versatile to cater for the range of interventions and different sizes of organisations, projects and services (CLINKS, 2010:6).

It is particularly difficult to create metrics when exploring the impacts of activities on individuals' lives. Much research depends on making comparisons between groups who have and groups who have not experienced a particular activity or provision (i.e., 'control groups'). In the case of throughcare, consideration has to be given to the individual offender's 'journey' to desistance, which is a very personal experience. One size does not fit all and the evaluator must be aware of the individual 'story' (CLINKS, 2010:10).

Asking good questions

Evaluation is a process of asking good questions, gathering information to answer them and making decisions based on those answers (Corporation for National and Community Service, 2011). Different sorts of questions may be asked (Evaluation Trust, 2006).

- Focus: the needs and issues that organisations are trying to respond to.
- Processes: this is how an organisation works, how things are done.
- Performance: this includes the outputs and cost of an activity.
- Outcomes: this means the results of the work and what real difference it has made.
- Impact: this is an exploration of the significant long-term changes that occur as a result of the work; the sustainability of these changes. Impact is not something that can be seen or identified in the short term and it is difficult to isolate impact of any one intervention from those of other programmes, or wider socio-economic effects.

Being realistic about goals

It is important to be realistic about the aims of an evaluative process. The demand for evidence of effectiveness from government agencies has, as CLINKS has argued, 'led to unrealistic expectations for evaluation that are simply beyond the capacity of the majority of VCS organisations' (CLINKS, 2010:7). One common problem is that there is often an expectation that an evaluation of a small-scale project, carried out shortly after the close of the project, will be able to reveal impacts on the individual offender's life. In practice, longitudinal evaluative processes are required if longer-term impacts of a particular activity are to be evaluated.

Responsibility of everyone

Although a single team may be employed to evaluate throughcare activities, evaluation is the responsibility of everyone. Everyone in the organisation or network gathers information and asks the question, 'What can we do to get better?' (Corporation for National and Community Service, 2011). Evaluation invites collaboration within an organisation and with external parties such as clients, donors, and grantees (Corporation for National and Community

Service, 2011). It needs to be a practical, useful and empowering learning process, involving everyone. Partnership and participation should be the key values of evaluation work (Evaluation Trust, 2006).

Climate of trust

Evaluation should occur in an environment that is risk free as possible, where people can examine why something succeeded or failed without fear of negative consequences (Corporation for National and Community Service, 2011).

To flourish, this vision of evaluation is promoted by an organisation's leadership, who already nurture a climate of trust and who value feedback as a way to assess progress and enhance effectiveness (Corporation for National and Community Service, 2011).

Conducting an evaluation

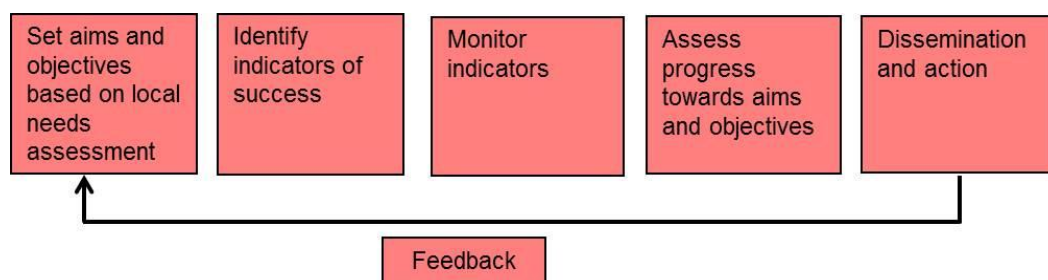
There are many steps involved in conducting an effective evaluation of throughcare provision.

The following questions need to be posed:

1. What programme or service is to be evaluated? It is necessary to be clear about what you are going to evaluate. Early on in the process, you need to set boundaries.
2. Why is the programme being evaluated? For programme evaluations to be meaningful, their purpose must be clear and defined.
3. How will people be prepared for the evaluation? This involves considering the different types of people who might be involved in the evaluation. This might include people who might feel threatened by the evaluation and those whose acceptance is essential.
4. What are the main issues or questions of interest to the evaluation?
5. Who will do what? Responsibilities of participants should be agreed on before the evaluation begins.
6. What resources are available for the evaluation?
7. What data needs to be collected? This needs to be specific: where the data will be collected from, how they will be collected.
8. How will the data be analysed? This will influence decisions about the information collected and the form in which it will be collected.
9. What process will be used to report the evaluation?
10. How will the results be implemented? Those responsible for making recommendations need to be identified.

Diagram 1 below might assist you in planning your evaluation and ensuring that evaluation forms part of a cycle of activity.

Diagram 1: Planning your evaluation



SOURCE: Department of Health (2001:125).

Selecting appropriate evaluation methods

Once the needs and resources are assessed, the next step is to decide which methods to use in order to evaluate throughcare provision. Evaluation ideally employs tools and methodology that are accessible to organisations of all kinds and sizes. These are simple, cost-effective, user-friendly evaluation methods that can be adapted to meet each organisation's needs and idiosyncrasies (Corporation for National and Community Service, 2011). In the throughcare context, this also means that it is important to develop tools that can track the journey of the offender in a consistent manner (CLINKS, 2010:11).

There are many ways of collecting information on the outcomes of throughcare provision. Recent research reinforces the view that 'the most obvious way to assess readiness and motivation is to ask the offender' (McNeill and Weaver, 2010:8). The methods chosen should be proportionate to its resources and the type of impact. The main approaches are interviews, self-completion tools, group activities and visual methods.

Quantitative data

If organisations are to analyse reductions in reoffending, it is critical that they have access to the reoffending data necessary to track outcomes with service users. Because of the nature of statistical evidence around reducing re-offending, this will often mean lengthy periods between the delivery of the intervention and the availability of the data relating to further convictions (CLINKS, 2010:7).

Interviews

Interviews can be a good way of collecting outcomes information because they allow you to:

- ask people directly about how things have changed for them;
- collect in-depth information about changes in attitudes, feelings and perceptions;
- collect information from people who are not literate or who are visually impaired;
- check that people understand your questions;
- respond to unexpected information and probe further.

Your resources may limit the number of people you can interview and get feedback from. Interviews can be time-consuming to set up, carry out, write up and analyse. They can be difficult to record accurately if not using a recording device. They may entail extra costs such as telephone charges or transcription costs. They cannot be carried out anonymously although you can assure interviewees of confidentiality.

The quality of the data may also be influenced by the interviewer's own bias and skills or the differences between interviewers.

Questionnaires and surveys

Questionnaires and surveys are a way of collecting information in a standardised way from a group of people.

Questionnaires and surveys are useful for collecting outcomes information because you can collect information from large numbers of people. They also allow respondents to remain anonymous. They are particularly good for collecting information about people's opinions and attitudes in a quantifiable way as they lend themselves well to using scaled questions.

However, questionnaires have several disadvantages. They usually require some literacy and you cannot check that respondents have understood questions; response rates can be low and respondents may not answer some questions; they are not ideal for collecting in-depth data.

You can also assess change by asking users to take a written or practical test. Written tests are a good way of assessing changes in people's skills, for example someone's English language skills.

Forms can also be used to ask users questions about changes in their circumstances, behaviour or attitudes. For example, an organisation working with young people asks users to fill in an application form when they join their training programme. The form includes questions about their current situation regarding housing, finances and employment.

Group activities

Group activities are often used to collect information. These include focus groups, group interviews and group discussion.

Focus groups are based on a limited number of questions around a central topic. They can help to set your evaluation questions and can be used to explore particular issues. The facilitator's role is important, as he or she moves the discussion on when appropriate and makes sure that the group stays on track.

These are different from group interviews, which are usually semi-structured and conducted by an interviewer. They have all the characteristics of a one-to-one interview but are usually conducted with a small group of people (maximum of three to four).

Group discussions, in contrast, can be carried out with a larger group of people and are more flexible, using interactive exercises, which give more control to the participants.

Graffiti Walls, too, can be a useful and interesting activity. In this activity, sheets of paper are pasted on the walls of the venue and each sheet has a different title or questions written on it. Participants add their comments to the sheets either with pens or on separate 'post-it' notes. This may require independent helpers to assist participants writing their views. It is a method that can be linked easily with other events or even publicly displayed for a short period (Evaluation Trust, 2006).

Group activities are useful for collecting large amounts of rich data about outcomes information from participants. They are best used where participants have a shared experience of outcomes. They are an opportunity to share experiences, to generate ideas and to explore issues that emerge from discussion.

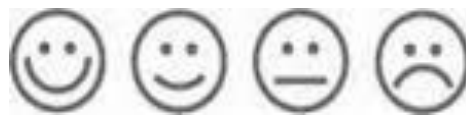
However, group activities are not good for seeking sensitive information and you have to carefully manage situations where individuals may dominate the group. Organising, carrying out, writing up and analysing the data from group activities can be time intensive.

Visual methods

Visual methods can be used to capture outcomes information using photographs, drawings, collages or videos to illustrate or provide evidence of change. They can encourage people to express themselves freely and to collect personal information (for example, through use of a video diary). They are good for collecting qualitative data as they can be motivating, engaging and fun for participants. As well as being engaging, they can portray a vivid impression of people's views and experiences.

They have practical advantages over more text-based approaches: they work well with young people and people who cannot complete 'traditional' data collection methods easily and also with people who cannot read or write or have different language backgrounds.

Visuals can also be incorporated into the design of surveys and forms. The most familiar are 'smiley face' symbols:



These can also be used in group activities. For example, participants can draw on a flipchart or create a collage together, describing the changes illustrated. Visual methods are also a good way of capturing changes in situations and environments.

However, there are disadvantages:

- a) Outcomes information may not always be identifiable in images.
- b) Your funder and others may find visual images less useful or convincing as evidence.
- c) Visual methods are more effective when integrated into, or working alongside, other data collection methods.

Data Analysis

Once the data has been collected, it must be analysed to enable the team to arrive at its key findings. Analysis depends on the nature of the data that has been gathered.

- Statistical data is often tabulated and frequencies calculated.
- Comparisons may need to be made, such as between targets and outputs or between different groups.
- A variety of explanations need to be examined as to why results or impacts have occurred.
- 'Before and after' intervention comparisons may need to be made.

Drawing conclusions

Conclusions will be drawn from the analysis. The evaluation team often sets forth its deductions about why a project succeeded or failed to achieve its intended results. Inferences an evaluation team draws about the sustainability of an activity or programme, based on facts about a local organisation's management capacity or cost-recovery procedures, are also conclusions. Evaluation findings are 'similar to a set of medical symptoms, while conclusions are like the diagnosis. Conclusions interpret what findings mean' (Management Systems International, 2006).

Making recommendations

Evaluations usually involve developing a set of recommendations for the organisation or network. It is an opportunity to state what changes are necessary. These may range from minor 'tweaking' to major restructuring. If activities are successful, a recommendation may be the continuation of the activity or rolling it out to include more people or a larger area.

Recommendations should:

- follow directly from the evaluation's findings and the conclusions;
- be supported by thorough and sound analysis and evaluative reasoning;
- be 'actionable': the changes are feasible and can be made by management;
- identify who is responsible for implementing the recommended actions.

Key points for measuring outcomes:

- The central principle of outcomes measurement is that organisations must be able to demonstrate a link between their intervention and a positive change (or continued stability) for the service user.
- Measuring reductions in offending is not practical for most smaller or medium-sized organisations.
- Smaller organisations must focus on demonstrating that the outcomes they produce match their aims and objectives.
- Analysis should look at how these incremental steps form the building blocks for reducing offending.

Evaluation: time well spent

A good evaluative process takes time and effort but it is time well spent because, over time, it helps to save money. Evaluation identifies ways of making better use of limited resources. In the long term, effective evaluation will ensure that the throughcare system remains healthy and viable in a changing environment.

Further reading

Evaluation Forum (2000). *Outcomes For Success!* Seattle. WA: Organisational Research Services, Inc. and Clegg & Associates, Inc.

Harvey, J. (1998). *The Evaluation Cookbook*. Online: <http://www.icbl.hw.ac.uk/ltidi/cookbook/cookbook.pdf> [Accessed 10/05/2011].

Parkinson, D. and Wadia, A. (2010). *Assessing Change Developing and using outcomes monitoring tools*. London: Charities Evaluation Services. Online: <http://www.ces-vol.org.uk/downloads/assessingchange-740-748.pdf> [Accessed 14/10/2011].

Rossi, P., Freeman, H. and Lipsey, M. (1999). *Evaluation. A systematic approach*. Thousand Oaks: Sage.

Scottish Executive Substance Misuse Research Team (2006). *Evaluation of the Scottish Prison Service Transitional Care Initiative*.

Online: <http://www.scotland.gov.uk/Resource/Doc/92720/0022217.pdf> [Accessed 07/07/11]

Trice Gray, S. (ed.) (1993). *From A Vision of Evaluation: A Report of the Independent Sector's Work on Evaluation*. Available online: <http://www.nationalserviceresources.org/key-elements> [Accessed 12/04/2011]

Wadsworth, Y. (1991). *Everyday evaluation on the run*. St Leonards, NSW: Allen and Unwin.

Next Steps

The above sections provide a guide to undertaking successful evaluations. However, it should be noted that evaluation, as with other interventions such as staff training, should be tailored to local needs and should not be delivered in a prescribed manner. The following checklist will help you to assess the effectiveness of evaluation programmes you might want to design and deliver.

Checklist: Preparing throughcare evaluation

The evaluation process

- a) The evaluation did not become overly large and complex.
- b) The evaluation did justice to everyone's views and ideas.
- c) We learned things from the evaluation: it broke new ground.
- d) The evaluation identified useful information.
- e) The evaluation took place over the life of the initiative. The evaluation was planned in from the outset.

The evaluation results

- a) The extent to which client needs were met was assessed.
- b) Service outcomes or impacts were assessed.
- c) The extent to which the objectives of the programme were met was identified.
- d) Efficiency and cost-effectiveness of the initiative were assessed.
- e) 'What works' and 'what does not work' were identified.
- f) Potential improvements to staff's frontline practice with clients were identified.

References

- American Evaluation Association (2011). 'About us'. *Website*. Online: <http://www.eval.org/aboutus/organisation/aboutus.asp> [Accessed 10/05/2011].
- Anderson, S. and Cairns, C. (2011). *The Social Care Needs of Short-Sentence Prisoners*. Revolving Doors Agency. Online: <http://www.revolving-doors.org.uk/documents/the-social-care-needs-of-short-sentence-prisoners/> [Accessed 12/10/11].
- Audit Scotland (2005). *Scottish Prison Service: Correctional opportunities for prisoners*. Edinburgh: Audit Scotland. Online: http://www.audit-scotland.gov.uk/docs/central/2004/nr_050121_prison_service.pdf [Accessed 11/07/11].
- Badger, G., Clark, L., (2000). 'Augmenting Cognitive Behavioural Techniques with Satir Action Modelling and Psychodrama in Group Treatment of Adolescent Sex Offenders: An Integrated Experimental Model'. Poster Session for *Association for the Treatment of Sexual Abusers 19th Annual Research and Treatment Conference*, November 1st to 4th, 2000—San Diego, California.
- Baldry, E. (2007). 'Throughcare: Making the Policy a Reality'. *Reintegration Puzzle Conference*, 7th – 8th May, Sydney. Online: http://www.sydneyshove.org/Throughcare_policy.pdf [Accessed 07/07/11]
- Borzycki, M. and Baldry, E. (2003). 'Promoting Integration: The Provision of Prisoner Post release Services', *Trends and Issues in Crime and Criminal Justice*, no. 262, Australian Institute of Criminology, Canberra. Online: <http://www.aic.gov.au/documents/B/E/1/%7BBE1D2200-9EC7-4939-8EDE-F63EECAB75D3%7Dtandi262.pdf> [Accessed 14/10/11].
- Bradley, K. (2009). *Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in The Criminal Justice System*. London: Department of Health. Online: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694 [Accessed 12/10/11].
- Brooker, C. Fox, C. & Callinan, C. (2009). *Health Needs Assessment of Short Sentence Prisoners*. Lincoln: University of Lincoln. Online: <http://eprints.lincoln.ac.uk/2610/> [Accessed 12/10/11].
- Burrows, J., Clarke, A., Davison, T., Tarling, R. and Webb, S. with Morgan Harris Burrows Management Consultancy (2001). 'Research into the nature and effectiveness of drugs throughcare', *RDS Occasional Paper No 68*. London: Home Office.
- Clark, J. (1995). 'The state, popular participation, and the voluntary sector'. *World Development*, 23(4) pp. 593–601.
- Clay, C. (2002). 'Case Management and Throughcare – Can it Work?' Paper presented at the *5th Annual Conference of the Case Management Society of Australia: Case Management: Cohesion and Diversity*, The Wentworth Hotel, Sydney, 21–22 February, 2002.
- CLINKS (2010). *A New Focus on Measuring Outcomes*. CLINKS. Online: <http://www.clinks.org/assets/files/Measuring%20Outcomes%20Discussion%20Paper.pdf> [Accessed 06/11/2011].
- Codd, H. (2008). *In the Shadow of Prison: Families, imprisonment and criminal justice*. Uffculme Cullompton: Willan Publishing.

- Corporation of National and Community Service (2011). 'Key Elements of Evaluation'. *Resource Centre*. Website. Online: <http://www.nationalserviceresources.org/key-elements> [Accessed 10/05/2011].
- Currie, E. (1993). *Reckoning: Drugs, the cities and the American future*, New York: Hill and Wang.
- Debidin, M. (ed.) (2009). *A Compendium of Research and Analysis on the Offender Assessment System (OASys) 2006-2009*. Ministry of Justice Research Series 16/09. Online: <http://www.justice.gov.uk/publications/docs/research-analysis-offender-assessment-system.pdf> [Accessed 17/10/2011].
- Department for Communities and Local Government (2008). *Needs Analysis, Commissioning and Procurement for Housing-Related Support*. London: Department for Communities and Local Government. Online: <http://www.communities.gov.uk/documents/housing/pdf/housingneedsanalysis.pdf> [Accessed 14/10/11].
- Department of Health (2001). *Making it Happen – A Guide to Delivering Mental Health Promotion*. London: UK Government. Online: <http://www.publications.doh.gov.uk/pdfs/makingithappen.pdf> [Accessed 17/10/2011].
- Durcan, G (2008). *From the Inside*. London: Centre for Mental Health. Online: http://www.centreformentalhealth.org.uk/pdfs/From_the_Inside.pdf [Accessed 14/10/11].
- Evaluation Trust (2006). *Measuring Outcomes Toolkit*. Evaluation Trust. Online: <http://www.evaluationtrust.org/system/files/GCF+Measuring+Outcomes+Toolkit+%5B1%5D.pdf> [Accessed 06/11/2011].
- Ex-Offender Reintegration Community of Practice (ExOCO) (2011). 'Aftercare seminar'. The Hague, The Netherlands, on 26th and 27th May, 2011. Online: <http://www.exocop.eu/sixcms/detail.php?gsid=bremen02.c.732.de> [Accessed 14/10/11].
- Finnegan, L., Whitehurst, D. and Deaton, S. (2010). *Models of Mentoring for Inclusion and Employment*. London: ESF MOMIE and Centre for Economic and Social Inclusion. Online: http://www.eoef.org/uimages/File/Models%20of%20Mentoring%20for%20Inclusion%20and%20Employment_%20A%20review%20of%20exisitng%20evidence.pdf [Accessed 09/05/2011].
- Fox, A., Khan, L., Briggs, D., Rees-Jones, N., Thompson, Z. and Owens, J. (2005). *Through and Aftercare: Approaches and promising practice in service delivery for clients released from prison or leaving residential rehabilitation*. London: Home Office.
- Garland, C., Pettigrew, N. and Saunders, T. (2001). *Reintegrating Ex-Prisoners and Reducing Re-Offending*. Unpublished BMRB report to the Social Exclusion Unit, August 2001.
- HM Inspectorates of Prisons and Probation (2001). *Through the Prison Gate: A joint thematic review by HM Inspectorates of Prisons and Probation*. London: Home Office.
- HMP Peterborough (2006). *Health Needs Assessment*. Online: <http://www.erpho.org.uk/Download/Public/16037/1/HNA%20-%20Final%20Report%20HMP%20Peterborough.pdf> [Accessed 12/10/11].
- Hoppenbank E.V (undated). *Entlassungsvorbereitung und EVB-Pool im bremischen Strafvollzug*. Online: <http://www.hoppenbank.info/16.html> [Accessed 4/11/11]
- HPA Prison Infection Prevention Team (2007a). 'Got TB?: new prison leaflets', *Infection Inside: The Prison Infectious Disease Quarterly* 3(3). Online: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947312285 [Accessed 10/05/2011].

HPA Prison Infection Prevention Team (2007b). 'Get out of jail BBV free leaflet', *Infection Inside: The Prison Infectious Disease Quarterly* 3(3). Online: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947312285 [Accessed 10/05/2011].

Hucklesby, A. and Hagley-Dickinson, L. (Eds.) (2007) *Prisoner Resettlement: Policy and Practice*. Uffculme Cullompton: Willan Publishing.

Independent Monitoring Board (2010). *HMP and YOI Low Newton: Annual Report for the period 01 March 2009 – 28 February 2010*. Online: http://www.justice.gov.uk/downloads/publications/corporate-reports/imb/annual-reports-2010/Low_Newton_2009-2010.pdf [Accessed 14/10/11].

Insidetime (2009). *OASys: Fact sheet*. Online: http://www.insidetime.org/information/fact_sheets/Legal_Fact_sheet_OASys.pdf [Accessed 12/10/11]

MacDonald, M., Atherton, S., Berto, D., Bukauskas, A., Graebisch, C., Parasanau, E., Popov, I., Qaramah, A., Stöver, H., Sarosi, P. and Valdaru, K. (2008). *Service Provision for Detainees with Problematic Drug and Alcohol Use in Police Detention: A Comparative Study of Selected Countries in the European Union*. HEUNI Paper No. 27. Helsinki: The European Institute for Crime Prevention and Control, affiliated with the United Nations (HEUNI). Online: <http://www.heuni.fi/uploads/06ozya.pdf> [Accessed 19/10/2011].

MacRae, R., McIvor, G., Malloch, M., Barry, M. and Murray, L. (2006). *Evaluation of the Scottish Prison Service Transitional Care Initiative*. Edinburgh: Scottish Executive.

Management Systems International (2006). *Constructing an Evaluation Report*. Washington: USAID. Online: http://pdf.usaid.gov/pdf_docs/PNADI500.pdf [Accessed 10/05/2011].

Marshall, T., Simpson, S. and Stevens, A. (2000). *Toolkit for Health Care Needs Assessment in Prisons*. University of Birmingham. Online: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digital_asset/dh_4034355.pdf [Accessed 12/10/11].

Matrix Knowledge Group (2009). *Economic Analysis of Interventions for Young Adult Offenders*. Online: <http://makejusticework.org.uk/sites/default/files/files/Economic%20analysis%20of%20interventions%20for%20Young%20Offenders.pdf> [Accessed 12/10/11]

McNeill, F. and Weaver, B. (2010). 'Changing Lives? Desistance research and offender management', Online: http://www.sccjr.ac.uk/documents/Report%202010_03%20-%20Changing%20Lives.pdf [Accessed 14/10/2011].

Mills, A (2005). 'Great Expectations?' A Review of the Role of Prisoners' Families in England and Wales. Available: <http://www.britisoccrim.org/volume7/001.pdf> [Accessed 14/10/11].

Ministry of Justice (2010). *Offender Management Caseload Statistics*. London: Ministry of Justice. Online: <http://www.justice.gov.uk/downloads/publications/statistics-and-data/mojstats/omcs-2009-complete-210710a.pdf> [Accessed 14/10/2011].

Møller, L., Stöver, H., Jürgens, R., Gatherer, A. and Nikogosian, H. (2007). *Health in Prisons: A WHO guide to the essentials in prison health*. Copenhagen: World Health Organisation. Online: http://www.euro.who.int/_data/assets/pdf_file/0009/99018/E90174.pdf [Accessed 12/10/2011].

Moore, R. (2009). *Predicting Re-offending with the OASys Self-assessment Questionnaire*. Ministry of Justice. Online: <http://www.justice.gov.uk/publications/docs/oasys-research-summary-05-09.pdf> [Accessed 12/10/11].

Murray, J. (2003). *Visits and Family Ties Amongst Men at HMP Camphill*. London: Action for Prisoners' Families.

National Offender Management Service (2008), *The National Offender Management Service Drug Strategy 2008–2011*. Ministry of Justice. Online: <http://www.justice.gov.uk/publications/docs/noms-drug-strategy-2008-11.pdf> [Accessed 14/10/11].

National Offender Management Service (NOMS) (2009). *Families do Matter. Project report 2009*. Available at the Families Do Matter Website. Online: http://www.familiesdomatter.co.uk/assets/userimages/fdm_project_report_09.pdf [Accessed 14/10/11].

Nelissen, P. and Schreurs, M.L. (2011). *Stoppen met criminaliteit, Werkboek voor (ex)gedetineerden*. Amsterdam: Dutch Prison Service.

New Economics Foundation (2008). *Unlocking Value: How we all benefit from investing in alternatives to prison for women offenders*. Online: <http://www.neweconomics.org/publications/unlocking-value> [Accessed 12/10/11]

New Economics Foundation. (2008). *Unlocking Value: How we all benefit from investing in alternatives to prison for women offenders*. Online: <http://www.neweconomics.org/publications/unlocking-value> [Accessed 14/10/2011].

Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO) (2011). *Family Links*. Online: <http://www.niacro.co.uk/our-services/working-with-prisoners-their-families-and-children/projects/16/family-links/> [Accessed 14/10/11].

Park, G. and Ward, S. (2009). *Through The Gates- improving the effectiveness of prison discharge: first half-year evaluation, August 2008 to January 2009*. London: St.Giles Trust.

Passage (undated). *Passage Portal*. Online: <http://www.passage-berlin.eu/cms/> [Accessed 4/11/11].

Sainsbury Centre for Mental Health (2008). *On the Outside: Continuity of care for people leaving prison*. London: Sainsbury Centre for Mental Health. Online: http://www.centreformentalhealth.org.uk/pdfs/on_the_outside.pdf [Accessed 12/10/2011].

Social Exclusion Unit (SEU) (2002). *Reducing Re-offending by Ex-prisoners*. London: Office of the Prime Minister. Online: http://www.thelearningjourney.co.uk/file.2007-10-01.1714894439/file_view [Accessed 12/10/2011].

Throughcare: Working in Partnership (2011). *Throughcare*. Online: <http://www.throughcare.eu/> [Accessed 4/11/2011].

Timpson (2011). 'About Timpson'. *Timpson Website*. Online: <http://www.timpson.co.uk/about/80/timpson-foundation> [Accessed 14/10/11].

Tombs, J. (2004). 'Throughcare: A process of change'. *Criminal Justice Social Work. CJSW Briefing Paper 7*: February 2004. Online: http://www.cjsw.ac.uk/cjsw/files/Briefing%20Paper%207_final.pdf [Accessed 12/10/11].

United Nations Environment Programme (2003). *Building Professionalism in NGOs/NPOs: Key Issues for Capacity Building*. Division of Technology, Industry and Economics, Online: <http://www.unep.or.jp/ietc/kms/data/973.pdf>, [Accessed 17/10/2011].

United Nations Office on Drugs and Crime (UNODC) (2008). *Drug Dependence Treatment: Interventions for drug users in prison*. Online: http://www.unodc.org/docs/treatment/111_PRISON.pdf [Accessed 12/10/2011]

Van den Bergh, B.J., Gatherer, A., Fraser, A. and Moller, A. (2011). 'Imprisonment and women's health: concerns about gender sensitivity, human rights and public health'. *Bulletin*

of the World Health Organisation, 89; pp. 689-694. Online:
<http://www.who.int/bulletin/volumes/89/9/10-082842.pdf> [Accessed 12/10/1]

Weilandt, C. and Greifinger, R. (2010). *HIV in Prisons: Situation and needs assessment toolkit*. EMCDDA. Online: [http://www.unodc.org/documents/hiv-aids/publications/HIV in prisons situation and needs assessment document.pdf](http://www.unodc.org/documents/hiv-aids/publications/HIV_in_prisons_situation_and_needs_assessment_document.pdf) [Accessed 12/10/11].

Wiegand, C., Weilandt, C., MacDonald, M., Popov, I., Purvlice, B., Pavloska, L., Parausanu, E. and Dobrota, S. (2010). *TCJP Manual Prison Staff and Harm Reduction: A Training Manual*. Bonn: WIAD. Online: <http://www.tcjp.eu/LIVE/PAGES/manual.php>, [Accessed 17/10/2011].

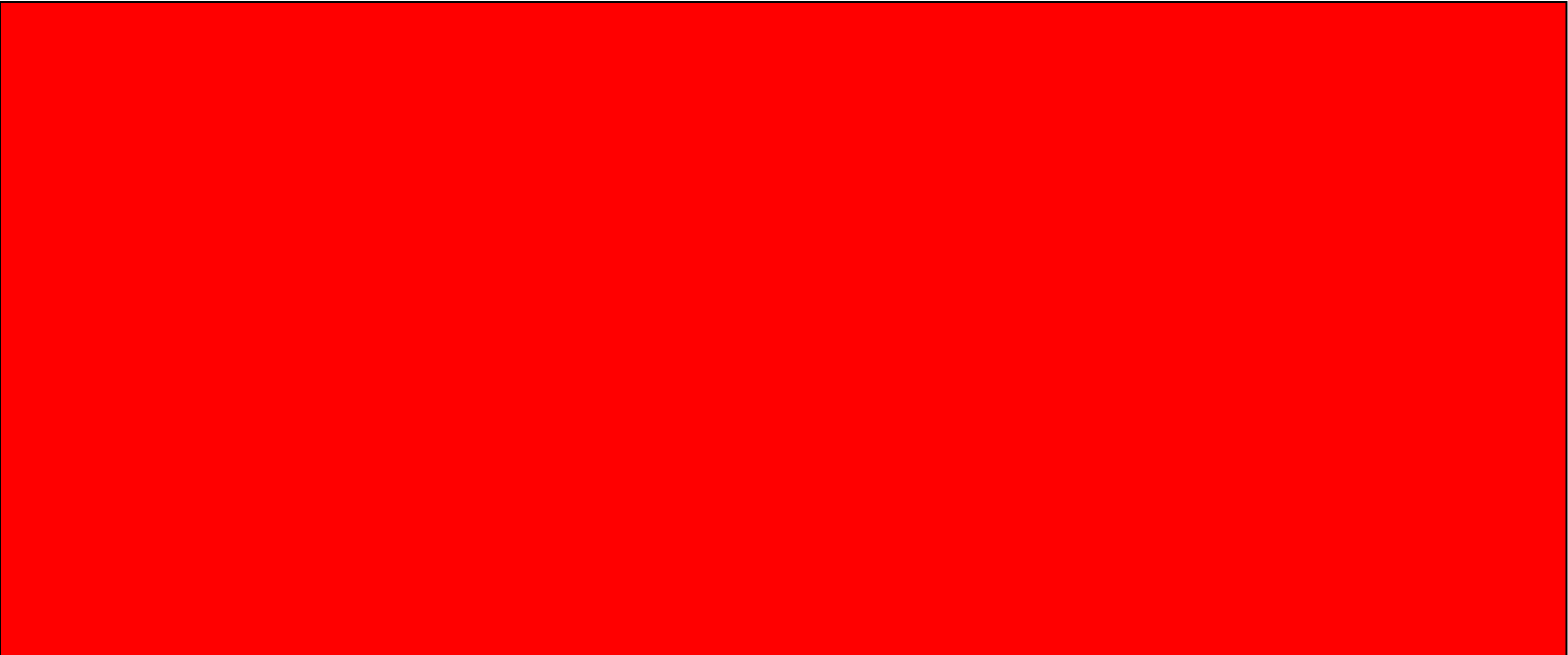
Williams, B. (2011). 'The older prisoner: addressing salient health needs of older adults in the criminal justice system'. Keynote presented at the *Health in Prison and Throughcare: Provision and continuity of care for those in the criminal Justice System* Conference, Abano Terme, Italy, 5th–7th October 2011.

Work-Wise (2007). *The Routing*. Zutphen: Work-Wise.

World Health Organisation (2000). *Workbook 3: Needs Assessment*. Online: http://www.emcdda.europa.eu/attachements.cfm/att_5865_EN_3_needs_assessment.pdf [Accessed 12/10/2011].

World Health organization (WHO) (2004). *Training Guide for HIV Prevention Outreach to Injecting Drug Users: Workshop Manual*. Geneva: WHO.

Youth Justice Board (2011). *Asset – Young Offender Assessment Profile*. Online: <http://www.justice.gov.uk/guidance/youth-justice/assessment/asset-young-offender-assessment-profile.htm> [Accessed 12/10/11].



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