

**Evaluation into the needs
of prisoners serving
'Under twelve month sentences'
who were being released
into Oxford City to
'No fixed Abode'**

Compiled by Elmore Community Services in 2006

Introduction

In October 2005 Elmore Community Services were commissioned by Oxford City Council to carry out an evaluation into the needs of prisoners serving 'Under twelve month sentences' who were being released into Oxford City to 'No fixed Abode'. The two prisons used in the evaluation were HMP Bullingdon and HMP Bronzefield. A Prison Homelessness Prevention worker was recruited for three days a week for six months. Half of their time was spent researching current service provision both inside and outside of the prison. Their aim was to identify what the barriers are to people accessing accommodation and identify whether there are any groups within the prison population that are more vulnerable to these barriers. In addition their were to research and understand the impact of ASBOs on peoples' (especially women's) ability to resettle. The rest of their time was spent carrying a case load of five people piloting a model of working whereby a worker based in the community engages with the prisoner whilst they are serving their sentence and when released, in order to try to reduce rough sleeping.

It was also seen as essential that the views of prisoners were collected, a series of interviews were carried out with ex prisoners in the community.

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Part 1 - Why the criteria for the evaluation were chosen

Ex-prisoners are perceived to have considerable impact on the number of people sleeping rough. It is very difficult to get accurate figures of the number of prisoners being released to Oxford of NFA. The data collected by Oxford City Council from the rough sleeper data collection forms would suggest an average of ten people a month come into contact with homelessness agencies and site prison as their last known address. St Giles Trust collect data on how many people enter HMP Bullingdon who are of no fixed abode. They would suggest an average of eight people a month enter Bullingdon from Oxford City who are of NFA. Statistics collected by HMP Bronzefield suggest one female a month returns to Oxford City who is of NFA.

Why prisoners serving under twelve month sentences?

- They constitute the majority of adult prisoners and have the highest reconviction rate of released adult prisoners (Home office 1999).
- Many have experienced a lifetime of social exclusion. 'In many cases the task is not to **resettle** prisoners into society, but **settle** them for the first time.' (Social exclusion report 2002)
- They are released without statutory supervision and having received significantly less rehabilitation and resettlement support whilst inside.

Note changes introduced in April 2006

The Criminal Justice Act 2003 has brought in new sentencing with 'Custody Plus' replacing previous custodial sentences of less than twelve months. Short term prisoners will now have a licence period of a minimum of six months with conditions; failure to comply with conditions will result in custody. Under new sentencing arrangements time served in custody will be shorter with a greater part of the sentence served in the community under supervision.

Why prisoners released to No Fixed Abode? What are the increased risks?

Risk of overdose on release

Alan was seen as someone who had a history of smoking heroin and believed not to be an IV user. He had been clean of drugs for four months due to being in prison and this was seen as significant in terms of him being 'clean'. Alan died within one week of leaving prison from an overdose from injecting.

Risk of re-offending to fund addiction

Simon kept asking the time; he was anxious to finish. He was having a meeting with the Prison Homelessness Prevention Worker in a city centre café. Simon was worried the shops would close before he had a chance to do some shoplifting.

Risk of returning to the prison culture that is known and safe

Interviewee 2: "I'm still struggling, It's easy to get back into crime and drugs, prison's a roof over your head, and like, you get three meals a day."

Risk of deteriorating mental health

Ex-prisoners are particularly vulnerable to having some kind of mental health need. (See Appendix 1 for statistics.) The experience of prison, particularly for those on remand, can lead to a further deterioration in mental health. Many homeless ex-prisoners report feeling depressed and hopeless and begin to disengage with professionals believing that little can be achieved for them.

Interviewee 3: "I didn't go looking [for help from professionals to access accommodation] because I knew basically it was the Night Shelter."

For some unable to cope with the transition from the safe and contained environment of prison to homelessness, self harm and risk taking behaviour are a way of communicating distress or an attempt to secure accommodation.

Mike said he was considering "doing a nut job" and self harming as a way of communicating his despair about sleeping rough, and his frustration with workers who he felt had it in their power to accommodate him and were not doing so.

Being homeless and returning to the street economy of begging, shop lifting or occasional sex work eats away at people's self worth and exposes them to harm. Increased drug and alcohol use can often lead to increased psychotic experiences. Sleeping rough makes it difficult to maintain the regular use of medication. Those who are unable to assert themselves suffer further from exploitation.

Risks to 'hidden homeless' who do not come into contact with support agencies.

Ex prisoners often alternate between the street and 'sofa surfing', a term used to describe staying on people's floors. The danger for those sofa surfing is that they will fail to come to the attention of support agencies.

Interviewee 3: "I stayed in friends' homes or in cars, doing a bit of work here and there, getting my giro, sponging off mates."

Risk to physical health

Ranjit has been sleeping rough for six months since his release. Detoxed in prison, he is now using and drinking regularly; he has Hepatitis C. Ranjit has lost so much weight he looks emaciated and reports feeling very depressed. He sleeps, often throughout the day, in underground car parks, his head level with the exhaust pipes of passing cars.

Risk of re-entering prison

Rough sleepers are more likely to be remanded in custody when charged with an offence than those who can supply an address for bail.

Part 2 - The barriers facing prisoners to accessing accommodation

People leaving prison who are homeless on release need to be accommodated immediately to prevent them from rough sleeping or becoming 'hidden homeless'. On the day of release if someone has not had accommodation previously secured there are two options that may be available

- Housed immediately under statutory duty by local authority
- Accessing a direct access Hostel

Longer term options that are available but require more notice are to access a large hostel, supported housing or the private rental sector.

Definition of hidden homelessness

Alongside those people who are recorded as homeless by local authority there are thousands of other people whose homelessness goes unrecognised. We call these hidden homeless people. The vast majority are single people, living in hostels, bed & breakfast accommodation, squats and derelict buildings or sleeping on the floors of friends & family.

- Hidden homelessness Britain's invisible city, Crisis Report 2004

Statutory duty by local authority

Under The Homelessness (Priority Need for Accommodation) (England) Order 2002, people leaving institutional care, such as a prison, are classed as 'Priority Need' and will be housed by the local authority if considered 'Vulnerable'.

Local authorities, working to the Homelessness Code of Guidance for Local Authorities July 2002, assess prison leavers accordingly.

2.1 Barriers to being housed immediately under statutory duty by local authority

- Priority need, status as an ex prisoner, but not classed as sufficiently vulnerable for there to be a statutory duty.

Many ex prisoners will not have severe enough health issues to be considered vulnerable. Only ex-prisoners with severe physical health problems, severe mental illness, learning disability or a background of institutionalisation are likely to be considered vulnerable.

Kev has been homeless or in prison for all of the five years he has lived in Oxford, listing shop doorways and street names as his previous addresses. A long term drug and alcohol user with Hep C he is homeless, but not vulnerable.

- No clear diagnosis of mental illness or statutory involvement

Up to 78% of prisoners are perceived to have a Personality Disorder ('Prevalence of personality disorder in prison' Singleton N, Meltzer H and Gaturco R 1988).

Prevalence of Personality Disorder

Male remand	Male sentenced	Female all
78%	64%	50%

However many of this group will not be considered Priority Need and Vulnerable due to their mental health because of the nature of this disorder. Either because their Personality Disorder is undiagnosed, because Personality disorder is often not classed as a Severe Mental Illness, because the individual will have had none or limited contact with mental health services or because there is insufficient formal written evidence of their mental ill health.

- **Intentionally homelessness**

The local authority make a decision of 'intentionally homeless' if loss of previous accommodation is considered to be the consequence of a 'deliberate act' or an 'omission' by the applicant. People entering prison lose their tenancies due to a variety of factors and many face this decision on making a fresh application.

When Stephen went to prison, his landlord changed the locks and said he did not want him back when he left prison. Stephen was able to secure his possessions with the help of solicitor but was not able to hold on to his accommodation.

- **Lack of knowledge of legislation and Local Authority Guidance**

The Housing Options interview assesses a person's circumstances in order to see whether an application to the Council would be relevant, however it does not constitute an application to the Council. Those attending interviews without professional support are invariably unaware that they can make an application and obtain a written decision from the Council. Many people, often due to their mental state, would simply be unable to go through the process of making an application without a support agency involved.

Winston went to Housing Options shortly after his release. He was given lists of accommodation from the internet, information about local hostels and a printed record of his meeting. When he was told that the printed sheet was not an application he refused to believe his worker.

- **No local connection**

'Local Connection' is the term defined in the Housing Act 1996 (s199) describing the relationship a person has with a district of an authority and has to be proved by the applicant in order to be considered for housing.

Jamie is selling the Big Issue and sleeping rough. Originally from Manchester, he left prison four months ago. He does not want to go back to Manchester because he will start using and doing crime again. After a lifetime in and out of prison, he is 'clean' after a long stretch and wants to make a new start. He feels people can't understand why he won't go back.

- **Lack of housing stock**

With the Right To Buy scheme initiated during the 1980's and the transfers to Housing Associations local authorities have faced a drastic reduction in available council housing.

- **New Government Targets**

Oxford City Council has to respond to targets set for it by the Office of the Deputy Prime Minister (ODPM) which include a reduction in the use of temporary accommodation by 50% by 2010.

- **No current in-reach service to prison**

Prisoners are unable to access City Council housing advice as there is no in-reach service at present. There are plans to provide an advice 'surgery' in the near future however prisoners will still only be able to make applications on release.

2.2 Direct access hostels, larger hostels and supported housing Projects

Direct access hostels – in Oxford these are the Bridge and O’Hanlon House (Oxford Night Shelter), full description given in Appendix 2

Large homeless hostels (non statutory provision) – in Oxford these are Lucy Faithful House (ECHG) and Simon House (CHT), full details for these, including the priority bed list, can be found in Appendix 3.

Supported Housing Project (non statutory provision) – Oxford has many supported housing projects; detailed descriptions can be found in Appendix 4.

2.3 Barriers to accessing Direct access hostels, larger hostels and supported housing projects

- **No agency ‘bridge’ between the prison gate and arriving in Oxford city**

One of the key issues mentioned by services in prison and by ex prisoners is the importance of having someone to meet a prisoner on release at the prison gates. In practice most people leave prison unaccompanied. Arriving in the city, it is tempting for homeless prison leavers to opt for short term measures such as staying with a friend or sleeping rough rather than go to the Council offices.

Jane said that her previous release from prison was on Christmas Eve with nowhere to go and no one to support her. This was a contrast to being met at the prison gates early in the morning and accompanied back to Oxford this time by the Prison Homeless Prevention Worker. “Before, I would have phoned up and had someone waiting for me at the platform with some crack” she said.

- **Beds available in direct access hostel**

On average the Night Shelter is able to accept three new people per night. However supply and demand both fluctuate. Over the winter and early spring of 2006, people regularly reported waiting times of up to ten days. With long queues to get in, many give up and become established on the street or camp (however ill equipped) in the greener areas of the City.

Ted got into the Night Shelter after seven days. On the one day he was able to get in, he didn’t have the money, so he had to wait again.

- **Waiting lists**

All of the hostels run with waiting lists and priority lists. Waiting lists for supported housing projects can be shorter however the number of available bed spaces is limited by acceptance criteria by some projects and by the fact that some units can only cater for small numbers of people. Although an ex prisoner may successfully be referred to a supported accommodation provider they may still face the prospect of being homeless if a bed is not ready for them on release.

“I know you are fighting my corner.” Prison Homelessness Prevention Worker client on Priority Bed List.

- **Referrals from prison**

It is difficult for larger hostels to carry out assessments of people whilst they are in prison. Instead they take prison referrals and conduct assessments on release. This means that there is a delay in processing applications, during which time people have to sleep rough or use the direct access hostel.

Larry was very keen to go to Simon House believing that the alcohol testing would help him. However he was despondent about being homeless for several weeks on leaving prison while the assessment process took place. He said he did not care anymore and he might as well go back to prison.

- **Inappropriate referrals to accommodation projects**

Short term prisoners with no homes to go to are aware that in their enforced drug or alcohol free state they can access accommodation that would have previously been unavailable to them. It is also possible for professionals as well as prisoners to overestimate the potential to remain abstinent on release. Inappropriately referred people are often unable to maintain their tenancies and will be considered 'intentionally homeless' when they leave the project.

Mike, a middle aged man, with a past diagnosis of Personality Disorder, a history of self harm, and long term, heavy substance use, said that the recent months in prison were the first time he had ever been 'clean' for so long. A late referral resulted in an assessment on release at a hostel with an abstinence policy. In one sense Mike was lucky a bed was free for him. On the other hand, it was only a matter of days before Mike was asked to leave for contravening the rules.

- **Proximity to other alcohol and substance users and chaotic people**

Rough sleepers frequently cite their desire to maintain their distance from other drinkers and substance users as a way of controlling their own use and therefore choose not to use a direct access hostel.

Winston was working on his substance use. He only started using a direct access hostel after months of sleeping rough, when he could not cope with the bad weather any more. He refused to put his name down for another hostel because he believed it to be full of crack users.

- **Stigma and independence; inappropriate environment**

Some people leaving prison will not go to a direct access hostel and will prefer to sleep rough. It is their way of maintaining their sense of self worth and independence.

Craig had always lived in cars. On release he planned to get a tent and sleep in that, away from everyone else. When sleeping rough, he maintained a 'normal' appearance, did not do street drinking, but drank in pubs.

- **Bans**

Long term bans are imposed in response to behaviour that poses a serious risk to other residents or staff and are unlikely to be revoked very quickly. Bans from more than one hostel effectively result in rough sleeping for the individual. People under bans frequently have a history of violent or difficult behaviour due to mental health

Part 2 - The barriers facing prisoners to accessing accommodation

needs or chaotic drug and alcohol use and will not be able to access supported or private rented accommodation due to their risk history.

Eddie was banned from a direct access hostel and a large homeless hostel prior to his release six months ago. One hostel lifted the ban after three months and made strenuous efforts to accommodate him. By this time however, Eddie's behaviour had become very chaotic and it was almost impossible to engage with him. Eddie is now back in prison.

- **Couples**

Homeless couples are often reluctant to accept accommodation where only one person is accepted, usually the female partner in a heterosexual couple. Consequently couples sometimes continue to sleep rough for long periods of time.

Sharon books herself out of her hostel when she can so that she can sleep rough with her boyfriend who is on the streets.

- **Service charges**

Whilst at a hostel residents will have their rent paid for by Housing Benefit. However service charges are made by the hostel to cover fuel and food costs which have to be met by the resident through their benefits. This is met with resentment by some and with a refusal to use hostel accommodation by others.

"I don't eat the food - why should I have to pay for it?" Former hostel resident

- **Hostel regulations**

Some homeless people feel demeaned by the idea of living in an institution (a large hostel) with other homeless people with their movements controlled by hostel staff.

Banned from a direct access hostel and from a large homeless hostel Mohammad opted for Simon House prior to his release. Looking forward to seeing his girlfriend again, Mohammad believed he could manage his drinking now he had been dry in prison for a few months. Unable to maintain hostel regulations Mohammed lost his new accommodation within a few weeks. He has been in prison again or rough sleeping for the majority of the time since his release almost six months ago.

- **Drug and alcohol testing**

Projects that focus on the needs of people recovering from problematic substance use vary between accommodating those who are completely abstinent to others who are still working towards abstinence. Whilst some projects operate warning systems, others deal with relapse through immediate notice to quit.

Interviewee 2: "I owned up to using and I was out. I needed emotional support into why I had used. It would be better if you could have warnings because otherwise you are out on the streets.

- **Delay in Housing Benefit**

Some accommodation providers cite delays in Housing Benefit as an unhelpful feature of housing ex-prisoners. The delay is due to the length of time it takes for a fresh claim to be processed by the Benefits Agency.

Jools told the Prison Worker at his assessment that he would be going to the Midlands when he was released. He would start his claim there as it would be processed more quickly than Oxford. Once sorted he would return to the city.

- **Delay in Move On**

Owing to demand outstripping supply, supported housing projects contacted report residents waiting one or two years before they can access various forms of independent accommodation. This means that there is a 'bottleneck' in the system with long waiting lists for supported accommodation.

- **Limited accommodation for people with alcohol problems**

There is very limited supported accommodation specifically aimed at the needs of people recovering from alcohol dependency. The only Alcohol Recovery Project has six places and is oversubscribed. There are no housing projects to support people who have no current intention of reducing their alcohol intake.

Brendan, a long term drinker with problems with aggressive behaviour, was allocated a place on the Alcohol Recovery Project at a large homeless hostel following an assessment in prison. However it was very unlikely a place would be free for him when he was released in a month's time.

- **Risk history**

Services are unable to accept those with current and serious difficulties with abusive, demanding or dangerous behaviour towards others, especially where accommodation is shared. People with a history of arson, sex offences or violence will have difficulty accessing such accommodation.

- **Access to supported accommodation for people with severe mental health problems but not on a CPA**

To access all of the mental health supported housing provision people need to be on a CPA (Care Programme Approach) and come under the care of a Community Mental Health Team. Frequently people with a diagnosis of Personality Disorder are not under any statutory care and therefore ineligible to any mental health supported accommodation. Others with a life time of homelessness in hostels and on the street have never come to the attention of mental health services and remain without a diagnosis.

Amanda is almost fifty, has a label of Personality Disorder and a history of chaotic alcohol use. Her life has revolved around hostels, sleeping rough and prison, typically re-offending within forty-eight hours leaving prison. She responds well to structured secure environments but has often been unable to get this, or a bed at a direct access hostel, immediately on release. Lack of secure accommodation acts as a trigger for Amanda to start drinking again, resulting in re-offending, and a 'safe place' in the form of prison.

- **Lack of supported housing for people with complex needs**

Currently there is no accommodation provision for people in Oxford specifically with complex/multiple needs. Only one project (three beds) accepts those with a dual

diagnosis of a SMI or Personality Disorder and addiction issues; this service only takes referrals from the Assertive Outreach Team

2.3 Private Rented Sector

Individual private landlords, letting agencies, Oxford City Council and LMDS. See Appendix 5 for further details.

Barriers to accessing the private rental sector:

- **Lack of cash deposit or money for rent in advance**

Short term prisoners with a history of homelessness and unemployment are unlikely to have any savings to pay for deposits or rent in advance.

Interviewee 4: "You have got no funds, no family, nothing. Forty-six pounds [discharge grant on leaving prison] - what's that getting you

- **Lack of known HB and LMDS friendly landlords**

Over the last five years there has been a reduction in private landlords in Oxford City willing to accept people on the Lord Mayors Deposit Guarantee Scheme (LMDS) and in receipt of housing benefit (HB). Oxford City Council provides information on private rented accommodation using a local website (Daily Information); however this does not indicate whether landlords accept housing benefit or LMDS.

Brian tried hard to find private rented accommodation using the Daily Info list but no one would take housing benefit. He was able to use a support service's telephone: ringing mobile telephone numbers was impossible on his budget.

- **Ability to access private rented accommodation**

Ex-prisoners who have spent a lifetime in the revolving door of prisons, hostels and the street will not be familiar with obtaining accommodation on their own. With a history of homelessness and chaotic living, few have the skills to present themselves positively to potential landlords.

"I've heard about 'normal'. I'd like to do normal and see what it's all about." Ex-prisoner now living in a hostel.

- **References and risk history**

Ex-prisoners will face difficulties with providing references should they be required because of their criminal record and, often, a history of homelessness and unemployment. Support workers are obliged to disclose known histories of violence or damage to property and Schedule One offences should they be in a position of introducing an ex-prisoner to a landlord, letting agency or LMDS. People seen as high risk will not be accepted.

- **No contact with private landlords, LMDS, letting agencies whilst in prison**

Whilst prisoners may be able to get information about private rented accommodation little more can be done in terms of securing accommodation due to difficulties with communicating with those outside prison.

2.4 Services within prisons - Barriers facing housing services in prison

St Giles Trust – HMP Bullingdon

St Giles Trust, a national charity has the contract for the resettlement of short term prisoners (12 months and under) and those on remand in HMP Bullingdon. The service has four paid workers and a team of advisers who are prisoners on NVQ training. Everyone entering the prison system is assessed by the Prison Service by completing a Housing Needs Initial Assessment Document at reception. Those who meet the criteria of the service are then given further assessments and referrals are made to housing providers. Their workers report very similar difficulties to those working in the community.

- Waiting lists for large homeless hostels
- Waiting lists for supported accommodation projects
- Waiting lists for alcohol and drug detox units
- Lack of info on HB landlords
- No 'in reach' from OCC – homeless applications in prison
- No 'in reach'/assessments by LMDS
- No in prison assessments by large hostels
- Nowhere to put people who are under several bans and chaotic
- Difficulty placing people with high risk assessments and difficulty placing people for whom little risk information is available
- No one there to meet the person as they come out of prison
- Remand prisoners can only receive advice; referrals cannot be made

NACRO – HMP Bronzefield

HMP Bronzefield's housing resettlement services are provided by a NACRO worker who covers the entire South East region. She is supported in this work by Prisoner Peer Support Workers, prisoners trained by NACRO. The work is primarily focussed on maintaining tenancies and safe storage of belongings due to the short sentences women are serving at the prison. Other work concerns rent deposits and information on private lets.

Additional barriers NACRO have reported

- No information on HB and deposit scheme friendly landlords

The NACRO worker is able to give prisoners information about HB and deposit scheme friendly landlords to prisoners returning to other areas in the south east region, but not Oxford.

- No agency 'bridge' between the prison gate and arriving in Oxford city

This is particularly difficult for local women. There is no women's prison within Oxfordshire and travel to prisons outside the area is lengthy and complicated – both for prison leavers and for professionals working with them.

CARATs – addressing substance use in prisons

CARATs - Contact, Assessment and Referral Teams - are prison based services designed to meet the needs of prisoners with alcohol and substance use problems. At HMP Bullingdon the service is run by RAPt, at HMP Bronzefield by the NHS. They are responsible for assessing prisoners with drug and alcohol problems, running courses based on the '12 step' model, and arranging placements within rehabs. They

are not involved in arranging accommodation for prisoners once they have left prison but will make referrals to community D&A services.

Additional barriers CARATs have reported - Limited access to drug treatment programmes for those on short sentences.

Short term male prisoners in HMP Bullingdon can attend short courses (SDPs -Short Duration Programmes). However many miss these due the brevity of their sentence as the five week SDPs are run in blocks and it is not possible to join part way through. Without any work on the psychological realities of addiction the inevitable lapse into use or drinking is likely to happen sooner rather than later following release with the corresponding reduction in motivation or ability to engage with drugs services in the community.

HMP Bronzefield, has a very high turn over (average stay 8 days to 3 weeks), and CARATs entire work is specifically tailored for short term prisoners. Women are offered six one-to-one sessions on a weekly basis, with sessions focussing on relapse and overdose prevention, and harm minimisation; two half day sessions educate women on crack cocaine and heroin.

A long term crack and heroin user, Shelagh said that the courses she attended were the first time she had learnt anything about health risks in relation to her drug use

In-reach service – mental health service in prison

The Oxfordshire Mental Healthcare Trust provides an In-reach team in HMP Bullingdon. 'In-reach teams' are CMHTs operating within the prison. They do not continue to work with people once they have left the prison gates.

Barriers to the mental health 'In reach' services:

- **Transfer of care to CMHT outside of prison**

In-reach services report difficulties transferring the care of patients who are on enhanced CPAs, and who will be NFA on release and not registered with a GP. Local CMHTs will not accept referrals where there is no GP.

- **Limited capacity of Community Mental Health Teams (CMHT's)**

CMHT's work with very large caseloads. Ex prisoners will often not be viewed as top priority. A CMHT will provide and do the very best they can for someone on an enhanced CPA but what they can offer is limited. They would not have the capacity to provide the vital linking function on release that ex prisoners require.

Part 3 – Recommendations for strategy makers

Recommendations for better access to accommodation

- There is a need for improved data collection on ex prisoners by relevant bodies.
- To enable prisoners to have access to local authority ‘homeless’ services prior to release, which could involve holding ‘homelessness’ surgeries in prison. Enabling ‘homelessness applications to be made, investigated and decided prior to release whenever possible. Also to include options beyond statutory duty such as the Private Rental Sector and Choice lettings scheme.
- To ensure agencies operating within prisons are aware of the soon to be introduced ‘reconnection’ policy to Oxford City. Wherever possible prison agencies should be being challenged against simply recommending Oxford City as a place with good support and service provision for people of NFA.
- The crucial gap for many prisoners is the time difference between being released from prison and being able to take up a place in a supported housing project or dry hostel due to the limited spaces available. The waiting lists in hostels are a constant issue, prisoners should have access to the priority lists prior to release. Other options such as the proposed supported lodging schemes by OCC should be explored to bridge such gaps.
- It has to be questioned whether the long term problems of placing someone in unsuitable accommodation or at an unrealistic stage in their lives that could potentially lead someone to having an ‘intestinally homeless’ status is worth the short term gain of someone having an immediate roof over their head that night. One down side of a target/outcome culture is that people inevitably look for short term fixes to long term complex problems.
- There is a need for more supported housing projects that can take people with more complex needs.
- There is a need for more supporting housing projects addressing addiction issues that have the capacity to work with a greater tolerance to relapse.
- The issue of bans from projects can be a complete barrier to some individuals from accessing housing. Whilst agencies have every need to have such systems in place, the procedures and individual cases should be reviewed regularly. There is a need for more anger management courses to be available to this target group.
- Greater networking should take place between the courts and support agencies. For short term prisoners a referral straight from the courts is the most appropriate timely intervention.

Part 4 - The Pilot Model carried out by the Prison Homelessness Prevention worker and the outcomes achieved

Case work

The primary focus of the pilot was to see if engaging with someone prior to their release and maintaining that support intensively once out in the community could improve the ex prisoner's chances of successfully resettling. In particular within the area of reduced rough sleeping but also looking at other needs such as prevention from re offending, accessing other services and improved mental health.

An additional focus of the pilot model was to identify whether there is a group of prisoners with specific needs who require additional services to what is currently available and to make recommendations as to what a good practice model would look like

The post holder worked with five people for a six month period, appendix 7 has a detailed table explaining the work carried out. The post holder accepted literally the first five people referred to the pilot. The post holder was based within the Elmore Team who work with people with complex needs. During this time staff members of that team were already working with people recently released from prison, appendix 8 has a table demonstrating the work carried out on five of the teams caseload. The outcomes achieved will detail the work carried out on these ten people.

Referrals to the pilot model

The referral procedure was open for five months of the six month pilot period. During that time 18 referrals were received.

The referrals came from a variety of sources the majority of which were from services based within the prison. Three points were very quickly highlighted.

- Referral agencies need to ensure sufficient time prior to someone being released to make the referral. On several occasions the post holder received very little notice. The most timely source of referral was found to be directly from the court at the point of sentencing.
- Referral agencies need to be very realistic with the person being referred about what the Prison Homelessness Post could offer. On several occasions referral agencies were significantly raising the expectations of prisoners that housing could be provided immediately.
- Often the people being referred had very few housing options available to them. They were the prisoners for whom the housing agencies based within prisons simply had no answer for.

The post holder could only provide the full pilot model, of one to one support, with the first five people referred. The high referral rate highlights the need for additional service provision. Although the post holder's caseload was filled very quickly, work was carried out on each referral, below is a table detailing the referrals work.

Number of needs the person has	Referral source	Weeks between receiving referral and release date	Outcome of referral	Work carried out	Would person have required service of the pilot had there been sufficient capacity
5	NACRO	3 weeks	Client	Assessment inside	Taken on as part of pilot
6	CARAT	4 weeks	Client	Assessment inside	Taken on as part of pilot
5	SST	2 weeks	Client	Assessment outside	Taken on as part of pilot
5	Police	8 weeks	Client	Assessment inside	Taken on as part of pilot
5	ST Giles	2 days	Client	Assessment outside	Taken on as part of pilot
5	SST	16 weeks	Brief intervention	Liaison with other agencies	No sufficient stat service involvement
3	Info Share	4 weeks	Brief intervention	Did not want to engage	No , unlikely to need ongoing support.
6	CARAT	16 weeks	Brief intervention	Asked to get back in touch nearer release date	Yes
5	Drug service	Just released	Short term intervention	Assessment outside. Some STW carried out	Yes
5	St Giles	4 days	Brief Intervention	Assessment planned for outside	Yes
5	Probation	1 week	Client (Elmore Team)	Assessment outside.	Yes
3	St Giles	6 weeks	Short term intervention	Assessment in prison. Referrals made for accommodation	No , unlikely to need ongoing
3	St Giles	3.5 weeks	Short term intervention	Assessment in prison Referrals made for accommodation	No , unlikely to need ongoing support in community
4	Family	7 weeks	Client (Elmore Team)	Assessment in prison	Yes
4	St Giles	Just released	Brief Intervention	Referral made after release, never came to area	Yes
4	St Giles	20 weeks	Brief Intervention	Liaison with other agencies	Yes
4	St Giles	9 weeks	Client (Elmore Team)	Assessment in prison	Yes

3	St Giles	1 week	Brief Intervention	Assessment in prison	No. sufficient stat service involvement
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Findings from the pilot – Is there a need for additional service provision in Oxford?

Only the first five people referred to the pilot were able to receive the service being piloted. However all of the people referred were assessed as to whether they required this type of service were the resources to be made available. Out of eighteen people referred, five were assessed as not requiring an additional service to what is already provided.

Reasons for not requiring the service being provided by the pilot.

- Two of the people had a diagnosed severe mental illness and were assessed as going to be receiving sufficient support from a Community Mental Health Team once released.
- Three of the people had only one other need in addition to being homeless and a prisoner, in all three cases the additional need was a drug addiction. They were assessed as being able to get sufficient support from current service provision.

The main difference between the group of prisoners who only had a drug addiction in addition to being in prison and of NFA, and those with much more complex needs is that the barriers to resettlement appear to be much more to do with their own motivation to change. This is a client group that are capable of sorting out their own affairs such as benefits, medication, accommodation etc. The difficulty will be their own motivation to make changes to their lifestyle and do any of this work. Motivational factors to influence change will come down to the individual and life events at which point they may choose to access community support or potentially a longer spell in prison which enables them to access drug rehabilitation inside. The services required by this group were seen to be currently available in Oxford.

Thirteen of the eighteen people referred required the service being piloted. This suggests there is a need for additional service provision in Oxford,

Outcomes achieved

Outcomes have been monitored against the basic criteria of the evaluation – to reduce rough sleeping and in relation to six of the “pathways” to reducing re offending identified by the National Offender Management Service (NOMS) in the National Reducing Re offending Action and Delivery Plans.

Reduction in the number of people sleeping rough in Oxford City. Housing and homelessness pathway

“No ex – offender can really hope to be fully rehabilitated without a home, a physical base which gives them security and stability.” RT Hon Charles Clarke, Prison Reform Trust Speech. 19 Sept 2005

6 of the 10 people given support have never slept rough since their release.

1 of the 10 only slept rough for a very few days.

1 person, who had a significant amount of time sleeping rough, has now found hostel accommodation.

1 person has so far not been supported to access accommodation.

1 person has left the area and whereabouts are unknown, in the days they returned to Oxford they accessed a direct access hostel.

Mental and physical health, and drugs and alcohol pathway

The effective treatment and management of mental and physical health and substance misuse problems and improvements in the health and well being of offenders has the potential to greatly increase their chances of successful rehabilitation and social inclusion. Strategy to reducing re – offending in the South East.

9 of the 10 people given support accessed additional mental and physical health, and drug and alcohol services.

The work covered a range of examples from the basics such as accessing GP’s for foot injuries and scripts to the much more complex such as ensuring continual psychiatric assessments took place which eventually led to an out of county secure mental health placement being accessed for one client.

1 person was not supported to access any additional services.

Finance, benefit and debt pathway

Lack of financial security, debt, disrupted access to benefits and advice, insufficient funds on release from prison, and low incomes all contribute to poverty fuelled crime and re-offending. Strategy to reducing re – offending in the South East.

6 of the 10 people given support were assisted with handling their benefits, enabled to access additional grants and given various types of financial support.

1 of the 10 people did not require any assistance.

3 of the 10 people would not allow us to support them with these matters

Attitudes, thinking and behaviour pathway

Many offenders have poor problem solving and interpersonal skills, affecting how they cope with everyday problems and how they relate to other people.

Strategy to reducing re – offending in the South East.

8 of the 10 people given support formed a trusting, positive relationship with their named worker and other members of the team enabling them to receive emotional support on a regular basis. By the end of the pilot many of these people were being signposted onto further more in depth work into aspects of their behaviour.

1 of the 10 people showed signs of beginning to form a more trusting relationship with worker but then left the area

1 out of the 10 people did not allow the worker enough engagement to begin building up a trusting relationship.

Education, training and employment pathway.

“Stable employment is known to be key to reducing re-offending it must therefore be our aim to give offenders “the opportunity to be engaged in productive activity that benefits both themselves and wider society.” RT Hon Charles Clarke, Prison Reform Trust Speech. 19 Sept 2005

4 of the 10 people given support were introduced and encouraged to use various day services across the city, engagement in this type of provision can be the first step to finding more meaningful occupation.

6 of the 10 people had lives that they felt were too chaotic to enable them to wish to consider meaningful day time activity at this point in time.

Children, families and support networks pathway

“An offender is much less likely to re-offend if (s)he feels part of a family and community from which (s)he receives support as well as owes obligations” RT Hon Charles Clarke, Prison Reform Trust Speech. 19 Sept 2005

3 of the 10 people in the pilot were given support to maintain positive relationships with family or friends not involved in the ‘street scene’.

For many people involved in the ‘street scene’ – other people sleeping rough - are currently the only people they know.

Return to Re-offending in the six month period.

4 of the 10 people given support have not re-offended.

3 of the 10 people re –offended once and received very short sentences (majority under two weeks). All 3 have had their previous accommodation secured. For all 3 their period of not re-offending whilst receiving support marked a significant if not the most stable period of their criminal histories.

2 of the 10 people re –offended with serious crimes and are currently in custody.

1 of the 10 people left the area so their offending is unknown.

Unexpected Outcome

The unexpected outcome of this evaluation was that out of ten people given support to resettle in the community, two were identified as having a severe mental illness and significantly slipping through the net of mental health statutory provision. Both people ultimately gained placement in secure psychiatric settings. The case below shows an example of this.

Peter is in his early thirties and has been in contact with mental health services all of his adult life. Peter has both alcohol and poly substance use problems along with a varying psychiatric diagnosis, alternating between schizophrenia and 'personality disorder'.

Peter has been a client of the Elmore Team on and off for many months and most recently the team began supporting him after the Community Mental Health Team, who were having difficulties engaging with Peter, re diagnosed him with a 'personality disorder' (meaning he didn't fit their criteria to be eligible for a service).

Peter's offending was on the whole petty, and it didn't take much dissection before it could be understood as cries for help. Examples of this included breaking into a family friend's house with the aim of eating, drinking sleeping and perhaps trying to communicate the level of his distress.

An Elmore Team worker worked with Peter both inside and outside prison, and in the cells of the magistrate's court. The spells Peter experienced inside prison became lengthier. This was partly because the courts systems were confused by Peter and requested the completion of psychiatric reports, but also because Peter sabotaged his releases by either refusing to attend court or sacking his solicitors.

With Peter spending more time inside prison concern grew from Elmore team workers over Peter's mental state and the risks that increased around Peter's propensity to attempt suicide. Elmore Team workers liaised with prison and local community mental health teams to attempt to communicate concerns and request for his own safety that Peter be moved to a secure psychiatric setting.

After a suicide attempt in prison Peter became a significant concern and Elmore Team workers liaised with local secure psychiatric services to reinforce this. Elmore team workers only closed Peter's case when eventually Peter was offered a placement in a secure psychiatric environment.

Part 5 - The group of prisoners identified who require additional services other than what is currently available

Homeless prisoners with multiple needs

72% of the prisoners referred to the pilot had at least two support needs (often three or four) in addition to being homeless and a prisoner. Such needs included a mental health problem, drug & alcohol addiction, physical disability or a learning disability. The figure of 72% may initially be viewed as high. It is important to remember that the people being referred to this service were those for whom the agencies working within the prison were unable to resettle, hence it is the group with the most high needs.

Below is an outline of the needs commonly identified with this group which for the purpose of this report we are describing as homeless prisoners with multiple needs.

Mental health, usually the individual is diagnosed as having a personality disorder, drug induced psychosis or is undiagnosed. Rarely should prisoners have a diagnosis of schizophrenia or bi polar disorder because such illnesses would normally mean someone has gone down a forensic psychiatry route rather than the criminal justice system. In the majority of these cases the individuals were not linked into statutory mental health services. For others there may be a history of repeated admissions into acute psychiatric wards but that they were discharged for behaviour or not deemed to have a treatable mental illness.

Drug & Alcohol, usually crack or heroin, combined with alcohol. Mostly the individuals are pre contemplative in terms of the cycle of change. For some individuals their drug and alcohol use mirrors the chaos in their lives being impulsive and reckless, following no regular pattern and therefore more dangerous.

Physical health, usually linked to their addiction i.e. Hep C, cirrhosis or epilepsy

History of time spent in and out of criminal justice system, often since a minor

History of homelessness often having never had secure housing,

Poor educational opportunities,

History of a chaotic lifestyle particularly in months prior to latest prison sentence.

Difficult to engage with, often people whose chaotic lifestyle or lack of trust prevents them from successfully engaging with service provision.

Reoccurring pattern of offending: arrest – prison – release – return to addiction and chaotic lifestyle – re offend

This group of prisoners have difficulties accessing opportunities and resources alone, due to their needs, cognitive ability and habitual responses to problems. Their problems are highly complicated and interrelated. They require a coordinated, holistic, multi agency approach particularly across the crucial transition between prison and release, to provide ongoing care and support to reduce the chance of post release homelessness and re-offending.

Recommendations for future service provision for the group of prisoners with multiple needs

This evaluation identified a need for prison posts that can offer support to people with multiple needs leaving prison. These posts would be aiming to give support to those deemed the ‘most needy’. The aim of the posts would be to break the cycle of the ‘revolving door prisoner’ who always returns to the street and the chaotic lifestyle they know.

Expected number of referrals in one year for 1 FTE post	48 (average 4 per month)
Expected number of prisoners to receive assessment & signposting from 1 FTE post	24
Expected number of prisoners to be worked with by 1 FTE in one year	24 (average 12 on caseload at anyone time)

Where should the posts be based?

Prison worker posts need to be based in the community but have good links and regularly maintained contact with all services within prisons to ensure that appropriate referrals are made within sufficient time frames and that access to the prisoner and liaison with all agencies involved on the inside can operate as smoothly as possible.

These posts should not be based primarily inside the prison.

The majority of the work is about preparing people for release. Workers would require an extensive knowledge of community based resources, the very nature of the complexity of prisoner’s needs means they will need to access a wide variety of services

These posts should be based in agencies that are independent from housing providers. Part of the success of this work is that all the post holder has to offer to the individual is themselves and the assistance they can give. Not having the power to take something away, such as housing is vital.

These posts need to be based within part of a team.

Either a team of prison posts if the need is sufficiently high or within a team of workers who could take on some aspects of the work as required. The nature of the work means that flexibility in post holder’s time and availability is vital, if individual posts were running completely independently without any back up from team members the work could be restrictive to the needs of the prisoner.

Why is the work carried out in prison prior to release so important?

Needs engagement whilst in prison to offer a seamless service.

Important for any prisoner to meet someone they are going to be working with in the community whilst inside to begin forming a relationship of trust. This is particularly important for those people who are very difficult to engage with in the community.

Using the opportunity that a prison spell allows to maximum benefit.

Often the nature of this client group’s substance misuse, challenging behaviour and mental health needs, makes engagement in the community difficult. A spell in prison can present an ideal opportunity to try and engage with someone who maybe

distrusts services or is dry for the first time in months in order to build up some kind of relationship in preparation for when they are released. This may require several visits and often appointments may initially end abruptly and badly. Often there may be practical difficulties to being able to carry out several visits i.e. female prisons are often geographically far away. Such issues can be got around by making use of contact by letter and telephone and forming links with prison officers who the prisoner has built up trust with.

An assessment by an outside support agency needs to be carried out whilst the prisoner is inside.

This ideally needs to be between four and eight weeks before the release date to have any chance of adequately setting up a support package. An obvious point of referral would be from the courts at the point someone is sentenced. The assessment needs to address not only practical resettlement problems but also lifestyle, attitudes and motivations to change.

Work to start early whilst the person is inside

This could include; applications for housing, homelessness interviews, grant applications, benefits work, ensuring people are on waiting lists for hostels, making statutory mental health services aware of prisoners release date, ensuring a psychiatric assessment takes place whilst in prison, ensuring a GP is in place and meds available on release. The prison post needs to identify all agencies involved and coordinate the support both inside and outside of the prison.

What is the main activity of the post once the prisoner has been released?

Prisoner needs to be met outside of prison on the day of release.

This is vital and in reality very time consuming, a worker will require a minimum of one to two days immediately following a persons release to get the majority of the support package in place.

Intensive support in first few weeks after release, two sessions a week in the first month, gradually reducing.

Needs a Multi Agency Approach, co-ordinated by one individual.

One of the difficulties in providing support for prisoners with multiple needs is that often several agencies are getting involved in an un co-ordinated way that often leads to confusion and duplication. Very clear roles need to be identified.

Use of flexible targeted outreach and out of hours work

This group of people have complex and chaotic lifestyles, often they will not make appointments. Prison post's diaries would need to be flexible enough to put time into looking for individuals. This involves gaining an insight into the person's lifestyle and targeting outreach accordingly and fitting in work practice around them. I.e. a person may be very hard to track down anywhere other than an evening drop in centre.

How will the post support housing and homelessness?

The Post holder will be aware of all types of possible housing provision.

The initial assessment carried out inside, should identify those prisoners for whom the City Council may have a duty to house under Homelessness legislation and enable earlier, appropriate referrals being made. Where a person is unlikely to be housed under 'priority need' by the City Council, close joint working with the Housing

Options teams should enable all options available to be utilised to prevent homelessness.

Requires a very close working relationship between the post holder and any supported housing provider involved.

To ensure that appropriate, timely referrals are made. Once a person is accepted a clear plan needs to be in place for managing the individuals behaviour and needs. Supported housing staff can be made aware prior to someone moving in of the issues this person may present, giving the person the best chance of maintaining their place. Both the housing provider and the post holder have to be completely flexible around grabbing any windows of opportunity that present. The moments whereby an individual is motivated may be few and far between and every effort must be made to make the most of them when they present themselves.

Requires specialist support to maintain independent accommodation.

The factors that make such offender's needs so acute makes it very difficult to house them in the first place and then to keep them there once accommodated.

Responsive service with the capacity to adapt to changing circumstances.

This client group will require tenancy support and rehabilitation for considerable time after prison release. For many the road to resettlement will not be smooth. The prison post would have to be in a position to adapt and change the support plan accordingly.

How will the post support mental and physical health and drugs and alcohol?

Harm minimisation approach around drug and alcohol

This client group will often be pre contemplative in terms of the cycle of change. The immediate work necessary will be around harm minimisation to prevent overdose and disease. This work will then need to evolve into motivational support to effectively signpost them onto to other agencies to support them out of their substance misuse. Where a person has accessed housing which requires them to be abstinent, support around maintaining this must be provided.

Requires a skilled worker with good understanding of statutory services

Who can build up a positive relationship and coordinate and adapt the support package according to often inevitable changes of circumstance.

Worker would need to have extensive knowledge of statutory services. Often the work the prison posts would be doing is around accessing appropriate services for the individual, often these may be statutory services, particularly around the area of mental health. Individuals may need to have new psychiatric assessments carried out or require intensive support which is beyond what can be provided in the community.

Low expectations of self

This client group will have very low expectations of self. The relationship between Part 5 - The group of prisoners identified who require additional services other than what is currently available and the person that cares for them is crucial. When they realise that they have nothing anymore, that no-one is close to them or cares about them. A positive worker / person relationship can be instrumental at this point in bringing about change.

How would the post support finance, benefits and debt?

Requires ability to provide support around finance issues.

Supporting people to access benefits, reduce debts, access mainstream financial services and gain some independent financial skills.

Part 6 - Understanding the Impact of ASBOs on vulnerable people

In recent years dealing with 'anti-social behaviour' has become a priority objective of central government. Recent legislative initiatives have tried to establish a level of official and public agreement around what is and is not acceptable behaviour. Such developments include the creation of Anti-Social Behaviour Orders (ASBOs) and Acceptable Behaviour Contracts (ABCs).

This evaluation raised concern with regard to the affect of Anti Social Behaviour Orders on people who are vulnerable and marginalised. The experience found has been that a group of people with mental health difficulties, that affect significant aspects of their lives, are being brought into prison for the first time.

This group of individuals will demonstrate and always have done so particular behaviour which is often challenging and potentially problematic. Whilst this group of people have traditionally found themselves outside the protection afforded by mental health statutory provision, they were rarely subject to intervention by the criminal justice system and law enforcement agencies. Their inability to comply with the requirements of an ASBO can propel them into custody thereby further increasing the already large proportion of people with mental health problems in the prison system.

Within this evaluation, three of the women involved were receiving prison sentences for the breach of an ASBO. One of the women involved was in prison for breaking an injunction. The experience found by this evaluation and from discussions with the two prisons involved, which is based on a limited number of cases, is that for women in prison under the ASBO process it is more often their first encounter with the criminal justice system. Many males imprisoned under the ASBO process will have a history of being part of the criminal justice system. In addition (based on the experience of the Elmore Team) there is another group of women who will potentially be entering the criminal justice system under the ASBO process for the first time. These are women with severe drug addictions who are carrying out sex work. The sex work is being addressed by law enforcement agencies under the ASBO process.

A considerable number of the Elmore Teams clients in the last two years have been in some way involved in the anti social behaviour process. The experience found by Elmore Community Services is that enforcement alone is rarely effective, but that enforcement with intensive support can be and in some instances is more effective than intensive support alone. This is very similar to the notion that has successfully underlined drug and alcohol treatment. It requires an almost two pronged approach of both the carrot and the stick. The stick being the ASBO and the threat of imprisonment and the carrot being the intensive support that is required from agencies to support individuals to address their behaviour. Our experience is that the ASBO process can actually drive people who previously had not engaged to engage, fear of prison is incredibly powerful and it is how best to harness this crisis point and turn it into something positive.

Case study 1

Samantha is a middle aged mixed race woman with a label of 'dependant personality disorder' who had lived with her mother all of her life. About three years ago, Samantha experienced the death of her Grandmother, lost her part time job, and experienced racist bullying at work. It was then, she reports, her mental health began to deteriorate. She became depressed, and experienced violent outbursts towards her mother and her property.

Her mother felt unable to care for Samantha and she moved into bed and breakfast accommodation, living independently for the first time.

Samantha financed this through a large amount of inheritance money she had received. Samantha continued to visit her mother and the violent behaviour continued. This resulted in Samantha receiving an ASBO that prohibited her from visiting her mother. Samantha was unable to comply with the conditions of this ASBO and eventually ended up for the first time in prison.

Elmore Team workers met Samantha for the first time during her third custodial sentence for breaching her ASBO. On release Samantha came to Oxford with the encouragement of prison staff, hoping that this would be a fresh start away from her mother. Elmore team workers supported Samantha on the day of her relapse, helped her access some bed and breakfast accommodation, and worked together with her to draw up a weekly routine that involved accessing daycentres and other activities.

After a short time Samantha became distressed feeling that she "cannot cope", "belongs to no one" and wanted "someone to look after her". Her behaviour escalated and her previous behaviour patterns re-emerged. She held Elmore Team workers hostage, damaged property, and assaulted other professionals. Other types of behaviour included lying down in the middle of the road in order to get police attention resulting in Samantha being arrested on a number of occasions and on one occasion returning to prison.

During this time Elmore team workers continued to support Samantha in police cells, court and prison. In particular they liaised and organised case conferences with the local community mental health team and forensic psychiatric services to attempt to outline risks and plan a way forward. Over time it became clear that Samantha's behaviour posed too much of a threat to Elmore Team workers to sustain face to face contact. Elmore team workers continued to take the lead in liaising with statutory

services and maintained telephone contact with Samantha.

Samantha's offending behaviour continued, police, courts and mental health services were amiss as to how to proceed and confusion and disagreement ensued. The Elmore team support continued throughout and liaison with statutory services continued reinforcing the view that a secure psychiatric setting was the best fit option for Samantha. Eventually Statutory mental health services made funds available for Samantha to access such a placement.

Case study 2

Sandra is 45 years old, labelled with a 'personality disorder' and drinks almost daily. Her life over recent years has become one that has been more and more focussed on living a 'street' lifestyle. What contributed to this was being evicted from her Local Authority property for anti-social behaviour. This meant Sandra lost all of her rights for Local Authority Housing.

Sandra was issued with an anti social behaviour order about 3 years ago. Prior to being issued with the ASBO Sandra has never been to prison. The ASBO had two particular conditions attached to it. The first being that Sandra was not to behave in an antisocial manner; and the second being that she was prohibited from accessing certain parts of Oxford City centre.

Sandra's ability to comply with both of the conditions of this order was impaired because of her alcohol problem and her inability to keep her own boundaries and to keep herself safe. She is at best ambivalent about changing the antisocial aspects of her behaviour. Elmore team workers worked with Sandra to outline to her both the conditions of and the consequences of breaching the ASBO.

Despite this however Sandra was unable to comply and was arrested, the consequence of breach of ASBO is a custodial sentence. Elmore team support here was centred on both supporting Sandra whilst in prison and on her release. Phone calls, visits and a prison visit with a local housing provider for an interview were made to attempt to coordinate a support package on Sandra's release day. In addition to this Elmore team workers worked alongside a solicitor to apply to vary the conditions of the ASBO and the case to remove the ban from certain streets of the city centre

was successfully won.

Because the anti social aspect of the ASBO remains and Sandra continues to be ambivalent about changing her behaviour Sandra continues to be arrested and Elmore Team workers continue to support her both in and out of prison. Although this work is slow and in many ways could be viewed as negative in terms of someone having become a 'revolving doors' prisoner, process the table below demonstrates that progress is being made. The time spent outside of prison is getting considerably longer.

Length of sentence	Time in community before breaking conditions of ASBO
14 days	6 weeks
10 days	8 weeks
35 days	3 weeks
70 days	7 weeks
56 days	6 weeks
120 days	5 months has not yet breached ASBO

Recommendations for strategy markers for future service provision relating to the ASBO process

To provide an intensive support service for vulnerable people at the earliest point at which they enter the anti-social behaviour process.

The primary aim of the service would be to prevent people from entering prison particularly those who would be entering for the first time. Whilst the previous recommendations for the type of services required for prisoners with complex needs concentrates on breaking the cycle of 'revolving door prisoners', this recommendation is about preventing a group of people from becoming an additional 'revolving door prisoner' in the first instance.

Although, in many ways the support that is required for these individuals is very similar to that which has been laid out for working with prisoners with complex needs, there are some additional significant variations.

- This work should **NOT** be about making the first engagement with someone once they are inside, but should begin at the earliest opportunity that they become involved with law enforcement agencies. A clear referral process should be put in place that all law enforcement agencies can access. For example in Oxford either the CANACT team or the police may be involved with the individual.
- Intensive flexible and creative support should be given to the person whilst they are in the community. The aim would have to be address peoples problem as a whole, these issues are often too complex to work on in isolation, ie to address someone's ASBO linked to drunken behaviour there may be need to additionally secure housing. A range of preventative and problem solving initiatives would need to be undertaken. Supplemented by longer term interventions which address the underlying causes of the problem behaviour.
- A supports service that can signpost and advocate if necessary an individual onto a range of services is vital. Often the people who are involved in anti social behaviour do not meet the thresholds of many of the traditional support services and although they may be in need they may slip through the net
- A key part to working with someone is to ensure they understand the conditions of the ASBO and the repercussions of it being breached. Often one of the effects of someone having a personality disorder (all four women in this evaluation within the ASBO process has a personality disorder) is that they struggle with boundaries and containment. Resources of the support service should be spent addressing and enabling the individual to understand the impact and effect of their behaviour in the community.
- In addition to good multi agency working, the support service would require very close links with the statutory agencies involved and with the legal system. One of the difficulties around the ASBO process currently is that it is relatively new to everyone. It involves different types of partnership working and new case management approaches in order to provide the most effective, consistent and sustainable support for all aspects of client needs.

[Appendix 1](#)

[Risk of deteriorating mental health – additional statistics](#)

Male prisoners have significantly higher rates of mental illness compared to the general population (two thirds of prisoners as compared to one fifth of the general population) with one in five male prisoners having attempted suicide at some point in their lives or been admitted into psychiatric care (MIND 2004; ONS (Office for National Statistics)1998).

Prisoners are estimated to be seven times more likely to commit suicide compared to the general population with at least 20% having attempted suicide in the past (Social exclusion report 2002). Furthermore, 10% of prisoners display symptoms of ‘functional psychosis’ compared to 0.4% of general population (7% male prisoners, 10% remand prisoners, 14% female prisoners) (ONS 1998) and over 70% of prisoners suffer from at least two mental disorders. It is estimated that around half had no GP before they came into custody (Social exclusion report 2002).

[Appendix 2](#)

[The Bridge Project – voluntary sector](#)

The Bridge has 24 beds available for people between the ages of 16-25 years who are too young to access a direct access hostel. It also provides direct access to those young people who are ineligible for temporary accommodation provided by the local authority. It does not provide a day service. Potential residents are assessed for risk and vulnerability with information sought from other agencies. In general, it is able to respond to demands on its service.

[Oxford Night Shelter, O’Hanlon House Hostel – voluntary sector](#)

The Shelter’s O’Hanlon House hostel has the potential of up to 5 beds (out of 52) available on any night on a ‘first come, first served basis’ for anyone over the age of 25 years. Once resident, people can access day service facilities at hostel. People can elect to stay longer and work their way through a direct access hostel’s resettlement process. Vulnerable people are given a preference with factors such as age, gender and mental and physical health considered.

[Appendix 3](#)

[Lucy Faithfull House - English Churches Housing Group \(ECHG\); Simon House - Cherwell Housing Trust \(CHT\)](#)

Oxford has two large, well known single provision hostels located in the City centre, each with around fifty beds. Both operate a referral system (including self referrals), have round the clock support and provide meals. Residents therefore have a high level of support practically and emotionally. Lucy Faithfull House has a certain number of allocated beds paid for by the Probation Service, whilst Simon House (Cherwell Housing Trust) has respite beds, and some registered care beds paid for by Social Services. The two hostels differ in respect of their policies around abstinence. Simon House operates a ‘dry house’ with mandatory drug and alcohol testing; Lucy Faithfull House has a policy forbidding the consumption of alcohol on site but does not require its residents to be abstaining from drug or alcohol use. Residents from the hostel can move onto ECHG’s Alcohol Recovery Project (ARP) or to the Drug Recovery Project (DRP) which include detox and group work programmes.

[Priority Bed List](#)

In addition to its main waiting list, Lucy Faithfull House runs the ‘Priority Bed List’ comprising of five named individuals listed in chronological order of date of referral. Names

of rough sleepers who have been prioritised because of their needs come through agencies such as the Street Services Team and through the inter-agency Client Share Meeting. Typically included are people with complex needs, serious physical health concerns, people who have been sleeping rough for a long time, those who are vulnerable and people banned from all or many other accommodation services.

[Appendix 4](#)

[Supported Housing Projects – voluntary sector](#)

The following are the main providers of supported housing in Oxford City serving people with drug and alcohol problems and people with mental health issues:

Bromford Housing Association (small housing projects)

Connection Floating Support DISH Project (individual flats)

ECHG – Alcohol Recovery Project (ARP) and Drug Recovery Project (DRP)

Julian Housing (Oxford Night Shelter) (small housing projects; individual flats)

Oxfordshire MIND (small housing projects; individual flats)

Simon House (CHT) – (small housing projects)

Stonham Housing Association (small housing projects; individual flats)

[Appendix 5](#)

[Private Rented: private landlords, letting agencies, Oxford City Council + LMDS](#)

[Individual private landlords](#)

Private landlords advertise through newspapers, local shops and on the internet through local websites. A deposit, a month's rent in advance, and frequently references are required. Most landlords are aiming to let to employed people, and students, who form a large section of private rented sector tenants in the City. The number of landlords letting to people on housing benefit appears to have decreased over the past five years (LMDS findings).

[Letting agencies](#)

Letting agencies act as agents on behalf of the landlord, charging a percentage of the rent received per instalment and charge a fee to the person who becomes a tenant through their agency. It is the decision of the landlord to accept housing benefit (not the agency) and is not generally publicised. Securing a tenancy follows much the same procedure as directly through a landlord in terms of deposits, rents in advance and references. Letting agencies aim their services to people in employment and students.

[Oxford City Council](#)

Oxford City Council provides lists of private rented accommodation obtained from a local website, Daily Information, at its St Aldates Housing Needs office. Further assistance in the way of more detailed advice and information for homeless people and others with housing difficulties is available on a drop in basis through Housing Options. This is in-house service located in the St Aldates office. (Homelessness Code of Guidance for Local Authorities, July 2002; 9.17 Duty To Provide Advice And Assistance.)

Oxford City Council operate the 'Move On' (fifty places available in a year) and the 'Home Choice' schemes which enable people to access private rented accommodation through the Allocation Scheme and through a rent deposit scheme.

The Council is aware of the cuts from Supporting People to supported accommodation providers and is working on developing further routes in to private rented accommodation for

those unable to access it at present. It is currently working on developing supported lodgings for young people (16-17 years) and, following this, prison leavers. The City Council is working towards providing an 'advice surgery' in prison in the future.

[Lord Mayor's Guarantee Scheme \(LMDS\)](#)

LMDS is open to anyone who is homeless or in housing need over the age of 16 and on a low income with no savings. The Scheme is aimed at people who would otherwise be unable to move into private rented accommodation through the lack of a cash deposit. Applicants to the Scheme are interviewed to assess their support needs and risk, and ongoing support is provided to tenants.

[Appendix 6](#)

[Voluntary sector support services in Oxford City for people with drug and alcohol problems and mental health issues](#)

The following organisations collectively cover a range of support: practical issues with benefits and accommodation issues through casework, emotional support, practical information, therapeutic, recreational and social activities, work with drug and alcohol issues, support with mental health problems and help for people in the criminal justice system.

Connection Floating Support
Cranstoun Libra
GAP
Gatehouse
OUT
Oxfordshire MIND
REACH
RESTORE
SMART
Steppin' Stones
Street Services Team

