



# Evaluation of the Liverpool Women's Turnaround Project

Ellie McCoy, Lisa Jones and Jim McVeigh

February 2013

enhancing  
learning

strengthening  
families

creating  
homes

promoting  
wellbeing

empowering  
communities

## Acknowledgments

The authors would like to thank the following people for their assistance with and participation in this research:

Sharon Cooper, the staff and clients at the Turnaround Project;

Christine Barker, Debbie Wright, Sue Hadden, Rachael Stott and Liz Freeman from PSS;

John Quick from Merseyside Probation Trust;

The staff at the Centre for Public Health, Liverpool John Moores University: Helen Baldwin, Geoff Bates, Petra Collins and Joanne Campbell-Brown;

Gergana Ganeva (MA Social Work Student);

Nicola Greenwood from the National Offender Management Service; and

Susan Neely and Stuart Dodd from Liverpool PCT.

\*The image and logos on the front and back cover were kindly provided by Rachael Stott; PSS.

## Table of contents

Executive Summary.....	1
1 Introduction .....	6
1.1 Women and offending.....	6
1.2 Alternatives to custody.....	9
1.3 The Turnaround Project.....	11
1.4 Research aims and objectives.....	13
2 Methods.....	14
2.1 Ethical issues.....	14
2.2 Recruitment strategy.....	14
2.3 Quantitative analysis.....	15
2.4 Qualitative analysis.....	16
2.4.1 Face to face interviews.....	16
2.4.2 Telephone interviews.....	16
2.5 Case studies.....	16
3 Findings.....	17
3.1 Participant demographics 2011/12.....	17
Figure 1. Outcomes achieved 2011/12.....	17
3.2 Quantitative findings for reporting period 2012/13.....	18
3.2.1 Referral into the Turnaround Project.....	19
3.2.2 Demographics.....	20
3.2.3 Criminal Justice requirements.....	22
3.2.4 Risk factors at assessment.....	22
3.2.5 Activities accessed by the women.....	23
3.2.6 Needs at assessment.....	24
3.2.7 Outcomes achieved in the nine reducing reoffending pathways.....	25
3.2.8 Closures.....	27
3.3 Qualitative findings.....	28
3.3.1 “There’s all kinds here” – what programmes and activities do the females access?.....	28
3.3.2 “It’s someone to care for you” – communication and relationships with Turnaround staff.....	30
3.3.3 “When you come here you know you have got help” – meeting the needs of the women.....	31
3.3.4 “More prizes for bingo” - recommendations.....	36
3.4 Case studies.....	37
4 Discussion.....	40

4.1	Summary of findings .....	40
4.1.1	Data monitoring .....	41
4.1.2	Preventing disengagement .....	43
4.1.3	Importance of women’s involvement.....	43
4.1.4	Aftercare .....	44
4.2	Research limitations.....	44
5	Conclusions and Recommendations .....	46
5.1	Conclusions .....	46
5.2	Recommendations .....	46
6	References .....	48
7	Appendices.....	52

## List of boxes

Box 1. Summary of recommendations .....	5
Box 2. Nine lessons for the community .....	10
Box 3. Case study of research carried out at the Turnaround Project .....	12
Box 4. Case study 1 .....	37
Box 5. Case study 2 .....	38
Box 6. Case study 3 .....	39

## List of tables

Table 1. Activities accessed.....	23
Table 2. Needs identified in the nine pathways .....	24
Table 3. Outcomes achieved in the nine pathways .....	25
Table 4. Numbers attending interviews and focus groups .....	28

## List of figures

Figure 1. Outcomes achieved 2011/12 .....	17
Figure 3. Summary of referral routes into the Turnaround Project .....	19
Figure 2. Age of clients accessing the project in 2012 .....	20
Figure 4. Pathway outcomes quarter 1 - 2012/13.....	27

## Appendices

Appendix 1. Detailed ethics process .....	52
Appendix 2. Participant information sheet 1 – initial information.....	53
Appendix 3. Participant information sheet and consent form 2 – face to face interviews.....	55
Appendix 4. Participant information sheet and consent form 3 – telephone interviews .....	57
Appendix 5. Interview schedule face to face interviews .....	59
Appendix 6. Interview schedule telephone interviews .....	62
Appendix 7. Psychological Scales.....	63
Appendix 8. Turnaround Project weekly timetable.....	64
Appendix 9. Turnaround Project weekly outreach timetable .....	65

## Executive Summary

### Introduction

Offending is less common amongst females, and women offenders often have complex multiple needs. The majority of women sentenced to prison are convicted of non-violent offences and are most often sent to prison for acquisitive crimes. Women offenders are likely to have multiple presenting problems including drug and alcohol misuse, accommodation needs, education and training needs, employment needs and financial needs and are often victims of domestic abuse. A significant proportion of women in prison are mothers and the sole carers of dependent children. A review of women with vulnerabilities in the Criminal Justice System was published in 2007 (the Corston report) and considered the needs of females inappropriately placed in prison and those outside of prison who were at risk of offending. The review highlighted the need for a new approach for working with women. Provision is traditionally focused on the needs of male offenders and does not meet the needs of females. There is a need for community provision to meet the needs of women, which requires a multi agency, women centred, holistic approach. Following the review, funding was made available to develop community provision aimed at diverting women away from custody.

### *The Turnaround Project*

The Turnaround Project is part of the organisation PSS (Person Shaped Support, formerly known as Liverpool Personal Service Society). It is a female only service for Liverpool residents (and has now been expanded to cover Knowsley residents) who are already involved or at risk of becoming involved with the Criminal Justice System. The project is commissioned by Merseyside Probation Trust with additional funding from Liverpool Primary Care Trust. The Turnaround Project provides a service that fits the needs of women to help them tackle the reasons why they commit crimes and to reduce the risk of further offending and is designed to address attitudes and behaviours that may contribute to offending. The project is designed to divert women away from prison and therefore aims to reduce the number of females in prison, which will in turn work towards reducing family breakdown and the number of children taken out of the care of their mothers. The project is made up of a team of experienced staff who work with women who have practical, personal and emotional difficulties. The project offers a number of services, including legal advice, mediation and advocacy, housing, benefit and debt management, employment, education and training opportunities, drug and alcohol abuse, offending behaviour, domestic abuse, reading, IT, health, cooking and counselling.

### Aims and objectives

This research evaluation was commissioned by Liverpool PCT. The evaluation provides information on the Turnaround Project, activities and interventions undertaken and the outcomes achieved by the females accessing the project. This evaluation highlights good practice and makes recommendations for improvement of the project. The findings from the evaluation will be used to inform future commissioning decisions.

## Method

A mixed methodology design was employed to meet the objectives of the evaluation. This included a quantitative analysis of the data collected within the Turnaround Project and a qualitative analysis of a series of interviews and focus groups with the females attending the project. Additional information was provided through case studies completed by staff (already collected by the project as part of routine monitoring). The participants recruited for the evaluation were clients attending the Turnaround Project for support linked to offending. Participants were recruited for a period of three months (April to June 2012). All participants were females, Liverpool residents and aged 18 years and over. Ethical approval from Liverpool John Moores University Research and Ethics Committee was sought and granted, and a risk assessment was completed.

## Findings

### *Quantitative findings*

The Turnaround Project collects data on women accessing the project through a comprehensive assessment and risk assessment, post assessments and a closure form. All monitoring is collected using hand written hard copy forms completed by key workers and then input into a Microsoft Excel spreadsheet by the project administrator. To examine the characteristics of the women accessing the project and the outcomes they achieved, a snapshot of data was analysed for the first quarter of the financial year 2012/13, comprising all new clients accessing the project during April, May and June 2012. The women were aged between 20 and 70 years and the majority stated their ethnicity as White British. Referrals through the Criminal Justice System were the most common route into the project; this included probation, courts, police and prison and most offences recorded related to violence, theft and drugs. However a number of women did self refer and attend the project voluntarily. The project held 133 group sessions, which were attended by a total of 610 women (attendances rather than individual women).

The project works towards helping women achieve outcomes in nine reducing reoffending pathways (set out in the Corston report). The assessment conducted when women enter the project identified whether they needed support in any of the nine areas, which include: (i) accommodation; (ii) skills and employment; (iii) health (physical and mental); (iv) drugs and alcohol; (v) finance, benefits and debt; (vi) children, families and relationships; (vii) attitudes, thinking and behaviour; (viii) supporting women who have been abused, raped or experienced domestic abuse; and (ix) supporting women who are or have been involved in prostitution. The median number of needs identified at assessment for each woman was three (range one to eight needs). Positive progress was identified for 68.4% of the women and 75.0% of the women achieved positive progress on 50.0% or more of their identified on-going needs. The project works towards a 60.0% target for each of the nine pathways, which they are already achieving for six of the nine pathways.

### *Qualitative findings*

In total 26 women participated in the qualitative aspect of the research, this included one to one interviews (face to face and telephone) and focus groups held at the Turnaround Project (Community Justice Centre, CJC) and outreach services (Toxteth and Croxteth). The females participating in the research attended the project either as part of an order or voluntary. A thematic content analysis of interview and focus group transcripts allowed for the identification of a number of themes. Activities were usually held on a weekly basis and women could attend group and one to one sessions. The scope and varieties of the activities were welcomed by the women. Communication between the staff and the women at the project was described as excellent by all of the participants. Relationships with staff were good, with the women describing the staff as being friendly, supportive and flexible. The women felt that the staff made them feel equal; the women believed that the project did not have a hierarchy or authoritative feel to it and this made them feel less judged. The interviews and focus groups focused on the outcomes achieved by the women attending the project. Outcomes discussed included changes to and improvements in alcohol or drug use, relationships, employment, education and training, physical health, mental health, offending and social skills (all of which were aims on the nine reducing reoffending pathways). All participants felt they had received the kind of service that they had wanted. The women generally agreed that they had seen significant changes in their lives since attending the project and that it had helped them to deal with their problems more effectively. The women benefited from knowing they had someone to talk to and trust and agreed that having a woman only service was more empowering, effective and preferable. Improvements in general wellbeing, self-confidence and self-esteem were reported and the women noted a feeling of equality which had helped them to feel accepted. It provided them with a sense of self belief and encouraged them to feel positive about themselves and their achievements. All of the women who had a history of offending stated that they had not offended during their attendance at the project. Many of the women who participated in the focus groups and interviews provided strong statements about how they felt about the project and were strongly in favour of it continuing. Most women planned to continue attending the project voluntarily following completion of their order and compulsory hours. The women were asked if there were any improvements the project could make to develop or improve services. Although some women made suggestions for additional activities, quite a few felt that the project was working well, however they felt that the project should be more widely advertised. All of the women said they would recommend the project to a friend or family if they were in need of similar support, with a number of them already doing so.

The staff at the project collect case studies as part of their routine data collection to monitor the project. The case studies detailed the journey pathway through the project for six women who attended the project voluntary and as part of an order. All women in the case studies had their needs and risks identified using a comprehensive assessment and support plans were initiated to suit individual needs. The case studies detailed interventions that the women had accessed at the project and any liaison with external agencies. Outcomes achieved by the women included compliance with orders, improved accommodation and relationships, decreased alcohol and drug use and a non offending status.



## Discussion

This research evaluation aimed to demonstrate good practice at the Turnaround Project and make recommendations for improvements to ensure that the project continues to provide support for women who have offended or are at risk of offending. The project is working successfully towards helping women achieve outcomes in the nine pathways in the assessment, with six out of the nine pathways being achieved in quarter one of 2012. The interviews and focus groups support and provide a context to these findings, with women reporting changes to and improvements in alcohol or drug use, relationships, employment, education and training, physical health, mental health, offending and social skills.

Monitoring and evaluation are important to ensure that services are based on what works. Staff at the Turnaround Project collect a wealth of data for monitoring purposes; however, a number of reporting issues were identified during the course of the evaluation. To improve the quality of data monitoring at the project it is not feasible or necessary for more data to be collected and therefore data quality processes should be put in place, recommendations for which are made below. Quantitative data analysis found that a proportion of the women referred into the project, did not attend for an initial assessment and did not engage. It is not only important to ensure consistent and complete data is provided and monitored to provide evidence of effectiveness, it is important to ensure vulnerable women are not falling through the gaps. Processes were already in place to try and prevent initial disengagement following referral, and disengagement from women attending the project (a follow up with woman and if appropriate referral agency).

Whilst it is essential to collect data to demonstrate the number of women accessing the project and the number of outcomes achieved, this does not take into account the 'soft' outcomes achieved by the women. This would include other changes and improvements and the impact the project has on their lives. It is therefore essential to include a narrative to complement the data collected when monitoring progress and reporting findings from the project. The Turnaround Project already collects case studies to assist their quarterly data reports, and it is important that this work is continued to provide an insight into how the project helps women in their day-to-day lives. During the interviews and focus groups many of the women discussed their intention to carry on attending the project for the foreseeable future. Whilst it is important to ensure the women have continued support and can continue to attend the project, it is also important that an aftercare process is put in place, to support the women following the completion of a court order.

Three main categories of vulnerability put women at risk of offending; domestic circumstances; personal circumstances; and socio-economic factors. The Turnaround Project provides services addressing all of these vulnerabilities and has demonstrated that it is successfully working with women to tackle and reduce such vulnerabilities. The women who participated in this research believed that the project had provided them with an abundance of valuable support; it had helped to improve their circumstances and provided them with opportunities for a crime free and positive future. Based on the evaluation, the following recommendations have been made:

## **Box 1. Summary of recommendations**

### **Data monitoring**

- Design a core data set and make all data items collected compulsory
- Set up a process for capturing missing data
- Utilise data tools to minimise inconsistent definitions
- Set up a field for 'not applicable'
- Avoid using the definition 'other'
- Consider using a purposely designed and built Microsoft Access database
- Consult with other community services to identify their level of data collection
- Continue to collect narrative outcomes through detailed case studies

### **Service delivery**

- Continue to involve the women in the decisions and future of the project
- Develop and establish further service user groups/forums
- Consider recommendations set out by the women during the focus groups and interviews
- Establish an aftercare group for women no longer attending programmes
- Continue with the development of the peer mentoring scheme
- Continue with processes put in place to follow up on women disengaging from the project
- Continue to link in and liaise with other local services
- Advertise the project more widely, utilising the PSS re-launch
- Set up a more structured process for women leaving the project

# 1 Introduction

## 1.1 Women and offending

### Prevalence and characteristics of female offenders

Offending is less common amongst females and women offenders often have complex multiple needs (Calderbank et al., 2011). Women are a minority of those convicted of committing criminal offences, however proportionately more women are remanded in custody than men (Simmons et al., 2003). Despite being a minority, the female prison population almost tripled during the 1990s (Fawcett Society, 2004). Custodial sentences were passed onto women by Magistrates Courts three times more frequently in 2002 than in 1994 (Home Office, 2004). Custody rates have increased for both males and females between 1992 and 2002, but at a much higher rate for females (196% compared to a 52% increase for males) (Home Office, 2004). Although the rate of custodial sentences has increased, there has been no equivalent rise in the number of women committing offences or of women committing more serious offences (Fawcett Society, 2004).

Research on females who commit offences has demonstrated that their patterns of offending are different to males' (Fawcett Society, 2004) and the Corston report (2007) highlighted these differences. Women generally have fewer previous convictions than men and their rate of persistence is lower (Home Office, 2006; Fawcett Society, 2004). Proportionately women commit more minor offences. Over 70% of women in prison are on short sentences of less than 12 months and the vast majority of women sentenced to prison are convicted of non-violent offences and pose little threat to public safety (Fawcett Society, 2003). They are most often sent to prison for acquisitive crimes including theft, handling stolen goods (Home Office, 2002), shoplifting or fraud (Fawcett Society, 2004).

The needs of females can be quite different to males (Covington, 2007) and prison can have detrimental effects on females (Corston, 2007). Women offenders have complex needs and are likely to have multiple presenting problems (OASys 2006-2009) and a history of unmet needs (Fawcett Society, 2004; Mclvor, 2004; Carlen, 2002). They are likely to present with drug and alcohol misuse, accommodation needs, education and training needs, employment needs, financial needs and they are likely to have been victims of domestic abuse (NOMS, 2006; Gelsthorpe et al., 2007).

Evidence relating to women prisoners reveals that the majority of women come from a background of severe social exclusion (Fawcett Society, 2004; Mclvor, 2004; Carlen, 2002). Many have lived on benefits and have large debts (Gelsthorpe et al., 2007). Around one in ten have experienced homelessness and around two in five have experienced foster care prior to imprisonment (Fawcett Society, 2004; Mclvor, 2004; Carlen, 2002). Females with a history of violence and abuse can appear in the Criminal Justice System as victims as well as offenders (Corston, 2007). A high proportion of women offenders have experienced sexual and/or physical abuse either in their childhood or adult lives (Fawcett Society, 2004, Gelsthorpe et al., 2007) and are often disempowered by such experiences (Hollin and Palmer, 2006). Mental health problems are also more prevalent among females (compared to males) in prison (Corston, 2007). A significant number of women in prison will have self-harmed or attempted suicide or experienced other kinds of psychological illnesses (Corston, 2007, Gelsthorpe et al., 2007).

A significant proportion of women in prison are the mothers and sole carers of dependent children (Calderbank et al., 2011). Due to the smaller number of female prisons, women can find themselves located further from home and separated from their families and children making it more difficult to maintain family relationships (Corston, 2007). The Home Office found that 66% of females in prison have dependent children under 18 years of age (Home Office, 2003a). It is estimated that each year there are 160,000 children with a parent in prison (MOJ, 2007a) and 17,700 children are separated from their mother by imprisonment (Bromley Briefings, 2009). Women who have complex child care needs must be taken into account when providing services for them (Gelsthorpe et al., 2007) and by failing to address this we will continue to see children being separated from their mothers and an increased risk of family breakdown (Corston, 2007).

These disproportionate childcare responsibilities, drug misuse and criminal records can act as barriers to financial stability for women (Hedderman, 2004; HMCIP, 1997; Loucks, 2000; Gelsthorpe et al., 2007). Offending is associated with financial hardship (Gelsthorpe et al., 2007) and such barriers can affect the likelihood of reoffending (Hedderman, 2004; HMCIP, 1997; Loucks, 2000; Gelsthorpe et al., 2007). As discussed, a high proportion of crimes committed by females are acquisitive suggesting this may be a response to financial difficulties, and in some cases this can be exacerbated by drug use (Gelsthorpe et al., 2007). Bennett (2000) found that female arrestees drug use was more closely associated with acquisitive offending, with Gelsthorpe (2007) suggesting that prison may exacerbate, or even cause drug dependency.

## Policy

The increase in the female prison population caused a concern for the government, which resulted in a consultation exercise which reviewed initiatives that work with women (Calderbank et al., 2011) and led to the development of the Women's Offending Reduction Programme (WORP) (Home Office, 2004), a multi-agency approach to delivering a co-ordinated programme of work and response to the needs of female offenders. WORP aimed to tackle women's offending (Home Office, 2004), reduce the numbers of women in custody (Gelsthorpe et al., 2007) and to pursue alternatives to custody (Calderbank et al., 2011).

The Fawcett Society campaigns to transform women's lives by tackling inequality (Fawcett Society, 2007) and believes that the Criminal Justice System was designed by men for men. The society undertook a commission in 2002 to identify whether women were being treated justly through examining the experiences of women involved with the criminal justice service (as victims, staff, suspects, defendants and offenders) (Fawcett Society, 2007). The report was published in 2004 stating that women were 'shoe horned' into a system which frequently does not meet their needs and 'face systematic discrimination' (Fawcett Society, 2004). The commission, which supports WORP, made a series of recommendations to create a better and more equitable system for women (Fawcett Society, 2004). A further two annual reviews have been published tracking progress that has been made (Fawcett Society, 2007).

A review of women in the Criminal Justice System was commissioned in 2006 (and published in 2007) following a number of deaths of females in custody (Corston, 2007). The review of women with particular vulnerabilities in the Criminal Justice System considered the needs of females inappropriately placed in prison and those outside of prison who were at risk of offending (Corston, 2007) and highlighted the need for a new approach for working with women.

This approach led to the additional funding for the Together Women Programme (TWP, established in 2005) to fund projects for women offenders and those at risk of offending to divert women away from custody (Gelsthorpe et al., 2007). The TWP approach aimed to ensure that a range of services were available based on individual need by providing a holistic support plan. The project was intended to demonstrate 'how a multi-agency approach in the community could address women's complex needs more effectively' (MOJ, 2007b).

A follow up to Corston report was published in 2011 (Corston, 2011) and recognised the achievements since the original commission in 2006. Baroness Corston highlighted the work carried out by the Government to support women which accepted many of the recommendations that are now practised (MOJ, 2012). The Ministry of Justice Gender Equality Scheme and a guide to working with women offenders were published in 2008 (MOJ, 2008). More recently the Ministry of Justice released an updated guide to working with female offenders which aims to provide suggestions for good practice for working with women in the Criminal Justice System (MOJ, 2012). The National Offender Management Service (NOMS) has also published a framework for working with women offenders who have experienced domestic or sexual abuse, which suggests a need for a safe, female only environment (Women's Aid, 2011).

In the follow up report to the Corston review (2011), Baroness Corston discussed recommendations that were still to be met, although a lot of work has been done, there is still a responsibility to continue to support women. Despite the recommendations that have been taken on board and positive changes made, some remain outstanding (Corston, 2011). The report recommended that additional geographically dispersed, small custodial centres should be established (locating women closer to their families and children) however there are still only 14 women's prisons across England and Wales (Corston, 2011). It was also recommended that women should only receive custodial sentences for serious and violent offences and if they pose a threat to the public, however 68% of women in prison are there due to non violent offences (Corston, 2011). Also, women unlikely to receive a custodial sentence are still being remanded custody (Corston 2011).

## 1.2 Alternatives to custody

The Criminal Justice System has an underlying principle that everyone must be treated equally, however this does not mean that everyone should be treated the same (Gelsthorpe et al., 2007). Provision is traditionally focused on the needs of male offenders, because their offending and reoffending is often more frequent and serious (Gelsthorpe et al., 2007). Although there is evidence to suggest an overlap in needs, generally provision designed for males does not meet the needs of females (Gelsthorpe et al., 2007) and Covington (2007) raised concern that prisons and the Criminal Justice System have not adapted to meet the needs of the increasing numbers of female inmates. To achieve this, different approaches need to be taken (Calderbank et al., 2011). There is a need for community provision to meet the needs of women (Fawcett Society, 2007) which requires a multi agency, women centred, holistic approach (MOJ, 2012).

Women offenders account for a tenth of the offender population who are supervised in the community (MOJ, 2012). The cost per annual prison place (in 2009/10) was £39,719 for a male and £56,415 for a female, however the approximate annual cost for an offender undertaking a community order is £2,800 and the estimated cost of providing a woman with holistic community based service is £1,360 (MOJ, 2012).

Community provision is needed, not only as an alternative to custodial sentences, but for females released from prison. Research has shown that reoffending rates can be high following imprisonment (Gelsthorpe et al., 2007) and gains from work that is carried out with offenders during their time in prison can be lost when they are released back into the community and face difficulties (Social Exclusion Unit, 2002). Women report low self esteem prior to release and require care and support in the community (HMIP, 1997). Women are often sentenced to short sentences and little of the money spent on short prison sentences is spent on resettlement needs (National Audit Office, 2010) therefore as conviction rates have increased, so have reconviction rates (MOJ, 2011a).

Research studies examining resettlement following a custodial sentence have found barriers for women, including lack of suitable accommodation (Social Exclusion Unit, 2002, Brookes and Leeming, 2005) and housing problems (MacRae et al., 2006; Malin, 2004), financial needs (Social Exclusion Unit, 2002, Gelsthorpe et al., 2007), difficulties accessing training and employment (Brookes and Leeming, 2005), substance misuse problems, inappropriateness of social networks and lack of emotional support (Brookes and Leeming, 2005; Gelsthorpe et al., 2007). Another main barrier to resettlement is the difficulty in re-establishing relationships with children, especially where children have been taken into care or where the separation has been long-term (Gelsthorpe et al., 2007).

Therefore it is acknowledged that women offenders need more support post-release to reduce their chances of reoffending (Gelsthorpe et al., 2007). Most women offenders have multiple problems so an effective response is likely to require the involvement of a range of voluntary and public sector organisations (Gelsthorpe et al., 2007). The National Offender Management service aim to establish a better integrated and more effective service for offenders, through better transition between prison and the community (Safer Society, 2004). One aim is to stop offenders 'falling down the cracks' between prison and probation, especially short term prisoners who do not benefit from prison based pre-release schemes and aftercare initiatives (Home Office, 2004). This includes females who generally receive sentences of less than one year (Home Office, 2003b) and leave prison without licence conditions or support (Gelsthorpe et al., 2007).

It is also agreed that alternatives to custody and post prison provision need to emphasise empowering and positive pathways out of offending (Gelsthorpe et al., 2007, Social Exclusion Unit, 2002). It is important that females develop a sense of self, value and confidence and have the opportunity to develop relationships (Eaton 1993, Rungay 2004a). This requires a co-ordinated multi-agency response (Social Exclusion Unit, 2002). Statistics produced by the Ministry of Justice (MOJ) collected from women's community projects have shown that almost half of the women referred for community provision have needs in more than four areas, 48% have drug or alcohol problems, 40% have experienced domestic abuse or sexual abuse, 8% are involved in sex work and 52% have children (Corston, 2011).

There is evidence from services for women (Hedderman et al., 2010; Loucks et al., 2006; Rungay, 2004a, 2004b) that a women centred approach is effective in helping women to gain the confidence and the skills they need to not offend (Hedderman, 2012). Following the roll out of the Together Women Project the number of first receptions of women sentenced to immediate custody fell by 9% between 2008 and 2009 (Calderbank et al., 2011). The overall number of women in prison in England and Wales also decreased slightly between 2008 and 2009 (Calderbank et al., 2011). Other services based in the UK have indicated that support focused on females involved in the Criminal Justice System is effective. An evaluation of the Asha Centre found that a service for females contributed to their ability to sustain a crime free lifestyle, through support from other members and reduced feeling of social isolation (Rungay, 2000; Roberts, 2002). Rungay (2004a) suggests that opportunities to create an alternative, desired and socially approved identity is linked to not offending. According to the follow up to the Corston report, as of 2011, 38 projects had been supported (Corston, 2011) and the Government had proposed to allocate funding to support community based provision for women (Hedderman et al., 2012). However, community services are still at risk of closure and rely on local funding.

Glesthorne (2007) has set out lessons that should be taken into account when working with women in the community (see box 2).

### **Box 2. Nine lessons for the community**

- 1)** Be women-only (ensure safety and a sense of community)
- 2)** Integrate offenders with non-offenders (to normalise women offenders' experiences)
- 3)** Foster women's empowerment (to gain self-esteem to directly engage)
- 4)** Utilise different learning styles
- 5)** Use a holistic approach to address social problems
- 6)** Facilitate links with mainstream agencies (health, debt advice and counselling)
- 7)** Allow women to return for continued support
- 8)** Ensure that women have a support network
- 9)** Provide women with practical help with transport and childcare (to maintain involvement)

**(Gelsthorpe et al., 2007)**

### 1.3 The Turnaround Project

The Turnaround Project is part of the organisation PSS (Person Shaped Support, formerly known as Liverpool Personal Service Society). It is a female only service for Liverpool residents (and more recently Knowsley residents (funded by Knowsley Health and Wellbeing)) who are already involved or at risk of becoming involved with the Criminal Justice System. The project is commissioned by Merseyside Probation Trust with additional funding from Liverpool Primary Care Trust (PCT).

The Turnaround Project provides a service that fits the needs of women to help them tackle the reasons why they commit crimes and to reduce the risk of further offending. It is designed to address attitudes and behaviours that may contribute to offending (Turnaround Project, 2012a). The project is designed to divert women away from prison and therefore aims to reduce the number of females in the Criminal Justice System which will in turn work towards reducing family breakdown and the number of children taken out of the care of their mothers (Turnaround Project, 2012b). The project aims to improve women's wellbeing, help people get the most from life and support life changes to empower women to build a positive future for themselves (Turnaround Project, 2012b).

The Turnaround Project utilises partnership working with criminal justice and non-criminal justice services (Turnaround Project, 2012a). The project accepts referrals from a number of places, including self-referrals for females at risk of offending. However, the majority of females referred to the project come through the Criminal Justice System. Referrals are made by probation, courts and prison, and can include conditional cautions, specified activity orders and females on license who have recently been released from prison (Ganeva, 2012). The project also works with women pre-sentence through a presence in the Magistrates and educational courts (Turnaround Project, 2012a). The project liaises with the probation service for females attending as part of their order.

The project is made up of a team of experienced staff who work with women who have practical, personal and emotional difficulties (Turnaround Project, 2012b). The project provides a number of activities and services for females, all free of charge (see appendix 8 and 9 for timetables). Services include: legal advice, mediation and advocacy, housing, benefit and debt management, employment, education and training, drug and alcohol abuse, offending behaviour, domestic abuse, reading, IT, health, cooking and counselling (Turnaround Project, 2012b). Specific programmes include: Critical Thinking, Understanding Your Emotions and Positive You to increase self-esteem and confidence and to develop skills (Turnaround Project, 2012a). The project also runs the Freedom Programme, a 12-week course about domestic abuse and a 10-week Parenting Programme for women and their children to improve emotional and relationship skills (Turnaround Project, 2012a).

The project holds sessions in outreach venues and has developed three groups across Liverpool in Toxteth, Croxteth and Belle Vale, with a new group starting in Knowsley in late 2012 (Turnaround Project, 2012a). The project also supports Liverpool women in custody at HMP Styal via weekly attendance at the prison, and provides support both during their sentence and upon their release (Turnaround Project, 2012a).

The project works in collaboration with probation, police, local courts, HMP Styal, Citizens Advice Bureau, local drug and alcohol services, mental health services, voluntary organisations, solicitors, housing associations, children centres, and social services (Turnaround Project, 2012a). The project has developed a process map to ensure that the women are receiving the most appropriate



interventions and this has enabled closer working relationship between the project and probation (Turnaround Project, 2012a).

The project works towards outcome areas for nine reducing reoffending pathways. These pathways were outlined by the Corston report (2007). The pathways originate from the 'seven pathways to resettlement' which were identified and developed by the Social Exclusion Unit (2002; HM Government, 2006) to ensure joined up thinking and working with adults who may have multiple needs and require support from multiple agencies. The seven pathways include: accommodation, skills and employment, health, drugs and alcohol, finance, benefits and debt, children, families and relationships and attitudes, thinking and behaviour. Corston identified a further two pathways with the Prison Service Women's and Young Peoples group (Corston, 2007) to include women who have been abused, raped or experienced domestic abuse, and to include support women who are or have been involved in prostitution.

### **Box 3. Case study of research carried out at the Turnaround Project**

A research dissertation (MA in Social Work)

#### **Aims**

The research aimed to serve as a voice for females accessing the Turnaround Project to provide a better understanding of their needs and to facilitate a dialogue with practitioners to improve service delivery.

#### **Method**

Focus groups and interviews with staff and service users - 12 service users and four practitioners of White British ethnic origin, ranging in age from 21 to 57 years.

#### **Findings**

Grounded Theory was used to identify three thematic categories: power issues, the importance of community, and needs defined by women offenders. The project provided females with a sense of community and the women only approach made them feel safe. The females thought that the project was a good alternative to custody; they believed the group work encouraged richness of narratives for sharing experiences, challenging negative beliefs and for finding effective ways to deal with situations. The abundance of opportunities through the wide variety of activities and the structured format were of great importance to the females, especially those addressing addictive behaviour, who found the structure and purpose helpful. Completion of the programmes was associated with a sense of achievement and marked milestones in the females' lives. The non-judgmental, flexible, approachable and sympathetic attitude of the staff was believed to be a valuable asset. The equality and power sharing was noted as a strength, compared to a top down approach practised at probation. There was timely response and implementation of service users' ideas (identified through the research). Ideas developed through the focus groups included coffee mornings, bingo, an art club, guided visualisation, aromatherapy, leisure trips and a feedback forum.

**(Ganeva, 2012).**

#### **1.4 Research aims and objectives**

This research evaluation was commissioned by Liverpool PCT in December 2011. Local funding for the Turnaround Project was identified as being due to finish in March 2013 and commissioners and the project aimed to ensure local funding continued beyond this point. An evaluation of the project was therefore commissioned to highlight areas of good practice, to make recommendations for improvement and to provide a basis for the continuation of funding so that the project continues to provide support for females who have offended and females at risk of offending.

The evaluation will provide information on the Turnaround Project, activities and interventions undertaken and the outcomes achieved by the females accessing the project. This evaluation aims to provide evidence for the impact of the Turnaround Project on the health and offending behaviour of females at risk of offending. The findings from the evaluation will be used to inform future commissioning decisions.

## **2 Methods**

The methodology was designed to meet the objectives of the evaluation. Both quantitative and qualitative methods were used to fulfil the research objectives through data analysis of available data collected by Turnaround Project, interviews (face to face and telephone) and focus groups with additional information from case studies (provided by staff). To facilitate successful completion of the work, the project team worked closely with Liverpool PCT and staff at the Turnaround Project.

### **2.1 Ethical issues**

Ethical approval was granted through the Liverpool John Moores University Research Ethics Committee. All participants provided formal consent and were given detailed participant information sheets, detailing their right to withdraw from the study at any time. All data collection and interviews were conducted by an experienced skilled researcher (see appendix 1 for full ethics process).

### **2.2 Recruitment strategy**

The participants recruited for the evaluation were clients attending the Turnaround Project for support linked to offending. Participants were recruited by staff at the Turnaround Project for a period of three months (April to June 2012); all new clients accessing the project were asked for consent to participate in the evaluation at assessment. All participants were females, Liverpool residents and aged 18 years and over. All participants were provided with oral and written explanations of the evaluation and given the opportunity to refuse to participate during their assessment process on entering the project. The confidentiality of their responses was outlined and if they agreed, an initial consent form was signed (see appendix 1 for participant information sheet and consent form). The consent form at the assessment stage gained consent for the researcher to contact the women at some point in the future during their time at the project (a six month period, April to September). The women were also asked to provide consent for the researcher to contact them if they were to leave the project within the six month period. Consent was also gained at this stage for the research team to have access to non identifiable assessment data to examine client characteristics and outcomes achieved (see appendix 2).

### **2.3 Quantitative analysis**

The researcher liaised with staff from the Turnaround Project to identify the level of collection of data within the project, such as outcomes (improved health and reduced offending), and to gain access to this data. The data was used to conduct a quantitative analysis to identify characteristics of clients and key outcomes. The project provided a snapshot of data for all new clients entering the project from April to June 2012 (quarter 1), and a follow up snapshot of data monitoring the same client's progress from July to September 2012 (quarter 2). This data included information gained at assessment including demographics, offending history, risk factors and needs. The data was updated during the client's pathway through the project to update outcomes achieved (improved health, accommodation, family relationships, finances and skills and employment). The snapshot of data was provided in raw data format in a Microsoft Excel spreadsheet. The spreadsheet was password protected and included no identifiable information; all names and personal details, including addresses were removed (initials and first part postcode were included). The spreadsheets were transferred securely using an upload portal (a secure Dropbox) and analysed using SPSS (SPSS, 2008). Clients' consent was gained for this at assessment by Turnaround Project staff. Staff were fully briefed on the research so they could fully explain it to clients and the participant information sheet included contact details for the researcher, should they require any further information or decide at any point to withdraw their consent. The Turnaround Project also provided the research team with anonymised data summaries (already tabulated) that they provide to Liverpool PCT on a monthly basis and quarterly summaries previously supplied to the Ministry of Justice and probation.

## **2.4 Qualitative analysis**

### **2.4.1 Face to face interviews**

The women provided consent for the researcher to contact them to participate in a semi-structured face to face interview at the Turnaround Project (see appendix 3). Participants were approached on-site through opportunistic sampling by the researcher. Interview questions (see appendix 5) were designed to focus on interventions received at the Turnaround Project, benefits gained from these interventions, satisfaction with the project and suggestions for the future of the Turnaround Project. The interview also included two validated scales from the Treatment Outcomes Profile (TOP) (from the National Treatment Agency for Substance Misuse, National Drug Treatment Monitoring System (NTA, 2008)). Face to face interviews and focus groups were conducted at the Turnaround Project based at the Community Justice Centre (CJC) and two outreach services based in Croxteth and Toxteth. Participants were provided with a quiet, confidential space. Two telephone interviews were conducted in a private and confidential room at the Centre for Public Health. Face to face interviews and focus groups were digitally recorded to allow for transcription (consent was gained for this) and notes were taken rather than recordings for the telephone interviews. Focus groups and interviews were transcribed and analysed using thematic content analysis (Krippendorff, 1980; Braun and Clarke, 2006), NVivo (NVivo, 2002) was used to code themes and coding was carried out by two researchers (see findings section 3.3). Participant information sheets and consent forms were provided and signed before each interview and focus group, and participants received a £10 gift voucher to thank them for taking part. Participant information sheets and gift vouchers were posted out to the participants who were interviewed over the telephone. All participants involved in the focus groups were given the opportunity to speak to the researcher privately and given the opportunity to record private comments after the group sessions were completed. Interviews lasted approximately half an hour and focus groups took approximately one hour.

### **2.4.2 Telephone interviews**

Participants provided consent for the researcher to contact them for a telephone interview should they drop out or leave the project during the evaluation. The interviews (See appendix 6) were designed to focus on attendance, reasons for leaving the project, satisfaction with the project and recommendations to improve the project to prevent people from leaving. The aim was to conduct all telephone interviews at the Centre for Public Health in a private and confidential room; telephone numbers were provided by the Turnaround Project. Participant information sheets and consent forms, along with a £5 gift voucher were to be sent out to participants via the Turnaround Project and therefore the researcher did not have access to participant's addresses. The interviews lasted approximately ten minutes and notes were taken rather than a recording of the interview. A number of attempts were made to contact six women who were no longer attending the project; however, the researcher was unable to make contact within a reasonable amount of time.

## **2.5 Case studies**

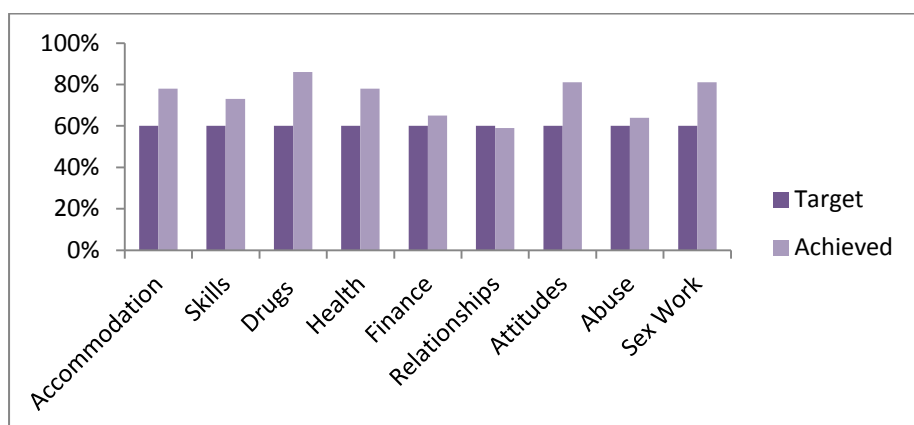
The staff at the project collected case study information as part of their routine data collection and provided case studies for six women attending the project. The case studies included information on different routes through the project, outlining the types of interventions accessed and details of how the women's time was spent at the project. All case studies were anonymous, no identifiable information was included.

### 3 Findings

*Methodological note: please note percentages are calculated using total of data available unless otherwise stated – please see footnotes for breakdown of data. Tabulated data provided by the Turnaround Project will not match totals calculated by LJMU due to different methods used.*

#### 3.1 Participant demographics 2011/12

To provide background information on the Turnaround Project an overview of client characteristics is provided here. During 2011/12 the Turnaround Project submitted data on a monthly basis to Liverpool PCT and on a quarterly basis to the Ministry of Justice (MOJ). The quarterly data collected for the MOJ was inputted into an already populated summary template (developed by the MOJ), which formulated percentage targets (60.0% as set out in service specification). During 2011/12, 606 women were referred to the project, and just over half of the referrals came from the Criminal Justice System, this included probation, prison and police (n=316, 52.1%). Of the 606 women referred to the project in 2011/12, 378 engaged with the project and the further 228 were referred and had either not engaged or where yet to engage. The 378 women were aged between 18 and 65 years<sup>1</sup>. Over half of the women (n=222, 59.4%) were aged between 25 and 44, with a mean age of 35, all were Liverpool residents<sup>2</sup>, and the majority stated their ethnicity<sup>3</sup> as White British (n=296, 94.0%). The most common offences<sup>4</sup> were theft (n=75), violence (n=30), fraud (n=21) and drugs (n=17). The women were assessed against nine pathways of needs (outlined by Corston) (Figure 1); 221 women had two to four needs identified from the pathways, with 96 requiring support with four or more elements of the pathways<sup>5</sup>. The project met its yearly target of achieving 283 referrals (n=606) and 251 consistent engagements (attendance with project) (n=336). It also surpassed eight of the nine pathway targets, which were all set at 60.0% (described in section 3.2). Of the 230 closed cases<sup>6</sup> at the end of the 2011/12 reporting year, 155 achieved a positive outcome with a planned exit.



**Figure 1. Outcomes achieved 2011/12**

<sup>1</sup> Age – calculated using DOB and referral date

<sup>2</sup> Data on postcodes missing for 48 (12.7%) women

<sup>3</sup> Data on ethnicity missing for 63 (16.7%) women

<sup>4</sup> Data on offence missing for 181 (47.9%) women

<sup>5</sup> Data on needs missing for 61 (16.1%) women

<sup>6</sup> Data on closure missing for 9 (2.4%) women

### **3.2 Quantitative findings for reporting period 2012/13**

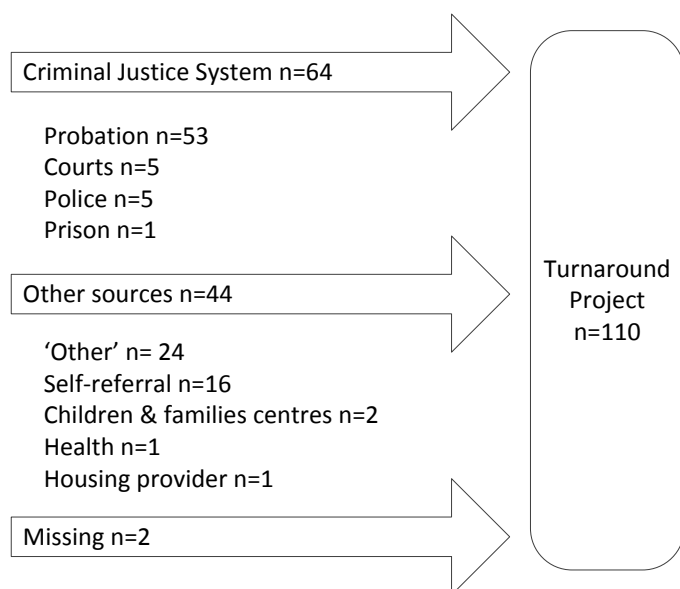
When the Turnaround Project receives a referral the staff record it on a weekly referral list and the client is then allocated to a key worker. The client is assessed using a comprehensive assessment and risk assessment form which collects information on the client including demographics, referral source, offending behaviour, risk factors and identified needs. The project then continues to monitor the client throughout their journey through the project, by completing a post assessment monitoring form to update information on offences, risks and needs. A weekly non-direct contact form is used to monitor non-direct contact with clients, including letters and telephone calls, and a weekly monitoring form is used to monitor one to one contact, accompanied visits, review dates and onward referrals. When a client is ready to leave the project a closure form is completed to record progress made and any outstanding needs and risks. All monitoring is collected using hand written hard copy forms completed by key workers and then inputted into a Microsoft Excel spread sheet by the project administrator. In 2012 the project continued to provide a monthly summary of their data to Liverpool PCT and from April 2012, the Turnaround Project began submitting data on a quarterly basis to Merseyside Probation Trust.

To examine the characteristics of the women accessing the project and the outcomes they achieved, a snapshot of data was analysed. The Turnaround Project allowed the research team access to the spread sheet they use to monitor client outcomes for data collected for the first quarter of 2012, comprising all new clients accessing the project during April, May and June 2012. An anonymised snapshot of quarter one was provided, along with a further snapshot for quarter two, to represent the client's progress three months into their journey through the project.

### 3.2.1 Referral into the Turnaround Project

During the first quarter of 2012 (1<sup>st</sup> April to 30<sup>th</sup> June 2012) 110 women were referred into the project. The women were aged<sup>7</sup> between 18 and 70 years<sup>8</sup>, with a mean age of 35. At the time of data collection 67 of the 110 referrals were currently engaging with the project.

#### Referral routes



**Figure 2. Summary of referral routes into the Turnaround Project**

The women were referred into the project via a number of different routes<sup>9</sup> (Figure 3). Referral through the Criminal Justice System was the most common route (n=64, 59.3%), this included probation (n=53, 82.8%), the courts (n=5, 7.8%), the police (n=5, 7.8%) and prison (n=1, 1.6%). Of the 53 women referred through probation, 28 came from North Liverpool Probation Office (NLPO), 22 from South Liverpool Probation Office (SLPO) and three came from Kirkdale Probation Service. Other sources of referral were recorded for 44 women (40.7%). Twenty four women were recorded as 'other' and 16 were self-referrals to the project. A small number of women were referred through children and families centres, health services and via a housing provider (n=4). The referral type was recorded for 54 women and included: (i) specified activity (probation) (n=36, 66.7%); (ii) conditional caution (n=7, 13.0%); (iii) license condition (n=7, 13.0%); (iv) bail condition (n=2, 3.7%); (v) Alcohol Treatment Requirement (required to access alcohol treatment as part of an order) (n=1, 1.9%); (vi) and in custody (under 12 months; n=1, 1.9%).

<sup>7</sup> Age – calculated using DOB and referral date

<sup>8</sup> Data on DOB missing for 11 (10.0%) women

<sup>9</sup> Data on referral source missing for 2 (1.8%) women



### Women who did not engage with the project

Forty three of the 110 referrals had not engaged with the project during quarter one and two of 2012/13. Forty women were listed as not assessed, of which 35 had been referred and not engaged for an assessment, and a further five had been referred and not received an assessment within this period and have since gone on to enter the project. A further three women had been referred, received an assessment but then dropped out before engaging with the project. Nineteen (45.2%) of the women were referred via the criminal justice service (including 10 from NLPO), five (11.9%) had referred themselves and 18 (42.9%) were referred by 'other' referral sources<sup>10</sup>. When a woman 'drops out' of the project or does not engage, the project follow up the referral by contacting the woman by letter and telephone, usually to try and re-engage the woman, however sometimes advice is provided by this means. Twenty one<sup>11</sup> women were recorded as receiving non-direct contact; ten women were contacted by telephone, nine by letter and one woman each by email or text. Seventeen of the women were contacted on one occasion and four women on two occasions.

### Women engaged with the project

#### 3.2.2 Demographics

During the first quarter of 2012 (1<sup>st</sup> April to 30<sup>th</sup> June 2012) 67 women were engaged with the project. The women were aged<sup>12</sup> between 20 and 70 years<sup>13</sup>, with a mean age of 37. Eleven women were aged under 25 (17.2%) and seven were aged 50 years and over (10.9%). A quarter of the women were aged between 40 and 44 years (25.0%) (Figure 2).

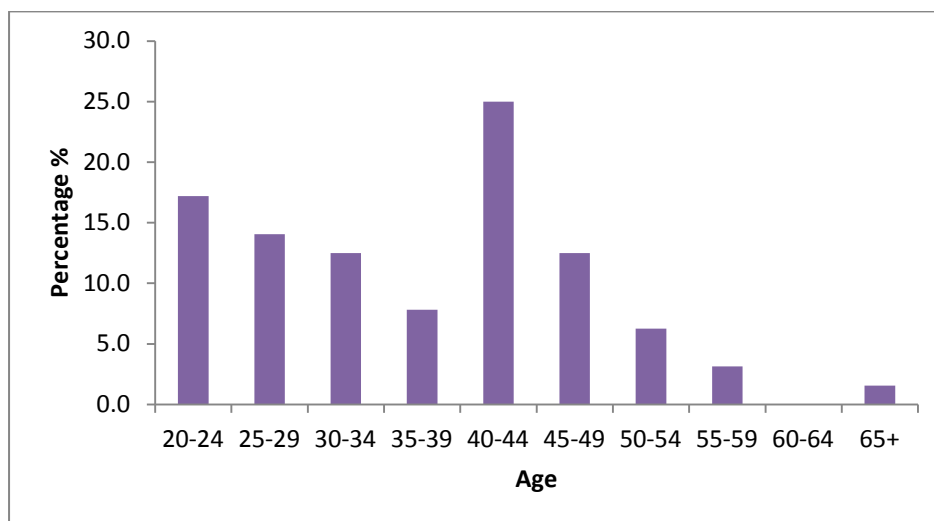


Figure 3. Age of clients accessing the project in 2012

<sup>10</sup> Data on referral missing for 1 (2.3%) women

<sup>11</sup> Data on non-direct contact was missing for 22 (51.2%) women

<sup>12</sup> Age – calculated using DOB and referral date

<sup>13</sup> Data on DOB missing for 3 (4.5%) women

The majority of the women defined their ethnicity<sup>14</sup> as White British (n=54, 90.0%). The remaining 10.0% were made up of Black or Black British, mixed White, mixed White/Black Caribbean and 'Other' mixed background. Only 13.4% (n=9) provided details of their faith<sup>15</sup>, with all of those stating that they were Christian. Fifty two clients (77.6%) answered the assessment question regarding disability<sup>16</sup>, of which 11 (21.2%) confirmed they had a disability. All women accessing the project were Liverpool residents<sup>17</sup>. Almost a fifth of clients were from the L4 (n=12, 18.2%) postcode area. Thirty one (46.3%) women were recording as having children under the age of 18.

### **Assessment**

Women were allocated to a key worker on the date that the referral was received. Fifty nine (88.1%) women received their assessment within the same month as their referral, with 18 (26.9%) women assessed on the same day or within a week of their referral. Eight (11.9%) women had assessments carried out over a month after referral. The majority of the assessments were carried out at the Criminal Justice Centre (CJC) (n=50, 74.6%), with the remaining carried out at criminal justice sites including the Turnaround Project outreach services, SLPO, NLPO, Kirkdale probation (n=16, 23.9%) and at the women's homes (n=1, 1.5%). Data on level of support required by tier was available for 63 women (94.0%)<sup>18</sup>. The majority of women were assessed as requiring tier three support (n=38, 60.3%), with 21 (33.3%) requiring tier two support and four (6.3%) requiring tier one interventions. Tier one support is defined as low level intervention, which focuses on signposting women into relevant community provision and would predominantly include women identified as 'at risk' of offending and without multiple complex needs. Tier two is defined as moderate level intervention, which focuses on providing access to one to one key work, on site activity, outreach provision and onward referrals. Tier two support includes women 'at risk' of offending with more complex and varied needs and women offenders. Tier three support is a high level intervention, involving structured key work, on site activity, outreach provision and the coordination of a range of services. Tier three support is predominantly provided to women offenders with varied and complex needs and women on a specified activity order (NHS Service Specification, 2010).

### **Non-direct contact, accompanied visits and one to one support**

Staff at the Turnaround Project recorded non-direct contact with 57 (85.1%) women during their time at the project; this included telephone contact (n=35), letters (n=6), emails (n=11) and texts (n=5). The majority of women received non-direct contact on one occasion (n=43); 12 women on two occasions and one woman on seven occasions. During quarter one 2012, women referred into the project were provided with accompanied visits if required; 12 (17.9%) women utilised this support with accompanied visits to court, family court, child protection conference and home visits. Forty seven (70.1%) women accessed one to one support at the CJC, outreach and probation (n=32, n=13 and n=2 respectively). During quarter one, eight (11.9%) women were reported as attending a review at the CJC (n=6) and at the outreach services (n=2).

---

<sup>14</sup> Data on ethnicity missing for 7 (10.5%) women

<sup>15</sup> Data on faith missing for 58 (86.6%) women

<sup>16</sup> Data on disability missing for 15 (22.4%) women

<sup>17</sup> Data on postcodes missing for 1 (1.5%) woman

<sup>18</sup> Data on tiers missing for 4 (6.0%) women

### 3.2.3 Criminal Justice requirements

At the time of assessment, 46 (68.7%) women faced current criminal proceedings (a live offence or sentence – this could include pre-court disposal, awaiting court hearing, sentenced and post-sentence), and this included 35 women with a specified activity requirement. Other criminal proceedings included conditional caution (n=4), community order (n=3), on licence (n=2), fine (n=1) and in custody (sentence under 12 months; n=1). Data on offences was available for 48 women, most offences<sup>19</sup> related to violence, theft or drugs (n=10, n=14 and n=6 respectively). Theft offences included shoplifting, robbery and handling stolen goods. Offences relating to violence included assault and actual bodily harm (ABH). Other offences included arson, failure to send a child to school, benefit fraud, harassment, negligence, and possession of an offensive weapon. Two women who were not facing current proceeding had offences recorded, for anti-social behaviour and for their child not attending school, respectively.

### 3.2.4 Risk factors at assessment

A risk assessment and risk management plan is completed for all women before commencement of service provision. The risk assessment explores the women's situation and behaviour as well as criminal convictions. High risk is defined as where there is significant likelihood of serious harm which needs active management to reduce risk (MOJ, 2011b). When calculating risk, history of self-harm or suicide attempts and other factors including abuse, drugs and mental health are considered. When considering if a woman poses a risk to others, assault or threatened behaviour, violence and hate based behaviour is taken into consideration. Risk of prolific offending is also considered, that is, high risk of serial repeat offending, often at a low level of offending but with a high volume of offences. Risk assessment information was available for 61 women<sup>20</sup>.

- Five (8.2%) women were recorded as having a serious risk of self-harm and suicide and nine (14.8%) women were recorded as having a significant risk; 47 (77.0%) women were not perceived to be at risk.
- Four (6.6%) women were recorded as serious for risk of harm to others and three (4.9%) women were recorded as having a significant risk; 54 (88.5%) women were not perceived to be at risk.
- Seven (11.5%) women had a serious risk and four (6.6%) women had a significant risk of prolific offending; a risk of prolific offending did not apply to 50 women (82.0%).

The women at risk of offending were monitored during and following the project. No data was reported to determine whether offending had occurred during or after attendance at the project, suggesting the women had not re-offended; however this data is considered as missing.

---

<sup>19</sup> Data on offence missing for 19 (28.4%) women

<sup>20</sup> Data on risk missing for 6 (9.0%) women

### 3.2.5 Activities accessed by the women

**Table 1. Activities accessed<sup>21</sup>**

Referred outside	Frequency	Turnaround Project	Frequency
Citizens Advice Bureau	13	Group sessions	133
Housing advice	9	Group attendances	610
Drug/alcohol services (Addaction, Sharp, Merseycare)	6	Activities provided by partner agencies	15
Education, Training and Employment	3	Number attended	35
Department of Work & Pensions benefits	5	Counselling sessions	41
Mental health services (Imagine, community mental health, PSS mental health resource centre, Merseycare)	6	Counselling assessments	10
Other	8	<b>Total</b>	844
Solicitor	6		
<b>Total</b>	56		

The Turnaround Project calculates attendance at group sessions for women accessing support at the project and for women receiving onward support from services that the project have made referrals to. Fifty-six women accessed support following a referral to a partner agency. During quarter one (April to June 2012) the project held 133 group sessions, which were attended by a total of 610<sup>22</sup> women.

<sup>21</sup> Source – tabulated data provided to PCT/probation

<sup>22</sup> Based on number of attendances rather than individuals

### 3.2.6 Needs at assessment

The project works towards helping women achieve outcomes in nine pathways (as outlined by the Corston report) (MOJ, 2011b). The assessment received when they enter the project identifies whether they need support in any of the nine areas, which include: (i) accommodation; (ii) skills and employment; (iii) health (physical and mental); (iv) drugs and alcohol; (v) finance, benefits and debt; (vi) children, families and relationships; (vii) attitudes, thinking and behaviour; (viii) supporting women who have been abused, raped or experienced domestic abuse; and (ix) supporting women who are or have been involved in prostitution. Data on the number of needs identified at assessment are provided in table 2<sup>23</sup>. The median number of needs identified at assessment for each woman was three (range one to eight needs); 43 women required support for between one and four elements of the pathways and 18 women required support for five or more elements.

**Table 2. Needs identified in the nine pathways**

Pathway	Need at assessment		
	Yes	No	Missing
Accommodation	18	12	37
Skills and employment	20	10	37
Health	38	8	21
Drugs and Alcohol	26	10	31
Finance, benefits and debt	16	16	35
Children, families and relationships	23	14	30
Attitudes, thinking and behaviour	51	3	13
Abuse, rape and domestic abuse	28	13	26
Sex work	0	20	47
<b>Total</b>	<b>220</b>	<b>106</b>	<b>277</b>

<sup>23</sup> Data on needs at assessment available for 20-54 women across the seven pathways, data missing on all pathways for 6 women (9.0%)

### 3.2.7 Outcomes achieved in the nine reducing reoffending pathways

The women's level of need across the nine pathways was continuously assessed and data on on-going needs were available for 56 women<sup>24</sup> (Table 3). The median number of on-going needs for each woman was 4 (range one to eight); 39 women had between one and four on-going needs and 17 women had five or more on-going needs. In addition, staff at the project monitor women's requirements against the nine pathways to identify the following (MOJ, 2011b):

- Positive progress (defined as evidence of positive and significant steps towards completing a support plan or the level of need reducing);
- Sustained progress (defined as women who did not improve, but who did not deteriorate, their level of need or progress remained the same);
- Deterioration (defined as increased severity of the need);
- Need indicators (need required/achieved on the nine reducing reoffending pathways)

**Table 3. Outcomes achieved in the nine pathways<sup>25</sup>**

Pathway	On-going need		Positive progress	Sustained progress	Deterioration	Need indicators
	Yes	No				
Accommodation	13	42	7	6	1	9
Skills and employment	17	39	10	8	0	9
Health	43	13	30	13	1	30
Drugs and Alcohol	29	27	16	13	0	22
Finance, benefits and debt	17	39	13	5	0	14
Children, families and relationships	19	37	11	6	2	11
Attitudes, thinking and behaviour	53	3	45	8	1	45
Abuse, rape and domestic abuse	21	35	13	7	2	12
Sex work	0	0	NA	NA	NA	NA
<b>Total</b>	<b>212</b>	<b>235</b>	<b>145</b>	<b>66</b>	<b>7</b>	<b>152</b>

#### *Positive and sustained progress*

Positive progress was identified for 145 (68.4%) of the 212 on-going needs identified among the 56 women. Individually, 42 women achieved positive progress on 50% or more of their identified on-going needs. Five women did not achieve positive progress in any of their on-going needs. Sustained progress was identified for 66 (31.1%) of the 212 on-going needs and individually, 17 women achieved sustained progress on 50% or more of their identified needs. For 79 women, sustained progress was not recorded for any of their identified needs; however all 27 women were identified as making positive progress.

#### *Deterioration*

Deterioration was recorded for seven (3.3%) of 212 identified needs. Individually, four women had deterioration recorded for an identified need; three women had deterioration recorded for one need and one woman had deterioration recorded for four needs. This included deterioration on the

<sup>24</sup> Data for on-going needs missing for 12 (17.9%) women for accommodation and 11 (16.4%) women for the other 8 pathways

<sup>25</sup> April to September 2012; for women entering the project between April and June 2012

accommodation pathway (loss of accommodation, refusal of offers of accommodation), drug and alcohol pathway (relapse) and health pathway (not engaging with GP and CPN). Due to the presenting multiple and complex needs of the women accessing the project, a deterioration can occur. The project will support the woman and carry out more intensive work to ensure systems are put in place so she is able to make positive steps forward again.

### *Need indicators*

A total of 152 (71.7%) need indicators were achieved for the 220 on-going needs identified across the nine pathways as follows:

- For the 13 women with an on-going accommodation need, nine achieved an outcome target; five sustained their existing accommodation and one each moved to settled accommodation, had an improvement in living conditions, moved from unsafe to safe accommodation and were referred to hostels, supported housing and/or a housing provider.
- For 17 women with a skills and employment need, nine achieved an outcome; four sought careers advice, three gained or improved employment, training or education, and two increased their capacity to work.
- For the 43 women with a health need, 30 achieved an outcome; 17 accepted support, six attended counselling, five had an improvement in wellbeing, and one woman each reduced self-harming and registered with a GP or dentist.
- For the 29 women with a drug or alcohol need, 22 achieved an outcome; seven worked with other agencies, five achieved abstinence, five achieved management, four reduced their frequency of use and one woman reduced the seriousness of her drug use.
- For 17 women with a finance need, 14 achieved an outcome; 11 accessed advice, support and advocacy, two reduced or managed their debt and one woman increased her income.
- For 19 women requiring support for their children, families and relationships, 11 achieved a target; eight reported improved relationships and three reported an improvement in parenting skills.
- The highest need related to attitudes, thinking and behaviour, with 53 women needing support in this domain, 45 of whom achieved an outcome; 21 achieved an attendance/engagement target, nine attended life skills classes, seven reported an increase in self-esteem and confidence, five maintained a non-offending status and three reported a reduction in offending.
- The project supports women who have been abused, raped or have experienced domestic abuse and 21 women were highlighted as needing support in this domain, with 12 achieving an outcome; eight attended the Freedom programme, two created a safety plan and two were referred to specialist agencies for further support.
- None of the women who started at the project between April and June 2012 were involved in prostitution and sex work.

Individually, 44 women achieved 50% or more need indicators for their identified needs. Five women did not achieve a need indicator for any of their identified needs; this included three women who had deterioration recorded for one or more need.

### Progress and outcomes reported to the PCT

When calculating progress and outcomes achieved (for returns for Liverpool PCT and probation), the Turnaround Project includes both new clients in that quarter and clients already attending the project<sup>26</sup>. As in 2011/12, the project works towards a 60.0% target for each of the nine pathways, which they are already achieving for six of the nine pathways (Figure 4); for example, the achieved outcomes for attitudes, thinking and behaviour is currently at 80.0%. The project also calculates engagement<sup>27</sup> following the same method of counting all women currently classed as 'open' and accessing the project. Engagement is calculated as the total number of women on an active caseload who have been receiving on-going support for a minimum of three months. For the reporting period for quarter one in 2012, the project had 89 women currently engaged.

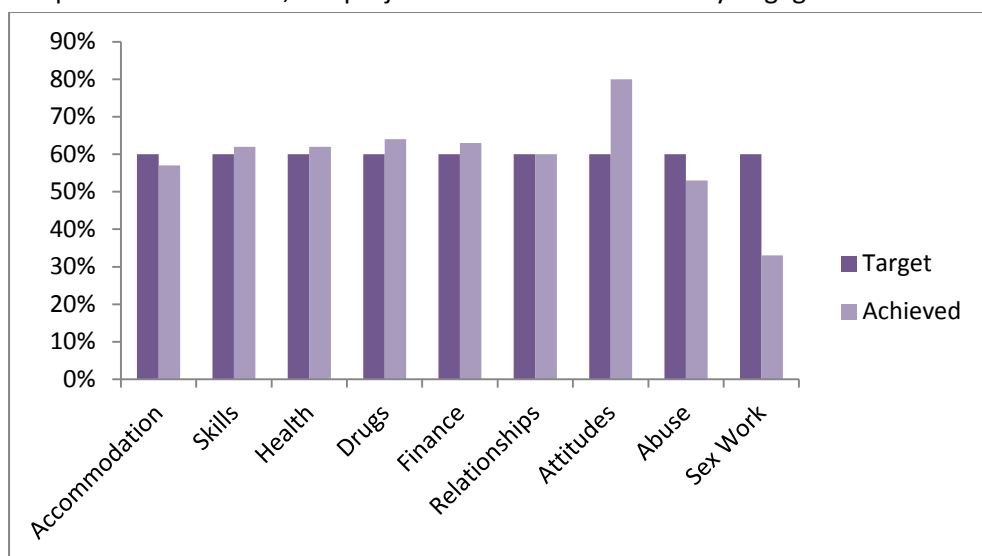


Figure 4. Pathway outcomes quarter 1 - 2012/13<sup>28</sup>

#### 3.2.8 Closures

When women leave the project they are assessed using a closure form to identify whether they have completed their compulsory hours (if part of an order), whether they have achieved any outcomes and to assess whether any further support is needed (including attending the project for a longer period or an onward referral). A 'planned exit' is considered a positive outcome and defined as the women are no longer required to attend and the order successfully completed. An 'unplanned exit' is recorded when a support plan is still required. Reasons for an unplanned exit can include the woman 'dropping out' or breaching their probation order, which would require them to go back to court. For the 67 women engaged with the project in quarter one 2012, 30 (44.8%) were closed cases and 37 (55.2%) remained open at the end of quarter two (September 2012). Of the 30 closed cases, 21 (70.0%) were recorded as a positive exit and eight (26.7%) were recorded as a negative exit<sup>29</sup>. Reasons for the eight negative exits included four women who attended an assessment but had no further contact with the project, two women who breached a specified activity (i.e. non-compliance with their order) and one woman who was unable to attend the project at the present time.

<sup>26</sup> PCT data will be higher than LJM data as includes women already attending the project, rather than new referrals only

<sup>27</sup> Source – tabulated data provided to PCT/probation

<sup>28</sup> Source – tabulated data provided to PCT/probation

<sup>29</sup> Data on closure missing for one (3.3%) woman



### 3.3 Qualitative findings

In total 26 women participated in the qualitative aspect of the research, this included one to one interviews (face to face and telephone) and focus groups held at the Turnaround Project (Community Justice Centre, CJC) and outreach services (Toxteth and Croxteth). All participants were female, aged 18 and over and included women with different ethnic origins.

**Table 4. Numbers attending interviews and focus groups**

	CJC	Toxteth	Croxteth	Total
<b>One to one interviews</b>	2	-	3	5
<b>Focus groups</b>	2 (n=6, n=7)	1 (n=6)	-	3 (n=19)
<b>Telephone interviews</b>	2	-	-	2
<b>Total individuals</b>	15	6	3	26

The women who participated in the qualitative interviews had been attending the project since April 2012; however a number had attended the project the previous year also. Length of time at the project varied from two weeks to four months (with some women reporting that they had been in touch with the project for up to two years on and off). The women accessed the project at least once a week, often for two hours per session. Attendance varied between one to four times a week. The outreach services were provided once a week. The majority (n=18) were attending the project as part of a community order and a number (n=8) attended voluntarily. Community orders included up to 20 hours of attendance at the Turnaround Project as part of their sentence and weekly attendance at probation. A number of women also attended the project voluntarily on top of their community order hours (n=4).

The women were mostly referred into the project as part of a community order and therefore through the Criminal Justice System, which included probation and court (and utilising probation officers in court). Referrals were also made through probation on a voluntary basis. A number of females did self-refer after being signposted from other services they had attended, including support for alcohol and drug use and for domestic abuse. A number of females were referred to the Turnaround Project for support due to domestic abuse. The CJC was aware of the services provided by the Turnaround Project and that they offered support for victims of domestic abuse, including the Freedom Programme. All participants reported that the referral process was immediate and they received a letter or telephone call with an appointment for the Turnaround Project within a week of the referral, with a number of individuals commenting that they attended the Turnaround Project immediately after the attendance at court (they are based at the same location).

#### 3.3.1 “There’s all kinds here” –what programmes and activities do the females access?

Women were provided with a template of weekly programmes and activities (see appendix 8-9) when they entered the project. Activities were usually held on a weekly basis, with some that could be attended occasionally, whilst others required attendance over a number of weeks. As well as attending group sessions, the women could have a weekly one to one session.

Activities included a breakfast club, help with property searching, Zumba, advice from a solicitor, debt support and advice, arts and crafts, bingo and food vouchers were also supplied to the women. The scope and varieties of the activities were welcomed by the women (*“they kind of cover everything”*). Guided visualisation was noted as *“really good”* due to it being relaxing and the women valued the ‘fun’ activities (e.g. bingo, Zumba, cooking) that complemented the support programmes as this provided them with something to take their minds off their worries. Set programmes included Positive You, Understanding Emotions, Parenting, the Freedom Programme, and Critical Thinking. All programmes were noted as parts of the project that had worked particularly well for the women. In particular, the talk from a debt advisor was noted as useful at the Toxteth outreach service.

Additional sessions noted by the women attending the Toxteth outreach service included therapy sessions (massage), drama workshops, advice from a dietician and debt advice. The Croxteth outreach project is based next door to the local community gymnasium, which the women can access. It was noted that the staff would also help with many aspects, for example helping organise health appointments and providing leaflets and support. The outreach group at Croxteth involved a lot of work around domestic abuse as this was something the women wanted support with. A high proportion of the women who participated in the interviews and focus groups had experienced domestic abuse.

The women liked that the project staff were flexible and that they had the freedom to choose their own activities and days they attended (*“You can please yourself”*). A feeling of having options was of great importance to the women. The project also provided the women with something to do and somewhere to go, and this was linked to the sense of isolation that the women had felt before being referred to the project. It was felt that every aspect of the project had worked well, especially due to the staff. It was also noted that they felt staff were always looking to improve the project. The staff were noted as being interested in the women’s views and interests, and implemented suggestions made by the women. No aspects of the project were reported as not working well.

*‘The good thing about it is that we just pick and choose what we want from the timetable’*

*‘They give you support and tell you about options that you don't even know that are there basically. It's like you find out about other agencies here as well’*

*‘I have finished the parenting course and I'm waiting for it to start up again, I liked it so much I'm doing it again. The parenting course was great ‘*

*‘The Freedom Programme is good because before all of this, you just thought it was normal and now you realise, it makes you think about the way you have been thinking’*

### 3.3.2 “It’s someone to care for you” – communication and relationships with Turnaround staff

Communication was described as excellent by all of the participants. They were all assigned to a key worker when they entered the project who they could have a weekly one to one session with. However, they could see them on more occasions if needed and could telephone for advice. Women’s communication with their key workers was described as “*as and when*” it was needed and staff were available for advice over the telephone. A participant who was currently not attending the project and waiting for a new programme to start reported that staff kept in touch via telephone. The member of staff who ran the outreach groups was the assigned key worker for anyone attending at those locations.

Relationships with staff were good with the women describing the staff as being friendly, supportive and flexible (“*she’s nice she cares*”). The women got on well with the staff, in particular, individual key workers; staff that ran particular groups and the counsellor was named by participants as being supportive and caring. No problems were reported regarding communication with the Turnaround Project.

The women felt that the staff made them feel equal and that they felt “*on a level*”. The women believed that the project did not have a hierarchy or authoritative feel to it and this made them feel less judged. If women couldn't attend, it was noted that staff would ring them to check if they were ok. Staff were praised for maintaining communication during periods of non-attendance as this was believed to be a more personal approach.

Participants felt they had understood all information conveyed to them at the project, it was noted that staff help complete any forms and paperwork and a person from the Citizens Advice Bureau attends the project once a week to provide advice. This was noted as a particularly useful aspect of the project. Participants also felt that they had a voice, that staff always listened to their feedback and their opinions were taken on board. The women attending the project and probation reported good communication and liaison between the two organisations.

*‘All the women in here are good at what they do and they are all down to earth as well. It’s helped me deal with a lot. I am really close to my key worker; I can’t praise her any more. She really understands me on a level’*

*‘They take all your problems as well, all those problems are not just on your head, they take some of the weight off, It takes a bit of pressure off you, they make it as simple for people as they can’*

*‘She’s really flexible, she’s nice she cares, she tries a lot to see it from our point of view instead of from the criminal justice kind of thing’*

*‘I was going through domestic violence and if I didn’t turn up that week they would be worried. They are more worried about you ‘is everything ok, is everything ok in the house’ It’s someone to care for you. It’s not just in here its outside to see if you’re ok’*

### 3.3.3 “When you come here you know you have got help” – meeting the needs of the women

The interviews and focus groups focused on the outcomes achieved by the women attending the project and the perceived significant changes in their lives resulting from their attendance at the project. Outcomes discussed included changes to and improvements in alcohol or drug use, relationships, employment, education and training, physical health, mental health, offending and social skills. All participants felt they had received the kind of service that they had wanted. The women generally agreed that they had seen significant changes in their lives since attending the project and that it had helped them to deal with their problems more effectively. This ranged from help with more practical matters such as housing, accommodation and debts (*“if you are having problems they will get on the phone for you or write you a supporting letter”*), parenting (*“I have learnt a hell of a lot of that which obviously benefits me and my daughter for a happier stable life”*) and also with emotions and bereavement.

*‘Yes I’ve received the kind of service I wanted and more, I’d say and more’*

*‘Just being able to know that there is someone there that you can talk to, that you can trust, who’s not going to judge you or they are not judging you, they are just going to listen and give you good advice and help you’*

*‘There was no one there, there was no help. When you come here you know you have got help. It’s just good that you know you are not on your own and you have people who can give you a bit of guidance especially if you haven’t got anyone to support you’*

*‘It’s just the best thing for women I’ve ever known, it’s changed my life round completely, it is improving lives definitely’*

#### ***“It’s the trust thing again”***

The women benefited from knowing they had someone to talk to and trust and they praised the staff for making them feel safe enough to trust in the project, its staff and the other women attending (*“when you come in here that worry just goes out the door, the trust thing”*). This was felt to be an important step as some of the women stated that for a number of reasons, including experience of domestic abuse, that they found it hard to trust people. However, through the support available at the project they had begun to trust people again. The project provided the women with a sense of security. Many were victims of domestic abuse, but they reported feeling safe and secure whilst at the project. The building was secure and only women were allowed access, and they felt that they had complete confidentiality in the group and one to one work which contributed to a feeling of trust.

*‘I think people that come here with the life that they’ve had or what they been through have a lot of trust issues with people, but when you come in here it just goes out the door the trust thing. I don’t trust people easily, I always think there is an agenda but when I come here that goes right out the window’*

*‘You do need that person to talk to and I trust her, if you can trust one person, I feel like I can tell her anything and I won’t tell no one nothing I’m like that because I think they are going to use that against me, It’s the trust thing again. Sometimes I go home from here and think why do I say that, because I don’t trust easily and then I think no it’s alright because I’ve changed the way I’m thinking and I trust people here’*

### ***“We are getting strong now girls”***

The women referred to having hit ‘rock bottom’ and having lost self-confidence and self-esteem before referral to the project, and all had noticed an improvement in their confidence and self-esteem since attending. They had gained in strength and were more confident about speaking in a group setting. The women also felt better about themselves as previously many felt they had been judged because of their previous offending (*“Just because we’ve got a criminal record doesn’t mean we are not as good as the next person, we all know that we are capable of doing really well”*).

*‘Confidence and talking to people that I don’t really know, I never really used to talk to people and it’s getting me out the house. I just didn’t want to do anything and I had no go in me, it has made me come out of my shell. Because I never used to, I used to sit in bed and drink all day’*

*‘I just think I can think a bit more clearly, I’ve got more confidence and I’ve got more of an understanding about what has gone on and basically how I deal with it. It makes you think twice about situations’*

*‘I haven’t half changed, I have more confidence. When I first came in I thought no way, I can’t be doing all this talking about my life, but it’s not like that, you don’t have to talk if you don’t want to do you’*

*‘Before this we had lost our self confidence, our self esteem. I’ve lost my personal possessions, my home. It’s a lot. Gradually you see what things are worth, what matters and what doesn’t matter’*

### ***“We are all women”***

The women noted a feeling of equality as being a highlight of the project and that this had helped them to feel accepted. They reported feeling judged due to the stigma attached to their offending and that they often judged themselves, yet in the project they felt on an equal footing with all the women that attend and also with staff (*“You feel normal when you come to a place like this”*). It provided them with a sense of self belief and encouraged them to feel positive about themselves and their achievements.

*‘No one judging and no one saying I’m better than you, we are all the same. No one judges’*

*‘We all come in the same and walk out the same, we are all equal. No one’s better than anyone we are all equal. We feel equal with each other in here. You’ve got no one putting you down or ‘slagging’ you off I think we all just strip ourselves bare and throw it on the table; this is where we are at now’*

### ***“Christmas is the worst time of year for us”***

One of the most important aspects that the project provided for the women was support and the feeling that they had someone to talk to. The project had not only provided the women with structured support from the staff, they had found support from the other women attending. As well as benefiting from having someone to share their problems with and take some of the burden, the other women at the project provided friendship and a solution to feeling alone. Attending the project had given them the opportunity to meet new people, make friends and socialise. Many of the women had been isolated with no contact with family, or had lost people close to them through bereavement, and the project was their opportunity to get out of the house and engage in social events. The focus group held at the CJC discussed that the project would be open over the Christmas

holiday and that this was really important to them. Some of the women were estranged from their children and Christmas could be particularly isolating for them. The project would give them a chance to be with friends during this time.

The project was seen as enjoyable and as a nice place to come to with nice people. The women regarded it as their space, *“where we can do something for us”*. They also valued the support of the other women attending the project and found it helpful to learn from each other’s experiences (*“we just bounce off each other”*). The women valued the opportunity to mix with women *“going through the same stuff”* and this reduced their feelings of isolation. The participants raised that in the past *“there was nothing like this”* and such help had not been available to them when they were younger.

*‘And it’s getting you out; it’s getting you back in the swing of things’*

*‘Yes because otherwise you are at home aren’t you, isolated, on your own and you don’t know whether you are coming or going. And that’s when you think more isn’t it. You would just isolate yourself in the end otherwise wouldn’t you, because you can’t face reality. And it does help us here, especially when you’ve got young kids as well because they can all discuss the kids’*

*‘Believe it or not it gives you somewhere to go as well, it’s nice to see different people; it breaks up the monotony of the whole week. Its open Christmas eve and new year’s eve, we are going to have our own party aren’t we girls’*

*‘We’ll probably enjoy Christmas more. It makes you realise there is a solution girls. I get drunk from Christmas Eve up until 2<sup>nd</sup> of Jan. I just get drugged up and I don’t care about it but now I know I can come here and it will be different. Christmas is good if you have got little ones and you are with your family, but if you have fallen out with your family like me then you are isolated’*

### ***“I’m not saying that in front of him!”***

The women agreed that having a female only service was more effective and preferable. They felt more comfortable speaking in an all-female environment and felt that they could share more. A female environment was also felt to be empowering for the women attending the project.

*‘A lot of the women in here who I have met, and myself have had issues with men in the past. Its good, women need women, to sit down and have all women connecting and helping each other out it really works’*

*It’s really good and that’s why it improves your confidence because we are women and we do deserve respect and we do deserve the good things in life and only you can go out and get them they are not going to get handed to you. so it’s a bit of woman power going on and a bit of understanding so I couldn’t really say anything more good about it. Its positive, it’s a good positive place to be’*

*‘It is its really good, you are sort of meeting people who you have never met before and you are forming new friendships and there is something good for everyone to do. It’s positive’*

### ***“Everything is a lot better now”***

The women were asked to rate their psychological health before attending the project and their current psychological health using the TOPs scale. The scale consisted of 21 items, with 0 being poor and 20 being good. Most women rated their psychological health as poor before attending the project (see appendix 7) but scores had vastly improved during their time at the project. All but one participant (who noted that she was working towards it) agreed that their psychological health had

improved during their time at the project rating their current psychological health above 10, with the majority above 15. The women reported an improvement in depression, anxiety and general wellbeing.

Many of the women could not rate their health using the scale as quite a few hadn't considered their health an issue beforehand, or hadn't recognised a marked difference in their physical health. However, the women who did acknowledge that their health had been poor prior to attending the project noticed a vast improvement; from under 5 to over 15 on the scale. Among the women who didn't have concerns about their general health previously, attending the project has helped them recognise health issues and helped them to address them through access to services. It was also discussed that a talk on nutrition and diets at the Toxteth outreach group had been helpful.

*'I was poor, I was poor, down the bottom. It's a lot better. Everything is a lot better now with me personally I'm starting to feel more positive about myself'*

*'To be honest yes, because I was really really really depressed when I first come, I was a bit lost in myself, I was really down and it brightens you up it really does. And when you start getting all these things out the way and you've got people to talk to then you can start getting on with your life then and get back to normal again basically'*

*'Yeah before I came here, I was drinking a lot with friends, occasional drug use and things like that. So it was poor and I had no confidence you could tell by looking at me, I think that I was drained. But obviously now I've got a routine, I've got my life in order and I've got a bit more self respect. Because I don't think I could even look at myself in a mirror before I came here. I was at the bottom and now right up again. So yeah I'm back to my healthy self I think'*

*'Yes because I look after myself more, so quite a bit. God it was right down the bottom it's made me face up to my health, basically I've faced up to my health and now I'm getting my health sorted'*

*'Yes with my drinking, I've cut down'*

*'And it's not just for women for jail time it's for clean and sober time too, when you don't use or pick up, it keeps you going If I didn't come when I did I would be still sitting in my chair drinking a bottle. I've stopped drinking since I came here, 5 months clean and sober'*

### ***"We don't want to do crime"***

The women were asked about their involvement in offending since attending the project. All of the women who had a history of offending stated that they had not offended during their attendance at the project. However, they felt that if they did re-offend they could come to the project and speak to staff about it, and that they would be honest and get the additional support they needed to prevent further offending.

*'I tell you what I will never offend again, I would never ever dream of getting myself in that situation again, although, even though it was a bad experience in a way it's kind of helped me because I might never have dealt with the issues I had before. So you have to take things as a lesson learnt and everything happens for a reason, it's the only way you can think of it'*

*'But if you were to slip the door is never shut for them, it's always come on, it's never we've washed our hands of you, you've gone back out committed crime, you've done this. It's always open, it come on. You don't have to lie and hide it you can come in and tell how it is. Isn't it better like that though, than lying'*

***“They are going to have to kick us out the door” –following on from the project***

Many of the women who participated in the focus groups and interviews provided strong statements about how they felt about the project and were strongly in favour of it continuing. Women stated that they *“would be lost without out it”* and that *“it is just literally a lifeline for us”*. Most women planned to continue attending the project voluntarily (*“I’m not leaving!”*) following completion of their order and compulsory hours. This was to attend the groups, to stay in touch with staff for further support and to catch up with their friends that they had made during their time at the project. The friendships made between the women were highlighted as a particularly positive impact of attending the project.

Other women had made plans for outside of the project; a small number were looking at further education opportunities to help with employment and another was hoping to start mentoring work to help others. One participant was looking to return to education after overcoming agoraphobia through attending the group.

*‘Yeah even when the hours are finished I am going to keep coming because it’s somewhere to come and meet different people and there is always someone worse off than yourself’*

*‘I will come for as long as they will have me’*

*‘I am hoping for personally from coming here, I can go into a work place and do voluntary work in there’*

*‘I hope to be back. I want to do my degree. If I can come here, I didn’t think I’d ever get out the house again, I was agoraphobic. I mean just getting out. When I get my confidence back I want to join an art group’*



### 3.3.4 “More prizes for bingo” -recommendations

The women were asked if there were any improvements the project could make to develop the project or improve any problems. Although some women made suggestions for additional activities, most of the women felt that the project was working well as it was and that they couldn't think of any suggestions for improvements. They also noted that if there ever was a problem and they spoke to a member of staff, the issue was addressed immediately. That the women felt they had a voice was of great importance. All of the women said they would recommend the project to a friend or family if they were in need of similar support, with a number of them already doing so. Many women stated that they had not heard of the project before being ordered to attend and were not aware that women could self-refer to the project. They felt that the project should be more widely advertised as there were *“a lot of people out there that really need this kind of facility”*.

*‘Don't cut the groups they are great. They are well needed’*

*‘To be honest it's just nice the way it is. I think if they added a bit more it might be a bit, you know, it's nice just simple and straightforward’*

*‘Yes I would definitely recommend them without a shadow of a doubt’*

*‘But it needs to be spread more for people to know about it, because at first I was like what is it and then when I came here it's just completely different to what people think’*

*‘Put it this way if it was shutting down tomorrow we'd all be devastated. We would phone the (Liverpool) Echo and tie ourselves to the railings. We would fight for this, it isn't half helping us’*

The recommendations provided by the women included:

- Another one to one room – the project already has one small room, but it was felt that another room would provide more privacy and more opportunities for one to one sessions.
- Voluntary work positions – some of the women were concerned that having a criminal record would affect their opportunities for employment and felt that opportunities for voluntary work positions may help them prepare for employment and would help build their CV.
- More activities and materials – whilst the women were happy with the project they were receiving, they did say they would like additional resources; more groups, extra prizes for bingo, more day trips.
- Weekend hours – it was suggested that women may benefit from the opportunity to access support at weekends.
- Bus service - some of the women acknowledged that on occasions they couldn't attend the project due to low self-esteem, panic attacks, agoraphobia and depression. They thought the opportunity for a bus service that could collect them would help improve attendance and help them avoid stressful situations when making their own travel arrangements.
- Bus passes – the women noted that they receive two bus passes per week to attend the project. Whilst they acknowledged this was helpful, they felt a weekly bus pass would allow them to attend on more occasions and to look into onward referrals to attend more as they would be able to travel about more. It was recommended by the women that services, such as Turnaround Project and probation liaison to provide travel expenses.

### 3.4 Case studies

The staff at the Turnaround Project collect case study information to assist their summaries supplied to the PCT and probation. The specific criteria for the information they collect was originally specified by the MOJ and staff select varied case studies to show the differing needs of the women accessing the project. The aim of including case studies in this evaluation was to support the qualitative fieldwork with a description of different pathways through the project that the women take. The case studies detail journeys through the project, highlight the holistic focus of the project and demonstrate the work carried out on an individual basis. They provide information on how a number of women are referred into the project, activities and interventions accessed and outcomes achieved. They also outline the involvement of the staff. The project provided six case studies (three of which are in boxes 4-6).

#### *Staff contact*

The women were referred either through the Criminal Justice System, self referrals and one was referred by a domestic abuse service. The case studies detailed that the initial assessment was used to identify risks and needs of the women which informed a support plan to suit individual needs. The staff at the project recorded their contact with the women, this varied from setting up support plans, monitoring potential risks and conducting discussions around offences and triggers to offending. They also liaised and worked in partnership with other agencies, in particular with probation. One of the women recorded as a case study had multiple needs and risks, therefore staff reported liaising with her community psychiatric nurse and other professionals by arranging regular meetings to ensure support was provided across agencies. Other contact with the women included advice and support over the telephone. More specific work detailed by the staff in the case studies included working with the women to explore the effects of abuse, loss of children, domestic abuse, death and the trauma of witnessing violence.

#### **Box 4. Case study 1**

- Self referred after learning about project from a family member
- Initial assessment identified multiple and complex needs
- Support plan initiated – to include partnership working and meetings between professionals involved (including community psychiatric nurse)
- Needs included – mental health disorders, history of self harm and suicide attempts, alcohol user, eating disorder, domestic abuse, pregnancy, unstable accommodation
- Interventions accessed – one to one key worker, Freedom Programme, three professional meetings held (to date)
- Referrals – housing association
- Outcomes achieved – engagement with project, reduced alcohol use, no incidents of self harming or suicide attempts, engagement with antenatal service, re-housed
- Other agencies involved - domestic abuse support midwife, advanced practitioner, CPN, Psychologist, Psychiatrist of Prenatal Mental Health, Specialist midwife, housing associations, homeless hostel, children and family social worker, substance misuse social worker.

*'Within our project our women's needs are varied, and to be part of a dynamic team who go that extra mile to ensure a safe, supportive environment, I feel privileged. When I say team I also include the ladies that attend our project, as without them there would be no project. It is humbling to see many of these women who have been brought to their knees by life's knocks and blows put their trust in us and each other after the many ordeals they have encountered. They are a great source of support and help to one another as well as staff. It is a huge privilege to be part of their journey to realising and achieving their dreams and future goals'.*

#### **Box 5. Case study 2**

- Referred as part of a specified activity order
- Received initial assessment and support plan initiated
- Support plan established
- Needs included – history of self harm and suicide, accommodation, children in care, domestic abuse, alcohol use, childhood abuse
- Interventions accessed – outreach service, one to one key worker, Freedom Programme, counselling
- Referrals – alcohol service, housing service
- Outcomes achieved – working towards completing order, engaging in group work, enrolled on tenancy scheme, maintained non offending status, monitoring alcohol consumption
- Other agencies – probation, alcohol services, housing

#### **Interventions**

Interventions received and the work carried out with the women during their time at the project were recorded as part of the case studies. One of the women attended the outreach service on a weekly basis and the other women attended the CJC up to three times a week. They were all assigned a key worker and four of the six women attended the Freedom Programme for support around domestic abuse. Other interventions recorded included appointments with the counsellor for psychological and emotional support, anger management, positive you programme, drama workshops, understanding your emotions programme, healthy cooking sessions and support with education, training and employment.

#### **Identifying need**

The project identifies any potential risks and needs a woman has, using the support plan to ensure the needs are addressed. The women detailed in the case studies had multiple complex needs including a history of self harm and suicide, domestic abuse, drug use and alcohol abuse, childhood abuse, eating disorders, mental health disorders, prolific offending and children in care. Additional needs included support for grief, accommodation and pregnancy. Staff detailed information about a woman with an attachment disorder, as a result of her mother going to prison when she was young and not having a primary care giver during her early years. Isolation was also noted as a vulnerability for these particular women, with a number estranged from their children and from their communities. The women in the case studies received onward referrals to alcohol services and housing services (and provided a letter of support for housing application). External agencies the Turnaround Project liaised with when supporting the women described in the case studies included probation, drug and alcohol services, hostels, domestic abuse support midwife, community mental health services, housing associations, solicitors and social workers.

## Outcomes

The case studies also detailed progress made and outcomes achieved by the women:

- Compliance with order and good attendance/engagement with project and group work
- Achieved stable accommodation
- Maintained non offending status
- Decreased alcohol consumption
- Achieved a drug free status
- Re-establishing contact with children
- No repeat incidents of injuries inflicted through self-harm or any further attempts of suicide
- Engagement with antenatal appointments
- Completion programmes, including the Freedom Programme
- Gained full time paid employment

### Box 6. Case study 3

- Self referred after being signposted by drugs service
- Received initial assessment and support plan initiated
- Needs included – heroin user, child in care, grief, witnessed violence, isolation
- Interventions accessed - One to one key worker, counselling for grief and trauma, support for drug use
- Outcomes achieved – engagement with project, 13 weeks drug free, fighting for custody of child, unsupervised visits with child (monthly progress reports)
- Other agencies involved – drug and alcohol services, solicitors

The staff reported that the women had either completed their time at the project or were continuing to engage and attend on a weekly basis. All the women detailed in the case studies had engaged well in the group sessions. With one particular woman showing commitment and consistency to a programme for the first time following many attempts at other agencies. The Freedom Programme allowed for women to share personal difficulties and effects of abusive relationships they had been in to other vulnerable women trying to leave abusive relationships. Staff noted women as rebuilding their lives; they had gained confidence and self esteem and were making positive changes. One woman was living a drug free life for the first time in seven years, they had built better relationships with other agencies (for example social services), none of the women had reoffended and one had gained full time employment.

*'I am finally starting to get my life on track and I can speak to my worker and my probation officer and be honest for once about what is really going on in my life. I am enjoying being in a group and my confidence is growing day by day'*

*'Since joining the Turnaround, it has given me some kind of focus, stability and routine as I struggle with all three aspects'*

*'Thanks to the project I have now began living my life. I felt like my life was on hold and during my time taking heroin I just didn't care about anything or anyone just the drugs and when I could find my next fix. I have now rebuilt my relationship with my mother and the bond between me and my baby is so strong. I now see why social services got involved and thanks to the support from the Turnaround I have now got the chance to prove I have made the necessary changes'*

## 4 Discussion

The Turnaround Project is part of the organisation PSS. It is a female only service for Liverpool residents who are already involved, or at risk of becoming involved, with the Criminal Justice System. The project provides a service that fits the needs of women with a history of offending, and is designed to help them tackle the reasons why they commit crimes and to reduce the risk of further offending. It is also designed to address attitudes and behaviours that may contribute to offending. The project diverts women away from a custodial sentence and therefore aims to reduce the number of females in prison, which will in turn work towards reducing family breakdown and the number of children taken out of the care of their mothers.

This research evaluation aimed to demonstrate good practice at the Turnaround Project and make recommendations for improvements to ensure that the project continues to provide support for women who have offended or are at risk of offending. A mixed methodology design was employed to meet the objectives of the evaluation. This included a quantitative analysis of data collected within the Turnaround Project and a qualitative analysis of interviews and focus groups with the women attending the project.

### 4.1 Summary of findings

The women who participated in this evaluation were all females attending the Turnaround Project. They were all Liverpool residents and aged 18 years and over. This evaluation demonstrated that women were mainly referred into the project through the Criminal Justice System, however it must be noted that a number of women did self refer and attend the project voluntarily. It is important that women were able to access such support themselves at an early stage if they felt at risk, before becoming involved in the Criminal Justice System. The Turnaround Project conducts a comprehensive assessment and risk assessment upon entry into the project, which the women described as being immediate, with no waiting list. During quarter one of 2012, the project provided 133 group sessions; the women reported attending the structured programmes including the Freedom Programme, as well as complimentary sessions including exercise classes, cooking and arts and crafts.

The project works towards helping women achieve outcomes in nine reducing reoffending pathways (identified by the Corston report). The assessment on entry to the project identified whether they needed support in any of the following pathways; i) accommodation; (ii) skills and employment; (iii) health (physical and mental); (iv) drugs and alcohol; (v) finance, benefits and debt; (vi) children, families and relationships; (vii) attitudes, thinking and behaviour; (viii) supporting women who have been abused, raped or experienced domestic abuse; and (ix) supporting women who are or have been involved in prostitution. The project works towards a 60.0% target for each of the nine pathways (established by the Ministry of Justice), which they are already achieving for six (not hitting target for accommodation 57.0%; women who have been abused 53% and women involved with sex work 33.0%). It would be beneficial to identify why these three pathways fall short of the target to ensure 60.0% success for the continuation of the 2012/13 reporting year.

Quantitative data on outcomes achieved were supported by the findings of the qualitative fieldwork (interviews, focus groups and case studies); with women reporting changes to and improvements in alcohol or drug use, relationships, employment, education and training, physical health, mental health, offending and social skills. The women involved in the evaluation generally agreed that they had seen significant changes in their lives since attending the project and that it had helped them to deal with their problems more effectively.

It was noted that a number of women attended the project specifically for support relating to domestic abuse. The project appeared to be well known for providing the Freedom Programme amongst the Criminal Justice Service making referrals into the project. It is also possible that females may prefer to access such support at a universal service offering a wide range of activities, it is also possible that it may be easier to access support for domestic abuse at a universal service for women currently involved in an abusive relationship who do not want to divulge specific details on the support received.

#### **4.1.1 Data monitoring**

Monitoring and evaluation are important to ensure that services are based on what works and allows for continuous reflection and improvement of the services provided. Monitoring and evaluation are also important for showing that the project is accountable to commissioners, funding bodies, stakeholders and the users of the project. Clear monitoring and evaluation objectives can also help to show that a service provides value for money.

#### **Data monitoring at the Turnaround Project**

Staff at the Turnaround Project collect a wealth of data from the women attending the project, which are used for monitoring purposes; through a comprehensive assessment on entry, on-going assessment throughout their time at the project, and through further assessment on exit. This data collection is thorough and the staff collect an abundance of data including demographic characteristics, risk, needs and outcomes. Data are currently collected via key workers completing hand written forms, which an administrator then inputs into a Microsoft Excel spreadsheet. Through analysis of the data for this evaluation it became evident that the process of data collection within the Turnaround Project would benefit from some improvements. The following issues were identified:

- Data items were missing or not thoroughly completed in the spreadsheet.
- There were problems with the use of free text fields within the database as definitions were inconsistent, for example, different spellings were used, use and non-use of capital letters and different definitions were applied for the same item (e.g. 'prison' or 'custody'). It was also not clear in some cases whether data was missing and unknown, or whether it didn't apply to that client (for example, they were attending voluntarily and the criminal justice items did not apply to them).
- The term 'other' was entered frequently in the data fields; for example, when identifying the referral source, the use of 'other' does not provide the required information and as such contributes to missing information.
- Including data in the spreadsheet on clients who have been referred, but who are not assessed and subsequently do not enter the project, may lead to data being interpreted as

missing. While the need to monitor referrals is acknowledged, such cases were not clearly identifiable.

To improve the quality of data monitoring at the project, it is not feasible or necessary for more data to be collected. Client records should be checked with the administrator to ensure that extensive use is being made of all of the data fields available; this could be achieved by making all, or a core set, of the data items compulsory. The project staff are aware of the problems with the use of free text field and have utilised more drop-down tools for this year's data reporting (to select a defined item from a list). However, not every field in the spreadsheet has this function and there is still room for errors in reporting. Further utilisation of drop-down tools would provide more consistency within the data. The use of 'other' should be limited with staff working to an agreed set of categories where feasible; where the use of 'other' is unavoidable, free text entry should be provided for a reason or definition for its use. The need to monitor referrals is acknowledged, however it would be useful to have a means of identifying those clients who have been referred but who had not gone on to access the project. This would also be useful for identifying inappropriate referrals.

### **Establishing consistent data monitoring**

Established services that run across multiple sites (such as drug and alcohol services) adhere to national data collection standards. These require that all agencies monitor the same data (usually a core data set) to ensure consistency, to allow for the comparison across sites and analysis at a national level. Community provision for female offenders is a more recent development following the recommendations of the 2007 Corston report. However, as there are now a number of providers of similar services across the UK, it would be beneficial to work towards the development of a core data set across these services that could be used to provide a national and local picture of community provision for female offenders. An informal 'women's network' is utilised by a number of voluntary organisations; this could be used to share data protocols. In support of this, an evaluation of the Together Women Project, a community service running across five sites in the North of England, highlighted the importance of consistent data collection across services. The evaluation concluded that the data available was not sufficiently robust to allow firm conclusions to be drawn about the impact of the project on offending. The authors noted that while this didn't mean that the project was not successful at achieving these outcomes (Joliffe et al., 2011; Hedderman et al., 2008), it was difficult to demonstrate as data collection and definitions differed across sites.

It would be beneficial for the Turnaround Project to implement resources to ensure that all data fields are thoroughly completed and that the data collected is consistent across the Turnaround Project's main and outreach sites. The implementation of thorough and consistent processes for the collection of data would allow the project to be developed to further sites across Liverpool and beyond and would inform the set-up of further community provision. It would also allow for comparison across sites. Development of a purposely designed and built Microsoft Access database would enable the Turnaround Project to achieve these suggestions. The database could be designed to capture all of the data required externally (e.g. for Liverpool PCT and probation) and internally. The Centre for Public Health currently provides databases for a number of services across Liverpool for vulnerable adults, including drug and alcohol users. A purpose built database would allow the project to collect all data needed, with the facility to update information, search for clients and could also allow the ability for reports to be run at the end of each month and quarter period, with a simple query, rather than trying to collate information. It is suggested that the project liaises with

other community providers for women to share best practice and to consistently monitor their projects.

#### **4.1.2 Preventing disengagement**

Quantitative data analysis found that a proportion of the 110 women referred into the project during quarter one of 2012, did not attend for an initial assessment and did not engage (n=43). It is not only important to ensure consistent and complete data is provided and monitored to provide evidence of effectiveness, it is important to ensure vulnerable women are not falling through the gaps. For example women not arriving for assessments and hard to reach women who have dropped out of the project. Discussions were held to identify whether processes were already in place to try and prevent initial disengagement following referral, and disengagement from women attending the project.

If a woman does not arrive for her initial assessment and engage with the project she is given three opportunities to attend, if she fails to attend further appointments the project will contact her and the service that referred her (if appropriate). If the woman does not want to engage at this point, a discussion will be held around closing the case with the opportunity to re-engage at a later stage. The project assesses where referrals come from for those women not engaging for initial assessment to identify whether inappropriate referrals are made, for example if a woman is not ready to engage, or would be better suited to another service.

If a woman drops out of the project, staff will contact her (and referral service if appropriate) to identify why she is no longer engaging. When a woman disengages from the project she is always contacted first by letter or telephone. If she is attending the project as part of an order, the project will liaise with her offender manager at probation. If possible a meeting will be arranged with the woman, the Turnaround Project and probation to try and encourage re-engagement. Depending on the circumstances, the case would be put on hold and kept open until she could re-engage or the case would be closed with the opportunity to re-engage at a later stage.

#### **4.1.3 Importance of women's involvement**

Whilst it is essential to collect data to demonstrate the number of women accessing the project and the number of outcomes achieved, this does not take into account the 'soft' outcomes achieved by the women including the impact on their lives. It is therefore important to include a narrative to complement the data. Turnaround Project already collects case studies to assist their quarterly data reports, and it is important that this work is continued to provide an insight into how the project helps women in their day-to-day lives, as well as milestones, to provide an overall picture.

There is a limited evidence base for offending prevention work with females (Hedderman et al., 2010; Farrall et al., 2007) and generally the evidence for good practice is derived from studies with males (Hedderman et al., 2010; Hollin and Palmer, 2006; Loucks et al., 2006). As Corston (2007) stated in her review, the custody process primarily designed for males has not been adapted for females. Therefore it is essential when community provision is made, that females are included in any evaluation work. We must take their experiences and opinions into account. Although the project's primary aim is linked to offending; to support women to prevent offending and/or reoffending, it is important not to focus exclusively on the offending element and to also consider improvements to their health and wellbeing and the effects that diverting them from custody has on



such factors. Whilst evaluating the Together Women Project, Hedderman (2010) demonstrated the importance of considering women's broader lives and to gain understanding of their experiences.

The qualitative findings from the interviews and focus groups highlighted the impact of the project on the women's feelings of equality and empowerment. They all reported improved confidence and self esteem and had developed trust through having an established support network. The women felt empowered by helping to support one another and valued that the project focused on holistic aspects as well as addressing offending behaviour. They did not feel judged at the project and felt that their input was valued. The women participated in feedback sessions (see introduction box 3) that allowed them to have a voice and provide recommendations for improvements within the project. This opportunity to be heard, along with providing their opinions, experiences and recommendations during interviews and focus groups further empowered the women. It is also important to take the women's experiences and viewpoints into consideration when developing a service and throughout its duration as they are the people accessing the interventions, they are the most appropriate people to provide feedback on what is and isn't working.

#### **4.1.4 Aftercare**

During the interviews and focus groups many of the women discussed their intention to carry on attending the project for the foreseeable future, and although a small number did discuss future plans of wanting to return to education and employment, the majority did not discuss a future beyond attending the project. Other evaluations have found women may not want to move on from services and this highlights the importance community networking and signposting (Gelsthorpe et al., 2007). Whilst it is important to ensure the women have continued support and can continue to attend the project, it is also important that an aftercare process is put in place, to support the women following the completion of a court order. When a woman is coming to the end of her time at the project (order complete) the project complete a closure assessment to identify any further needs that need addressing and signpost accordingly to other services. Organisations that help people with education, training and finding employment are a focus of onward referrals, such as the Spider Project, Apex and Horizons. The Turnaround Project has also supported women to obtain college places at Liverpool Community College and the Rotunda Community College, through supporting their applications and through sourcing funding. The project also links in with a number of local organisations including women's hostels and housing projects to support women with accommodation needs. The Turnaround Project links in with voluntary opportunities, including Bulky Bobs which provides work experience placements. A peer mentoring programme has also been developed and due to start in early 2013, based at The Basement to enable women to become peer mentors to other women at the project and the project itself will also be providing volunteering roles for women.

*'As a project we feel it's is imperative to work with the women towards their end and support them in the most appropriate way and refer them to the services/agencies that will enable them to continue with their positive steps forward'* (member of staff).

#### **4.2 Research limitations**

Missing and incomplete data made it difficult to interpret and fully analyse the data available. The project staff are aware of inconsistencies within the reporting of data and are taking steps (utilising a

drop down facility) to prevent this, and the evaluation has led to the recommendation that the project utilise a purposely built database. A drop down facility is a tool used in Microsoft Excel, appearing at the top of each field for the administrator to choose a definition. One term would be selected and this would avoid free text being used and prevent the potential for inconsistencies.

At the beginning of the evaluation, a number of women did not attend the scheduled interviews. However, this was to be expected given the nature of qualitative work and the vulnerabilities of the client group attending the support services. A potential shortfall in the number of interviewees was overcome by the researcher attending the projects on 'busy' days and approaching women there and then to participate in an interview rather than scheduling one for in the future. A focus group format was also adopted, via recruitment of participants attending group sessions, in order to access more women. A number of telephone interviews were also carried out with women who found it easier to participate in their free time, rather than during attendance at the project. The researcher was unable to contact and subsequently speak with anyone who had left the project with an unplanned exit. Although provision was made by seeking consent to contact them via telephone should they leave the project at the initial assessment, contact was not able to be made.

## 5 Conclusions and Recommendations

### 5.1 Conclusions

Baroness Corston (2007) believed that women fell into three main categories of vulnerability that put them at risk of offending. Domestic circumstances including domestic abuse, child care issues and lone parenthood; personal circumstances including mental health, low self esteem, eating disorders and substance abuse; and socio-economic factors such as poverty, isolation and unemployment. The Turnaround Project provides services for females who fall into all of these categories and has demonstrated that it successfully works to tackle and reduce such vulnerabilities. Diverting women from custody in the first instance can reduce the development of vulnerabilities or reduce exacerbations of any existing factors. Time in custody can make women particularly vulnerable and can compound existing vulnerabilities, therefore having these services available to women at risk, during sentence and post sentence can reduce the likelihood of offending and reoffending. The women who participated in this research believed that the project had provided them with an abundance of valuable support; it had helped to improve their circumstances and provided them with opportunities for a crime free and positive future.

### 5.2 Recommendations

#### Data monitoring

- Design a core data set and make all data items collected compulsory
- Set up a process for capturing missing data, for example, time provision for the administrator to meet with staff (the administrator, who previously based in another building, is now based in close proximity at the CJC). Allow staff access to input data.
- Utilise drop down tools within the excel spreadsheet to minimise inconsistent definitions
- Set up a field for not applicable rather than leaving it blank and reported as missing (especially for voluntary clients where CJS fields do not apply)
- Do not use other, or include a free text field after other for the staff to include reason/definition
- Consider moving the data monitoring over to a purposely designed and built Microsoft Access database (developed through PSS or an external contractor such as Liverpool John Moores University)
- Consult with other community services that provide support to females at risk of offending to identify their level of data collection and tools used to collate information to ensure a similar level of data collection is carried out consistently across sites. Utilise the 'women's network'
- Continue to collect narrative outcomes to assist data monitoring through detailed case studies

#### Service delivery

- Continue to involve the women in the decisions and future of the project; provide them with a role in shaping the project through developing the 'Your Voice' service user group and establishing further service user groups/forums
- Consider recommendations set out by the women during the focus groups and interviews

- Establish a group for women no longer attending programmes. This could be a service user led group for females to keep in touch with the project and each other. The group would provide a source of aftercare and allow women to attend for non structured support following their completion of programmes. The group could also provide advocacy to new women attending the project. Service users groups would empower the women and allow them to support themselves whilst having an input into how the project develops
- Continue with the development of the peer mentoring scheme to allow women at the project to support new members and to provide them with experience through voluntary work
- Continue with processes put in place to follow up on women disengaging following referral or during their time at the project. Ensure this work is evidenced within the monitoring. Identify any women who may be high risk and liaise with referral service to ensure they are supported
- Continue to link in and liaise with other local services and develop additional contacts to ensure the project is well advertised amongst other services and to provide onward referrals for women leaving the Turnaround Project. Continue with established relationships with hostels for homeless women in Liverpool. Consider asking services such as hostels to discuss the project during their assessments so that all women are aware from the onset that support is there for them if needed
- Advertise the project more widely, develop promotional material and visit services across Liverpool to inform them about the project and leave information with them to provide to women. Utilise the PSS re-launch to advertise the project more widely. Consider designing non Criminal Justice related material also as a lot of the women did not realise that they could self refer and could attend without a history of attending. If a service user group and 'ex member' group are established, utilise these groups to promote the project through sharing women's experiences of the project
- Set up a more structured process for women leaving the project, including onward referrals and the opportunity to attend further non structured group sessions.

## 6 References

Bennett T (2000). *Drugs and Crime: The Results of the Second Developmental Stage of the NEW-ADAM Programme*. Home Office Research Study 205. London: Home Office.

Braun V and Clarke V (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.

Bromley Briefings (2009). Prison Factfile. Prison reform trust. London.

Brookes L and Leeming J (2005). *'Getting off the Merry-go-round': Reviewing the barriers to resettlement for female offenders serving short-term sentences*. Liverpool: Hope University (in partnership with IMPACT).

Calderbank L, Fuller M and Hardwick N (2011). *Thematic Inspection Report Equal but different? An inspection of the use of alternatives to custody for women offenders*. A Joint Inspection by HMI Probation, HMCPSI and HMI Prisons.

Carlen P (2002). *New Discourses of Justification and Reform for Women's Imprisonment in England*. In: Carlen P (ed.) *Women and Punishment*. Cullompton, Devon: Willan, 220–236.

Corston J (2007). *A report by Baroness Jean Corston of a review of women with particular vulnerabilities in the criminal justice system*. London: Home Office.

Corston J (2011). *Women in the penal system: Second report on women with particular vulnerabilities in the criminal justice system*, London: Howard League for Penal Reform.

Covington SS (2007). Women and the criminal justice system. *Women's Health Issues*, 17, 180-182.

Department of Health and National Treatment Agency for Substance Misuse (2006). *Models of Care for Alcohol Misusers, MoCAM*. London: NTA.

Durrance P and Ablitt F (2001). Creative solutions' to women's offending: an evaluation of the Women's Probation Centre. *Probation Journal*, 28(4), pp. 247-59.

Eaton M (1993). *Women after Prison*. Milton Keynes: Open University Press.

Farrall S, Mawby R, and Worrall A (2007). *Prolific/Persistent Offenders and Desistance*. In: Gelsthorpe LR, Morgan R (eds) *The Handbook of Probation*. Cullompton, Devon: Willan, 352–380.

Fawcett Society (2003). *Commission on women and the criminal justice system. Interim report on women and offending*. London: Fawcett Society.

Fawcett Society (2004). *Commission on women and the criminal justice system. Women and the criminal justice system*. London: Fawcett Society.

Fawcett Society (2007). *Women and justice – third annual review of the commission on women and the criminal justice system*. London: Fawcett Society.

Gelsthorpe L, Sharpe G and Roberts J (2007). *Provision for Women Offenders in the Community*. London: Fawcett Commission.

Ganeva G (2012). *The Turnaround. Women offenders contribute to offender management service and social justice in an action research study*. A dissertation submitted to Liverpool Hope University MA Social Work. Faculty of Science and Social Sciences. Department of Social Work, Care and Justice.

Hedderman C (2004). Testing Times: How the Policy and Practice Environment Shaped the Creation of the What Works Evidence-Base. *VISTA* 8(3): 182–188.

Hedderman C, Palmer E and Hollin C (2008). *Implementing Services for Women Offenders and Those 'At Risk' of Offending: Action Research with Together Women*. Ministry of Justice Research Series 12/08. London: Ministry of Justice.

Hedderman C, Gunby C and Shelton N (2010). What women want: the importance of qualitative approaches in evaluating work with women offenders. *Criminology and Criminal Justice*, 11 (1): 3-19.

Hedderman C and Gunby C (Accepted 2012). Diverting women from custody: the importance of understanding sentencers' perspectives. *The Probation Journal*.

Her Majesty's Chief Inspector of Prisons (HMCIIP) (1997). *Women in Prison: A Thematic Review*. London: Home Office.

HM Government (2006) *Reaching out: An action plan on social exclusion*.

Hollin CR and Palmer EJ (2006). Criminogenic Need and Women Offenders: A Critique of the Literature. *Legal and Criminological Psychology* 11(2): 179–195.

Home Office (2002). *Home Office, Statistics on Women and the Criminal Justice System: A Home Office publication under Section 95 of the Criminal Justice Act*. London: Home Office.

Home Office (2003a). Home Office Research Study 208, and Hansard, House of Commons, 28 April 2003.

Home Office (2003b). *Statistics on women and the criminal justice system, a Home Office publication under Section 95 of the Criminal Justice Act 1991*. London: Home Office.

Home Office (2004). *Women's Offending reduction Programme Action Plan*. London: Home Office.

Home Office (2006). *Offender Management Caseload Statistics 2005*. Home Office Statistical Bulletin 18/06. England and Wales. London: RDS/NOMS.

Jolliffe D, Hedderman, Palmer E and Hollin C (2011). *Re-offending analysis of women offenders referred to Together Women (TW) and the scope to divert from custody*. University of Leicester

Krippendorff K (1980). *Content analysis: An introduction to its methodology*. Beverly Hills, CA: Sage.

Liverpool John Moores University (2008). *Liverpool John Moores University Data Protection Policy*. Liverpool: Liverpool John Moores University.

Loucks (2000). *Prison Rules: A Working Guide. The Millennium edition fully revised and updated*. London: Prison Reform Trust.

Loucks N, Malloch M, Mclvor G, and Gelsthorpe L (2006). *Evaluation of the 218 Centre*. Edinburgh: Scottish Executive.

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

Malin S (2004). *Supporting People: Good News for Women Ex-Prisoners?* Research Paper 2004/1, London: The Griffins Society.

Mclvor G (2004). *Women Who Offend*. London: Jessica Kingsley Publishers.

Ministry of Justice (2007a). Ministry of Justice and Department for Children, Schools and Families, Children of Offenders Review, June 2007.

Ministry of Justice (2007b). *The Government's Response to the Report by Baroness Corston of a Review of Women with Particular Vulnerabilities in the Criminal Justice System* Presented to Parliament by the Lord Chancellor and Secretary of State for Justice by Command of Her Majesty. Crown copyright 2007.

Ministry of Justice (2008). *Gender Equality Scheme 2008-2011*. London: Ministry of Justice.

Ministry of Justice (2011a). *Adult re-convictions: results from the 2009 cohort, England and Wales*, Ministry of Justice Statistics bulletin. London: Ministry of Justice.

Ministry of Justice (2011b). *National Offender Management Service Quarterly Monitoring Data Sheet Completion Guidance*. Corston Independent Funders' Coalition.

Ministry of Justice (2012). *National Offender Management Service. A Distance Approach: A guide to working with women offenders*. NOMS women and equality group.

National Audit Office (2010.) *Managing Offenders on Short Custodial Sentences*. London: TSO.

National Offender Management Service and National Probation Service (2006). *Delivering Effective Services for Women Offenders in the Community. A Good Practice Guide*. London.

National Treatment Agency (2008). *Treatment Outcomes Profile (TOP)*. National Treatment Agency for Substance Misuse. Accessed January 2012.

NHS Service Specification (2010). NHS standard contract for community services. Service specification. Services to women to women offenders/ at risk of offending. 2010/11.

NVivo qualitative data analysis software (2002). Version 2. QSR International Pty Ltd. Accessed September 2012.

OASys (2006-2009). *Data from the Offender Assessment System (OASys)*. MOJ, Compendium of research and analysis on the Offender Assessment System (OASys) 2006-2009. Research Series 16/09. London: Ministry of Justice.

Roberts J (2002). *Women-centred: the West Mercia community-based programme for women offenders* in P. Carlen (ed.) *Women and Punishment: the Struggle for Justice*. Cullompton, Devon: Willan Publishing.

Rumgay J (2000). *Policies of Neglect: Female Offenders and the Probation Service*, in H. Kemshall and R. Littlechild (eds.) *Improving Participation in Social Care Delivery*. London: Jessica Kingsley.

Rumgay J (2004a). *The Asha Centre: Report of an Evaluation*. London: London School of Economics.

Rumgay, J. (2004b). Scripts for safer survival: Pathways out of female crime. *The Howard Journal of Criminal Justice*, 43, 405-419.

Safer Society (2004). Safer society no. 21, Summer 2004.

Simmons J, Legg C and Hosking R. (2003). *The Prison Service National Crime Recording Standard (NCRS): An analysis of the impact on recorded crime Companion Volume to Crime in England and Wales*. [www.homeoffice.gov.uk/rds/pdfs2/s95women03](http://www.homeoffice.gov.uk/rds/pdfs2/s95women03)

Social Exclusion Unit (2002). *Reducing reoffending by ex-prisoners*. Office of the Deputy Prime Minister. Exclusion Unit, London.

SPSS (2008). IBM SPSS Statistics. Version 17.0. Accessed November 2012.

Turnaround Project (2012a). *Turnaround Performance Report 2011/12*. Ministry of Justice, National Offender Management Service. Corston Independent Funders' Coalition.

Turnaround Project (2012b). *Turnaround Leaflet*. PSS Turnaround Community Resource Centre.

Women's Aid (2011). *Supporting Women Offenders who have experienced domestic or sexual violence*. Women's Aid Federation for England for the Women's Team, National Offender Management Service.



## 7 Appendices

### Appendix 1. Detailed ethics process

Ethical approval was granted through the Liverpool John Moores University Research Ethics Committee. The ethics submission required participant information sheets for clients to be designed and approved. Interview questions and the full evaluation methodology were also approved and a risk assessment was carried out. As part of the risk assessment the researcher visited the Turnaround Project premises prior to starting the evaluation and met with staff. Participant information sheets, including consent forms, were provided to participants at the assessment process and before each interview or focus group. Participant information sheets were read out and explained to participants and they were provided with a copy to take away. The sheets detailed who the researcher was, the nature of the research, what their involvement would mean, confidentiality and their right to withdraw from the research. Contact details were included for the researcher should the participants want any further information or to withdraw from the research. Should any of the females need further support or advice, contact details were provided for the Turnaround Project and the Samaritans. The consent form required a signature to confirm understanding of the research and agreement to take part; consent was also gained to digitally record the face to face interviews and focus groups. Participants were given the right to withdraw from the interviews at any time, and had the right to withdraw their information after taking part. Withdrawing from the research did not affect access to the Turnaround Project. Questions designed for the interviews did not specifically ask about sensitive information and it was not anticipated that participants would suffer discomfort through their involvement in the evaluation. However the research team were aware that during the interviews issues may have arisen that were distressing or upsetting to some of the participants involved; therefore the protection of the participants was of great importance. The researcher conducting the interviews had experience of interviewing vulnerable groups, and in particular discussing sensitive issues. She also had Criminal Records Bureau clearance for working with vulnerable groups and had attended a researcher safety workshop. Internal researcher safety processes were put in place through the undertaking of the risk assessment. The researcher met with staff from each organisation prior to commencement of fieldwork to discuss appropriate protection and support for participants should anyone need further support or become upset during the interview process. All face to face interviews and focus groups were conducted at the Turnaround Project or outreach services with staff present on site. It was also made clear that the research team could not offer *absolute* guarantees of confidentiality where a person's welfare was concerned and that the researcher would have to notify the Turnaround Project staff should any participant disclose that they or someone they knew were in danger. Although this structure was in place, none of the participants became upset during the interviews and focus groups. All participants were reimbursed by the researcher for their time with a shopping voucher and provided with travel costs by the Turnaround Project.

The Centre for Public Health has a data sharing protocol (LJMU, 2008) that must be adhered to which was written in accordance with the requirements of the Data Protection Act 1998 and the recommendations of the Caldicott Committee (1997). There is no unauthorised public access to the buildings in which the data are stored and processed. Access to the data is restricted to named individuals within the Centre for Public Health and backup copies and paper records are stored in a separate secure, locked area.

## Appendix 2. Participant information sheet 1 – initial information



### Evaluation of the Liverpool Turnaround Project

Ellie McCoy, Centre for Public Health (JMU) and Liverpool PCT

*Please ask if there is anything you do not understand or if you would like more information. Take time to decide whether or not you wish to take part.*

#### About the research

We want to look at the impact of the project, by looking at how it helps the females attending the project. We are interested in the types of support offered and the outcomes achieved (eg improved health and wellbeing and reduced offending).

#### What will happen to me if I take part?

We want to use data collected within the project (support received, goals achieved). This data will not include your name; we will not be allowed to access any personal information.

We may invite you to take part in an interview at the project or over the telephone if you have left the project (you will receive a gift voucher as a thank you for taking part in an interview). There are no foreseen risks to taking part.

**Participation is entirely voluntary.** It is up to you to decide whether or not to take part. You can decide not to be involved in the research at any time without giving a reason and this will not affect the services you receive.

#### Will my taking part in the study be kept confidential?

Data used is non identifiable (this means we cannot identify you, we will not have access to any personal details). The data and information given to us at interviews will be **strictly confidential**. However, should you state that someone else is harming you, or someone else is at risk of harm or involved in serious criminal activities we will have to let the Turnaround Project know.

If you have any questions about this research then please contact- Ellie McCoy by email [e.j.mccoy@ljamu.ac.uk](mailto:e.j.mccoy@ljamu.ac.uk) or telephone 0151 231 4442 (office hours).

For support and advice please contact the Turnaround Project on 07595863133.

**Thank you for reading this**



**LIVERPOOL JOHN MOORES UNIVERSITY**

**CONSENT FORM**

**Evaluation of the Liverpool Turnaround Project**

**Researcher - Ellie McCoy, Centre for Public Health, Faculty of Health and Applied Social Sciences,  
Liverpool John Moores University**

	Please tick ✓
I confirm that I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and that this will not affect my legal rights.	
I understand that any personal information collected during the study will be anonymised and remain confidential	
I agree for non identifiable data to be used	
I give permission to be contacted for an interview at the Turnaround Project	
I give permission to be contacted for a telephone interview	

Name of Participant	Date	Signature
Name of Researcher	Date	Signature
Name of Person taking consent <i>(if different from researcher)</i>	Date	Signature

1 copy for participant, 1 copy for researcher

### Appendix 3. Participant information sheet and consent form 2 – face to face interviews



#### Evaluation of the Liverpool Turnaround Project

Ellie McCoy, Centre for Public Health (JMU) and Liverpool PCT

*Please ask if there is anything you do not understand or if you would like more information. Take time to decide whether or not you wish to take part.*

#### About the research

We want to look at the impact of the project, by looking at how it helps the females attending the project. We are interested in the types of support offered and the outcomes achieved (eg improved health and wellbeing and reduced offending).

**What will happen to me if I take part?** We would like to invite you to take part in an interview. No staff from the project will be present during the interview (unless you wish for them to be). The interview will take 30 minutes of your time and you will receive a £10 shopping voucher. The interview will include questions about the type of support you have received, satisfaction with the project and outcomes you have achieved. There are no foreseen risks to taking part.

If it is okay with you, we will tape record the interview (only the researcher will have access to this and it will be wiped clean).

**Participation is entirely voluntary.** It is up to you to decide whether or not to take part. You can decide not to be involved in the research at any time without giving a reason and this will not affect the services you receive.

#### **Will my taking part in the study be kept confidential?**

The information given to us at interviews will be **strictly confidential**. However, should you state that someone else is harming you, or someone else is at risk of harm or involved in serious criminal activities we will have to let the Turnaround Project know.

If you have any questions about this research then please contact- Ellie McCoy by email [e.j.mccoy@ljmu.ac.uk](mailto:e.j.mccoy@ljmu.ac.uk) or telephone 0151 231 4442 (office hours). For support and advice please contact the Turnaround Project on 07595863133 or The Samaritans on 08457909090.

**Thank you for reading this.**



**LIVERPOOL JOHN MOORES UNIVERSITY**

**CONSENT FORM**

**Evaluation of the Liverpool Turnaround Project**

**Researcher - Ellie McCoy, Centre for Public Health, Faculty of Health and Applied Social Sciences,  
Liverpool John Moores University**

	Please tick ✓
I confirm that I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and that this will not affect my legal rights.	
I understand that any personal information collected during the study will be anonymised and remain confidential	
I agree for the interview to be audio recorded	
I agree to take part in the above study	

Name of Participant	Date	Signature
Name of Researcher	Date	Signature
Name of Person taking consent <i>(if different from researcher)</i>	Date	Signature

1 copy for participant, 1 copy for researcher

## Appendix 4. Participant information sheet and consent form 3 – telephone interviews



### Evaluation of Liverpool's Turnaround Project

Ellie McCoy, Centre for Public Health (LJMU) and Liverpool PCT

*Please ask if there is anything you do not understand or if you would like more information. Take time to decide whether or not you wish to take part.*

### About the research

We want to look at the impact of the project, by looking at how it helps the females attending the project. We are interested in the types of support offered and the outcomes achieved (eg improved health and wellbeing and reduced offending).

### What will happen to me if I take part?

We would like to invite you to take part in a telephone interview. The interview will take 10 minutes of your time and you will receive a £5 shopping voucher (the Turnaround Project will post this out to you). The interview will include questions about satisfaction with the project, reasons for leaving and suggested improvements to the project. There are no foreseen risks to taking part.

**Participation is entirely voluntary.** It is up to you to decide whether or not to take part. You can decide not to be involved in the research at any time without giving a reason and this will not affect the services you receive

### Will my taking part in the study be kept confidential?

The information given to us at interviews will be **strictly confidential**. However, should you state that someone else is harming you, or someone else is at risk of harm or involved in serious criminal activities we will have to let the Turnaround Project know.

If you have any questions about this research then please contact- Ellie McCoy by email [e.j.mccoy@ljmu.ac.uk](mailto:e.j.mccoy@ljmu.ac.uk) or telephone 0151 231 4442 (office hours).

For support and advice please contact the Turnaround Project on 07595863133 or The Samaritans on 08457909090.

**Thank you for reading this.**



**LIVERPOOL JOHN MOORES UNIVERSITY  
CONSENT FORM**

**Evaluation of the Liverpool Turnaround Project**

**Researcher - Ellie McCoy, Centre for Public Health, Faculty of Health and Applied Social Sciences,  
Liverpool John Moores University**

	Please tick ✓
I confirm that I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and that this will not affect my legal rights.	
I understand that any personal information collected during the study will be anonymised and remain confidential	
I agree to take part in the above study	

Name of Participant	Date	Signature
Name of Researcher	Date	Signature
Name of Person taking consent <i>(if different from researcher)</i>	Date	Signature

1

*copy for participant, 1 copy for researcher*

## Appendix 5. Interview schedule face to face interviews

### Evaluation of the Liverpool Turnaround Project

#### Face to Face Interview Schedule



- Introduce self
- Explain research and participants involvement
- Opportunities for questions about research
- Gain written consent
- Explain safeguarding (when confidentiality will be broken)
- Opportunities for questions about consent/confidentiality

#### 1. Introduction

How long have you been attending the project?

Do you attend voluntary or as part of a community order?

If community order, how often do you have to attend?

#### 2. Referral process

How did you enter the service?

Where were you referred from?

How soon after receiving referral did you enter service?

Have you experienced any problems with the referral process?

#### 3. Interventions

What interventions/activities have you received?

How often do you attend the interventions/activities?

Have you experienced any problems with the interventions/activities?

#### 4. Quality of service/interventions

Did you get the kind of service you wanted? Did it meet your needs?

Have the services you received helped you to deal more effectively with your problems?

Has any particular part of the service worked well for you?

Has any particular part of the service not worked well for you?

#### 5. Communication

How often have you seen your key worker?

How would you describe how your relationship with your key worker?



Have you understood what has been said to you? Could things have been explained better/more clearly?

If you are on an order, does the Project and Probation liaise?

6. Other support

Do you access any other support elsewhere? Attend any other services?

Are you involved with Probation?

Has the project referred you elsewhere for other support?

7. Attendance

Have you missed any of your appointments?

What were the Consequences?

8. Outcomes

Have there been any significant changes in your life since you started at the project? Prompt: drinking and drugs, relationships (including family), employment, physical health, mental health, offending, education/training/skills, social skills

How much do you agree with the following statements about your life since starting the service?

Treatment impact	Strongly agree	Agree	Don't know	Disagree	Strongly disagree	N/A
You have been less involved in crime						
Your general health has improved						

9. Scales<sup>30</sup>

Before attending the project, where would you rate your psychological health status (anxiety, depression and problem emotions and feelings)

Poor	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Good
------	---	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	------

Since attending the project, where would you rate your psychological health status (anxiety, depression and problem emotions and feelings)

Poor	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Good
------	---	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	------

Before attending the project, where would you rate your physical health (extent of physical symptoms and bothered by illness)

Poor	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Good
------	---	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	------

<sup>30</sup> Scales used from the Treatment Outcomes Profile (TOP) (from the National Treatment Agency for Substance Misuse, National Drug Treatment Monitoring System)

Since attending the project, where would you rate your physical health (extent of physical symptoms and bothered by illness)

Poor	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Good
------	---	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	------

10. Following on from the project

How much longer will you be attending the project?

If at the end of your time at the project, what plans do you have now?

Have you been referred on anywhere else for support following your time at the project?

11. Recommendations

Do you have any recommendations for improvement to the project?

If a friend was in need of similar help, would you recommend?

If you were to seek help again, would you come back to the project?

**To end**

- Is there anything else you would like to add?
- Thank participant for taking part
- Provide gift vouchers

## Appendix 6. Interview schedule telephone interviews

### Evaluation of the Liverpool Turnaround Project

#### Telephone Interview Schedule



- Introduce self
- Explain research and participants involvement
- Opportunities for questions about research
- Explain safeguarding (when confidentiality will be broken)
- Opportunities for questions about consent/confidentiality

1. **Attendance** -How long did you attend the project? Was your attendance voluntary/order?

2. **Reason for leaving** -Why did you drop out of the project? What happened as a result of you dropping out? Is there anything that could have been improved to prevent you from dropping out?

3. **Referral** How did you enter the service? Did you experience any problems with the referral process?

4. **Interventions** What interventions did you receive? Did you experience any problems accessing interventions?

5. **Communication** How would you describe how your relationship with your key worker? Did you experience any problems?

6. **Quality** Did you get the kind of service you wanted? Did it meet your needs?

7. **Other support** During your time with the project did you access support elsewhere? Since leaving have you accessed alternative support?

8. **Recommend** If you were to seek support again, would you return to the project? Would you recommend?

#### To end

- Is there anything else you would like to add?
- Thank participant for taking part
- Inform the participant that the Turnaround Project will post out their gift voucher
- If participant has recently moved ask them to telephone the project with new address

## Appendix 7. Psychological Scales

Before and during attending the project, where would you rate your psychological health status (anxiety, depression and problem emotions and feelings) Poor= 0 – Good = 20

Interview	Scale psychological	
	Before	During
CJC Interview	5	15
CJC Interview	0	20
Toxteth Focus group	2	12
Toxteth Focus group	5	19
Toxteth Focus group	2	19
Toxteth Focus group	2	18
Toxteth Focus group	3	19
Toxteth Focus group	2/3	19
CJC Focus group	0	15
CJC Focus group	0	15
CJC Focus group	0	Still poor
CJC Focus group	0	15
CJC Focus group	0	15
CJC Focus group	0	15
Croxteth Interview	2	17
Croxteth Interview	0	11
Croxteth Interview	4	10
Phone Interview	5/6	17
Phone Interview 2	6	20
CJC Focus group	0	20
CJC Focus group	0	20
CJC Focus group	0	20
CJC Focus group	0	20
CJC Focus group	0	20
CJC Focus group	0	20
CJC Focus group	0	20

Scales used from the Treatment Outcomes Profile (TOP) (from the National Treatment Agency for Substance Misuse, National Drug Treatment Monitoring System)

## Appendix 8. Turnaround Project weekly timetable

Day	Activity	Time	Description
Monday	Listening Ear	10am – 1pm	This is an opportunity to come and have breakfast and speak to one of our volunteers to talk about any problems you may have
	Riverside Housing Drop In	10:30am – 12pm Fortnightly	Riverside are offering a one to one drop in service to address your housing needs and to look at your personal circumstances.
	Cosy Bambino's	11am – 2pm	This is a knitting group producing coats and hats for underprivileged babies in Uganda.
	Bingo	2pm – 3pm Monthly	A fun hour of playing Bingo with a variety of prizes.
Tuesday	Staying on Track	11am – 1pm	This is a 7 week course to look at goal setting, assertiveness, Managing Change, Problem Solving and Managing Stress and Anxiety.
	Freedom Programme	1pm – 3pm	This is a 12 week programme for any woman who wishes to learn more about the reality of abusive relationships.
Wednesday	Chattabook	11am – 12:30pm	This is a chance for reading aloud short stories and poems. It's a relaxing way to enjoy reading!
	Parenting	1pm – 3pm	A 12 week programme looking at simple routines and small changes that can make a big difference to your family.
Thursday	Addaction Drop in	10am – 12pm	A weekly drop in session offers Electro Stimulation Therapy. This promotes relaxation and reduces any drug related symptoms.
	Positive You	11am – 12:30pm	A 10 week course that looks at our women as individuals! We focus on confidence building, self esteem, communication and much more.
	Your Voice	12:45 – 1:15pm	A change for you to have your say at what goes on at the project and to make some changes for yourselves.
	Understanding Your Emotions	1:15pm – 2:45pm	A 6 week course that looks at a range of emotions from anger to depression, and looks at ways to manage these feelings.
	Solicitors	1pm – 2pm	One to one advice around criminal and civil matters. Appointments only.
	Guided Visualisation	12:30pm – 12:45pm	This is a chance for you to relax and unwind in a session of guided meditations. You will be taken through a journey of the mind.
Friday	Listening Ear	11am – 2pm	This is an opportunity to come and have breakfast and speak to one of our volunteers to talk about any problems you may have.
	ETE drop in	11am – 12pm	A drop in group to look at your Education, training and Employment needs. We will look at CV's, interview techniques and job searches.
	CAB Horizons	11am – 1pm	The Horizons programme aims to help lone parents build a brighter future for themselves and their families.
	Arts and Crafts	11:30 – 2:30pm	A 12 week programme to explore your artistic flare.

## Appendix 9. Turnaround Project weekly outreach timetable

### Liverpool Women's Turnaround Project Outreach Timetable

In addition to the work carried out by the Turnaround project in North Liverpool Community Justice Centre we also offer the following services to our women throughout the various sites in Liverpool

<b>Monday</b>	<b>Toxteth Outreach</b> <b>Toxteth Town Hall</b>	Weekly  1pm – 3pm	Group work addressing the impact of domestic abuse and effects on children, confidence building, community integration, activities promoting women's health and wellbeing.
<b>Tuesday</b>	<b>HMP Styal</b>	Weekly  Half day	We offer one to one support, assessments, and regular reviews for women in custody. We also offer a continuation of service upon release where our women can access support within a group setting in one of our community centres.
<b>Thursday</b>	<b>Dovecot Outreach</b>	Weekly  11am-2.00pm	12 weeks of domestic abuse group work based on Freedom programme, safety and exit strategies are explored throughout. We also link in closely with the services offered within the MAC, in relation to health and wellbeing.
<b>Friday</b>	<b>South Liverpool Probation Centre</b>	Weekly  12:30pm – 3pm	Group work programmes delivered in the Women's Room from 1:00-2:30pm, e.g. Freedom Programme, Staying On Track. Supporting the women to discuss issues in a safe supportive environment.  Also offer assessments and one to one support.



For more information please contact:

Ellie McCoy  
Researcher in Public Health Research Synthesis  
Liverpool John Moores University  
Centre for Public Health  
Research Directorate  
Henry Cotton Campus  
2nd Floor, Room 2.23  
15-21 Webster Street,  
Liverpool  
L3 2ET

E: [E.J.McCoy@ljmu.ac.uk](mailto:E.J.McCoy@ljmu.ac.uk)  
T: 0151 231 4442  
F: 0151 231 4552

**ISBN: 978-1-908929-26-6**

