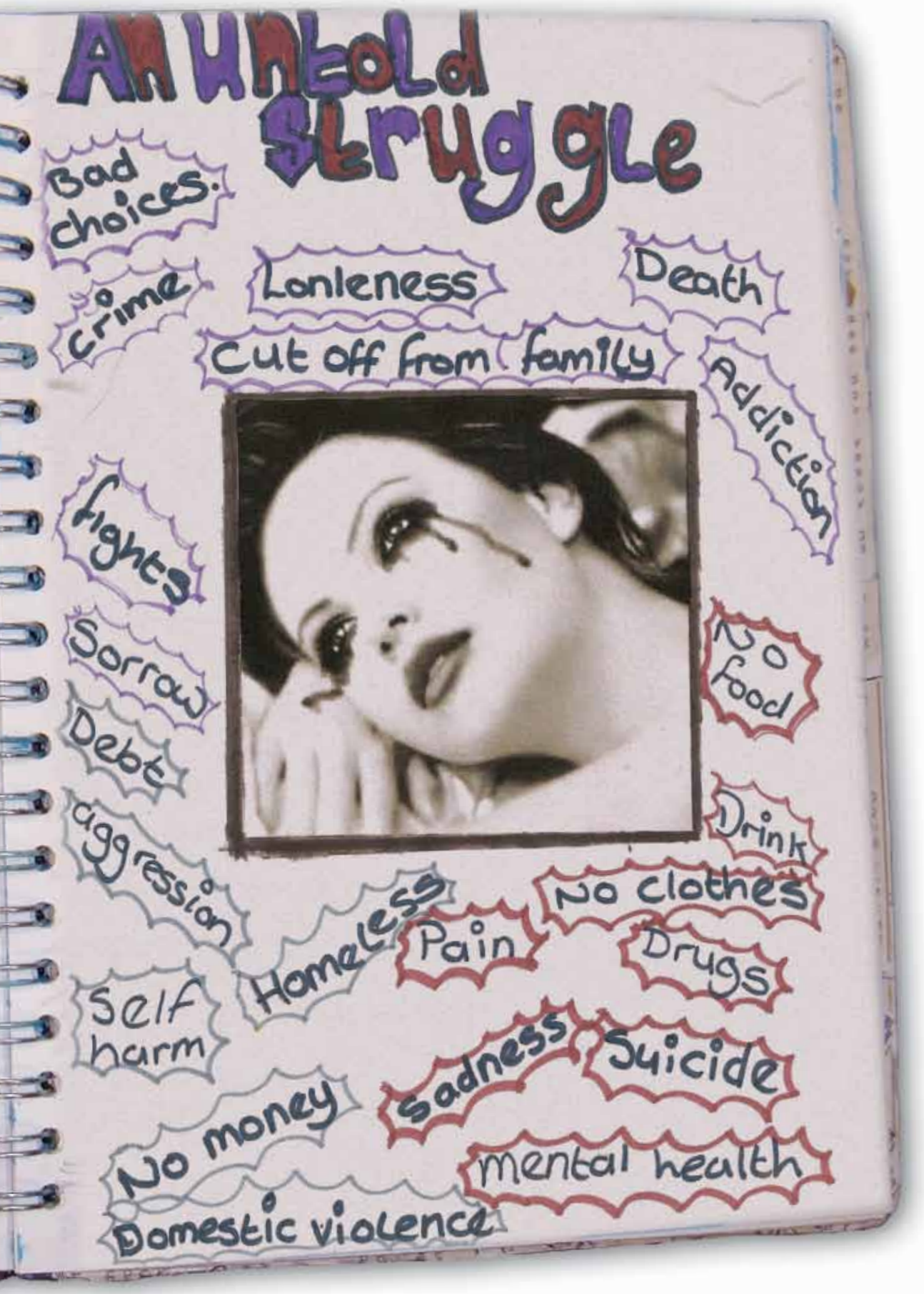
PRELIMINARY EVALUATION REPORT ON THE ANAWIM MENTAL HEALTH ALTERNATIVES TO CUSTODY PILOT PROJECT

anawim
women working together



A partnership with Birmingham and Solihull Mental Health Foundation Trust and Staffordshire & West Midlands Probation Trust

Birmingham and Solihull Mental Health NHS Foundation Trust

Staffordshire and West Midlands Probation Trust

ANAWIM: THE MENTAL HEALTH ALTERNATIVES TO CUSTODY PROJECT, A PRELIMINARY EVALUATION REPORT

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Anawim: The Mental Health Alternatives to Custody Project, A Preliminary Evaluation Report.
Contributions and advice for this report have been provided by the following people:
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FOREWORD.

by Joy Doal, Project Director Anawim

We very much hope you will enjoy reading this report. We have kept it as independent as possible and the cost savings quoted are all on the conservative side as we have limited them to direct savings rather than looking at the Social Return on Investment, as a reader you can apply those principles when considering the positive effects on children and the intergenerational impact. The aim of the pilot was to increase the use of Mental Health Treatment Requirements, had the guidance been clearer and better understood for the need for a psychiatrist oversight the increase would have been much higher. However we have shown how creating a multi-agency team across health, probation and the voluntary sector can bring about real change and create pathways into mental health services from criminal justice that were missing before. This pilot proves again the value of the 'one stop shop', holistic approach that is so important to helping women with multiple and complex needs to get out of and stay out of the criminal justice system.

It is incredibly disappointing to be informed that the pilot will not be continued to be funded by NHS England but we are hopeful and will work closely with our partner organisations to identify and seek further funding opportunities in order to continue this vital work.

CONTENTS.

EXECUTIVE SUMMARY.

In 2012 the Department of Health funded a 2-year pilot Mental Health Alternatives to Custody Project within Anawim (a voluntary sector organisation supporting vulnerable women with multiple complex needs). The Mental Health Alternatives to Custody Project was established to bridge gaps between services (inclusive of Anawim, Birmingham and Solihull Mental Health NHS Foundation Trust, Staffordshire and West Midlands Probation and the courts). It was intended to illustrate an increased use in Mental Health Treatment Requirements by the courts as an alternative to custody, to help build creative pathways for female offenders into mental health treatment and to build effective relationships with primary and secondary mental health treatment services.

The Mental Health Alternatives to Custody Project adhered to key recommendations from the Corston (2007) report and presented a 'one-stop-shop' approach for a community based intervention for female offenders with mental health problems. The overall principle of the pilot Mental Health Alternatives to Custody Project is one of holistic care illustrated in qualitative case examples throughout the report.

Limitations on available data and the post-hoc nature of the evaluation means it has not been possible to conduct a full scale study of all areas of care accessed by the women receiving help through the project. However, presenting single case narratives in specific areas provides a coherent picture of positive outcomes within all areas of care following referral to the Mental Health Alternatives to Custody Pilot, illustrating positive impact on the clients' mental health, offending behaviour, housing, child care and substance misuse and potential economic cost savings in each area. The report provides a template to aid future evaluation.

The current preliminary report suggests positive impact in numerous areas of the women's lives including significant improvements in psychological and physical health and crime reduction. It therefore presents a case for future development of the service and for continued funding of the Anawim Mental Health Alternatives to Custody Project in order to continue to build on the achievements to date using the work conducted as a solid platform for further development.

REPORT STRUCTURE.

This report describes a preliminary evaluation of the 2-year Department of Health funded Mental Health Alternatives to Custody Project within the Anawim service. It provides an overview of Anawim and the Mental Health Alternatives to Custody Pilot Project and the use of the Mental Health Treatment Requirements. It also gives a description of the service user profiles as well as an overall broad outcome evaluation based on the available data of the service provided. The report then investigates the potential cost savings generated by the pilot project using case examples in the areas of mental health, criminal justice, housing, child-care and substance misuse. The report also describes the additional work conducted by the Anawim team before drawing conclusions and recommendations for future reports and development of the service.

NB: The names of all the cases presented within this report have been changed for the purposes of client confidentiality. Some detailed case studies have been included. Clients and staff from the service have provided the information and consent has been given for these cases to be included in this report.

INTRODUCTION.

Anawim is a voluntary sector organisation that was established from two charities, English Provence of Our Lady of Charity and Father Hudson's Society. Anawim's mission statement is 'to support women and their children, especially women vulnerable to exploitation including prostitution. It seeks to provide wider positive choices to help them achieve their goals and reach their full potential as part of the wider community. To this end Anawim treats everyone with dignity and respect, recognising that every woman and child matters as an individual. Anawim seeks to work with partners and other agencies to challenge that which degrades and diminishes.'

In April 2012, Anawim started a pilot project in partnership with the Department of Health by creating a Mental Health Alternatives to Custody Project:

"Since working in this field I have been surprised at how disconnected Probation and mental health services are. This project in a very limited way has proved amazingly effective in bringing them closer together and creating real dialogue and communication." - Joy Doal Project Director, Anawim.

The initial need for specific mental health care within the Anawim service was highlighted through the 2009-2011 Mental Health Collaboration Project (Leci, Walsh & Johnson, 2012). This collaboration project illustrated positive outcomes following the input of a registered mental health nurse working one day per week in the service. Positive outcomes were found in the areas of accessibility to services, timely and tailored care, service user engagement and understanding and accepting attitudes of staff. It was the success and recommendations of the Mental Health Collaborations Project 2009-2011 that assisted in the application and funding for the full time mental health service post within the project in the form of the current Mental Health Alternatives to Custody Project. The concept of the project was to work with female offenders experiencing complex needs including mental health and/or substance misuse problems. The key highlighted objectives were:

- bridging the gap for women offenders in need of mental health treatment supported by the partnerships between Staffordshire & West Midlands Probation Service, Anawim, the courts and Birmingham and Solihull Mental Health Foundation NHS Trust
- increasing the use of Mental Health Treatment Requirements within community sentences
- helping to create effective pathways for women offenders into mental health treatment
- building effective relationships with primary and secondary mental health treatment services

The Mental Health Alternatives to Custody Team created consists of a probation officer, a registered mental health nurse and two mental health support workers all of whom had experience of working within the field. The interventions carried out by the team were implemented to ensure that needs were met to facilitate positive mental health outcomes and to ensure the women received timely assessments to identify the suitability of a Mental Health Treatment Requirement as an alternative to custody. This pilot adheres to a number of recommendations from the Corston Report (2007);

"Women's centres should also be used as court and police diversions; as part of a package of measures for community sentences; and for delivery of probation and other programmes." (Corston, 2007).

Corston (2007) also highlighted that community sentences should be designed to take account of women's particular vulnerabilities and domestic and childcare commitments. All of the women diverted to the Anawim Mental Health Alternatives to Custody Project experience particularly complex needs with high levels of vulnerability including day to day work with women who are using substances in a 'chaotic' manner and experiencing severe mental health, lacking social structures within their lives, erratic offending behaviours (inclusive of sex work) and victims of domestic abuse (both physical and mental). In most cases these complexities are multiplied as the females fall into a number of the aforementioned categories. The Mental Health Alternatives Project can facilitate a one-stop-shop approach to encourage the engagement and working with the multiple problems and vulnerabilities using a holistic approach (a further recommendation as presented in Corston, 2007). All of the women referred to the pilot access a mental health assessment with the registered mental health nurse. In addition to this, they are able to access links already existing within Anawim, such as the Anawim probation offender management unit managing Specified Activity Requirements and access to wrap around services that input into the Anawim project including the A-Team Alcohol Service, Addaction (drug and alcohol service), Midland Heart (housing support), Birmingham Settlement (benefit and debt advice) and access to courses via Bournville College.

THE MENTAL HEALTH TREATMENT REQUIREMENT.

One of the key components of the pilot was to assess the suitability of clients for a Mental Health Treatment Requirement (MHTR). The MHTR's were implemented by the government in 2005 and were devised to provide a tool to allow offenders with mental health complexities who were given community orders to access the most appropriate treatment. However, as discussed in the Mental Health Treatment Requirement Criminal Justice Alliance Policy Paper (Scott & Moffatt, 2012), the level of uptake of the MHTR's as part of the community orders remains low, it is represented nationally in under 0.035% of the total number of requirements issued as part of a community order. Even with the low numbers of offenders who did receive an MHTR, it was suggested by the report that it has not been delivered to its full potential in terms of tailoring the community order to the needs of people with mental health problems, nor as a means of diverting people from custodial sentences.

Within the current pilot, the MHTR's have also been used at a low level, at the time of evaluation for the current report, 8% of the 47 clients to have been referred to the pilot are currently undertaking or have already completed an MHTR. Although this is a figure that remains low, it is still notably higher than the national average of less than 0.035%. The Anawim Mental Health Team has raised reasons, which in part aims to explain such low numbers. It has been noted that there has been a lack of clarity as to whether the order can be over seen by a general medical practitioner or by a psychiatrist – a discrepancy currently under review (Advice on Implementing Changes to the ATR, DRR and MHTR, 2012). Within the mental health alternatives pilot project, there have been examples of courts reluctant to adjourn for the MHTR to be issued in addition to last minute notifications from courts requesting the mental health nurse's attendance, thus resulting in the mental health nurse being unable to attend to present their recommendations in line with the MHTR.

There are a number of clients within the pilot who were deemed suitable by the mental health nurse and probation officer for an MHTR but due to barriers, such as those mentioned above, an MHTR was not issued. Had those clients all been given an MHTR by the courts, the current number of MHTR's issued within the project would have increased from 8% to 20%. The pilot project has worked imaginatively to enable those who are not given an MHTR to still access the same level of input, for example if a client is issued with a straight forward Specified Activity Orders with no specified mental health requirement, the team will add a mental health element to this order and engagement with the mental health nurse will contribute to the number of days required for the orders.

The Mental Health Alternatives to Custody Team have worked to promote the MHTR's within the courts and by holding a magistrates day to highlight the use of this order. The team have also produced literature that has been distributed amongst the courts and probation teams to promote the MHTR as an alternative route to custody. Such promotion it was felt would be more effective if there had been clarity on the issue of a general medical practitioner or psychiatrist overseeing the order.

One of the two overarching aims of the Prison Reform Trust Strategic Plan 2013-16 is to reduce unnecessary imprisonment and promote community solutions to crime. The MHTR offers an alternate option to imprisonment and if utilised to its full effects can be used as an effective alternative community solution. The mental health pilot team within Anawim are able to support and facilitate this type of order.

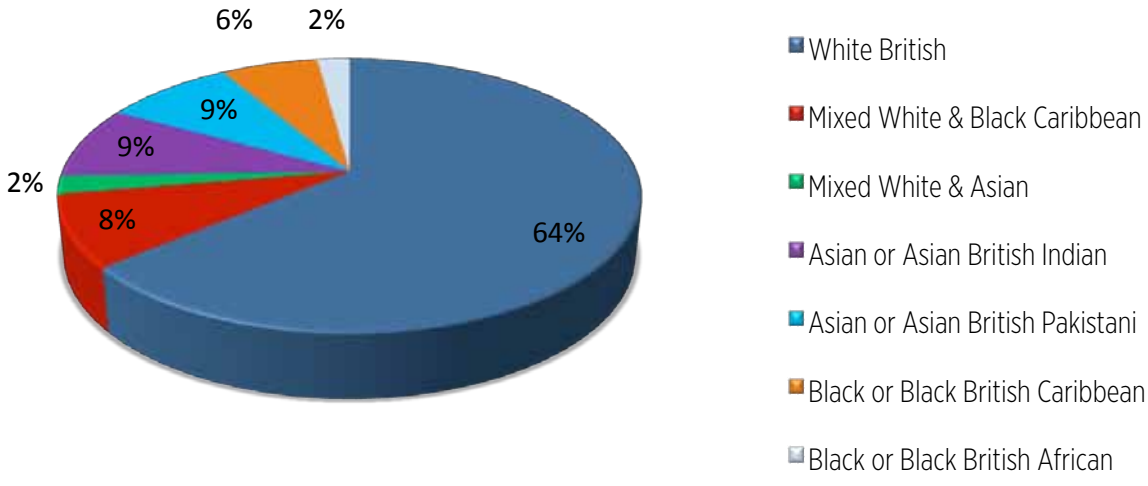
In the following sections the report focuses upon the service user profile, a preliminary broad outcome evaluation based on the available data of the service provided before finally turning to the potential cost savings associated with the pilot project. For each section, the data and methods used are briefly described before presenting the results.

SERVICE USERS PROFILE.

Since the Mental Health Alternatives to Custody pilot began in April 2012, the mental health team have had to date a total of 47 women involved in their care. At the stage of analysis for the preliminary report, 8 of the women had completed their orders, 5 had breached and 34 were on going. The demographic breakdown of the 47 women is illustrated below.

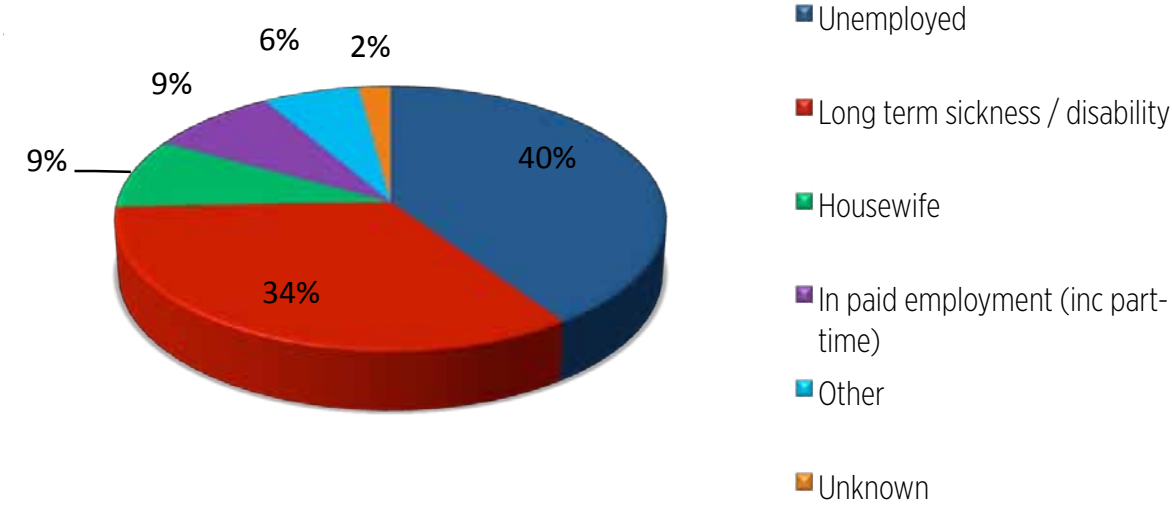
As per figure 1, the service was accessed by a variety of different ethnicities, with White British accounting for over half of the sample (64%) as illustrated:

FIGURE 1: Ethnic Breakdown



The average age of the sample was 34.5 years (Standard Deviation = 9.5). Seventy nine per cent (79%) were registered with a GP, whilst 15% were not and for 6% this was unknown. The employment status of the service users at the point of referral to the pilot project is illustrated in figure 2:

FIGURE 2: Employment characteristics



This overall employment details illustrate that service users referred to the project were predominantly unemployed (40%) or at the time of this report on long term sickness/disability (34%) – this may be in line with the concept that this alternative pilot scheme is aimed at women with mental health problems, which may account for a portion of the long term sickness/disability found.

THE OUTCOME STAR EVALUATION.

Over the duration of clients engagement with the project, the workers complete with the clients 'the outcome star,' (Copyright © 2009-12, Triangle Consulting Social Enterprise Limited). The outcome star is a practical measuring tool that provides an outcome measure and supports the individual progress for the service users. The stars act as an initial screening point highlighting the main issues within each client on an individualised basis. These needs are accounted for when the plans are produced to define and monitor the care that will be offered, in line with specified orders that have been issued. As part of the service, the outcome stars are planned to be completed at 3 month intervals to record and monitor progress in specific areas and where further attention needs to be focused. The outcome star has become an integral part of key working within the project.

The outcome stars used include the ten categories; **motivation and taking responsibility, self-care and living skills, managing money and personal administration, social networks and relationships, drug and alcohol misuse, physical health, emotional and mental health, meaningful use of time, managing tenancy and accommodation; and offending**. Each category is then rated on a scale of 1 to 10; 1 illustrating the range from stuck moving through to accepting help, believing, learning and up to 10 illustrating full self-reliance.

Of the 47 service users referred to the pilot in the 18 month period since April 2012 to October 2013, 42 (89%) completed the baseline star – of the 5 who had not completed a baseline the reasons were clients had only recently started their order and had not yet had their first star completed (n=2), clients breached their orders prior to the first star being completed and did not continue with the project following this (n=2) and client sent to prison (for a previous offence unrelated to the current order) prior to a baseline star being completed (n=1).

From the 42 initial client baseline stars completed, 32 clients completed a second star (76%). The reasons for a second star not being available included: awaiting the completion of their second star and work on going at the time of this report (n=8); non-completion of the order and breached prior to completion of the second star (n=1) and order finished before the second star had been completed (n=1).

Of the 32 women who completed the second star, 17 then went on to complete a third star (53%). Reasons for the third star being unavailable included: completed the orders and did not require a third star (n=6), on-going with the project and awaiting completion of a third star (n=7), disengaged and non-completion of the order (n=2).

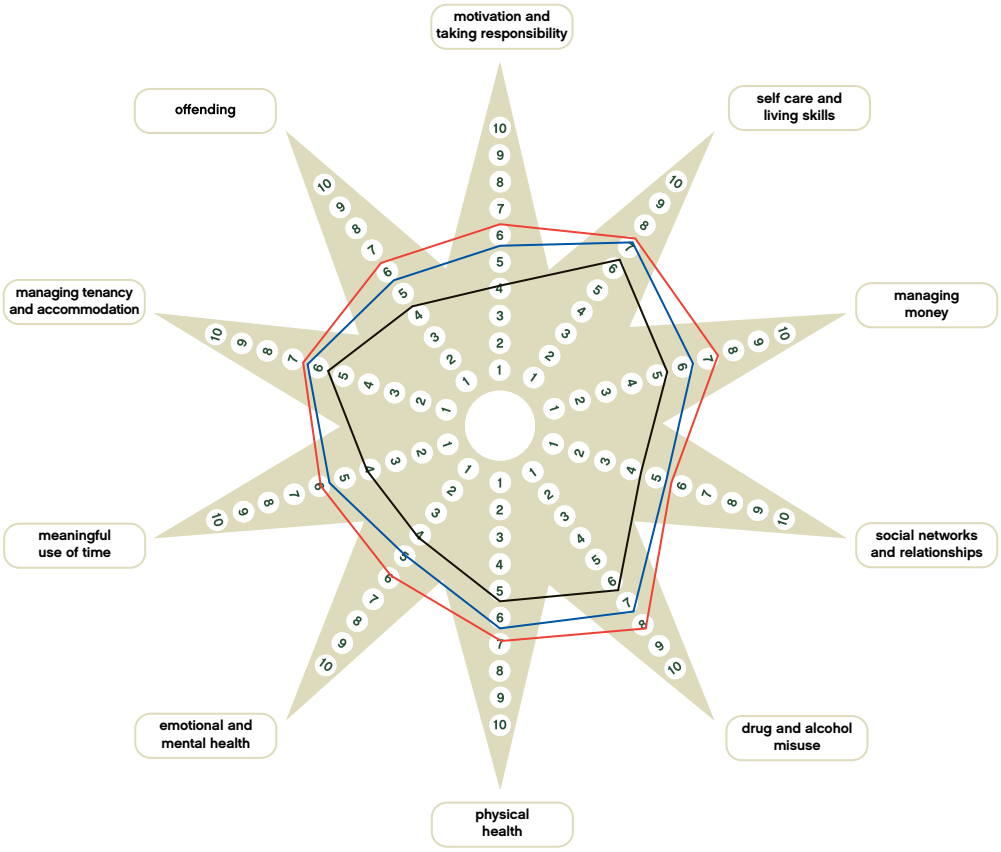
Table 1 below illustrates the average scores of all stars completed at the three assessment points (range 1 = stuck to 10 = self-reliance) and standard deviations are also included in brackets.

TABLE 1: Average Star Ratings

	Baseline Star (N=42)	2nd Star (N=32)	3rd Star (N=17)
Motivation & Taking Responsibility	4.27 (SD = 1.9)	5.41 (SD = 2.0)	6.35 (SD = 2.1)
Self Care & Living Skills	6.48 (SD = 2.5)	7.25 (SD = 2.4)	7.41 (SD = 2.3)
Managing Money	5.00 (SD = 2.2)	6.07 (SD = 2.5)	7.41 (SD = 2.0)
Social Networks & Relationships	4.52 (SD = 2.6)	5.56 (SD = 2.2)	5.76 (SD = 2.4)
Drug & Alcohol Misuse	6.98 (SD = 3.3)	7.88 (SD = 2.9)	8.24 (SD = 2.6)
Physical Health	5.86 (SD = 2.6)	6.52 (SD = 2.0)	7.05 (SD = 2.2)
Emotional & Mental Health	4.11 (SD = 1.7)	5.00 (SD = 1.7)	5.82 (SD = 2.0)
Meaningful use of time	4.14 (SD = 1.7)	5.31 (SD = 1.8)	6.00 (SD = 2.0)
Managing Tenancy & Accommodation	5.64 (SD =2.4)	6.53 (SD = 2.4)	6.88 (SD = 2.0)
Offending	4.68 (SD =1.9)	5.72 (SD = 2.4)	6.76 (SD = 2.4)

A visual representation of the scores available for each time point averaged across the sample is illustrated below in the form of a star diagram. This illustrates a general trend in a positive direction for the women that remained involved in the project.

FIGURE 3 : Average Outcome Star



The average star above illustrating the overall sample suggests that the main problematic area at baseline was emotional and mental health, followed by meaningful use of time and motivation and taking responsibility. This suggests that the client group being referred to the Mental Health Alternatives Project presents the type of problems this service is set up to respond to with mental health being highlighted as the most significant need.

The category that shows the biggest shift from baseline to the third outcome star is that of managing money (a shift of 2.41), followed by offending (2.08) and motivation and taking responsibility (2.08). This highlights the areas that appear to have been influenced the most and may illustrate where the largest cost benefit maybe found. A possible mechanism would suggest a relationship between money management and offending, with clients being able to manage money more effectively thus reducing the need to commit crime. This is however a very broad interpretation and for a true relationship to be established, further research and a statistical analysis would be a necessary. It is apparent from the average star that a key element of the Alternatives to Custody pilot project is a focus on reduction in offending which illustrates a positive outcome in the average star ratings.

This shift from baseline to the third star within motivation and taking responsibility illustrates a shift across groups from 'accepting help' to 'believing,' and represents a key element in effective treatment. Research suggests an important focus should be applied to incorporate motivational enhancement strategies into treatment programs to enable change to be made by the service users (Di Clemente et al, 1999), the importance of this shift therefore should not be understated in terms of understanding influence of a motivational change on all other areas of treatment. A quote from a staff member illustrates the importance of concentrating on the motivation of the clients:

> **"Clients at Anawim can struggle to maintain high motivation levels after inevitable setbacks and challenges. However, with non-judgemental attitudes, time, positive energy and consistent encouragement, Anawim staff can help to re-build their motivation levels"** – Julia Murphy, Mental Health Support Worker

The progression shown in the overall star in all areas illustrates a move in a positive direction between baseline star to both second and third star measurement. No negative changes were apparent from the star category score changes; although the lowest shift (0.93) is within self-care and living skills. This may emphasise the need for a more concentrated focus on this area to be applied. As an outcome measure, the star does hold value on a visual basis and acts as a tool that gives a sense of 'distance travelled' for clients and workers. However, it is important to appreciate that the star is limited in illustrating hard objective outcomes. As a tool it is based on client and worker ratings and although, partly subjective in nature it aims to reflect and take into account the client and worker views. The fact that it is based on the perceptions only is helpful in some ways although as noted also partly limited.

COST BENEFITS OF THE SERVICE PROVIDED.

In 2012, a report funded by the Women's Diversionary Fund, was produced following a year-long research programme conducted by five women's community services. The report: 'Women's Community Services: A Wise Commission (Nicholles & Whitehead, 2012)' was conducted in order to understand the Social Return on Investment (SROI) by evaluating ways in which the five organisations create change and makes an attempt to calculate the social value of the change that the services created. The concept of the report was to illustrate the participating grantees' SROI capacity by demonstrating impact, whilst also determining the value of women's diversionary activities.

The Wise Commission (2012) report illustrated the costs benefits of a small-sized women's community service grantee, representing a comparable financial input to the Anawim Mental Health Alternatives to Custody Project. As this provides some potential for comparison, the report's findings are highlighted in figure 4.

FIGURE 4: Results for Smallest & Largest Grantee, (women's services report)

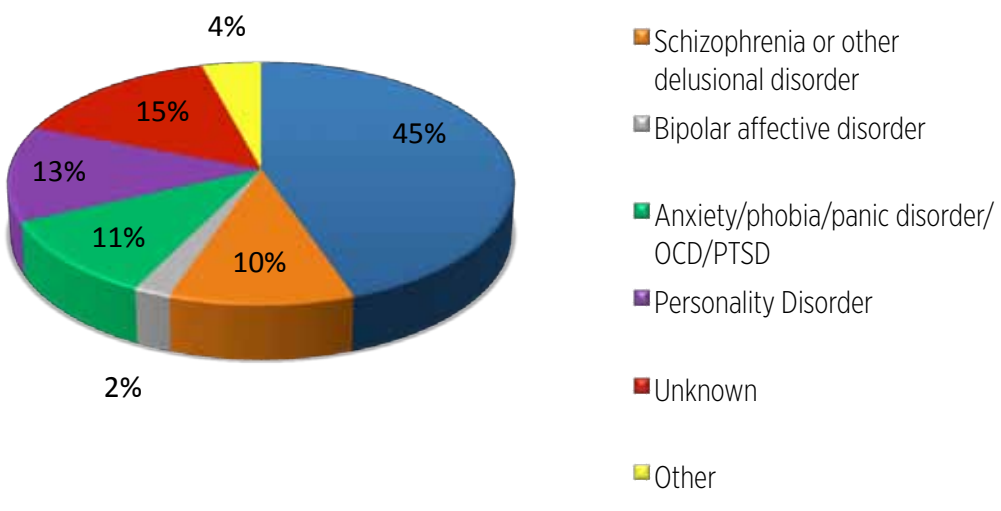
Grantee Size	Total Cost of Service for 1 Year	Total Benefits Provided in 1 Year	Cost Per Client	Benefits Per Client	SROI Ratio
Small (69 Clients)	£160,000	£583,523	£1,728.12	£6,166.99	3.44
Large (250 Clients)	£432,031	£1,868,533	£2,318.84	£15,411.04	6.65

The data suggests that the total benefits of the a small-sized grantee service (on a similar scale to the Anawim Mental Health Alternative Project), provided per year will be estimated at approximately £583,523 with a cost benefit per client on average of £6,166.99, suggesting comparable figures should be found within the Anawim Mental Health Alternatives Project. For the purposes of the current preliminary report, it is not possible at this stage and with the data that was available, to illustrate an overall cost benefit of the whole Anawim service or to calculate a cost benefit for all individual clients. However, it is possible to use the model and the available data from Anawim, to put forward examples based on individual cases illustrating separate areas of care in order to provide some initial illustrations as to how the work of the project may lead to savings in these different areas. This is represented below through the use of individual cases studies to estimate costs and cost savings in key areas.

Mental Health: Presentation & Potential Cost-Savings

The key element of the current pilot is the focus on the mental health problems of the women referred; the project is provided as a Mental Health Alternatives to Custody and employs a full time registered mental health nurse (RMN) for this purpose. Figure 5 illustrates the primary mental health diagnosis of service users at the point of referral to the Anawim Mental Health Alternatives to Custody pilot project.

FIGURE 5: Primary Mental Health Diagnosis



As Figure 5 illustrates, the most common diagnosis was depressive illness, accounting for 45% of service users referred. One of the key components of Anawim was to assess the suitability of clients for a Mental Health Treatment Requirements (MHTR) to ensure that the community orders are tailored to the needs of women with mental health problems whilst diverting women from custodial sentences. As discussed previously in the current report, within the alternatives pilot project at Anawim the MHTR has not been used to its full potential by the courts, with an uptake of only 8% of the clients referred to the project being issued with the order (although this is still higher than the use of the order nationally, less than 0.035%).

The team have worked creatively to ensure that the mental health service elements are still accessed to the fullest by all the women referred to the service. Every service user, once referred to the project, undertakes a full mental health assessment with the RMN and recommendations are then made and undertaken as appropriate. Following the assessment, recommendations may include further referrals where necessary. For the women who were referred to the pilot scheme, 21 were deemed to have mental health symptoms appropriate to require a further referral, whether to primary or secondary mental health services, (some referrals were received by partnership working within the Anawim centre). Out of the 21 women given a further referral, 20 engaged and attended the initial appointments offered, providing an initial engagement rate of 95% following input from the Anawim Mental Health Alternatives to Custody Pilot.

Within the outcome star the emotional and mental health category showed an average shift in the group from the lower rated 'accepting help' to the higher rated 'believing' illustrating one of the highest shifts (1.71) from baseline star to the third follow-up star whilst also illustrating the lowest baseline point (4.11).

Below, individual case studies are presented to illustrate where potential cost savings can be made within mental health care through use of the Mental Health Alternatives pilot.

Cost benefit for mental health were estimated from individual case studies:

The two case studies below have been presented by the RMN within the pilot. Costs have been compared for each client for equivalent time periods before and after engagement with the project (so for example the mental health care in the 7 months prior to engagement and the subsequent 7 months post engagement for Case 1 were assessed and are reported).

NB: The costs below have been calculated by reference to the Revolving Doors Agency: Counting the Cost (2011).

Case 1 : Chloe

Chloe was referred to the project following an offence categorised as 'violence against the person' and presented with a primary mental health diagnosis of 'Personality Disorder'. She was referred to the service in March 2013 and to date has been engaged for a period of 7 months. At the point of referral to the project, Chloe had a high number of previous presentations to A&E for her mental health, inclusive of deliberate self harm and overdose incidents – which incurred assessments by RAID services (Rapid Assessment Interface & Discharge), as well as a number of referrals to home treatment teams and an outstanding referral to a specialist Personality Disorder Service. Chloe was assessed by the Mental Health Nurse and was deemed appropriate for a Mental Health Treatment Requirement, this case was presented at court and the order was issued. Following this order, Chloe engaged with the alternatives project on a weekly basis.

Due to additional problems including anxiety symptoms, Chloe had difficulty accessing services as she was unable to travel on public transport. Over the initial engagement period for Chloe, the projects RMN would collect Chloe every week and drive her in to the service for her mental health treatment, this occurred for a period of approximately 4 months, Chloe was encouraged and assisted with the use of public transport and now attends the centre weekly by these means.

Since her engagement with the pilot project, Chloe has had no further A&E presentations. Chloe has on occasion felt the need to take an overdose but on these occasions has used the strategies discussed with the projects RMN to manage these feelings. Chloe's has been able to discuss these feelings with the RMN and diverted her attention away from self harm. The open referral to the personality services was closed, as through her work with the RMN, it was no longer deemed necessary. Her depot injection moved from being completed at a community mental health team, to being completed at her GP's surgery. Chloe's work with the RMN has included relationship management, anger and emotional control, dietary education, acupuncture and regular weekly key working sessions to positively reinforce current coping strategies.

(continued overleaf)

CASE 1 : Chloe *(continued)*

Current potential financial savings associated with Chloe's engagement with the service:

Chloe has been engaged with the service for a period of 7 months. During the 7 months Pre-Engagement with the project Chloe's mental health care costs included:

8 x A&E presentations at an estimated cost of: £1136

Since her engagement with Anawim, Chloe has had no further A&E referrals. This alone illustrates a potential cost saving of **£1136**.

In addition to the above care, before engaging with the pilot, Chloe experienced:

1 x Referral to specialist 'Personality Disorder' service

5 x Home Treatment Referrals

Since her engagement with Anawim, Chloe received no further referrals to mental health services in addition to the work with the project. This too represents a potential cost saving. At the time of the current report however, figures in addition to the A&E presentations have not been available to estimate this potential cost saving. This case study does present a positive outcome, not only in terms of financial savings but also in a shift to stabilise her mental health presentation.

NB: It is important to highlight that this is an individual cost saving in the area of mental health alone and does not account for savings in other areas of her care.

Case 2 : Chrissie

Chrissie was referred to the pilot by probation in May 2013 following an offence of 'Burglary of Dwelling'. Chrissie had a primary mental health diagnosis of 'Personality Disorder' with secondary diagnosis of a 'Depressive Disorder' and has been engaged with the service for a period of 5 months at the point of analysis for the preliminary report. Chrissie presented with a long history of sexual abuse from an early age alongside a history of domestic violence. During the 1 year prior to her point of referral she had numerous presentations to A&E, a home treatment episode and a community mental health referral. She presented a current risk of self-harm and suicide ideation.

Chrissie was assessed as suitable for a MHTR by the projects RMN, a recommendation that was supported by probation, this was however not supported by the courts and a Specified Activity Requirement was issued. To ensure that Chrissie received the appropriate mental health care still, in line with the pilot scheme, her involvement with the RMN contributed towards her supervision order. Since engaging with the project, Chrissie has been given regular 1:1 support with the RMN, she has attended emotional health centred courses including understanding and managing angry feelings and a domestic violence course. Chrissie has been working with a Psychologist whilst attending the project and has historically struggled with her engagement with sources of help. Her engagement barriers included instability in housing when referred to the pilot and chaotic alcohol use. Through help of the project, Chrissie is now in stable accommodation and is abstinent from alcohol; this stability has facilitated her engagement with her mental health care.

Chrissies self-harming behaviours have noticeably reduced and she is now more open with discussing her feelings. Although Chrissie does still have to contend with thoughts of self-harm, she is still engaging with the projects RMN to work through addressing these thoughts, including the learning of coping strategies.

Below are details of the mental health services accessed by Chrissie in the 5 months prior to her engagement with the Anawim project and the 5 months post engagement.

Current potential financial savings for Chrissie:

Pre-engagement:

1 x A&E referral £142

1 x Period of treatment with a community mental health team

Since her engagement with the pilot project, Chrissie has had no A&E presentation and no further mental health referrals. On A&E alone, for the period of 5 months, Chrissie shows a saving of **£142**. At the time of the current report however, figures in addition to the A&E presentations have not been available to predict wider potential cost saving.

This case study presents a positive outcome, not only in terms of financial savings but also in a shift of stabilising the mental health care for Chrissie.

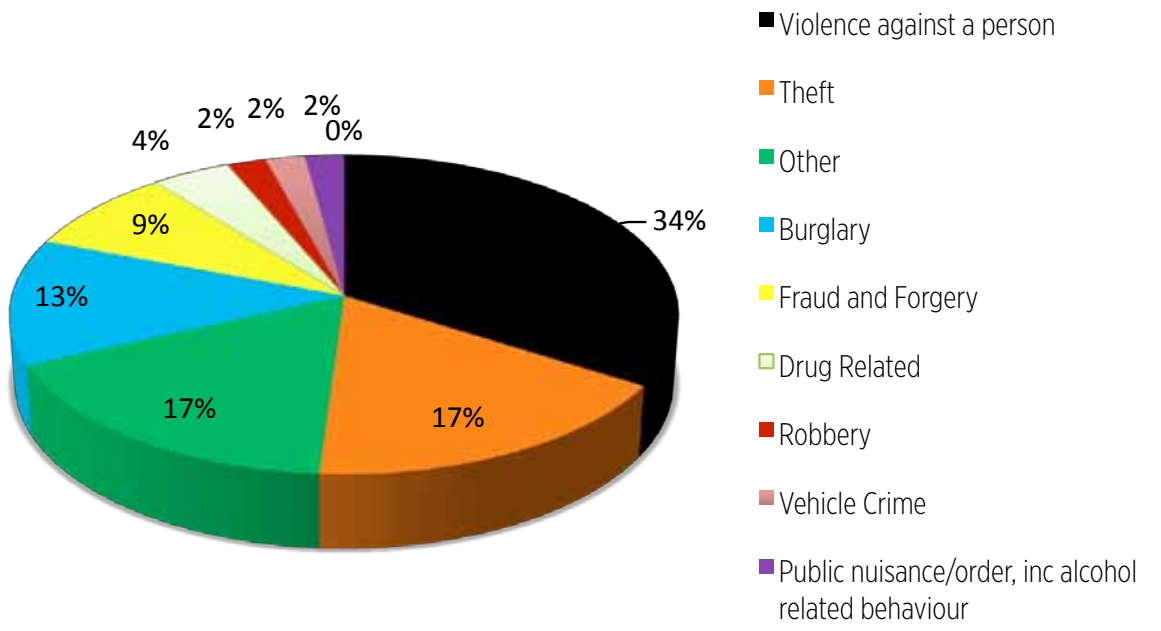
NB: It is important to highlight that this is an individual cost saving in the area of mental health alone and does not account for savings in other areas of her care.

In summary, both cases presented illustrate a potential cost saving in addition to a positive change in both clients' mental health. The cases presented are typical of the pilot caseload. Due to different start dates, end dates and length of involvement with the project, and limited time available, a full analysis of the 47 clients as a whole group was not possible. In line with the findings from the outcome star, mental health presented as the highest area of need suggesting a high potential of cost savings within this area that could be tested in future.

Criminal Justice: Presentation & Potential Cost-Savings

Almost all clients referred into the Mental Health Alternatives to Custody pilot project were referred by probation services (with the exception of one client who was referred by the prison service). Therefore, all of the clients had a current offending risk when referred to the project. The main charges which lead to the referral are highlighted in figure 6 below:

FIGURE 6: Main Current Charge



NB: the category 'other' includes offences such as breach of order, threats to kill and dangerous dog.

The most common referral offence fell within the category 'violence against person,' accounting for 36% (n = 18) of the clients. Represented below are the economic costs of the clients' offending behaviour prior to their referral to the Anawim Alternative Project, (costs are based on the Home Office: 'The Economic and Social Costs of Crime against Individuals and Households 2003/04 Home Office Online Report 30/05'). All unit costs of crime are presented in 2003 prices and are average costs and comprise of the following 3 categories: the cost is in anticipation of crime, the cost as a consequence of the crime and the cost in response to the crime:

Theft shops or stalls (n=8)	£005,072
Violence against a person (n=16)	£166,512
Burglary (n=6)	£019,608
Robbery (n=1)	£007,282
Total	**£198,474**

The total cost of £198,474 illustrates only the criminal justice costs of all clients prior to any intervention with the Anawim Mental Health Alternatives to Custody Project. The above costs represent costs of offences against the individual or household and does not include the offences of 'fraud' or 'forgery' (n=4), 'public nuisance' (n=1), 'drug related' (n=2), 'vehicle offence' (n=1) or 'other' (n=8). The costs account for the offences categorised as the main primary offence only and do not include any clients who completed multiple offences which lead to the Alternatives to Custody referral.

Individual estimated cost benefits for criminal justice following engagement with the pilot service:

Below, three cases are used to illustrate individual criminal justice cost benefits for 3 clients since their engagement with the Anawim Mental Health Alternatives to Custody Project. Costs have been compared for each client for equivalent time periods pre and post engagement with the project (so for example offending in the 10 months prior to engagement and the subsequent 10 months post engagement for Case 1 were assessed and are reported).

NB: all following costs are based on the Home Office: 'The Economic and Social Costs of Crime against Individuals and Households 2003/04 Home Office Online Report 30/05.

Case 3 : Clare

Clare was referred to the Alternative to Custody Project on 11/12/2012. The length of her engagement at time of assessment for this calculation was a 10-month period (to 11/10/13). The offence history has therefore been investigated for 10 months prior to engagement (from 11/02/12). The offending history and offence costs are illustrated below:

1 x Wounding	£8,056
2 x ABH	£2,800
Total	£10,856

Since her engagement with the Alternatives to Custody Project, Clare committed no further offences within this period hence showing an individual economic cost saving over a 10 month period of **£10,856**.

NB: It is important to highlight that this is an individual cost saving in the area of criminal justice alone and does not account for savings in other areas of her care.

Case 4 : Leigh

Leigh was referred to the Alternative to Custody Project on 24/05/2012, hence showing an engagement length of 16.5 months (to 08/10/13). Consequently, the offence history has been investigated for 16.5 months prior to her engagement with the pilot (from 10/01/12). The offending history and offence costs are illustrated below:

3 x Robbery (2 x Theft from Person)	£21,846
3 x Assault	£4,320
Total	£26,166

Since her engagement with the Alternatives to Custody Project, Leigh's offence history is as follows:

1 x Assault (ABH)	£1,440

By comparing Leigh's pre-engagement offences to the offences since her engagement with the alternatives project (£26,166 - £1,440), an individual cost saving of **£24,726** was obtained.

NB: This individual cost saving is based on Leigh's criminal justice savings only and does not account for savings in other areas of her care.

Case 5 : Laura

Laura was referred to the service on 3/10/12, showing engagement with the service for a period of 1 year at the time of this report (03/10/13). Therefore, the offending history pre-engagement to the service has been taken from 3/10/11. During this time the offence history was:

4 x Theft Shop & Stalls	£2,536
1 x Robbery	£7,282
1 x Burglary to Dwelling	£3,268
Total	£13,068

Since her referral to the alternatives to custody project on 03/10/12, her offence history is as follows:

1 x Theft Shops & Stalls	£634

By comparing the pre-engagement offences to the post-engagement offending (£13,068 - £634), Laura shows an individual cost saving of **£12,452**.

NB: Laura's individual cost saving is based on the one-year period since engagement with the pilot project and accounts for criminal justice savings only, it does not account for savings in other areas of her care.

In order to illustrate the impact of the project in more detail, Laura (case 5) provided an account of her experience with the service explaining how and why this project in particular has helped her in reducing her offending behaviour:

Laura's story:

"Anawim are the reason I'm not in prison right now" - Laura first engaged with the Anawim alternatives to custody 1 year ago. Following a burglary she was given a 30 day specified activity order and 12months probation, all to be completed with the Alternatives Project at Anawim. At this point she was using heroin and crack cocaine daily and had spent the last 13 years using these drugs. "I have been offending since about 2003, always to fund my drug use and I had been on probation numerous times, on drug treatment orders and community orders and had never fully completed any. Since about 2009 I must have been in and out of prison about 8 times."

"There's something different about this project though. The staff are great, they're always there to help and support me and if they can't help, they always know the people who can. The difference with the staff here is that they don't judge. I've had a couple of lapses whilst I've been with them but I'm never scared to tell them because I know I'm not going to be judged for it – they have the attitude that its happened and we can't change that now but they are more interested on how we get past that episode and move on."

"Since my involvement with the project I have been able to stop taking the drugs and am not even on a script anymore. My life has stabilised and I have been able to move from a hostel to my own flat. At the centre I have been able to get involved in all sorts of activities like netball and lots of craft opportunities. I have also been able to access some course and have completed a Maths, English and an employability qualification. Most significantly of all, I have managed to stay out of jail for a whole year."

"My life is going in the right direction again thanks to the help of Anawim and I can see a future. I have 4 children who are still in care but they are my next aim. Everything I do now is all working towards having my kids back – what's also great about working with Anawim is that they facilitate my visits with my kids in the crèche at the centre – its little things like this that make a massive difference to me – having everything under one roof. I do understand why they were taken away from me but they are my ultimate aim, everything I am doing now is for them."

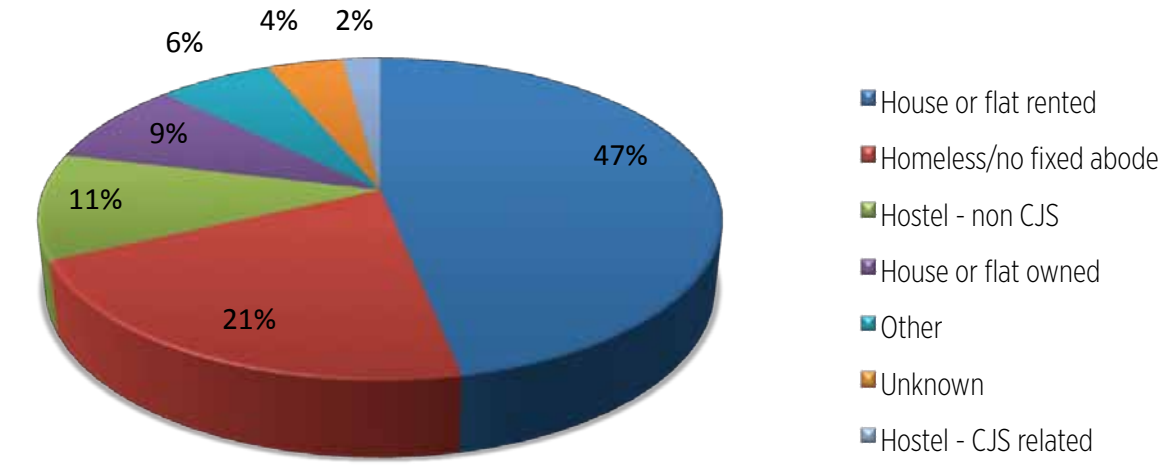
"Through it all, Anawim have enabled me to find my career path. I never knew it until now but I want to go to university and learn psychology, I want to eventually be able to help those people who are in the situation I found myself in. I want to understand why over and over again I would go back to taking the drugs when I knew they were destroying my life – why do people do that – what is that thought process about? Anawim has been a true blessing for me, they have motivated me and are always there when I need them. I know one day, when my order is finished I will have to let go of Anawim but they have filled me with the confidence that I will be able to do that, they have given me the tools to be able to get on with my life. I will always be eternally grateful for what they have done for me."

In summary, all of the above cases are examples of the clients referred to the pilot project. Each case illustrates the potential for large individual savings in the area of criminal justice once they become involved with the project. The cases presented are typical of the whole project caseload. Due to a variation of start dates and length of time with the project and the limited availability of data across a sustained time period, an analysis of the 47 clients was not possible. The work presented however, illustrates a potential high level of cost benefit in the area of criminal justice following engagement with the project. In line with the findings from the outcome star, offending represented one of the highest positive changes for clients, suggesting the area of reduction in criminal involvement may represent one of the highest potential cost savings within the service.

Housing : Presentation & Potential Cost-Savings

Figure 7 below shows the accommodation status of clients when referred into the pilot scheme. This illustrates that the 47% (n = 22) of service users were in a rented house or flat, whilst 21% (n = 10) were homeless/had no fixed abode.

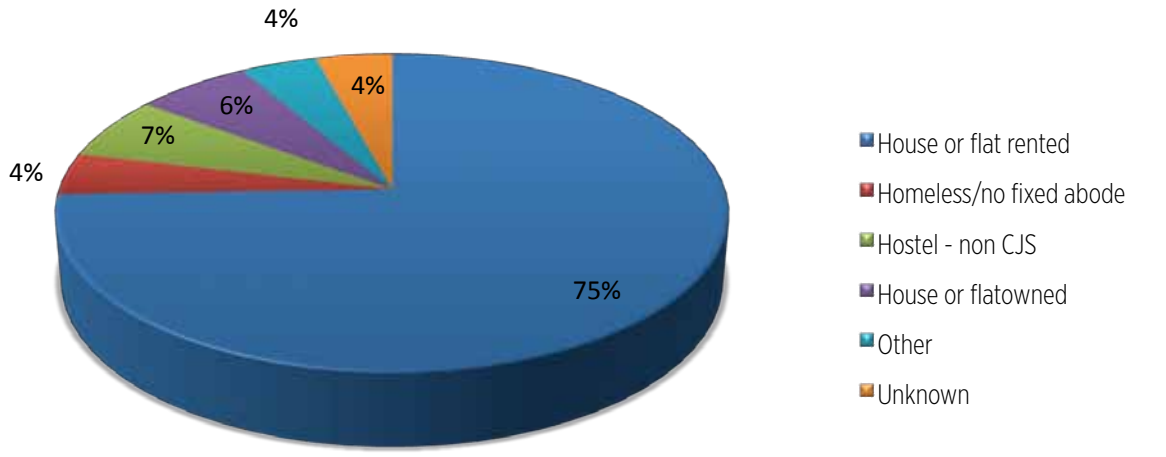
FIGURE 7 : Accommodation status at referral



NB: The category 'other' included living with parents and living with friends

Figure 8 below illustrates the last known accommodation status of all of the women either at the point that they completed their involvement with the project, dropped out of the project or for those with on-going involvement with the project – their current accommodation status:

FIGURE 8 : Accommodation status at point of analysis for preliminary report



NB: The category 'other' included living with parents and living with friends

What the latter Figure 8 shows when compared to Figure 7 is a decrease in those presenting as homeless/no fixed abode from 21% (n = 10) to 4% (n = 2). There is also a noticeable increase in service users moving to rented house or flat from 48% (n = 22) to 75% (n = 35). This suggests that after involvement with the pilot project, service users appear to display increased stability in housing.

Case examples of potential estimated housing cost benefit

Below, two cases are used to illustrate individual potential cost benefits for 2 clients since their engagement with the Anawim Mental Health Alternatives to Custody Project showing moves from hostel accommodation to rented accommodation. It is important to note that the costs below account for estimated housing savings only.

NB: All below housing costs have been calculated by use of the Revolving Doors Agency: Counting the Cost (2011).

Case 6 : Linda

Linda was referred to the Mental Health Alternatives to Custody pilot on 19/12/12 following an offence of burglary. At the time of referral Linda was living in a hostel and was subject to a 7-day-eviction notice. Linda was helped to eventually find alternative accommodation on 1/2/13. With help from the Anawim team and the housing association, Linda moved into a rented accommodation. Below are the cost savings associated with Linda's case – as Linda has been with the service for a period of 10 months, her housing from 10 months pre-engagement has been used for a comparison to be drawn:

Hostel Accommodation – 19/2/12 (10 months pre-engagement) to 01/2/13 (total length of hostel stay, 11.5 months) = £8,970 (Housing Benefit – hostel)

Rented Accommodation – 01/2/13 – 19/10/13 (8.5 months) = £3115.34 (Housing benefit – non hostel)

There was a reduction in the housing benefits for Linda from £780.00 per month to £366.51 per month – over the 8.5 month period that Linda was in rented accommodation, whilst working with Anawim this represents an individual saving of **£3514.66** in housing alone.

NB: this figure is a representation of the projected cost should Linda have remained in hostel accommodation for the further 8.5 months, minus the actual cost for Linda having moved into rented accommodation for the 8.5 months, £6630 – £3115.34 = £4,062.72.

Case 7 : Casey

Casey's referral to Anawim occurred on the 15/2/13 following an offence of 'theft'. Casey was initially accommodated in a hostel up until 26/2/13 when she moved out of the hostel and was 'sofa-surfing,' according to the records or staying with friends. On 18/3/13, with the help of the Anawim team, Casey moved into rented accommodation. Casey has been engaged with the service for a period of 8 months and so a review of her costs for the period of 8 months prior to engagement, to present can be seen below:

Hostel Accommodation - 15/6/12 (8 moths pre-engagement) to 26/02/13 (total length of hostel stay, 8.25 months) = £6,435.

Sofa Surfing – staying with friends - 26/2/13 – 18/3/13 (0.75 months) – cost undefined.

Rented Accommodation - 18/3/13 – 15/10/13 (7 months) - £2,565.57

There was a reduction in the housing benefits for Casey from £780 per month to £366.51 per month – over the 7-month period that Casey was in rented accommodation whilst working with Anawim. For the period of time that Casey was 'sofa-surfing,' no costs can be defined and hence Casey represents an individual estimated cost saving of **£2,894.43** in housing alone.

NB: this figure is a representation of the projected cost should Casey have returned to hostel accommodation for the further 7 months, minus the actual cost for Casey having moved into rented accommodation for the 7 month period, £5,460 - £2,565.57 = £2,894.43.

Studies have been conducted over recent years to try and quantify the cost to government and society of homelessness although due to various challenges such as the individual characteristics that have led to the homelessness, addictions or offending, risk factors of homelessness such as mental and physicals health and a potential increased use of services, this has proved challenging (Cost of homelessness: evidence review, 2012). Within the current project, a decrease was noted in women presenting as homeless/no fixed abode at referral from 21% (n=10) to 4% (n = 2) at the point of the current report. Therefore, for the purposes of this preliminary report it is appropriate to illustrate the effects of moving service user's accommodation from 'homeless' to 'stable' not in terms of cost benefits but in terms of an individual case narrative and the impact of the service as is illustrated in case 8 below.

Case 8 : Chrissie

(Presented by Anawim mental health support worker).

"We did a large amount of work with Chrissie who was referred to us with very unstable accommodation. In addition to this, Chrissie had an array of complex issues including mental health issues, substance misuse issues and involvement with the criminal justice system. She was deemed as homeless but was in and out of a temporary accommodation where she was mixing with people experiencing similar issue as her; she was continuing to offend with her peers and was unable to remove herself from the offending culture. Her issues multiplied whilst in this accommodation and in addition to this, her ex-partner, who had subjected her to previous domestic abuse, began to get involved with others in the accommodation. A joint decision was taken between us [the service] and the local police unit that Chrissie needed to be found alternative accommodation, for her own safety."

(continued overleaf)

CASE 8 : Chrissie *(continued)*

"We worked hard to find Chrissie alternative accommodation and were initially able to find her some shared accommodation as a place of safety. Again, Chrissie was unable to stabilise here due to clashes with an alcohol dependent housemate, Chrissie herself having experienced difficulties with alcohol. Chrissie identified this as an issue towards her recovery and spoke to us about how she should go about requesting move to remove herself from this environment."

"This proved difficult for us as Chrissies complex issues proved a barrier accessing to certain accommodations. Eventually we were able to support her into accessing housing in a local hostel. She is now in a self-contained room, including private kitchen facilities. She has stated that she feels a lot more relaxed and is happy she has the option to shut the door and enjoy her own, private space. This hostel has provided Chrissie with a stepping stone to move on to her own flat and she is currently working with the onsite support worker to facilitate this. "

"Stabilising Chrissies accommodation has had a knock on effect to so many other areas in her life. She has not re-offended; she is currently abstinent from alcohol and has drastically decreased her self harm/suicidal behaviours. She is still engaged with the project and of her own willingness, opted to complete Maths and English courses, as a result achieving her first ever qualifications and certificates. From her own admissions, Chrissie stated that prior to Anawim people would say she was useless and would amount to nothing, she feels Anawim has helped to dispel those feelings of hopelessness and has been able to prove to herself that she is worth something."

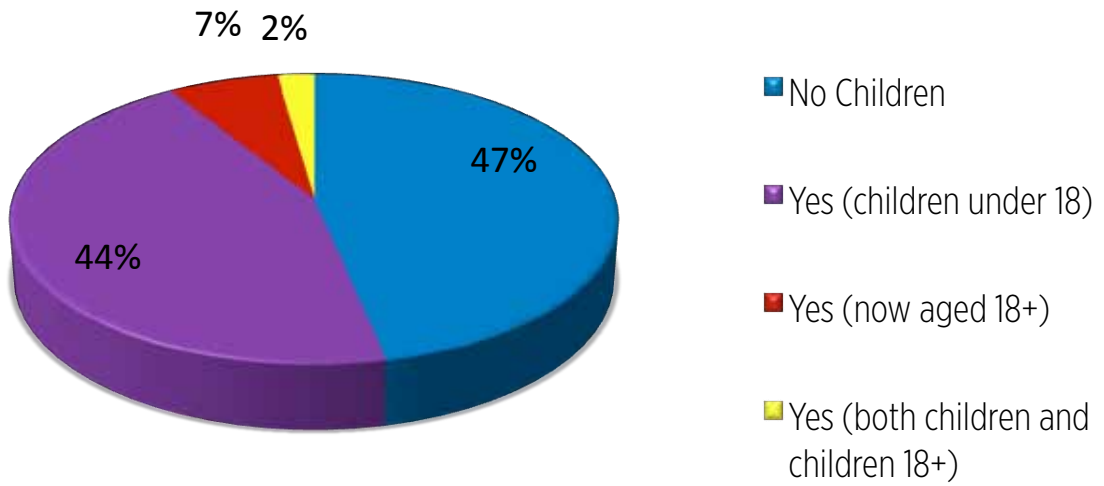
In summary, the area of housing also illustrates another area of potential cost saving due to the input of the Mental Health Alternatives Project. As highlighted in case 8, stabilising the client's accommodation can have an effect on other areas of care such as the mental health and substance use of the client, thus impacting on cost savings in other areas of care too.

The cases described represent typical examples of clients across the project caseload. As with previous areas, due to a variation of start dates and length of time with the project and the limited availability of data across a sustained time period, a full analysis of the 47 clients was not possible. The outcome star presented a positive shift in the area of managing tenancy from baseline to final star assessment (score change = 1.24). Further understanding in presenting the cost of homelessness may also be useful when illustrating cost benefits of assisting clients move from homelessness to achieving stable accommodation.

Child Services : Presentation & Potential Cost-Savings

Within the alternatives project, figure 9 highlights the percentage of service users referred to the pilot who had children. The figure shows that 47% of the clients had no children, whilst 44% had children under the age of 18, with 7% who had children over the age of 18 whilst 2% had children both over and under the age of 18.

FIGURE 9 : The percentage of clients with children



Child Service Cost Benefit: A case example

Below, one case has been used to illustrate individual savings in child services since the client's engagement with the Anawim Mental Health Alternatives to Custody Project. The cost has been compared for the client for equivalent time periods pre and post engagement with the project (so the involvement of child services in the 7 months prior to engagement and the subsequent 7 months post engagement were used for the calculation).

NB: The below costs are generated from the social services' cost per child per week by region; unit costs of children supported in families or independently, within section 6 of the 'Unit Costs of Health and Social Care (2011)' report.

Case 9 : Kate

(Presented by Anawim mental health support worker).

In January 2013, Kate presented at A&E as anxious, fearful and unable to cope. At this point of presentation she had her young son with her. Due to her presentation, social services were involved and a case was opened for Kate and her son. Following the A&E presentation, Kate's son was removed from her care by social services and placed in care with his grandmother.

Kate has stated that as she became unwell and was unable to cope, she was unable to get out of bed, she was not washing, cleaning or able to make their food. At the beginning of April 2013, Kate son was returned to live with her and the case was closed to social services; it was shortly after this time that Kate was referred to the Alternatives to Custody Pilot following an offence of fraud.

Kate was referred to the team and placed on a Specified Activity Order; during this time she has been able to access the RMN within the pilot project for assessment. With her recent mental health problems highlighted, the team had a key focus on her mental health as due to the complexities of the case, she was deemed vulnerable for further mental health problems. During this time, she worked with the RMN, and was engaged under home treatment at a secondary mental health team. During her entire episode with the project, Kate's young son continued to live with her. Her son attended the centre with her and they have been able to access the crèche facilities provided, the team have managed to monitor her mental health for further relapses. At present Kate is stable on her medication and has fully engaged with the service. Kate's engagement with the project has been for a period of 6 months up to the point of this report, her engagement with social services 6 months pre-engagement with the project is illustrated below:

Social Services – child supported within the family – 3 months £1884

Since her involvement with project, Kate has had no further referrals to social services and her case represents a saving of **£1884**.

NB: It is important to highlight that this represents the individual cost saving in the area of child services alone and does not account for savings in other areas of their care. The cost of foster care would have proved far greater had there been no willing family member to assist with Kate's case.

In summary, the extent of involvement of child services represents another potential area of cost savings following the impact of the Mental Health Alternatives to Custody Project. The above costs account for savings of child care in terms of current costs only and do not take into account the future cost implications of the long term effects of children within care services. There is much variation in the cases within the project, where for some of the clients children still remain in care, however, it is an area of focus across the course of the orders. The report, 'COPING: Children of Prisoners, Interventions and Mitigations to Strengthen Mental Health' (Jones et al, 2013), illustrates that the long term impact of children with imprisoned parents as a group are at a significantly greater risk of suffering future mental health difficulties than children who do not have parents in prison, highlighting the importance of the alternatives to custody project.

Substance Misuse : Presentation at Time of Referral

Substance misuse is another complex area that the Anawim Mental Health Alternatives pilot project aims to respond to. The figures below illustrate the number of clients with either identified drug misuse or identified alcohol misuse issues at the point of referral to the project:

FIGURE 10 : Identified Drug Misuse at referral

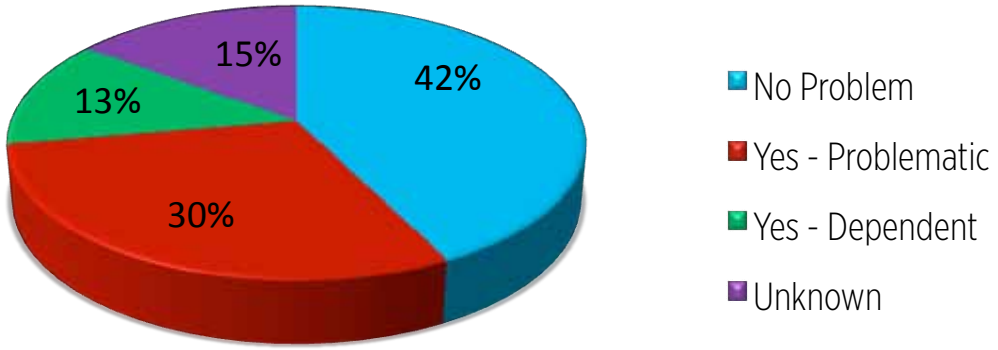


Figure 10 highlights that a percentage of 30% (n = 14) of clients referred to the project were using drugs problematically, whilst 13% (n = 6) of the clients were using drugs to dependent level.

FIGURE 11 : Identified Alcohol Misuse at Referral

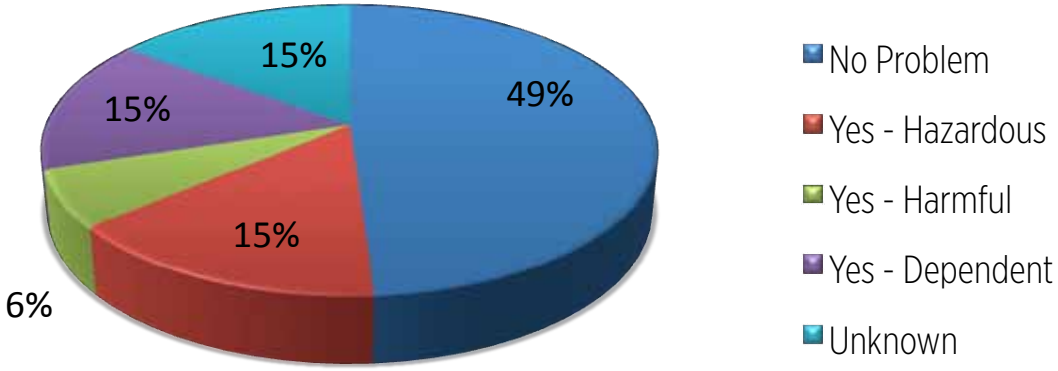


Figure 11 illustrate illustrates that alcohol was problematic for 36% (n = 17) of the client group (15% of those using to dependent level, n = 7)

An attempt was made to obtain information from the National Drug Treatment Monitoring System (NDTMS) to understand the impact of the service on the overall client group in terms of substance use problems. However, due to various elements such as varying start dates of clients referral to the alternative project, different referral sources for substance misuse treatment hence information recorded in different systems, clients residing outside of Birmingham and a number of clients not registered with the NDTMS, it proved difficult for any broader analysis to be conducted leading to more definite conclusions to be drawn.

However the case study below can provide an example of the impact of the Anawim project on the client's substance use, reductions of which have also already been illustrated in the cases of Laura (Case 3) and her reduction of crack/heroin usage, and Chrissie (Case 8) and her now abstinence from alcohol since her engagement with the project.

Case 10 : Tracey

Prior to her involvement with Anawim, Tracey was engaging in weekly drinking, which could become on occasions a daily habit, especially when having contact with a previous violent relationship. Her referral to the service was following an offence that was committed whilst under the influence of alcohol. She would engage in alcohol use with her mother.

Through the project, work was undertaken with the support workers to address her alcohol use. The support workers worked to engage Tracey in courses to address alcohol problems alongside others problems. She has had support from the RMN in relation to her mental health problems and has been supported by the project with regards to child protection and social services related issues that were on going with her case. It was highlighted to her that she was at risk of losing her unborn child should she continue to drink. She has recently been removed from the child protection/child in need plan that she had been placed on and her children remain in her care. She remains abstinent from alcohol with the on-going support from the Mental Health Alternatives to Custody Project.

In summary, substance misuse is a key area for the alternatives to custody project to focus and work on. Although at the time of this report it has not been possible to illustrate the specific cost savings that have occurred across the full client group, it has been possible to illustrate positive changes in substance misuse behaviours in some case examples. This does highlight an area of care where potential savings are currently being made with the involvement on the alternatives pilot.

ADDITIONAL WORK.

In addition to the assessments completed by the Mental Health Alternatives to Custody team, there is additional work also completed on an ad hoc basis; which contributes to the successful engagement and increase in motivation that is illustrated within the clients. The team complete regular home visits with the clients; in addition staff assertively collect clients from their home addresses and drive them to their appointments to ensure that they attend and hence maintain engagement, As the probation worker below describes, this extra work encourages motivation and longer term commitment from the clients:

> **"One of the hardest battles we face is overcoming the initial engagement hurdle. When the women are referred to us we are just 'another service' and we meet resistance from them, we make a concerted effort at this point to gain that trust and initiate their engagement, by putting in a lot of extra effort and support at this point but this seems to make for longer lasting engagement from them. Once we build up that trust and break down those barriers it's almost as if the girls don't actually want to leave us even when their orders are over."** – Janine Roberts, Mental Health Probation Officer.

The clients are expected to attend the centre on specific dates and times, to complete key working sessions or engage with courses that are being offered, but they also attend the project voluntarily at times. Clients will knock on the mental health team's door to show work they may have completed in a craft class or to have a conversation with the team and inform of their well-being. The team are receptive to this engagement and deem it encouraging when the clients come in on a voluntary basis rather than being required to 'chase around' to find them:

> **"Just an informal chat around the centre with our clients can tell us so much, how they're getting on, if there is anything else we need to do, if there have been any setbacks – it's a great way to keep up to date with each individuals situation without having to chase around after them. Our office door is always open."** – Mandy Taylor, Mental Health Support Worker.

Much of this additional work can be overlooked within the statistics and figures produced within a report yet this additional work may produce a noticeable difference and should the service cease to exist would not be available for the women currently accessing the service. Corston (2007) highlighted problems that lead to offending such as drug addictions, unemployment, unsuitable accommodation, debt (all common vulnerabilities within the clients referred to the current pilot), are far more likely to be resolved through case work, support and treatment as opposed to incarceration. With this in mind a bigger focus should be placed on keeping clients suitable for the project out of the custody environment, diverting them to the project and supporting their needs with casework and treatment within the project:

> **"Often we will transport the ladies to their new accommodation. For example, recently we visited someone who we were able to move into a hostel, we took her to the local shops as she didn't know the area and we helped her with organising her medication. If we weren't prepared to do these extras, the women may become more suicidal or may self-harm due to the anxiety of having to do these things on their own"** – Janine Roberts, Mental Health Probation Officer.

Also, with difficult clients, the team aims to offer the most appropriate support. If a client is close to breach, the support workers will complete a number of home visits to make clients aware that they are close to breach and give them chances to engage before they will need to be breached. As well as the courses offered within the centre, clients are given the opportunity to partake in occasional day trips and are offered food parcels, clothes and toiletries during times of hardship. The key focus of the team relates to completing work that results positive engagement.

FINAL CONCLUSIONS.

It is important to consider the main implications of this evaluation and what the results presented may suggest about the impact of the Anawim Mental Health Alternatives to Custody pilot collaborative project.

The first thing of note is that given the complex nature of the women accessing the service, the potential for improvement and cost savings spans a number of areas important for quality of life including improved mental and physical health, reduced crime and associated resource savings. The areas explored in this report included mental health, criminal behaviour, housing, child care and substance misuse.

As stated already, given some of the limitations of the available data and the post-hoc nature of the evaluation, it was not possible to conduct a full scale study of all the areas on all women accessing and receiving help from the service over the period of the evaluation. Where possible, however, it has been feasible to conduct estimates based on single case studies that not only illustrate improvements for each individual case, but also present a potential model for future evaluation across the whole sample of clients accessing the service.

Despite these limitations, however, the overall results seem to converge in strongly suggesting an overall move from high need, poor functioning and complexity towards improvement in all areas with associated cost-savings attached to these improvements and reduced service demands made by the clients e.g. A&E, other specialist mental health services, specialist addiction services.

Whilst each individual case may not provide strong enough evidence by itself, when all cases in all areas are considered together in the context of the overall result of the 'Outcome Star' measurement, the evidence for positive change is more compelling. The report has hence provided a coherent picture of positive outcomes within all areas of care following referral to the Mental Health Alternatives to Custody Pilot, illustrating positive impact on both the clients' mental health and well-being and potential economic cost savings.

Although for the purpose of this report, specific areas of care had to be segmented and considered separately, the team's overall principle is one of holistic care that comes across more clearly in some of the qualitative case examples illustrated. It is also important to consider that for each individual client improvements in one area of care can also impact on a number of the other areas measured as well, for example an improvement in mental health may lead to a reduction in substance misuse.

The Prison Reform Trust Strategic Plan (2013-16) offers a priority to reduce women's imprisonment, an approach that is well supported and facilitated by the Anawim Mental Health Alternatives to Custody project. The strategic plan highlights the appropriateness of working to reduce such imprisonment by addressing individual needs with a focus on young mothers and women who are mentally unwell. The mentally unwell aspect of the plan is well facilitated within the Mental Health Alternative to Custody Pilot, and would be reinforced by the increased use of the MHTR. To increase the use of the MHTR, it would be necessary to increase clarification of some of the elements of the requirement as well as an increased promotion amongst courts and across probation teams.

The approach adapted by the alternatives project with Anawim illustrates the use of a 'one-stop shop' for treatment. Whilst at the centre, service users are able to gain support in numerous areas including mental health, probation, activities, housing advice and benefits advice, this increases the partnership working across numerous services. The Prison Reform Trust (2013-16) state an importance of engaging and supporting practitioners, including police, health and community services to develop an effective response to women in trouble with the law. Anawim offer this template, which could be utilised and implemented across different agencies nationally. This model has at present illustrated a number of positive results and has been successfully adapted by the Anawim Mental Health Alternatives Project. As supported by Corston (2007), the vast majority of female offenders are not dangerous and each annual prison placement represents approximately a capital investment of £77K annually in addition to the indirect cost of family disruption, long-term damage to children, loss of employment, mental health problems. This cost alone is seemingly unnecessary if there is little evidence presented as to the effectiveness of incarceration on the recovery of women with complex needs such as those previously stated.

In line with the report findings, the Anawim Mental Health Alternatives Project has made a contribution to the initial objectives set in terms of bridging the gap for women offenders in need of mental health treatment supported by the partnerships between Staffordshire & West Midlands Probation Service, Anawim, the courts and Birmingham and Solihull Mental Health Foundation NHS Trust. Although the uptake of the Mental Health Treatment Requirement within the project remains low (8%), it is still notably higher than the national average uptake

(less than 0.035%). Work has continued within the project to promote the use of the MHTR's amongst courts, probation and magistrates and in line with the report recommendations, further promotion within this area is a necessity. With an initial engagement rate of 95% of the women from within the Mental Health Alternatives to Custody Project attending further referrals to primary or secondary mental health service, this illustrates effective pathways for women offenders into mental health treatment that have been established as a result and as part of the project.

The current preliminary report also offers a template to aid future evaluation. For a more in depth evaluation and cost analysis to be drawn a clear evaluation plan would have to be drawn up in advance with the data to be collected clearly defined at an earlier point.

Finally and to conclude, the report shows a positive impact in numerous areas of the women's lives including significant improvements in psychological and physical health and crime reduction. The results contribute to build a case for future development, such as potential for diversionary work in custody suites for women with mental health problems to be identified sooner and for the women offered earlier interventions. In addition to this there is a case for continued funding of the Anawim Mental Health Alternatives to Custody Project in order to continue to build on the achievements to date using the work conducted as a solid platform for further development.

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