

## PERTH AND KINROSS COUNCIL

Community Safety Committee – 7 November 2012

**SUPPORT SERVICES FOR WOMEN AT RISK OF OFFENDING IN PERTH CITY  
and EXTENSION of CAPACITY at DRUMHAR MEDICAL CENTRE to SUPPORT  
VULNERABLE CITY CENTRE RESIDENTS**

**Report by Executive Director (Housing and Community Care)**

**ABSTRACT**

This paper sets out a proposal to establish integrated support services for women offenders within Perth City and extend the access to General Medical Services for Perth City's most vulnerable people.

**1. RECOMMENDATIONS**

The Community Safety Committee is asked to approve:

- 1.1 The establishment of a specialist mentoring and befriending service for women offenders aged 16 and over who are at risk of offending, re-offending or custody and who require targeted support to reduce their risk of offending.
- 1.2 The development of a Women's Centre, in partnership with Drug and Alcohol Services and the Central Health Care Team – reflecting the range of needs experienced by Women Offenders.
- 1.3 The commitment of £180,000, over a three year period, for the development of Mentoring and Befriending Services – to be funded from the Community Safety and Wellbeing Earmarked Reserve subject to Strategic Policy and Resources Committee approval on 21 November 2012.
- 1.4 The allocation of £90,000 over 3 years to fund General Practice input to the Central Health Care Team, to provide 5 day week access to General Medical Services for Perth City Centre's most vulnerable people and securing a base for the development of a Women's Centre, all within Drumhar Medical Practice, Perth. The funding to be met from Community Safety and Wellbeing Earmarked Reserve subject to Strategic Policy and Resources Committee approval on 21 November 2012.
- 1.5 The Executive Director of Housing & Community Care review the impact of these proposed integrated befriending and mentoring services for women, linked to a Women's Centre, and report back to Community Safety Committee in 12 months' time.
- 1.6 The interim report in 12 months' time include an evaluation of the Mauve GP at Drumhar, to learn how practice can be rolled out to other GP's thus increasing capacity and providing the services on a sustainable footing in the future.

## 2. BACKGROUND

- 2.1 These proposed developments reflect trends in practice elsewhere in Scotland and, in particular, the findings of the Commission on Women Offenders chaired by Dame Elish Angiolini.
- 2.2 Of the recommendations made within the Commission's report, Recommendation no3 *Service Redesign* is of particular relevance. It is here that the report highlights the need for ".....**intensive monitoring** (to) be available to women offenders at risk of reoffending or custody to support compliance with court orders".
- 2.3 Other national developments, such as the introduction of the *Whole System Approach* in the field of Youth Justice and the publication of research by the Scottish Centre for Crime & Justice Research (SCCJR) at the University of Glasgow, highlight the need for a different approach to vulnerable young women involved in offending behaviour. This is reinforced within the Angiolini Commission's report where it states that '*...services and programmes need to be tailored to the multiple and complex needs of women offenders to achieve reductions in reoffending and better outcomes for local communities.*'
- 2.4 The development of a local approach has been the subject of detailed discussion between managers of the respective services within Housing & Community Care over the past few months. This has allowed the proposal to reflect local needs and, as far as possible, expectations of local staff teams.
- 2.5 There are currently 54 female offenders in Perth & Kinross and the trends over the last few years are shown below. It is estimated that there are another 20 possible beneficiaries identified by other services such as Housing, Addiction, and Mental Health. The proposed intervention through mentoring will seek to reduce those women at risk of offending and reoffending. The trend of offending amongst women in Perth & Kinross is detailed below.

2009/10 – 69

2010/11 – 51

2011/12 – 52

2012/13 – 54

## 3. PROPOSALS

- 3.1 The experience of the 218 Project in Edinburgh (visited by two Perth and Kinross Council staff members tasked with developing a higher level mentoring service for women) was that this should be targeted at women with the highest risk of offending and that the vehicle for securing compliance should generally be that of Court or Government mandated supervision. Given the challenging and complex nature of this work, it is proposed that this Mentoring Service for women with higher risk behaviours is deliberately tendered in such a way as to attract the interest of agencies with a significant track record of providing mentoring services to women within the Criminal Justice field.

- 3.2 The Mentoring Service would seek to reduce or divert women from offending through a combination of structured one to one support and regular, focussed groupwork programmes. Both the one to one support and the groupwork sessions will reflect the identified needs and priorities agreed between the woman herself and the referring agency. Priority areas to be addressed will be negotiated between the woman, the referring agency and the mentor. These are likely to include:
- Housing
  - Family
  - Finance
  - Nutrition
  - Sexual and emotional health
  - Social relationships
- 3.3 The mentor will also have a role in supporting women referred to the service to engage with relevant services and, where required, supporting them to attend pre-arranged appointments such as:
- Medical appointments
  - DWP and Job Centre appointments
  - Meetings with Council services (Housing, Social Work, Schools etc)
  - Counselling and advice services (eg alcohol, substance misuse, mental health)
  - Court appearances and legal appointments
- 3.4 A key feature of the Service is that priority should be given to offering women opportunities to train as mentors where they have offended, but are close to successfully completing court orders and whose lifestyles are stabilising. It is understood that this could bring some complexity to the recruitment and retention process, but experience in other settings has shown that this approach has proved successful.
- 3.5 In order to maximise the benefit to users of the mentoring service and those being recruited as mentors, it is recognised that a robust programme of training is required. The Scottish Mentoring Network can advise on appropriate local training providers. Potential bidders for this service will be required to identify how best to access the provision of high quality training.
- 3.6 It is proposed that the project should look to recruit 10 mentors in the first year with a view to sustaining an average of 8-10 matched to service users each year. Experience from practice elsewhere would suggest that the optimum position would be that mentors are matched to one service user only, minimising the risk of 'swamping' and allowing both mentor and participant to gain maximum benefit from the relationship.

- 3.7 As the service develops, there will be scope to enhance other provision through links with the mentoring service. These may include *Right Track 16-21*, *Persistent Offender Programme* and *Alternative to Remand/Bail Supervision* and *Alternatives to Prosecution*.

#### **4. LINKS TO EXISTING COMPLEMENTARY SERVICES**

##### **Befriending Service – Churches Action for the Homeless (CATH)**

- 4.1 Mindful of the very high correlation between substance misuse, unstable accommodation and the increased likelihood of offending by women, CATH successfully bid to develop a befriending service entitled 'Facing Change'.
- 4.2 CATH target those women within the Criminal Justice system who are reaching the end of their orders, have achieved 'relative stability' in their lifestyles and are deemed at less risk of serious reoffending. In this way, those minded to accept voluntary support will be able to access it, perhaps at a point when they are better able to use it.
- 4.3 Mentoring and Befriending Services would complement each other – the former being targeted at women assessed as still at high risk of offending or reoffending while the latter is provided as a voluntary support service to women prior to exiting formal supervision.
- 4.4 It is also recognised that the Mentoring Service would be dealing primarily with higher tariff cases than those supported by the *Facing Change* befriending programme organised by CATH. It is anticipated that a referral agreement would be drawn up between the two services, once the mentoring service is established. Women may start their Criminal Justice Services order with a mentor, but leave it with a befriender.
- 4.5 It has also become apparent that different programmes contacted thus far use a range of outcome measures which vary according to local or agency requirements. In most cases there is a combination of *quality of life* indicators alongside a Risk Assessment Tool which measures factors that indicate the future likelihood of offending.

##### **Drumhar Medical Practice**

- 4.6 The development of a Women's Centre, potentially based at Drumhar Health Centre, will provide the opportunity for the Mentoring Service to link into the other support services for women to be delivered from this site. Indeed, it will be possible to develop individual programmes of support incorporating a range of different agencies, and potentially delivering both individual and/or group work mentoring programmes from the same site.
- 4.7 Central Healthcare (CHC) has been targeting vulnerable client groups, including homelessness and women offenders mainly residing in Perth City Centre since 2003. CHC are based within the Mauve Practice at Drumhar Medical Centre, and at present patients only have access to 3 sessions a

week with a nurse assessing if they require an emergency appointment on remaining days. The Mauve Practice has worked very closely with CHC providing its emergency cover for well over 10 years.

- 4.8 The proposal is to provide funding on a three year basis to support the Mauve Practice to register the existing Central Healthcare patients who are homeless, and this allows this client group and other vulnerable city centre people in the future access to full General Medical Services 5 days a week.
- 4.9 This practice has over the years developed a range of expertise in providing social and health care services to groups of people with challenging behaviours and therefore it makes sense to expand the capacity within this centre, which is well known to vulnerable people.
- 4.10 The specific provision the Team can provide will include:
1. Added support with medication compliance
  2. Ability to engage with the more difficult and challenging clients through outreach into the hostels etc
  3. Developing a one-stop-shop in partnership with Local Authority Services for vulnerable women in Perth Central
  4. Sign posting into relevant services
  5. Education and support of partner agencies
  6. Ensuring positive working relationships with other health providers and statutory organisations.
  7. Direct Liaison with other health services e.g. Community Mental Health Team's, Drug and Alcohol services, and community nursing teams.
  8. Specific provision for Podiatry and Dentistry
- 4.11 Through case management the team will monitor its performance. In addition, it will measure activities and outcomes including the number of nurse led clinics undertaken, monitoring of patient triage through the team and identification of relevant clients who are successfully integrated into mainstream services. Development of additional services such as a one-stop-shop and Women's Centre will identify its specific outcomes through a multi-agency steering group.
- 4.12 The three year period will allow the Mauve as a GP practice to develop and evaluate practice that will be able to rolled out to other GP practice thus further increasing capacity in the future. CHC nursing staff through this period will have an increased opportunity to provide services in hostels, day centres etc. taking the service out to the vulnerable groups as they will not have to continually be available to triage patients. This will also allow the development of a more multi-agency approach for vulnerable women utilising both CHC premises and staff.

## **5. CONSULTATION**

- 5.1 As referred to at 2.4 above, this proposal has been discussed with managers from a number of service teams within Housing & Community Care in order

that an informed view could be taken on how the proposal should address local need. This allowed discussion on how the target group should be defined as well as geographical factors.

- 5.2 As the proposal was, in effect, commercially sensitive, there has been limited discussion with third sector partners at this stage. From the outset, it was understood that the proposal was likely to be subject to commissioning requirements.
- 5.3 Discussion has also taken place with managers in the Community Health Partnership, Tayside Police, and the Scottish Prison Service. At the point when the proposed Mentoring Service is promoted on the Public Contracts Scotland portal, information will be made available more widely to ensure maximum interest in the provision of the Mentoring Service. This could include the possibility of involving one or more of the key partner organisations in the selection process.

## **6. RESOURCE IMPLICATIONS**

- 6.1 The Mentoring/Befriending services would require financial support of £180,000 over a three year period.
- 6.2 The Central Healthcare team will require funding of £90,000 over 3 years to ensure sufficient GP capacity. The Mauve Practice will receive a payment of £50,000 in year one (November 2012-2013). This will consist of £30,000 from Perth & Kinross Council and £20,000 from Perth & Kinross Community Health Partnership. The payment will be £35,000 per year, in years two and three. This will consist of £30,000 from PKC and £5,000 from Perth and Kinross Community Health Partnership in addition to the resources from the CHC/Keep Well Nursing Team.
- 6.4 The total commitment from Perth and Kinross Council will be met from the Community Safety and Wellbeing Earmarked Reserve subject to Strategic Policy and Resources Committee approval on 21 November 2012.

## **7. COUNCIL CORPORATE PLAN OBJECTIVES 2009-2012**

The Council's Corporate Plan 2009-2012 lays out five Objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation.

- (i) A Safe, Secure and Welcoming Environment
- (ii) Healthy, Caring Communities
- (iv) Educated, Responsible and Informed Citizens
- (v) Confident, Active and Inclusive Communities

## **8. EQUALITIES IMPACT ASSESSMENT (EqIA)**

Support Services for Women at Risk of Offending in Perth City and the extension of capacity at Drumhar Medical Centre to support vulnerable city

centre residents will have a number of positive outcomes for vulnerable people in our communities as described in the report.

## **9. STRATEGIC ENVIRONMENTAL ASSESSMENT**

- 9.1 Strategic Environmental Assessment (SEA) is a legal requirement under the Environmental Assessment (Scotland) Act 2005 that applies to all qualifying plans, programmes and strategies, including policies (PPS).
- 9.2 The matters presented in this report were considered under the Environmental Assessment (Scotland) Act 2005 and no further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

## **10. CONCLUSION**

- 10.1 This proposal reflects the need for more effectively targeted support to meet the needs of the number of women who regularly commit offences. It is also consistent with recommendations from the Commission on Women Offenders.
- 10.2 The development of a complementary Mentoring/Befriending Service for Women, linked to multi-agency support through a Women's Centre, will serve to strengthen the services available to Women Offenders in Perth and Kinross and harness the energies of a range of services in seeking to reduce reoffending in the longer term. It will also place local partner organisations in a stronger and better prepared position in terms of responding to future challenges presented through implementation of the key findings of the Angiolini Commission.
- 10.3 The proposal to expand GP capacity within the Mauve Practice at Drumhar Medical Centre will allow vulnerable groups, such as the homeless and those suffering from addiction to full access General Medical Services 5 days a week in the future. It will also provide a base from which multi – disciplinary social, housing and health care support can be delivered to those same groups as well as forming a Women's Centre for women supported through the mentoring service.

**DAVID BURKE**  
**Executive Director (Housing & Community Care)**

**Note:** No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to any material extent in preparing the above report.

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