

**Evaluation of the Room to Talk
FIRST Programme at HMP Styal:
Final Report, September 2019**

“I loved it, I couldn’t wait [to go]”

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Report author

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Executive Summary

- Women offenders face multiple challenges, before, during and after prison. Their mental health and relationships with others can be particularly affected. However, the underlying approach to women offenders and the specific support that is available to them while they are in prison has been criticised. The lack of support available to women serving short-term sentences or who are on remand has been particularly highlighted. The FIRST (Foundation for Inspired Rehabilitation with Skills and Tools) course at HMP Styal, a women's prison in North West England, was designed to fill this gap. Each course runs over approximately four weeks (with two sessions each week) and covers eight topics aimed to support women to look at themselves and their offending behaviour. The course is part of the Room to Talk (RtT) service, which offers broader counselling support to women during their time in prison and 'through the gate' support post-release.
- An evaluation of the FIRST course was undertaken between 2016-2019 as part of the National Lottery's Women and Girls Initiative. The evaluation collected quantitative data using three questionnaires (covering psychological distress, anxiety, and general health) which were completed before and after a woman attended the FIRST course. This was supported by qualitative data from women, and from professionals from both the FIRST/RtT services and HMP Styal. Over the evaluation period the FIRST course was delivered 23 times, with data available for 208 women. The women ranged in age from 18 to 62 years, with an average age of 32 years, and three quarters were White British. Three quarters of women had been in prison before with the others serving their first sentence. In line with the aims of the FIRST programme, the majority of women were serving a short sentence or were on remand.
- The quantitative data show that there were statistically significant improvements over time in psychological distress, anxiety and depression. However, the longer-term maintenance of these changes and their impact on reoffending and other areas such as substance use are unknown. Nevertheless, there are indications that the FIRST course can, in a short period of time, target positive change in areas where many women have struggled for years, and that such changes can have a knock-on effect on other outcomes such as offending, substance use and relationships. These findings are supported by the qualitative data, which highlighted how the content, structure and delivery of the course facilitated their engagement.
- The FIRST course remains a unique service in a female prison with a high completion rate and an excellent reputation across the prison. Both the FIRST course and the RtT service respond to the vulnerabilities of female offenders outlined in the Corston report (2007), support women to develop a positive prosocial identity which is seen to be central in reducing reoffending (Stewart & Gobeil, 2015), align with the seven priority targets for reducing reoffending and improving wellbeing for female offenders (NOMS, 2015), and meet the recommendations set out in the Farmer review of doing more to strengthen the ties that women have with their families (Farmer, 2019). However, the sustainability of the service at HMP Styal remains unclear, including because of the gaps and challenges which many feel remain in supporting women post-release.

Section One: Background

Introduction

- This report focuses on the evaluation of the FIRST (Foundation for Inspired Rehabilitation with Skills and Tools) group counselling programme at HMP Styal between July 2016 to June 2019.
- The report is in four sections. Section One is the background and includes a brief literature review followed by overviews of HMP Styal and the FIRST group counselling programme. Section Two summarises the evaluation methodology. Section Three presents the findings and Section Four summarises and discusses the main findings.

Context

- Women represent approximately 5% of the prison population of England and Wales. As of July 2019 there were just under 4,000 women in prison in England¹, although the number of women who are sent to prison each year is nearly double that. Data for 2018 showed that over 80% of prison sentences were for non-violent offences. Furthermore, nearly half (45%) of women served sentences of between one and six months, and a further quarter served sentences of one month or less (Prison Reform Trust, 2019). Nearly one half (43%) of women entered prison on remand, yet less than half of this number ended up serving a prison sentence. Just under one quarter (22%) of women were in prison for a first offence (Prison Reform Trust, 2019).
- Further statistics about women in prison make for depressing reading. One quarter (24%) reported having a problem with alcohol, over one third (39%) had a problem with drugs, one half (49%) reported suffering with anxiety or depression, rates of self-harm were increasing and nearly one half of women (46%) said that they had attempted suicide at some point in their life, nearly two thirds (60%) of women said that they had experienced domestic abuse, and over one half (53%) reported some type of childhood trauma (Prison Reform Trust, 2019). Furthermore, nearly one hundred (N=96) women died in prison between 2008-2018 (Prison Reform Trust, 2019).
- An association between women's backgrounds and/or their current circumstances (both of which can involve multiple, complex and complicated issues) and their offending behaviour has been reported by many (e.g. Grace et al., 2016). Many of the statistics for female offenders are higher than those reported for men in prison. It has also been suggested that female offenders are five times more likely than women in the general population to have a mental health problem (Mason et al., 2019). There is consensus that, *“the female offender population – and especially the female prison population – contains some of the most disadvantaged, damaged and vulnerable people in our society”* (e.g. CSJ, 2018: 7).
- Female imprisonment can have a significant impact on others, particularly children. Nearly two thirds (60%) of female offenders are mothers and it is estimated that over 17,000 children are affected by maternal imprisonment (Prison Reform Trust, 2019). Children can be affected in numerous ways. The mother in prison is often the main carer

¹ <https://www.womeninprison.org.uk/research/key-facts.php> (accessed 29th August 2019).

for the child/ren and as a result of imprisonment many children are forced to leave their home and be cared for elsewhere while their mother is in prison, and this can include local authority care (Baldwin, 2017). The small number of female prisons means that women are more likely to be imprisoned further away from their children, families, and communities and this can have a negative impact in terms of the amount of physical contact that is possible (Baldwin, 2017). Overall, children's mental and physical health can be greatly affected, and this in turn can affect others areas of their life such as education, behaviour, and relationships with peers (Manby, Monchuk & Sharratt, 2013; Saunders, 2017; Sutherland & Wright, 2017).

- The impact of imprisonment on both mothers and children can significantly impact upon the health and well-being of mothers themselves as well as on the mother-child relationship, and how mothers view themselves and their role as a parent (Baldwin, 2017; Hine, 2019). The effects of maternal imprisonment on both children and mothers can be experienced even with short sentences or women who are on remand (Baldwin & Epstein, 2017). Many children are further affected because of the additional issues, commonly referred to as 'adverse childhood experiences' (ACES) , that they may be grappling with, such as parental substance misuse or mental health problems, or the presence of domestic violence and abuse (Turney, 2018).
- Female offenders can face a number of challenges on release from prison, even when they have served short sentences or have been on remand. Approaching one half of women leave prison with no fixed abode, employment outcomes are poorer than those for men, and women are more likely than men to be claiming benefits two years after leaving prison (Prison Reform Trust, 2019). Overall, such challenges contribute to the likelihood of reoffending with 56% of women likely to reoffend within one year of leaving prison (Prison Reform Trust, 2019).
- A review of what can reduce reoffending among women, and hence what approaches work best when working with female offenders, found that antisocial personality, antisocial peers, antisocial attitudes, substance use, and poor mental health were closely associated with recidivism (Stewart et al., 2015). Cognitive behavioural approaches that aim to support women to develop a prosocial personal identity are deemed to be particularly useful, along with specific work that targets areas such as substance use and mental health (Stewart & Gobeil, 2015). However, there is little support along these lines for women who are serving short sentences or who are on remand. A report by the National Offender Management Service identified seven priority targets that can reducing reoffending and improve wellbeing in female offenders:
 1. Addressing substance misuse problems.
 2. Addressing mental health needs.
 3. Facilitating emotion management.
 4. Supporting women to develop a prosocial identity
 5. Helping women to be in control of their daily life and have goals.
 6. Improve family contact.
 7. Helping with resettlement and social capital (NOMS, 2015).

- Other work has highlighted the central role of the family, including relationships with children during prison and after release, in a number of outcomes post-release for all prisoners, including reducing reoffending (Farmer, 2019; Mills & Codd, 2008). For example, one UK study found that reoffending rates reduced by 39% for those who received at least one visit while in prison (Manby, Monchuk & Sharratt, 2013). The Lord Farmer’s Review of the female estate highlighted that good relationships were “*utterly indispensable*” (Farmer, 2019).
- Policy has increased its focus on the specific experiences and needs of female offenders over the years, drawing attention to the need to manage this population in a very different way to male offenders. The Corston report was significant in this regard (Corston, 2007²). This report highlighted the specific vulnerabilities of women offenders and recommended a radical overview of their treatment in the criminal justice system and beyond to something more holistic, women-centred and specific to their needs (Grace et al., 2016). However, some authors have commented that, thus far, little has changed since the Corston report was published (CSJ, 2018; Hine, 2019; Hogarth, 2017). More recently, there have been important further policy developments in this area, including the Female Offender Strategy (MoJ, 2018) and The Lord Farmer’s Review of the female estate (Farmer, 2019), although the impact of these is yet to be seen. However, there has been some criticism of the Female Offender Strategy, with some authors criticising its lack of attention to the issues of vulnerabilities identified by Corston (Hine, 2019) and that it overlooks the mental health needs of female offenders (Mason et al., 2019).

HMP Styal

- HMP Styal is one of 12 female prisons in England and the only one in North West England. It is a closed Category prison for sentenced and remanded adult and young female offenders with a capacity of approximately 500 women.
- The majority of the women at HMP Styal are serving short-term sentences or are on remand. This means that the average stay at the prison is around 10 weeks, but a significant minority can be there for only a couple of weeks (Jackson, 2017).
- A number of key events occurred over the grant and evaluation period, some of which affected delivery of the FIRST programme and its evaluation (such as visits to the prison by the researcher). These events included the suspension of the Head Governor, a number of other prison staff changes (including departure from role, suspension, and sick leave), five prisoner deaths in custody between October 2016 and March 2019, and a job changes for one of the FIRST Directors.

The FIRST programme

- The FIRST (Foundation for Inspired Rehabilitation with Skills and Tools) group counselling programme was introduced at HMP Styal in 2009 (Jackson, 2017). It was run on a voluntary basis for six years until the three year grant from the National Lottery Fund (part of the Women and Girls Initiative) was awarded.

² One of the drivers behind the Corston review was the six deaths of women prisoners at HMP Styal between 2002-2003 (CSJ, 2018; Hogarth, 2017).

- The FIRST programme is part of the Room to Talk (RtT) counselling service at HMP Styal. Women at HMP Styal can engage with both services voluntarily. The RtT service offers individual counselling to women at HMP Styal covering a whole range of issues. Counselling is delivered by the RtT Directors, supported by a team of approximately 20 volunteer counsellors, and the RtT service is managed by a woman serving a life sentence who is paid by the prison. Support can continue for women when they leave HMP Styal if required, with support accessed outside the gates of HMP Styal (but still on the prison estate) or in community settings such as Community Rehabilitation Companies or Women's Centres.
- The FIRST programme aims to fill a gap in provision for women who are serving short-term sentences or who are on remand, by targeting the many and often complex issues that are present for many of the women, including substance use, mental health, and trauma. Women can find out about, or be referred to, the RtT service (and the FIRST programme) when they arrive at the First Night Centre at HMP Styal, but can also be referred (of self refer) at any time during their time at the prison. Over the course of the project, word of mouth has been a key way in which women have found out about, and referred themselves to, both the RtT service and the FIRST programme. Both the RtT service and the FIRST programme have regularly operated a waiting list. Engagement with the FIRST programme and the RtT service is now routinely part of probation sentence and release planning.
- The FIRST programme is a closed programme (earlier attempts to run it as a rolling programme were not successful) of eight sessions that are delivered over a two week period by two experienced counsellors (usually one of the RtT/FIRST Directors is one of them) with support from peer mentors who have usually completed the FIRST programme. The eight sessions are:
 1. Building trust
 2. Making sense of my world
 3. Addictive and risky behaviour
 4. Where do I belong and what am I worth?
 5. Communicating with people I care about
 6. Feelings about myself
 7. My future plans
 8. How do I deal with endings?
- There is some flexibility with the order and exact content of sessions so that each programme can respond to the particular needs of each group of women. Creative arts activities are central to the programme, and are used as a conduit for the therapeutic work, and refreshments are provided.
- Delivery (such as administration and practicalities) of the RtT service (including the FIRST programme) is supported by mentors, some of whom are women at HMP Styal who are serving longer sentences.
- The FIRST programme has continued to evolve over the duration of the grant, both to respond to feedback but also to fit with the prison regime. Changes included:

- The RtT service (including FIRST) moving to its own premises in the prison in July 2017 (many women helped with the move and decorating the new space).
- Extending the inclusion criteria early in the grant period so that women serving longer sentence (i.e. longer than a few weeks or months) could also attend the FIRST programme.
- Introducing new courses in May 2017 on relationships and self-harm (funded by Safer Custody and the Prison Service).
- No longer running the FIRST programme on a Friday because of the negative impact of aspects of the prison regime.
- Reducing the group size following feedback from women that they preferred and felt more comfortable in smaller groups.

“the women that we’re dealing with are very chaotic and nobody wants to work with them....they’re problematic, they take up time, they take up valuable resources....we have got the time and the patience to give them support.....a lot of them have been let down by services....when they’ve given up on themselves they just need somebody that actually believes in them”

Section Two: Evaluation

Introduction

- The aim of the evaluation was to understand how the FIRST programme can support women, particularly those who are serving short-term sentences or who are on remand, to understand the wider context to their offending behaviour (including for example substance misuse) and to make changes in a range of areas (including for example substance misuse, mental health, communication) which will then positively influence their offending behaviour and life on release.
- The evaluation received formal approval from the National Offender Management Service (NOMS) in 2016. All women gave informed consent (to the FIRST) team for their quantitative data to be anonymised and shared with the researcher. The researcher, assisted by the FIRST team as required, obtained informed consent from all those who provided qualitative data for the evaluation.

Methodology

The evaluation used a mixed methods approach which allowed the triangulation of quantitative and qualitative data from a range of sources.

Quantitative data

- Quantitative data were collected using three questionnaires which the women completed on two occasions - at the start and the end of the FIRST programme - so approximately four weeks apart (the questionnaires were already in place before the evaluation started).
- The three questionnaires were the CORE-10 (psychological distress: Perry, Barkham & Evans, 2013), the GAD-7 (anxiety: Spitzer et al., 2006), and the PHQ-9 (general health: Kroenke, Spitzer & Williams, 2001). Raw data, along with some basic demographic information, was passed to the researcher who entered the data into Excel and then exported it to SPSS (a specialist statistical data analysis package) for analysis.
- It was hoped to be able to collect data on reoffending and on outcomes like substance use, but this was not possible, largely due to the challenges in collecting data from women who were often at HMP Styal for short periods of time. Furthermore, the project did not meet the criteria for a submission to the Ministry of Justice Data Lab in order to better understand the impact of the course on offending.

Qualitative data

- Qualitative data collection involved interviews (individual or group; face-to-face or 'phone) with women at HMP Styal, and staff from HMP Styal and the RtT service of which the FIRST programme is part (including mentors and counsellors). Interviews covered the following broad areas (with some flexibility and adaptation according to who was being interviewed, and the time available which was often limited for the group interviews with women) – recruitment to the FIRST programme, positive benefits and changes as a result of attending the programme, facilitators of success, delivery of the programme (including what is working well, challenges, and ongoing changes to

delivery), receipt of other support at HMP Styal, preparation for release and engagement with external and 'through the gate' support, and general thoughts on support to women prisoners (both in prison and in the wider community).

- There were some additional qualitative data from comments written by the women when they completed the questionnaires at the end of the programme. Additionally, to support the interview data (and to respond to challenges in accessing the prison associated with lock downs or stand fasts and the job change of one of the RtT/FIRST Director) a brief qualitative questionnaire was introduced towards the end of the grant period (Programme 18 of 23). Women were given the option to answer these questions at the end of the first programme. The two RtT/FIRST Directors also supplied qualitative data throughout the project through meetings, e-mails, phone calls and so on.
- Interviews were audio recorded and an interview report was then written which included some verbatim excerpts from the recordings. One group interview with women was not recorded because one woman did not want to be recorded. Basic thematic analysis was used to analyse all the qualitative data.
- It was hoped to collect further qualitative data with women who had completed the FIRST programme and been released from HMP Styal, more staff at HMP Styal, more counsellors from the wider RtT service, and with representatives from external agencies. However, there were challenges with all of this, including contact with women who had been released (something also experienced by the FIRST Directors), the changes in staff at the prison (summarised earlier), potential reluctance from counsellors of the RtT service to get involved largely due to time constraints (the perception of one of the RtT/FIRST Directors), and no suggestions for interviewees from external organisations being made to the researcher.

Section Three: Findings

This section of the report will focus on the quantitative data, and then on the qualitative data.

Quantitative data

About the FIRST programme and the women who attended

The FIRST programme ran 23 times between July 2016 and May 2019, and there were data for a total of 208 women.

Basic demographic data indicated the following profile of women who participated in the FIRST programme:

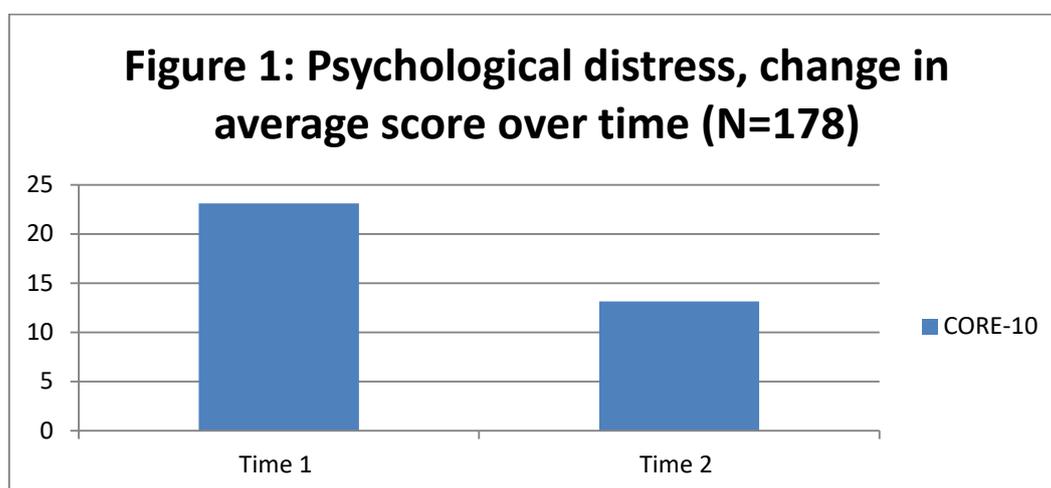
- The women ranged in age from 18 to 62 years, with an average age of 32 years (missing data for two women). There was no difference in the average age of women who were serving their first sentence and women for whom it was not their first sentence. There was also no difference in the average age of women who were serving a short-term sentence compared with a longer-sentence.
- Over three quarters of women (N=160, 77%) were White British (missing data for one woman). No other ethnic group dominated with the other women describing themselves as Black, Asian, Irish, Polish, Malaysian, Romanian, Chinese, or as a traveller.
- Three quarters of women had been in prison before (N=152, 74.5%), so one quarter of women (N=52, 25.5%) were serving their first sentence (data missing for four women). No further data on the number of sentences were collected.
- In line with the aims of the FIRST programme, the majority of women (N=176, 85%) were serving a short sentence. The remaining 31 women were serving longer sentences (data missing for one woman). No further data on sentence length were collected.
- One woman (that the author is aware of) completed the FIRST programme twice (recommended by internal probation after she was recalled to prison). A small number of women (approximately 10 that the author is aware of) did not complete the FIRST programme. This was usually because they left HMP Styal to go to another prison. Two further women were asked to leave the FIRST course – one because of her threats of violence towards other group members, and the other due to mental health deterioration (both were provided with individual support through RtT and other services at HMP Styal). Hence, there was a very low attrition rate, with the majority of the women completing the programme and attending every session of the programme.
- Women rated each session of the programme highly. Overall, between 64-78% rated sessions as ‘very helpful’, and 21-34% rated sessions as ‘quite helpful’. Only 1-3 women rated sessions as ‘not helpful’ (and this was only the case for Session 3 onward) and there were no sessions which were rated by any woman as ‘not at all helpful’.

Psychological distress (CORE-10)

- The CORE-10 includes ten items which cover anxiety, depression, trauma, physical problems, functioning, and risk to self. The questionnaire has a maximum score of 40

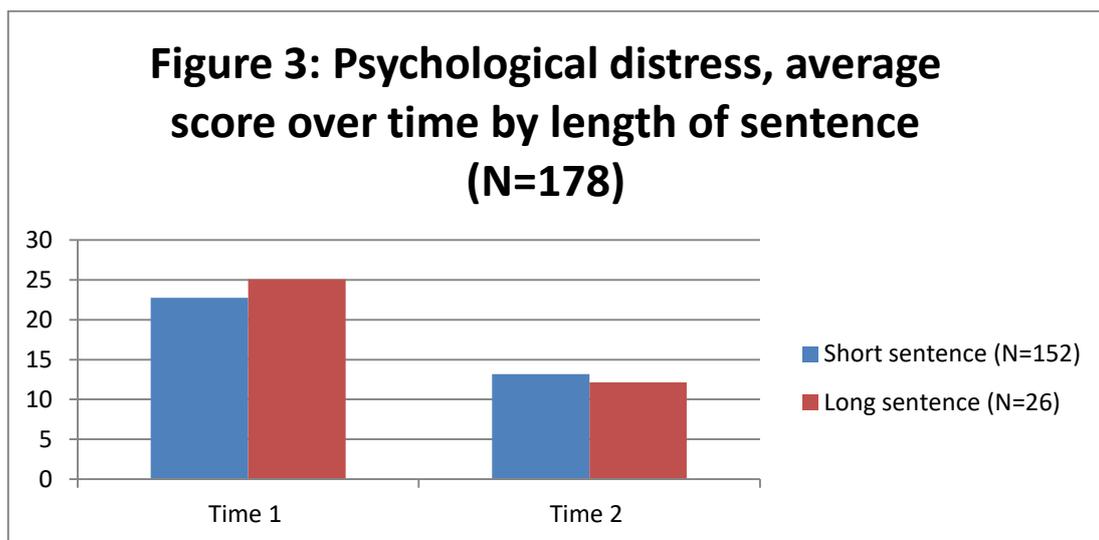
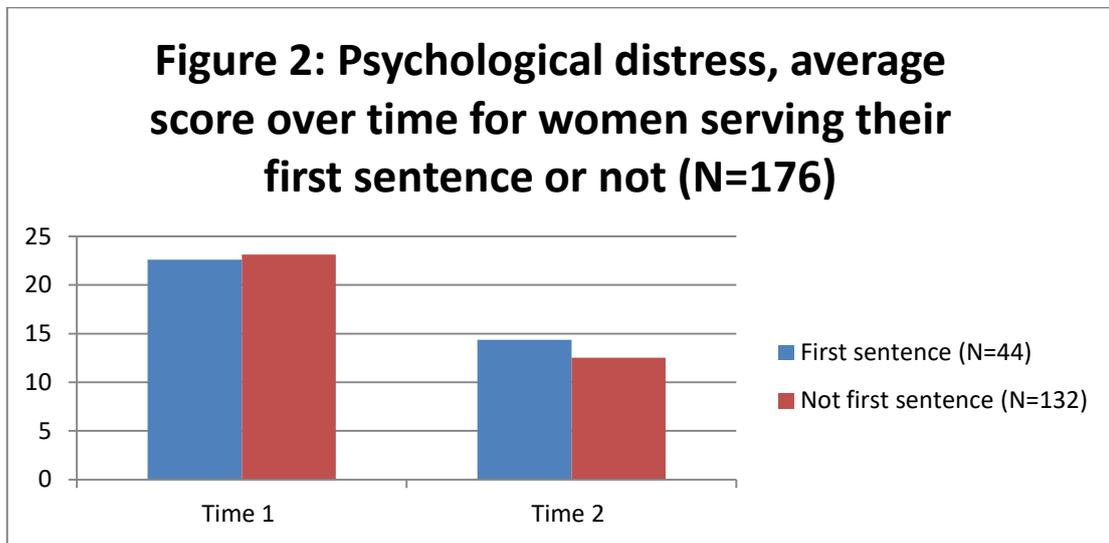
with a reduction in score indicating an improvement (i.e. a reduction in overall psychological distress).

- There were some missing data. In the small number of cases where only one item was missing adjusted scores were calculated based on guidance on the questionnaire. If more than one item was missing then all data for that woman for that time point were excluded.
- For all women the mean score at Time 1 (before the FIRST programme) was 23.20 (N=194, SD 7.58) and the mean score at Time 2 (after the FIRST programme) was 13.14 (N=180, SD 6.95). This decrease in score means that, on average, the women's levels of psychological distress dropped (i.e. improved) over time.
- Matched data were available for 178 women (i.e. full data available for a woman both before and after the FIRST programme) and showed that the mean scores were the same for this group when compared with the full dataset. The mean score at Time 1 was 23.10 (SD 7.38) and the mean score at Time 2 was 13.11 (SD 6.99) (Figure 1).
- Paired samples t-tests showed that the change in mean score over time was statistically significant, in other words unlikely to have occurred by chance: $t(177)=15.406$, $p=0.000$.



- Figure 2 compares the mean total score for women who were serving their first sentence and those who were not (using matched data provided by women at both time points). Given the small sample size of the group of women serving their first sentence no more advanced statistical analyses were undertaken. The data show that before the FIRST programme the average mean score for women who were not serving their first sentence was higher than those who were serving their first sentence, and that the average mean score after the FIRST programme was lower for women who were not serving their first sentence was higher than those who were serving their first sentence. This suggests a greater reduction (i.e. improvement) for women who were not serving their first sentence.
- Figure 3 compares the mean total score for women who were serving a short sentence with those women who were serving a long sentence (using matched data provided by women at both time points). Given the small sample size of the group of women serving a long sentence no more advanced statistical analyses were undertaken. The data show that before the FIRST programme the average mean score for women who were serving a long sentence was higher than those who were serving short sentence, and that the

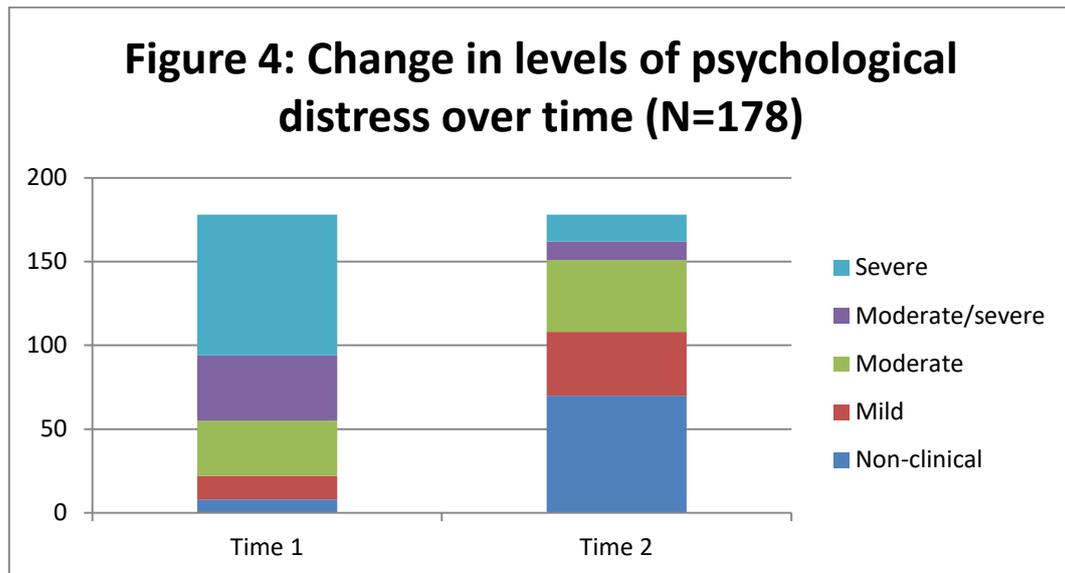
average mean score after the FIRST programme was lower for women who were serving a long sentence was higher than those who were serving a short sentence. This suggests a greater reduction (i.e. improvement) for women who were serving a longer sentence.



- The CORE-10 assesses changes in psychological distress in more detail, by exploring whether the score falls within mild, moderate or severe levels of distress. Analysis showed that before the FIRST programme the scores for roughly half of the women were in the 'severe' category and for a further quarter were in the 'moderate to severe' category. After the FIRST programme the scores for nearly two thirds of women were in the 'non-clinical' or 'mild' categories. This is further evidence that levels of psychological distress reduced (i.e. improved) over time (Table 1 and Figure 4).

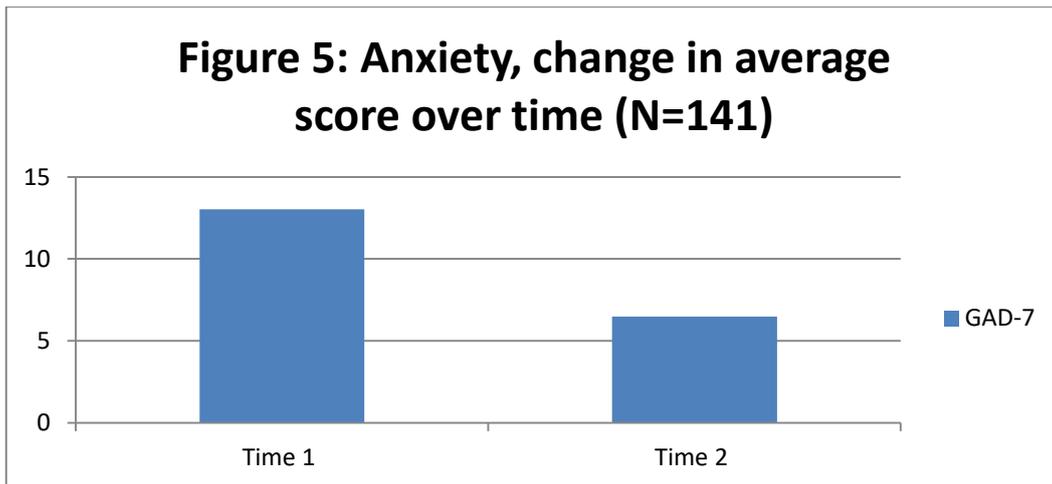
Table 1: Change in levels of psychological distress over time (N=178)

CORE-10	Time 1 (programme start) N of women, %	Time 2 (programme end) N of women, %
Non-clinical (score 10 or below)	8, 4.5%	70, 39%
Mild (score 11-14)	14, 8.0%	38, 21%
Moderate (score 15-19)	33, 18.5%	43, 24%
Moderate/severe (score 20-24)	39, 22.0%	11, 6%
Severe (score 25 and over)	84, 47%	16, 9%

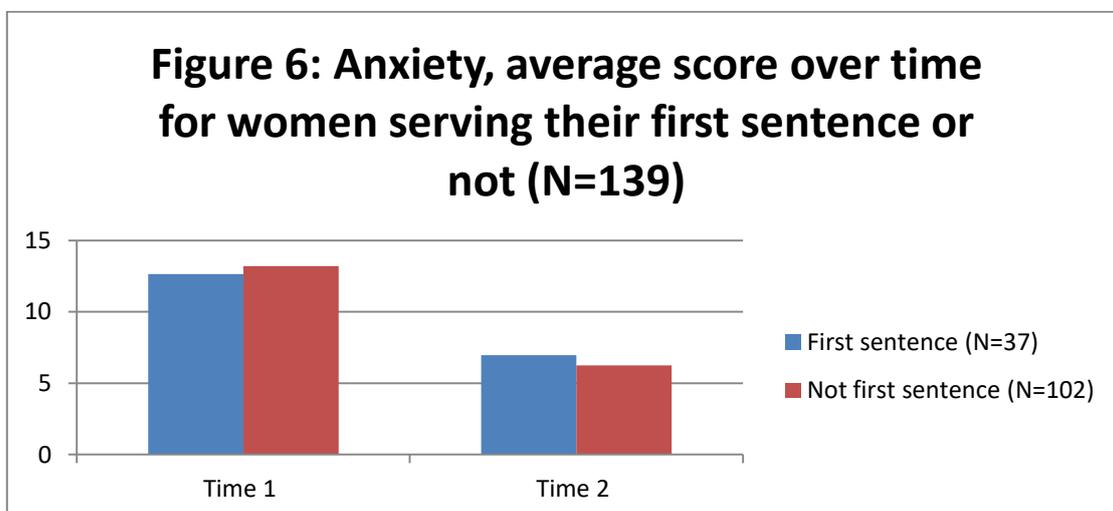


Anxiety (GAD-7)

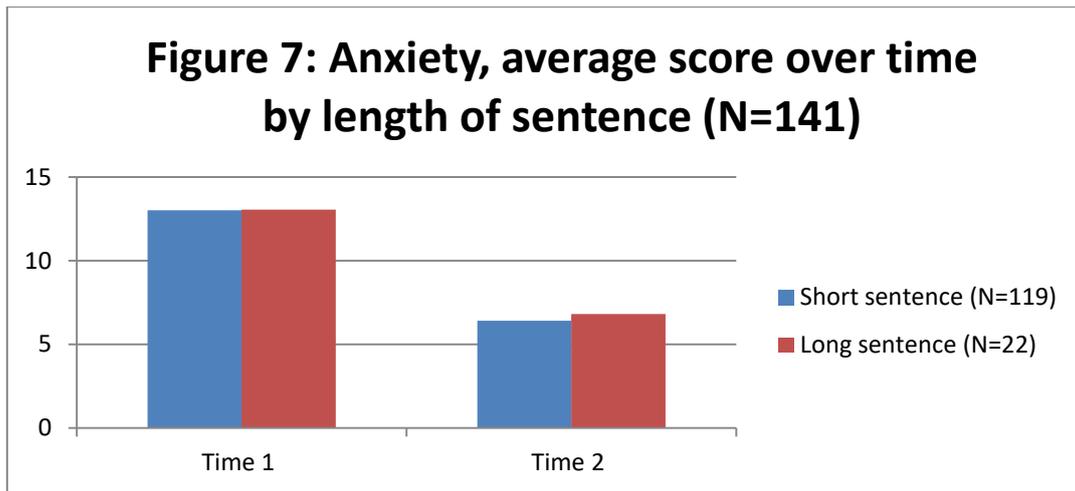
- The GAD-7 consists of seven items. The questionnaire has a maximum score of 21 with a reduction in score indicating an improvement (i.e. a reduction in anxiety). There is a further question which asks how difficult it has been “to do your work, take care of things at home, or get along with other people”.
- There were some missing data from the first few programmes as it was unclear whether data related to Time 1 or Time 2. Additionally, and following consultation with one of the authors of the GAD-7, where only one item was missing a ‘0’ was substituted – deemed to be a conservative response. If more than one item was missing then all data were excluded for that woman at that time point.
- For all women the mean score before the FIRST programme was 13.10 (N=153, SD 5.30) and the mean score after the FIRST programme was 6.48 (N=141, SD 4.50). This decrease in score means that, on average, the women’s levels of anxiety dropped (i.e. improved) over time.
- Matched data were available for 141 women and show that the mean scores were the same for this group when compared with the full dataset. So, the mean score at Time 1 was 13.02 (SD 5.05) and the mean score at Time 2 was 6.48 (SD 4.50) (Figure 5).
- Paired samples t-tests show that the change in mean score over time was statistically significant, in other words unlikely to have occurred by chance: $t(140)=14.415, p=0.000$.



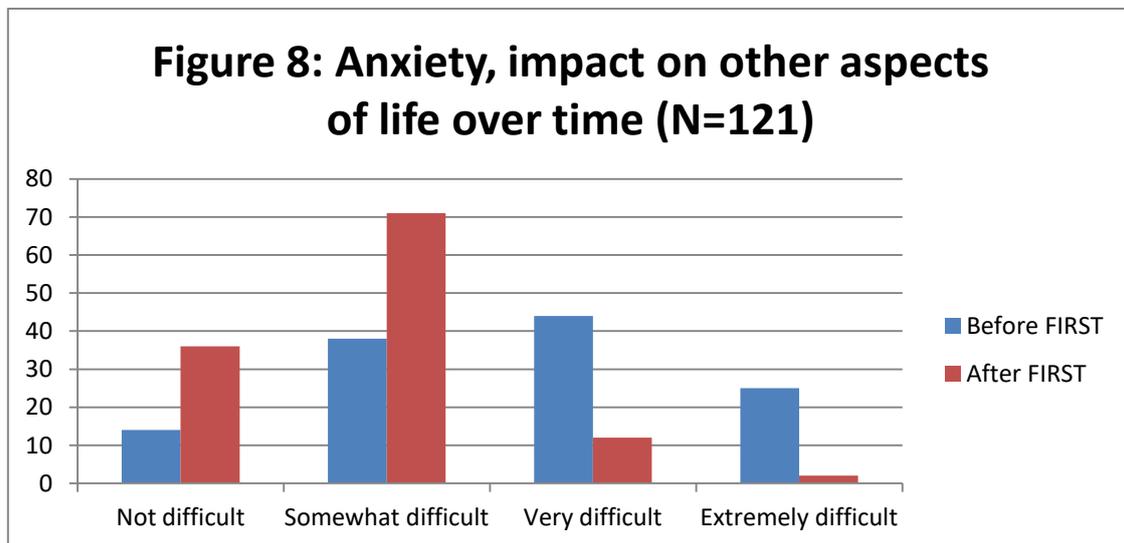
- Figure 6 compares the mean total score for women who were serving their first sentence and those who were not (using matched data provided by women at both time points). Given the small sample size of the group of women serving their first sentence no more advanced statistical analyses were undertaken. The data show that before the FIRST programme the average mean score for women who were not serving their first sentence was higher than those who were serving their first sentence, and that the average mean score after the FIRST programme was lower for women who were not serving their first sentence. This suggests a greater reduction (i.e. improvement) for women who were not serving their first sentence.



- Figure 7 compares the mean total score for women who were serving a short sentence with those women who were serving a long sentence (using matched data provided by women at both time points). Given the small sample size of the group of women serving a long sentence no more advanced statistical analyses were undertaken. There were almost no differences in the mean total scores for the two groups over time.



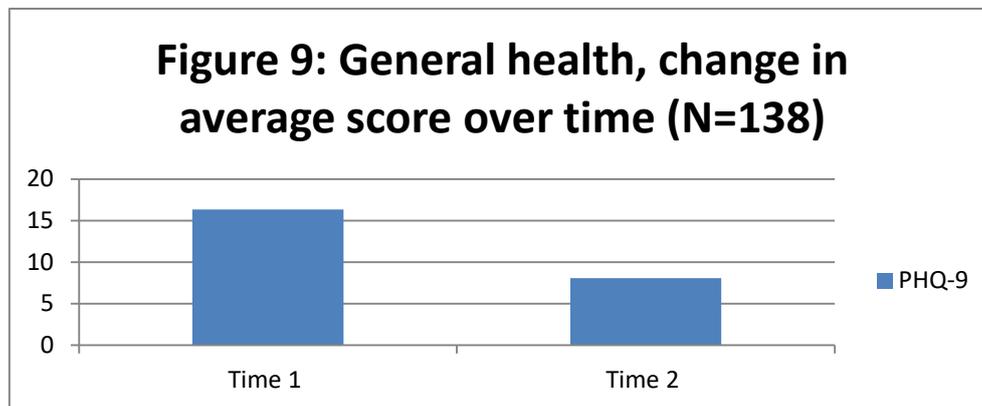
- Analysis of the separate question of the GAD-7 also showed that, overall, after having completed the FIRST programme women felt that their anxiety impacted less upon work, taking care of things at home, or getting along with other people (Figure 8).



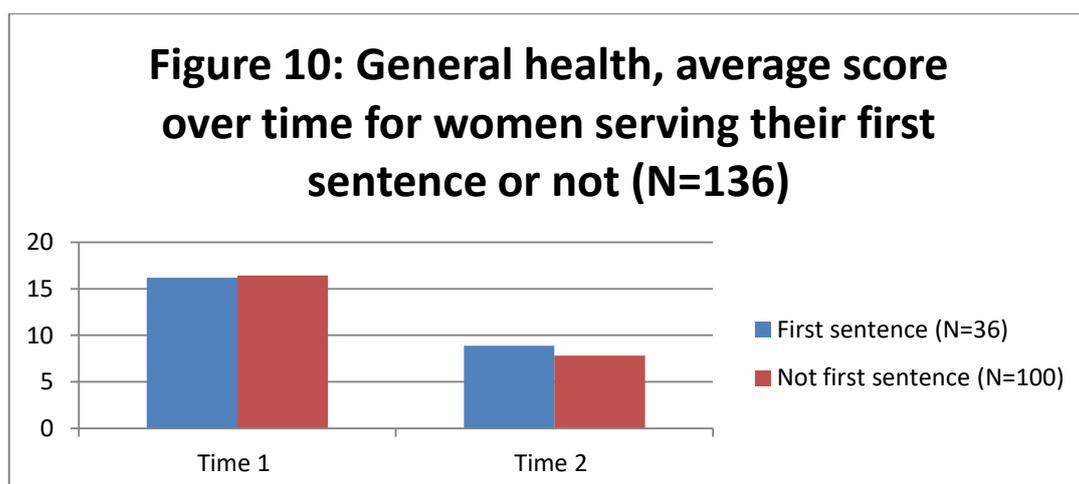
General health (PHQ-9)

- The PHQ-9 consists of nine items. The PHQ-9 has a maximum score of 27 with a reduction in score indicating an improvement in general health. There is a further question which asks how difficult it has been “to do your work, take care of things at home, or get along with other people”.
- There were some missing data from the first few programmes as it was unclear whether data related to Time 1 or Time 2. Additionally, and following consultation with one of the authors of the PHQ-9, where only one item was missing a ‘0’ was substituted – deemed to be a conservative response. If more than one item was missing then all data were excluded for those women for that time point.
- For all women the mean score before the FIRST programme was 16.56 (N=153, SD 6.11) and the mean score after the FIRST programme was 8.06 (N=139, SD 5.33). This decrease in score means that, on average, general health improved over time.

- Matched data were available for 138 women. The mean scores were the same for this group when compared with the full dataset. The mean score before the FIRST programme was 16.32 (SD 6.02) and the mean score after the FIRST programme was 8.08 (SD 5.35) (Figure 9).
- Paired samples t-tests showed that the change in mean score over time was statistically significant, in other words unlikely to have occurred by chance: $t(137)=16.554, p=0.000$.

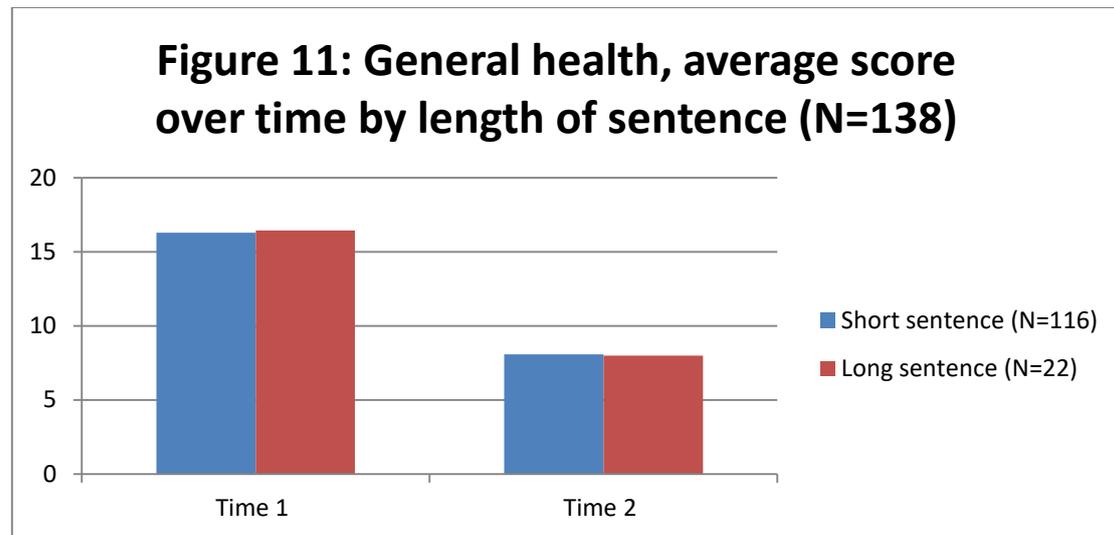


- Figure 10 compares the mean total score for women who were serving their first sentence and those who were not (using matched data provided by women at both time points). Given the small sample size of the group of women serving their first sentence no more advanced statistical analyses were undertaken. The data show that before the FIRST programme the average mean score for women who were not serving their first sentence was higher than those who were serving their first sentence, and that the average mean score after the FIRST programme was lower for women who were not serving their first sentence was higher than those who were serving their first sentence. This suggests a greater reduction (i.e. improvement) for women who were not serving their first sentence.



- Figure 11 compares the mean total score for women who were serving a short sentence with those women who were serving a long sentence (using matched data provided by women at both time points). Given the small sample size of the group of women serving

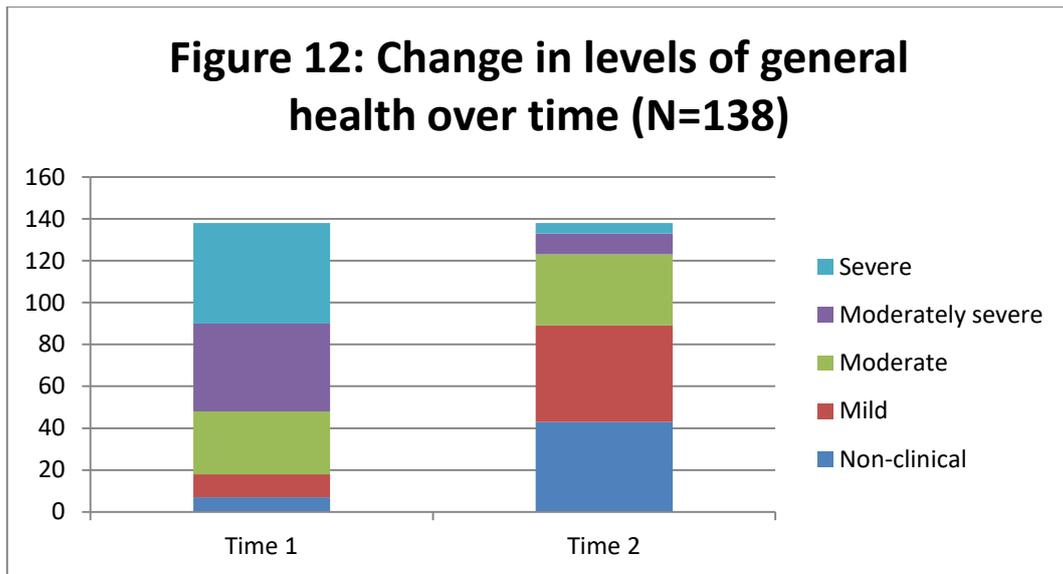
a long sentence no more advanced statistical analyses were undertaken. There were almost no differences in the mean total scores for the two groups over time.



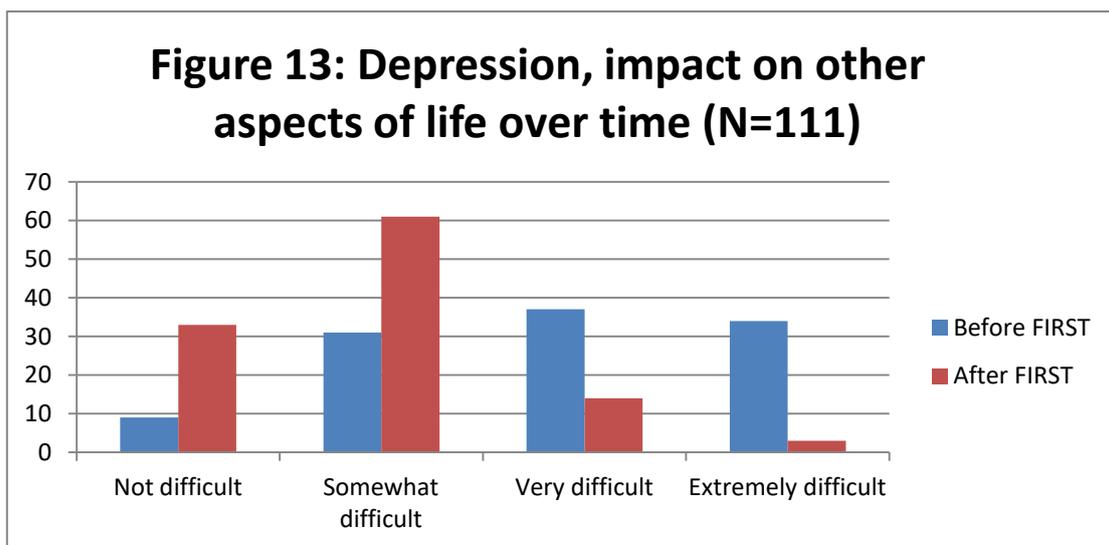
- The PHQ-9 assesses changes in general health in more detail, by exploring whether the score falls within mild, moderate or severe levels of general health. The data show that before the FIRST programme the scores for roughly one third of the women were in the ‘severe’ category and for a further third were in the ‘moderately severe’ category. After the FIRST programme the scores for roughly one third of women were in the ‘non-clinical’ category and for a further third were in the ‘mild’ category. This is further evidence that levels of general health improved over time (Table 2 and Figure 12).

Table 2: Change in levels of depression over time (N=138)

CORE-10	Time 1 (programme start) N of women, %	Time 2 (programme end) N of women, %
Non-clinical (score 4 or below)	7, 5%	43, 31%
Mild (score 5-9)	11, 8%	46, 33%
Moderate (score 10-14)	30, 22%	34, 25%
Moderately severe (score 15-19)	42, 30%	10, 7%
Severe (score 20-27)	48, 35%	5, 4%



- Analysis of the separate question of the PHQ-9 also showed that, overall, after having completed the FIRST programme women felt that their general health impacted less upon work, taking care of things at home, or getting along with other people (Figure 13).



- Many women indicated at the end of the FIRST programme that they wanted ongoing support. Just over three quarters (N=121, 78%) said that they would like one-to-one support from the RtT counselling service. Furthermore, two thirds of women (N=104, 68%) said that they would like ongoing support when they were released although there are no data on how many women continued to receive such support.

Qualitative data

There are qualitative interview data from 43 individuals, including:

- Four group interviews with approximately 33 women³ who were engaged with or had completed the FIRST programme. Some of the women who participated in a group interview were also volunteers with the FIRST programme and the wider RtT service.
- Three individual interviews with women, two who had completed the FIRST programme and were still at the prison, and a third woman who had been released and was living in the community.
- Five professional interviews with four staff at HMP Styal and one of the RtT counsellors.
- Ongoing input from the two RtT/FIRST Directors, including one interview earlier in the evaluation, ongoing input throughout the project, and brief qualitative questions at the end of the evaluation.

- Additionally, there were qualitative from women who gave feedback when they completed the questionnaires at the end of the FIRST programme.
- The qualitative data will be summarised in the following four broad areas which closely mirror the areas of inquiry in the qualitative data collection guides: views on the FIRST course and its delivery; benefits of the course; support within the prison and post release; and broader reflections on support for female offenders. Quotes from professionals are indicated as such; all other quotes are from the women.
- It should be noted that, even when asked, the women had no negative comments about the FIRST programme or anything that they thought was missing from the course. Some women gave ideas on practical areas which could be addressed, such as the prison providing a dedicated space for the course and not allowing women to join the programme once it had started as this could disrupt group dynamics.

Views on the FIRST course and its delivery

- Overall, the women were very positive about the FIRST course. Many were said when it was over and wished that the course could be longer.

“I loved it, I couldn’t wait [to go]”

“Mondays and Fridays were the best days”

“Best thing I have ever done”

Why I have enjoyed the course.

1. Very friendly tutor.
2. Made things fun.
3. Made us think about things.
4. We had chats and coffee as a group.
5. I always looked forward to the next week.
6. So relaxing.

³ Attendance at one group interview in particular was erratic with some women coming and going, the involvement of three women who had also attended one of the earlier group interviews, and a prison stand fast which meant that the group interview was disrupted.

- The positive comments made by the women covered the content, structure, approach, flexibility, and voluntary nature of the FIRST course.
 - “I think it helps in many ways, it’s not a one size fits all, it’s tailored to meet different things”*
 - “A confidential space to learn about ourselves and be creative”*
 - “I liked everything about it, it was something new, it was a change, it was different cos I never do groups....it was fun....it’s good to know you’re not on our own”*
- At least one professional commented that the engagement and attendance rate at the course alone was evidence of how well it was viewed by the women. The importance of word of mouth promotion of the course around the prison was also seen by some as evidence of the popularity and success of the course.
 - “they have a good sign up rate....they attend and they attend regularly and they attend punctually....we don’t have to chivvy like we often have to do with other things.....and they engage” (professional)*
 - “when the prisoner population are actually selling it, there must be something in it” (professional)*
- Many women were clear that the course was challenging because of its focus on very difficult issues which for many were longstanding and complicated, and which they had not yet dealt with. Such issues included substance use, mental health, violence and abuse, trauma, and bereavement. However, the overall approach of the course and the environment in which it was delivered facilitated the women to feel comfortable and safe in a group setting (which was new to the majority of them), and therefore able to open up about these issues in a therapeutic way.
 - “I have found this a very positive course, sometimes emotional but that’s a good thing, a good journey and uplifting.....Thank you”*
 - “deal with things that I wouldn’t have dealt with before”*
 - “.....its relaxed atmosphere allows/invites us to speak freely without cautions or hesitations (unlike on other courses)”*
 - “I often withdraw when I don’t know how to deal with or manage my emotions but it’s helped me to open up about how I feel. It has felt very ‘safe’ sharing in this group”*
- Women praised the creative activities, such as making dolls and boxes or writing letters. The latter task was viewed by some as emotionally challenging yet helpful. The arts based activities supported the therapeutic work and some women said that they had made it easier for them to engage with the course.
 - “you’ve got other things to do like you’re making the doll....your mind even though it’s on the bad things you’re thinking about the good things....[it’s helping] without you realising it”*
 - “[we are] distracted by making things so that you don’t know that you’re talking”*

“it’s like counselling with fun, you don’t realise that you’re getting counselling at the same time and that’s what’s good about it”

“when you see things visually....it made me analyse a lot and I’ve never done that....it’s so much more beneficial”

- Women liked the environment in which the course was delivered as they felt it offered a safe space and a non-judgmental approach which one professional said was not patronising and viewed the women as people and not criminals.
“you feel more respected and you don’t feel like we’re just prisoners in here [because] we just get treated nice”
“I felt like a human person and a woman”
“I loved being and feeling important”
“they treat you as a human being, they don’t treat you as a prisoner and they don’t treat you as a number”
- The women were without exception positive about those who delivered the FIRST programme, with most comments reserved for the two RtT/FIRST Directors in particular.

Words and phrases used to describe the FIRST facilitators

Warm	trustworthy	would do anything to help
professional but friendly	patient	‘boss’
good listeners	kind	down to earth
understanding	sympathetic	fun
lovely	generous	inspirational
approachable	amazing	awesome
caring	nothing’s too much trouble	supportive

- Some women added that the support from the two RtT/FIRST Directors went beyond the FIRST course and many greatly appreciated this. Some felt that this support was on a par with, if not more valuable than, support from officers. Overall, the women talked about how much they trusted the course facilitators, which was viewed as incredibly important for engaged with and responding to the help that was in place.
“it doesn’t matter what they’re doing, they will always stop and listen to you and they will always make time for you....they don’t judge at all no matter what you do, how many times you make mistakes they still give you chances”
“they’re such amazing, giving, women, if you stop them [on the avenue] and they’re going somewhere, they’ll still stop and speak to you, and that’s the important thing, a lot of the courses in here that we have to do....you do the course and that’s it, you don’t see them again and if you do see them they don’t even acknowledge you most of the time”
“in custody not many people trust each other....she’s trusted, that’s a mega part, especially being in custody because if you’re not trusted they ain’t gonna budge”

- The women also valued that it was a group course, including the changes that were made to keep the groups to a manageable size and not allow women to join partway through. Some women talked about how they liked the way they could mix with women they would not normally mix with but who had similar problems and experiences. Some women said that the peer support in place during the course continued between sessions and around the prison after the course had finished.

“we may be in here for different crimes but the lessons in life that we’ve had are quite similar, we’ve all been through bad things....that makes us understand one another”
“everybody made me feel welcome and I really enjoyed meeting new people”
“everybody on that course stayed and supported one another....it was such a nice experience”
- Some women appreciated that group participants respected the confidential nature of the course and what was discussed; something which some women thought was unusual but vitally important in a prison setting.

“being able to talk in a group about your feelings and being honest and respecting one another....it’s a bit hard in a prison sometimes to listen and respect one another”
“it’s about being able to trust, not just the facilitators but the people in the group as well...not going and chatting about anything that’s been discussed in the group”
- There was also positive feedback about the inclusion of women on longer sentences. Some interviewees recognised that this group of women do not receive a lot of help, with one saying that they are *“left to rot.....dismissed”*. The opportunity to engage with something that is meaningful and purposeful was viewed as beneficial to those on longer sentences. One interviewee explained how the ‘lifer’ women live closely together in a small space and there is inevitable tension and fallout so the FIRST course helped them to work together and be more understanding, tolerant and supportive of each other. There were also comments about how women on shorter sentences/remand benefitted from the participation of women on longer sentences.

“there’s no support in here for us, none whatsoever”
“the long-term women state that they have enjoyed the [FIRST] programme as it has enabled them to be a voice to the short-term offenders of just how easy it is to be sentenced with a longer sentence if they continue on the same path” (professional)
- Finally, some women and professionals commented on the added value of the involvement of women, usually ‘lifers’, in the administration and delivery of the RtT service and the FIRST programme (becoming peer mentors, for example). Similar comments were made about the wider inclusion of women across the prison in co-designing the RtT service and the FIRST course, decorating the new premises, and engaging in fundraising activities.

Benefits of the course

- Women and professionals highlighted a number of ways in which they thought that the women benefitted from the FIRST course. Completion of the course was seen as evidence of success, given the starting point for a lot of the women.

“a lot of our women think that they quite useless, that they can’t do anything, can’t achieve anything, and even just completing that course……” (professional)

“you’ve got people coming to us who are broken....these are the things that are changing these women so that they’re going out with their head held high....that they’re worth something” (professional)
- There was recognition that the most important way in which women benefitted from the course was in how it facilitated women to look at themselves in an honest and reflective way, open up about difficult things in their past and present, and have a more positive view of themselves. Hence, there were improvements in self-awareness and self-esteem and this was seen by many as the first step from which other changes could follow. One woman said she was shocked when she read the nice things that other people had written about her, as she had no realisation that people might think those things about her.

“self-awareness....learning about yourself that you probably didn’t know or you probably knew but didn’t actually have those answers”

“how to love myself more”

“it’s like an evaluation of yourself....it’s about finding yourself....it’s a real eye opener”

“I see these ladies....who’ve been quiet....contrite, nervous, self-harming, never making eye contact, never smiling, never really opening up and communicating....I see them on my patrols around the establishment, they’ve got a smile on their face, they make eye contact, to do that to a male, a male member of staff is a massive leap forward” (professional)
- Examples of other ways in which the women benefitted from the FIRST course included understanding and learning to cope with violence and abuse, building confidence, improving communication and relationships with others, making positive life choices (e.g. about relationships), being calmer and less angry, being happier, sleeping better, and being less impulsive.

“I think it’s helped my confidence and on my way to achieving my goals, I’m in a better place now”

“I think I’ve changed the way I think and the way I see things, which has made [me] a better person”

“I think it’s helped our relationships with ourselves, how other people view us and what we give out”
- Some women hoped that the course was helping them to ‘break the cycle’ of (often years of) substance misuse and offending. Anecdotally, some of the professionals thought that

the course was contributing to a reduction in reoffending, or to longer periods out of prison between convictions.

“I was always ducking and diving [in and out of jail] and I’ve stopped that now....I’ve had a different outlook about everything....self-esteem, everything”

“I keep on ending up on drugs to block it all out and now I’ve got to face my demons”

“I did really well, I was out for 7 months, [that’s] long for me, normally it’s 6 days, sorry 6 months it was, it was like a big ‘wow’....I can do 6 months”

“[she got] further down the line than she was previously capable of” (professional)

“it’s helped me in a lot of ways.....you hide behind your problems by taking drugs, I’ve been through a hell of a lot in my life and now I’ve learned to deal with things in a different way since I’ve done the course....before I’m in the officer’s face screaming at them if I can’t get something done or whatever but now I’ve learned to just not bother....walk away and calm myself down....”

Interviewer: how does that feel?

“....better, I feel better for myself....you learn more about yourself don’t you....you’ve got to love yourself because who else is going to love you”

- Some hoped that the course was a stepping stone that would lead to change in other areas during prison and post-release. The short-term changes made during the course may be just enough to help someone get a job or end a dysfunctional relationship, and this can have a knock-on impact in other areas including offending behaviour.

“skills that they can learn in a couple of weeks could have a massive impact outside, if they learn that actually that’s not how they should be treated and that they’re worth more than that....we’ve done our job” (professional)

“I see this programme as a step in respect of that along the way....they start to get more self-esteem, self-confidence, belief in themselves....it’s one of the building blocks” (professional)

Support within the prison and post release

- Some women felt that the FIRST course gave them the tools to engage with the other support that was available in the prison, particularly the 1:1 counselling from the RtT service, and the self-harm and relationship courses that were introduced during the grant period. Some women were already receiving 1:1 support with the FIRST course helping them take that work forward. However, for some, this was the first time that they had accessed counselling.

“a lot of people don’t realise that they actually need counselling....and you think do you know what maybe I do need a little bit of help”

“at first I would never have done counselling because I don’t like to talk about things and think about things but now it’s something I need....if I don’t do it now I’m never going to do it”

- Some women were hopeful that they would be able to take the changes made, and the skills and techniques acquired, from the FIRST course forward with them on release or during the remainder of a longer sentence. Some women said that they felt more proactive, hopeful positive, optimistic, and more confident that they could ask for help when needed and continue to make positive changes and improvements to themselves and their lives.

“I’m going to be sorting things out rather than just leaving them and letting other people sort it out for me”

“I ask for help now if I need it and I’m looking forward to going home for the first time since I came to prison”

“I have hope for the future. I learned if I fuck up I can always start again”

“it sounds silly to say that one thing can change your life so much but a lot of girls come off that course including myself.....I can still somebody that can be a valued member in the community outside which is nice, that’s what you get from the course”

- These views were echoed by some of the professionals.

“it’s in a time period [that] gives them in my opinion the ability to reintegrate back in to their community on a better level than they’ve ever done so before” (professional)

“a real energy to make changes in their lives” (professional)

- One woman who had been released talked positively about the support she was receiving from services including probation and also from the RtT/FIRST Directors. However, such views were the exception and many women had strong opinions about the challenges of accessing support for a range of issues on release, and were generally negative about the amount and quality of support available outside of prison to female offenders. These views were expressed by both women on short and on long sentences, and were echoed by some of the professionals. A lack of support was seen to be a key reason for repeat offending, with accommodation challenges the most frequently mentioned.

“probation....are just waiting for you to fail....they don’t believe you can change”

“you can put all this magic plan in to place in the establishment but when that service user goes outside and she’s only on a short sentence what does she do, who does she turn to, who can she communicate with? There’s not many people about”

(professional)

“the CRC’s [Community Rehabilitation Companies] don’t provide anything for them, if we don’t provide anything for them then they’re always going to be on that magic roundabout and we needed to do something and we needed to do something fast”

(professional)

“I don’t think any course, if you’re going out and you’ve not got a home...I don’t think anything will do, if you’re going out there without a roof over your head you’re not going to think ‘I’ve just done that course I better not’”

- As a result of these gaps and challenges with support on release, some women (including some who had returned to HMP Styal after a period outside) said that they valued the ongoing ‘through-the-gate’ support offered by the RtT/FIRST Directors, although the Directors themselves said that there were significant challenges with keeping in touch with women post release. The advocacy that such support provided was seen to help with confidence, and was viewed as less overwhelming, particularly where women had had previously poor experiences with asking for or getting help. One interviewee thought that moving forward prison staff could build on the support offered by FIRST and RtT by having a greater role in keeping in touch with women post release.

“Room to Talk are picking up that torch and running with it, if they had more resources I think they could make an even bigger impact” (professional)

Broader reflections on support for female offenders

- Women were more likely to express negative views about the amount and quality of support available to female offenders in female prisons, both at HMP Styal itself but also at other prisons for female offenders across England.

“behind most women in prison there’s issues.....it’s the only time they get help with it [i.e. in prison].....there’s not enough of it [help in prison]”

- As a result there was consensus from both women and professionals that the FIRST programme (and the wider RtT service) was much needed and a highly valuable service. However, one professional had serious concerns about the future of the service, feeling strongly that such a service was essential and should not be run on a shoestring and with such a heavy reliance on volunteers.

“I just think it’s a valuable service that has helped a lot of women in here”

“I think without this course there would be a lot of girls [worse off]”

“I’ve been in here 14 months and I can honestly say nobody else has ever asked me how I am or noticed if I’m having an off day, [so RtT has been]....a breath of fresh air in that way”

“I think if it wasn’t for [the RtT women] there would be a lot of people just cast asideif it wasn’t for them two [i.e. the RtT/FIRST Directors] picking it up so without them they’d just be pushed aside”

“It’s a vital part of prison life. I think most people would benefit from trying it.....as you will feel better going out [than] when you came in”

- Such support was seen as rare, however, with many feeling that such services, and the approach underlying them, should be provided across the female prison estate.

“they’re speaking to these ladies at their level....[and] that’s what’s been missing from the prison service and especially from the female estate, talking to them, it’s

nothing new but we seem to have been running away from it, talk to these individuals, find out what's going on for them” (professional)

“the women that we're dealing with are very chaotic women and nobody wants to work with them....they're problematic, they take up time, they take up valuable resources and that's why we love the work so much because we have got the time and the patience to give them that support.....a lot of them have been let down by services....when they've given up on themselves they just need somebody that actually believes in them” (professional)

“if [you] don't fix previous trauma in these ladies we're only putting a sticking plaster over it and they will never come to terms with what's going on in their lives....find out what's triggering their behaviour and make sure we give them the coping mechanisms, build their self esteem, give them the basic fundamentals of life that they've never been given before....a lot of these ladies don't actually know who they are” (professional)

“More courses like this should be in prison”

“Everyone should do it”

“Best thing I have ever done”

“give them more money”

“keep it going”

“it's needed”

Section Four: Summary

- The FIRST course engaged over 200 women over the three year grant period, with a high completion rate and very positive feedback. The course has an excellent reputation across the prison. Women supported both the FIRST course and the wider RtT service in a range of ways, including word of mouth recommendations, assisting in practical ways when the services moved to their new premises, working in a paid or voluntary capacity, and fund raising (totalling several hundred pounds) to support the service.
- The quantitative data show that there were statistically significant improvements (i.e. unlikely to have occurred by chance) over time (approximately two weeks) in psychological distress, anxiety and depression, although the longer-term maintenance of such positive changes and their impact on reoffending and other things such as substance use are not known. Nevertheless, there are indications that the FIRST programme can, in a short period of time, target positive change in areas where many women have struggled for years, and that such changes can have a knock-on effect on other outcomes such as offending, substance use and relationships.
- Women reported that they viewed themselves in a more positive way, and left the programme with higher self-esteem, a more positive outlook, positive attitudinal and behavioural changes, and feeling more hopeful. Overall, therefore, many women seemed to have an improved prosocial personal identity, something which has been identified as important in reducing reoffending and leading positive outcomes in other areas (Stewart & Gobeil, 2015). Also, there is evidence that some women reconnected with children and families, and such connections have been identified as ‘indispensable’ for reducing reoffending and facilitating positive outcomes in a number of areas (Farmer, 2019).
- The FIRST course, and the wider RtT service of which it is a part, was responsive to feedback and to the challenges of delivering such support in a prison. For example, each course ran a closed group, the group size was reduced, and additional courses on relationships and self-help were introduced. Opening up the FIRST programme to women on longer sentences was seen as beneficial to both groups. Many women used the FIRST course as a springboard to complete the relationship and self-harm courses, and/or to start receiving individual counselling (in many cases the first time they had engaged with such counselling) from the wider RtT service.
- There was general criticism of the psychological support that is available across the female prison estate. There was also criticism of support from a range of community services after release, with accommodation challenges most commonly mentioned.
- The FIRST course, and the RtT service, is still the only established counselling service for women, particularly those serving short-term sentences or who are on remand, at any female prison in England. However, it has faced numerous challenges in order to maintain delivery, and the longer-term sustainability is unclear. The two FIRST/RtT Directors were viewed by many as central to the success of the services, and the ability of the services to continue in such a positive way without them is uncertain. There were plans to train mentors to be able to deliver the programme, ensure pathways and links to

‘through the gate’ services are in place, and to roll out the support to other female prisons, and also to the male custodial estate.

- In conclusion, the FIRST programme is a unique intervention for all women offenders (both those serving short-term and those with longer sentences), one which is well received by the women and across HMP Styal and which has the potential to facilitate positive change. Both the FIRST course and the RtT service respond to the vulnerabilities of female offenders outlined in the Corston report (Corston, 2007), align with the seven priority targets for reducing reoffending and improving wellbeing for female offenders (NOMS, 2015), and meet the recommendations set out in the Farmer review of doing more to strengthen the ties that women have with their families (Farmer, 2019). However, in light of commentaries that have suggested that insufficient progress has been made to deliver a criminal justice system for women offenders that is more sensitive and suitable to their multiple and complex needs (including mental health) it remains to be seen whether such vital support can be sustained.

References

1. Baldwin, L. (2017). Tainted Love: The Impact of Prison on Mothering Identity Explored via Mothers' Post Prison Reflections. *Prison Service Journal*, 233, 28-33.
2. Baldwin, L., & Epstein, R. (2017). Short but not sweet: A study of the impact of short custodial sentences on mothers & their children. Leicester, De Montfort University.
3. Centre for Social Justice (2018). *A Woman-Centred Approach. Freeing vulnerable women from the revolving door of crime*. London, The Centre for Social Justice.
4. Corston, J. (2007). *The Corston Report: A Report by Baroness Jean Corston of a Review of Women with Particular Vulnerabilities in the Criminal Justice System*. London, Home Office.
5. Grace, S., Page, G., Lloyd, C., Templeton, L., Kougali, Z., McKeganey, N., Liebling, A., Roberts, P., & Russell, C. (2016). Establishing a 'Corstonian' continuous care pathway for drug using female prisoners: Linked Drug Recovery Wings and Women's Community Services. *Criminology & Criminal Justice*. DOI: 10.1177/1748895816632029.
6. Hine, J. (2019). Women and Criminal Justice: Where Are We Now? *British Journal of Community Justice*, 15, 1, 5-18.
7. Hogarth, L. (2017). *Trapped in the Justice Loop? Past, present and future of the woman-centre services at the heart of the systems-change called for in the Corston Report*. London, Centre for Crime and Justice Studies.
8. Jackson, C. (2017). Through the gate. *Therapy Today*, February 2017.
9. Kroenke, K., Spitzer, R., & Williams, J. (2001). The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med*, 16, 9, 606-613.
10. Manby, M., Monchuk, K., & Sharratt, K. (2013). The Importance of Maintaining Family Ties During Imprisonment. *Prison Service Journal*, 209, 18-23.
11. Mason, s., Parry, J., Enback S., & Sobrepera, A. (2019). Patients or Prisoners: Implications for Overlooking Mental Health Needs of Female Offenders. *British Journal of Community Justice*, 15, 1, 77-91.
12. Mills, A., & Codd, H. (2008). Prisoners' families and offender management: Mobilizing social capital. *The Journal of Community and Criminal Justice*, 55, 1, 9-24.
13. Ministry of Justice (2018). *Female Offender Strategy*. London, Ministry of Justice. Available online at <https://www.gov.uk/government/publications/female-offender-strategy>
14. National Offender Management Service (2015). *Better Outcomes for Women Offenders*. London, NOMS.
15. Perry, T., Barkham, M., & Evans, C. (The CORE-OM and CORE-OM (SV) in secure settings: a template analysis of the experiences of male patients and their staff. *Journal of Forensic Practice*, 15, 1, 32-43.
16. Prison Reform Trust (2019). *Why focus on reducing women's imprisonment? England and Wales Fact Sheet*. Prison Reform Trust.
17. Saunders, V. (2017). Children of prisoners – children's decision making about contact. *Child & Family Social Work* 22, 63-72.
18. Spitzer, R., Kroenke, K., Williams, J., & Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder. *Arch Intern Med*, 166, 1092-1097.
19. Stewart, L., & Gobeil, R. (2015) *Effective interventions for Women offenders: A Rapid Evidence Assessment*. London, National Offender Management Service.
20. Sutherland, L., & Wright, P. (2017). *Supporting children and families affected by a family member's offending – A Practitioner's Guide*. Ilford, Essex; Barnardo's. Available via www.i-hop.org.uk
21. The Lord Farmer (2019). The Importance of Strengthening Female Offenders' Family and other Relationships to Prevent Reoffending and Reduce Intergenerational Crime. London, Ministry of Justice.
22. Turney, K. (2018). Adverse childhood experiences among children of incarcerated parents. *Children and Youth Service Review*, 89, 218-225.