

# Institutional care and poverty: evidence and policy review

*by*

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## **Aims, methods and themes**

**by Roger Grimshaw**

### **About the report**

This report contains evidence and policy analysis which is summarised in Findings published online by the Joseph Rowntree Foundation ([www.jrf.org.uk](http://www.jrf.org.uk)). The body of the report is structured in chapters which are devoted to different forms of institutional care. Readers interested in particular forms of care should focus on those chapters which are referenced separately.

### **Aims of chapter**

This chapter is intended:

- To outline the project aims
- To give an account of the search for studies and their collation
- To outline the procedure for assessing and evaluating studies
- To show the results of the assessments
- To introduce key themes in the quality literature uncovered
- To outline how evidential sources informed particular strategic proposals for the UK

### **Project aims**

The general aim of the study was to conduct an international evidence and policy review of 'institutional care' and poverty in order to identify effective and costed strategies for reducing the risks in the four countries of the UK.

Because there is no standard definition of institutional care we proposed our own. Our primary definition of 'institutional care' was that the state assumes a full legal responsibility for the residence and daily care of an individual and this care takes place in a designated physical setting. While this does not rule out a delegation of responsibility, it entails a high level of responsibility for care and welfare, as distinct from situations where care is purchased by the person cared for or by a representative. It is likely that a majority of people in this category have few resources (or in the case of imprisonment are deliberately deprived of resources), and are largely dependent on the state for help to reduce their risks of poverty. Because parallel work was taking place, care of the elderly was excluded from the scope of the review.

At the outset, it seemed clear that this definition would include: homes, residential schools, and units for children and vulnerable adults in the care of the state; prisons and other places of detention

(immigration centres); psychiatric secure hospitals and centres. As the project developed our definitions evolved so that we could capture key evidence that might be overlooked by narrowing the definitions. Hence we have included foster care homes, the majority placement for children in the UK, so as to make sure that state-funded care was fully covered. We also took the opportunity to look at family foster care in studies where comparisons were made with other forms of care. With our focus on 'vulnerable adults' there was a strong case for including placements for disabled adults and people with mental illness. The table at the end of this chapter, entitled 'Institutional care populations in the UK countries (2012-2013)', indicates the sizes of the different populations in the UK. When it became apparent that there was very little specialist literature on poverty and secure psychiatric care, it made sense to set the boundary of the search to include people with mental health problems in other facilities but 'in the care of the state'. Indeed we were immediately made aware of a generic literature on poverty and mental health which provided an important perspective on our original field.

'Poverty' is commonly defined in terms of relative or absolute income standards; according to the definition proposed by the Joseph Rowntree Foundation it signifies lack of resources to meet needs, and therefore includes homelessness. It was important to explore what poverty meant in the context of institutional care, where services are supplied from institutional budgets instead of expecting individuals to purchase them directly. Evidence was required about the circumstances of people who entered care and about how they fared after leaving it.

The literature to be sought was intended not only to help analyse the links between institutional care and poverty but also to uncover evidence about interventions designed to reduce poverty. These would include care and support plans, education and training, job preparation and labour market interventions as well as welfare provision. It was essential to carry out a broad search so that relevant evidence was included wherever possible.

## **Search**

The aim of the search was to identify high quality studies published since 2000. We therefore prioritised large academic databases supplemented by internet searches and other enquiries. A search strategy was developed which related together searches for documents classifiable in the five groups – prisons, immigration detention, and institutions for looked after children, people with disabilities, and psychiatric care.

*Database searches:* We searched abstracts in Proquest Platform and World of Science using our ‘poverty’ search string, seeking to focus on the UK, the EU, North America and Australasia (see full search strings at the end of this chapter).

*Internet searches:* As the database search results mounted, internet searches for additional resources about each of the groups were carried out. As well as using Google, we searched international and national sites for English language resources. Internet searches were useful in identifying reports and policy documents, some of which did not appear in the databases.

*Call for evidence:* A call for evidence was circulated to our monthly bulletin subscribers, placed on the CCJS website and our followers were tweeted: a number of contacts were made as a result. We sent messages to the JISCMail lists for Criminology, Social Policy and Social Welfare Economic Evaluation.

The resulting materials were added to our other finds.

*Other methods:* Particular authors were approached for further information.

*Results of search and collation:* The table below sets out the steps by which searches have been translated into finds.

	Prisons	Immigration	Looked after children	Disability	Psychiatric care
<b>Database searches:</b>					
Proquest	243	75	135	74	85
World of Science	144	248	247	106	274
Screened and duplicates removed	140	34	134	42	55
<b>Finds:</b>					
Database retrievals	127	29	123	36	49
Internet and other finds	63	23	37	19	34
<b>Total finds</b>	<b>190</b>	<b>52</b>	<b>160</b>	<b>55</b>	<b>83</b>

### International scope of the documents

The documents assessed have referred to countries within the following international zones.

	Prisons	Immigration	Looked after children	Disability	Psychiatric care
<b>UK</b>	29	7	21	6	15
<b>EU</b>	17	9	20	14	30
<b>North America</b>	121	12	108	12	29
<b>Australasia</b>	12	7	10	3	8

As expected from an English language search, the documents referred most often to North America. The documents collated, while uneven in number, represent substantial samples of international material.

### Method of assessment and evaluation

Policy should be based on understanding of causes and on evidence of outcomes. The methodological aim was to find studies designed to show changes over time and using group comparisons to identify differences in outcome. Such studies would enable factors behind the poverty observed to be explored. In this manner too, the effectiveness of anti-poverty interventions could be confirmed.

A workbook was designed with two main parts: an assessment of key design features; and an evaluation of internal and external validity. The documents were first put through an assessment to determine if they fell into categories which deserved full evaluation.

*Assessment categories:* The assessments classified the documents into methodological categories numbered from 0 to 6.

<b>Screened no further action</b>	0
<b>Single measure and no group comparison</b>	1
<b>Single measure and group comparison</b>	2
<b>Measured at 2 or more points in time and no group comparison</b>	3
<b>Data recorded at more than one institutional time point (before, during or after placement)</b>	4
<b>Measured at 2 or more points in time and group comparison</b>	5
<b>Measured at 2 points in time, group comparison, and multi-institutional time data</b>	6

*Assessment results:* Assessment of actual documents meant that studies with little relevant data could be identified and removed. Some documents had multiple features, for example, containing data on the situation before and after care. Also features of interest might be missing in some of the documents. Hence the numbers below may not correspond with the totals above.

	Prisons	Immigration	Looked after children	Disability	Psychiatric care
<b>Data focus:</b>					
Before care	49	8	27	7	10
In care	68	11	43	8	8
After care	63	7	34	14	19
<b>Data comparison between groups:</b>					
Yes	69	5	89	13	29
No	59	11	16	5	25
<b>Data measurement:</b>					
Single measure - at one point in time	65	11	62	13	48
Measures - for one or more groups at two or more points in time	58	3	33	5	6
Other time series e.g. annual populations	2	2	4	0	3
<b>Study of anti-poverty intervention</b>	25	0	18	3	4

There was a mixture of studies with references to data about poverty before, in, or after care. Comparison between groups tended to be more frequent than not; it was very frequently featured in studies of looked after children. Not surprisingly there were fewer studies with data at multiple points in time than with data at a single point. Anti-poverty interventions were relatively scarce and more frequently found for looked after children and prisoners than for the other groups.

*Evaluation:* The next step was to evaluate the best-designed studies (assessed as 5 or 6). The workbook contained a questionnaire which enabled features of the content to be singled out for scrutiny, in particular: the appropriateness of the design; the quality of sampling; the description of any intervention; the use of time points; statistical analysis and effect size; and other points relating to internal and external validity.

### **Consultative seminar**

In view of the disparate nature of the evidence, it was important to consult with stakeholders before completing the Findings. Thanks to additional funding from the Joseph Rowntree Foundation, we organised a seminar for stakeholders in September 2013. The event was a valuable opportunity to bring together experts and representatives of different care groups who otherwise are unlikely to meet or to share perspectives in such a setting. It upheld our view that despite some interesting findings on particular topics the field lacks sufficient focus on evidence because governmental policy interest is weak; concerns related to poverty such as education or employment are not being addressed in a manner adequate to produce results that demonstrate poverty reduction.



### **Key themes in the selected studies**

The process of evaluation yielded a disparate group of studies which reinforced even further the difficulties of finding coherent and robust evidence about poverty and institutional care. There was a marked discrepancy in the number of quality studies among the care groups, with good studies relating to imprisonment and children looked after by public authorities far more numerous than those relating to institutional care for mental ill-health or disability, or to immigration detention. The USA was more prolific than Europe or the UK in terms of producing studies with the methodological standards that we sought. North American policy discourse encourages precise analysis and measurement of social problems in order to test the case for action and adopts rigorous methods to assess highly specific processes and programmes. It is clear that large survey and administrative databases in the USA underpin the type of study that we were looking for. There was a shortage of financial poverty data; instead we have used income or employment data as proxy measures, with low income and unemployment treated as poverty risks. Similarly homelessness has been considered to be a form of poverty.

Individual outcomes of interventions are validly measured if they can be compared without selection biases, and experimental methods are widely seen as the best way of reducing selection bias to a minimum. Accordingly studies of population samples must be scrutinised for unobserved selection bias. They should have well-constructed methods of controlling for factors that might confound the results. Similarly experimental studies must be examined to see how far the delivery of the intervention is normal and not exceptional, so that intervention bias is reduced. Following up target and comparison groups with differences based on either exposure or non-exposure to factors or to interventions, enables greater certainty about determining their impact but there are different ways of making group comparisons, some of which are more complex than others. Group comparisons pose the question of how close the groups really are in their characteristics. Where groups are similar on several characteristics, such as educational disadvantage, teasing out the impact of institutional care demands methodological sophistication. Without random allocation to groups the analysis of outcomes becomes less certain. We found few experimental comparisons but rather more matching of groups or multifactorial analysis of data.

There are limitations in quantification especially based on administrative records. The advantages of large sample sizes in confirming patterns of results are sometimes offset by lack of clarity about what is comprised within the categories. It was almost impossible to find studies of interventions with costed benefits. Such studies would have needed to build on the kind of quantitative analysis that we sought but often failed to find.

As will be seen in the following chapters the uneven geographical distribution of studies means that their relevance to the UK needs to be considered carefully. Common findings across geographical areas strengthen the cogency of the evidence and therefore should be emphasised. It is important to determine the implications of more particular findings and to assess the scale of their relevance to other settings. For example, the scale of imprisonment in the USA is higher than in the UK and its social effects more pervasive. Similarly the states of the USA differ in their policies and circumstances. On the other hand the direction of developments in the UK is towards a leaner state, with more conditionality of benefits, as in the USA. In this sense the USA evidence presents a scenario which is of great strategic relevance, because the impacts of USA policies on poverty can be gauged and their implications for current policy in the UK can be assessed.

Once the individual studies were examined in detail their contribution to providing a consistent picture with coverage of the various aspects of poverty was often restricted. Where there is literature, it has tended to focus on the outcomes of care, with the aim of informing interventions to improve outcomes such as employment and housing stability. There has been less emphasis on understanding the role of poverty in explaining how people come into care and how it may affect their circumstances in care. The persistence of poverty risks over the life course has not received the attention it deserves.

The chapters on each care group stand on their own in order to present the evidence with its specific limitations. The referencing of individual chapters means that particular references for each care group can be easily traced.

In the case of mental health only, the acute shortage of specific studies on poverty and institutional care led us to include a set of high-quality studies on generic interventions, for people with mental health needs regardless of their being in care or not. These studies were found by searches of generic mental health literature and not by our specific search for material on institutional care. It remains to be seen how exactly these interventions are to be delivered successfully to people in institutional care.

### **Using additional resources to inform strategy in the UK**

The scarcities of definitive evidence directly and unambiguously related to UK circumstances mean that strategies for the UK have to be constructed from a variety of sources. While there are strong and persuasive implications from international evidence the task of embedding them in the context of the UK is not straightforward. In any event it is important to collate what is known about the needs of particular UK populations and to point out directions for travel that policymakers should consider.

In the final chapter anti-poverty strategies for prisoners and children looked after by local authorities – groups for which the evidence base is greater - will be developed from various sources including survey data and positive practice examples. Particular reports and case studies of interventions that bear on poverty rates (such as educational or family interventions) will be drawn upon and grouped in a separate list of references. The report thus aims to embody two movements: the outward search for international evidence (represented in the main chapters); and the process of bringing robust evidence back to the UK and filling inevitable gaps by identifying positive practice that has the potential for good.

## Search strings (searching abstracts)

### Prisons

*(AB(custody OR priso\* OR jail\* OR "secure unit\*" OR "secure treatment centre\*" OR "secure training centre\*" OR "secure treatment center\*" OR "secure training center\*" OR "secure children\*" OR "young offender institut\*" OR "young offenders institut\*" OR "young offender's institut\*" OR inmate\* OR gaol\*or penitentiari\* OR reformato\* OR "correctional facilit\*" OR "correctional institut\*" OR "penal institut\*" OR "training school" OR "closed institut\*") AND (Income\* OR grant\* OR pay\* OR salar\* OR wage\* OR subsid\* OR allowance\* OR saving\* OR remunerat\* OR asset\* OR "welfare benefit\*" OR "welfare pay\*" OR "social security" OR "standard of living" OR "standards of living" OR "living standard\*" OR poor OR poverty OR "income poverty" OR "poverty line" OR impoverish\* OR hardship OR indebted\* OR unafford\*or destitut\* OR disadvantag\* OR depriv\* OR homeless\* OR "social exclusion" OR "socially excluded" OR "job discrimination" OR "employment discrimination" OR "employee discrimination" OR "employment exclusion" OR "job exclusion") AND (sample OR survey OR statisti\* OR census))*

### Immigration

*(AB(asylum\* OR refugee\* OR visa\* OR migrant\* OR "overseas visitor\*" OR alien\* OR immigra\* OR overstay\* OR illegal entr\*) AND (detention OR "holding cent\*" OR "holding unit" OR "secure unit" OR custody OR institution) AND (Income\* OR grant\* OR pay\* OR salar\* OR wage\* OR subsid\* OR allowance\* OR saving\* OR remunerat\* OR asset\* OR "welfare benefit\*" OR "welfare pay\*" OR "social security" OR "standard of living" OR "standards of living" OR "living standard\*" OR poor OR poverty OR "income poverty" OR "poverty line" OR impoverish\* OR hardship OR indebted\* OR unafford\*or destitut\* OR disadvantag\* OR depriv\* OR homeless\* OR "social exclusion" OR "socially excluded" OR "job discrimination" OR "employment discrimination" OR "employee discrimination" OR "employment exclusion" OR "job exclusion") AND (sample OR survey OR statisti\* OR census))*

### Looked after children

*ab("care home" OR foster\* OR "foster home" OR "residential special school" OR "residential home" OR "residential centre" OR "boarding special school" OR "special boarding school") AND ab(child OR infant OR juvenile OR young person) AND ab(Income\* OR pay\* OR salar\* OR wage\* OR subsid\* OR allowance\* OR saving\* OR remunerat\* OR asset\* OR "welfare benefit\*" OR "welfare pay\*" OR "social security" OR "standard of living" OR "standards of living" OR "living standard\*" OR poor OR poverty OR "income poverty" OR "poverty line" OR impoverish\* OR hardship OR indebted\* OR unafford\*or destitut\* OR disadvantag\* OR depriv\* OR homeless\* OR "social exclusion" OR "socially excluded" OR "job discrimination" OR "employment discrimination" OR "employee discrimination" OR "employment exclusion" OR "job exclusion") AND ab(sample OR survey OR statisti\* OR census)*

### Disability

*AB("institutional care" OR "residential institut\*" OR foyer OR hostel\* OR shelter\* OR "residential home\*" OR "residential centre\*" OR "residential center\*" OR "residential unit\*" OR "residential care") AND (disab\* OR handicap\* OR impair\* OR incapacit\*) AND (Income\* OR grant\* OR pay\* OR salar\**

*OR wage\* OR subsid\* OR allowance\* OR saving\* OR remunerat\* OR asset\* OR "welfare benefit\*" OR "welfare pay\*" OR "social security" OR "standard of living" OR "standards of living" OR "living standard\*" OR poor OR poverty OR "income poverty" OR "poverty line" OR impoverish\* OR hardship OR indebted\* OR unafford\*or destitut\* OR disadvantag\* OR depriv\* OR homeless\* OR "social exclusion" OR "socially excluded" OR "job discrimination" OR "employment discrimination" OR "employee discrimination" OR "employment exclusion" OR "job exclusion") NOT (elder\* OR "the aged"))*

### **Psychiatric care**

*(AB("psychiatric institut\*" OR "psychiatric ward" OR "psychiatric hospital" OR "psychiatric facility" OR "psychiatric unit" OR "psychiatric hostel\*" OR "psychiatric residential home\*" OR "psychiatric residential centre\*" OR "psychiatric residential center\*" OR "psychiatric residential unit\*" OR "psychiatric residential care" OR "secure hospital" OR "secure psychiatric unit" OR "secure psychiatric centre" OR "secure psychiatric center" OR "psychiatric secure" OR "forensic secure\*" OR "mental asylum\*" OR "mental hospital\*" OR "mental home\*" OR "mental unit\*" OR "medium-secure") AND (income\* OR grant\* OR pay\* OR salar\* OR wage\* OR subsid\* OR allowance\* OR saving\* OR remunerat\* OR asset\* OR "welfare benefit\*" OR "welfare pay\*" OR "social security" OR "standard of living" OR "standards of living" OR "living standard\*" OR poor OR poverty OR "income poverty" OR "poverty line" OR "poverty threshold" OR impoverish\* OR hardship OR indebted\* OR unafford\*or destitut\* OR disadvantag\* OR depriv\* OR homeless\* OR "social exclusion" OR "socially excluded" OR "job discrimination" OR "employment discrimination" OR "employee discrimination" OR "employment exclusion" OR "job exclusion") NOT (elder\* OR "the aged"))*

### **Supplementary search for generic psychiatric care material**

In view of the limited results from our initial systematic review, we widened our investigation by using the PubMed search facility specifically to find articles on homelessness interventions without specific mention of mental illness, and discovered a further few that nevertheless had reference to people with such problems. Author Paul Bebbington was aware of the current NICE systematic review of employment interventions in severe mental illness (specifically schizophrenia and psychosis). Evidence on the links between mental health and poverty was derived from health and science publication databases.

## **Institutional care populations in the UK countries (2012-2013)**

### Prison (Average daily population for 2012)

England and Wales	86,775
Scotland	8,083
Northern Ireland	1,773
<b>Total</b>	<b>96,631</b>

### Immigration Detention admissions, year ending March 2013

All UK Jurisdictions	<b>29,710</b>
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### Looked after children

England (at March 2012)	67,050
Wales (at March 2012)	5,725
Scotland (at July 2012)	16,248
Northern Ireland (at March 2012)	2,644
<b>Total</b>	<b>91,667</b>

### Adults (18-64) receiving residential and nursing care from April 2012 – March 2013 for

#### *Mental health:*

England	10,790
Wales	577

#### *Disability:*

England	40,835
Wales	1611

<b>Total</b>	<b>53,813</b>
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### Adults (18-64) receiving residential care in Scotland at March 2012 for

Mental health services	960
Disability services	2,490
<b>Total</b>	<b>3,450</b>

Note: Data on adults receiving residential care in Northern Ireland was not accessible.

### **Sources:**

Department for Education (2012), *Statistical First Release: Children looked after in England (including adoption and care leavers) year ending 31 March 2012*, London: Department for Education.

Department of Justice (2013), *The Northern Ireland Average Prison Population in 2012*, Belfast: Department of Justice.

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Health and Social Care Information Centre (2013), *Community Care Statistics, Social Services Activity: England 2012-13, Provisional Release*, Leeds: Health and Social Care Information Centre.

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Information Services Division, Scotland (2013), *Scottish Care Home Census, March 2000 - March 2013 tables*, Edinburgh: Information Services Division.

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The Scottish Government (2013), *Children's Social Work Statistics Scotland, 2011-12*, Edinburgh: The Scottish Government.

The Welsh Government (2013), *Adults receiving services by local authority, client category and age group: 2012*, Cardiff: The Welsh Government.

The Welsh Government (2013), *Children looked after at 31 March by local authority, gender and age: 2012*, Cardiff: The Welsh Government.

## Looked after children

by Courtney Hougham and Monica Dowling

### Introduction

There were 27 quality studies on looked after children as determined by the project categorisation. Studies included children who were placed with non-related foster parents as well as those in kinship care; these are currently the placements of choice in Anglophone jurisdictions (Ainsworth and Thoburn 2014). Surveys have compared children's material resources in different forms of care including foster and residential care (Janssens and Deboutte 2010; Sallnas et al., 2012). However the majority of highly rated studies in this review of poverty, institutional care and looked after children are concerned with kinship care and foster care and there is a serious lack of studies that evaluate the situation of looked after children in institutional care especially in Europe. The overwhelming majority of the studies were from North America, specifically the USA, which may not be easily generalisable to the UK or other European countries. Many studies within the USA are state-specific, with each state having its own welfare and social service rules and regulations. For example, federal welfare reform allows for someone to remain on government assistance for 60 months, while Ohio only allows 36 months. The average length of stay in foster care in the USA is two years, whereas in Illinois it is four years (Doyle Jr 2007).

Only Vinnerljung and Sallnas (2008) and Holtan et al. (2013) explored aspects of foster care in Nordic countries. Broad (2005) and Ward (2008) considered evidence of poverty risks from the UK. Two other studies, originally categorised as of lower quality, have also been included as they have a broad reach across Europe and revealed different findings in relation to children in institutional care and families in poverty (Unicef 2005; Unicef 2010). Despite the widespread research on the difficulties faced by children entering care, being in care, and then leaving care, there is very little research on anti-poverty interventions. This is perhaps because there have been limited policy interventions for looked after children. Of the studies that fulfilled the specifications of this review, only four included research that followed legislation. Of those studies, most referred to 'welfare reform' in the USA which, unfortunately, is a means of restricting access to government assistance: one referred to the *Foster Care Independence Act 1999* in the USA, and one to the *Children Leaving Care Act 2000* in the UK.

The majority of studies used administrative records; a small number used in-depth interviews and/or original surveys (Eurochild 2010; Pecora et al., 2005; Unicef 2005). Relying on administrative records does not allow for experimental design and can hardly give the whole picture in any

situation. Group comparisons based on administrative data only allow the authors to speculate regarding the reason for differences, but do not allow for causal inferences.

### **Pre-placement**

Although poverty plays a role in diminishing parental ability to care, it is not the main reason children are placed in out-of-home care in most countries. However in Eastern Europe and Central Asia, an analysis of MONEE regional monitoring project data from 20 countries suggests that family poverty is a key factor in a family's decision to place their children in institutional care (Unicef 2010). In the USA, the main reason is abuse and/or neglect, while in Sweden and other Nordic countries the main reason is behavioural problems (Vinnerljung and Sallnas 2008). However, in some Central and Eastern European countries, children were taken to orphanages because their parents could not afford to look after them, or because parents were informed that a child with a disability is better off in an institution where all his/her needs are catered for (Eurochild 2010; Unicef 2005).

Economic status is viewed as a potential pathway to maltreatment, which is one of the routes into public care (Fein and Lee 2003; Wells and Guo 2006). Although maltreatment is the reason for a removal, poverty and the stresses associated with low income may be at the root of the maltreatment. Many of the articles examined socioeconomic factors affecting the parent, usually the mother, prior to placement and also the socioeconomic factors involved in the speed of reunification (Kortenkamp et al., 2004; Wells et al., 2003; Wells and Guo 2006). However, the authors of those studies are quick to point out that even though socioeconomic factors reached statistical significance, there were other, non-economic factors also at play such as age of the child, race, and reason for removal. Assuming that low economic status is a direct cause of child care placement would be misleading, but it can be viewed as a part of the problem (Unicef 2010).

Wells et al. (2003), Wells and Guo (2006) and Kortenkamp et al. (2004) examined the role of welfare reform in the USA on speed of family reunification. Welfare reform eliminated entitlement to cash assistance and restricted cash assistance to 60 months. Welfare reform was expected to reduce family income. Kortenkamp et al. looked at data from 133 children of welfare recipients in California who had been removed from their family. In 92 per cent of cases, the family income was below the federal poverty line and 47 per cent of mothers had no high school diploma or equivalency degree. Wells and Guo (2006) used a multiple-cohort design with three cohorts: 1. Those who entered foster care prior to welfare reform, 2. Those who entered immediately after welfare reform, and 3. Those who entered foster care three years after welfare reform, which meant they could begin to lose cash assistance, since Ohio only allowed 36 months on cash assistance. Data was gathered from three county databases in Cayuga County, Ohio. The focus was on



mother-only households. Thirty nine per cent of the mothers had economic difficulties, 73 per cent received welfare benefits in the 18 months prior to placement, and 51 per cent had no income from wages during the study time period. Wells et al. found that those children who were placed prior to welfare reform were reunited faster than cohorts two and three.

Wells et al. (2003), Wells and Guo (2006) and Kortenkamp et al. (2004) each had an interesting finding – the speed in which families were reunited was slower when a family was on welfare benefits when the child was placed in foster care, but lost access to welfare during the child's placement, compared to families who remained on welfare benefits both before and after placement. Wells et al. also found that the slowest reunification rates came when the mother lost income from welfare but gained income from employment. Although this finding seems surprising, the authors discussed how employment may actually impede a mother being reunited with a child who has been placed in foster care. Due to lower education levels, a single mother may be forced to take a job that has early morning or late night hours; they may be required to take on more than one job. Perhaps for these reasons, they are reunited more slowly. However, this is speculation as the authors did not interview any of the mothers and relied on secondary data sources.

### **In-placement**

A national survey of 1,308 USA children entering out of home care (Sakai et al., 2011) found that when children were placed in kinship care, the household head was generally older, single, unemployed, and had lower levels of educational achievement than non-kinship caregivers. Kinship caregivers also received fewer support services such as care giver subsidies, parent training, peer support and respite care. Despite this, children in kinship care fared better with behavioural and social skills problems, although may be at higher risk of substance use and pregnancy in teenage years. Doyle (2007) suggests that his results show that foster children (especially older children) on the margins of placement tend to have better outcomes when they stay at home while McDaniel and Pergamit (2013) note that, compared to youth in the general population, education and employment rates for youth in foster care are low.

In a sample of 11,300 young people in care, Frerer et al. (2013) found that approximately one third were placed in kinship care. While in foster care, children are more likely to attend a school with a low academic rating. A sample of 4,000 foster children was compared to a sample of 4,000 disadvantaged non-foster children matched on characteristics such as gender, race, free lunch status, and disability. They found that while 14 per cent of the disadvantaged youth scored at the advanced level on a California Standard Test, only four per cent of foster children scored at the advanced level (Frerer et al., 2013). Frerer contends that the major difference between the foster

children and the sample of matched disadvantaged non-foster children is that the foster children were removed from their homes due to abuse or neglect – a trauma that adds an additional complication to school achievement. They also found that 69 per cent of the 11,300 sample had been in three or more home placements, with 38 per cent in more than five placements. The fact that foster children are more likely to attend a school with a low academic rating implies that they are being placed in more disadvantaged neighbourhoods. Additionally, the number of placements is disruptive to education, which affects achievement level and chances of post-secondary education.

### **Post-placement**

Evidence from the studies indicates that children who have been looked after experience:

Lower levels of education (Broad 2005; Courtney and Dworsky 2006; Frerer et al., 2013; McDaniel and Pergamit 2013; Mersky and Janczewski 2013; Pecora et al., 2005; Pecora et al., 2006; Vinnerljung and Sallnas 2008)

Lower income and lower levels of employment (Courtney and Dworsky 2006; Doyle Jr 2007; McDaniel and Pergamit 2013; Mersky and Janczewski 2013; Pecora et al., 2005)

Periods of homelessness (Berzin et al., 2011; Courtney and Dworsky 2006; Doyle Jr 2007; Kushel et al., 2007; Pecora et al., 2005)

Higher rates of early marriage, early parenting, and poverty (Southerland 2009)

Courtney and Dworsky (2006) looked at data from the *Midwest Evaluation of the Adult Functioning of Former Foster Youth* longitudinal study completed in Illinois, Iowa, and Wisconsin. The study was conducted over three periods of time or 'waves'. Courtney et al. compared young adults who were still in care at Wave Two to those who were out of care; they also compared both groups to a nationally representative group of 19 year olds from the National Longitudinal Study of Adolescent Health as a control peer group from the general population. It is interesting to note that Illinois allows foster youth to remain in care until age 21, so 75 per cent of the youth who were still in care at Wave Two were from Illinois. Thirty seven per cent had no high school diploma or equivalency degree compared to nine per cent in the general population peer group; this is different from Pecora et al. (2005) who found that 15 per cent had no high school diploma or equivalency. Although Pecora et al. found that 85 per cent had completed high school, 28.5 per cent had an equivalency degree and not a diploma compared to five per cent in the general population with an equivalency degree. Although an equivalency degree indicates a completion of high school criteria, it has been found that those with an equivalency degree are less likely to go on to higher education and will earn less than those with a diploma (Pecora et al., 2005).

Courtney et al. (2006) also found that only 18 per cent of foster youth were enrolled in a 4-year college programme compared to 62 per cent in the general population peer group. Those still in care at Wave Two were three times more likely to be enrolled in a 2 or 4-year college programme than those who were no longer in care. Vinnerljung and Sallnas (2008) found the same in Sweden; approximately two thirds of those who had been in out-of-home care had basic education compared to 8-10 per cent in the general population. The inference can be drawn that lower levels of education put former foster youth at a disadvantage in the job market.

Interestingly, Mersky and Janczewski (2013) found the same pattern of a reduced rate of attending secondary or post-secondary schooling in all children who had come into contact with Child Protective Services (CPS), not just those in foster care. Mersky and Janczewski (2013) raise the interesting notion that foster care is not the precipitant, but CPS involvement may predict the outcomes.

In terms of income and employment, Courtney and Dworksy (2006) found those who were out of care at Wave Two, were more likely to be employed than those still in care. This finding suggests that foster youth out of care forego education to take care of themselves. However, 90 per cent of the employed foster youth earned less than \$10,000 a year. Pecora et al. (2006) found that 33 per cent of former foster youth were at or below the poverty line - three times the national poverty rate. Mersky and Janczewski (2013) noted that all groups who had CPS involvement averaged between 30-46 per cent less annual income than those who had no CPS involvement. Between 17 per cent (Pecora et al., 2005) and 49 per cent (Courtney and Dworksy 2006) had received or were receiving assistance at the time of the interviews.

Southerland et al. (2009) examined the young adult outcomes of a nationally representative cohort of 620 transition-age youth who were involved with the USA child welfare system (CWS) either at home or in out of home placements such as foster care, kinship care, group home and other residential treatment facilities. This fifth wave study found that these young people showed higher rates of poverty, early marriage and early parenting than Census statistics for USA transition age youth. They were twice as likely to be experiencing economic hardship as their counterparts in the general population. Of those actively parenting, 60 per cent of these young people were living in households at or below the poverty line.

Finally, periods of homelessness are prevalent among former foster children. Numbers ranged from 14 per cent (Courtney and Dworksy 2006) to 22 per cent (Pecora et al., 2005) (who had been homeless at least one day since leaving care). Despite the numbers, there is no indication in the

studies about the pathway to homelessness. The presumption is that it is a combination of lower education, reduced employment rates/lower income, and mental health issues. The outcomes of former foster youth reflect their beginnings. They generally come from families in which the parent is receiving government assistance and has a lower level of education.

### **Anti-poverty interventions**

There were three significant anti-poverty interventions: supportive housing (Farrell et al., 2010), the *Children Leaving Care Act* (Broad 2005), and job preparedness for young people in foster care (McDaniel and Pergamit 2013). Insufficient detail was available about a fourth - the John H Chafee Foster Care Independence Program (Courtney and Dworksy 2006).

The Supportive Housing for Families (SHF) initiative was a way of preventing children from entering foster care in the USA. As Farrell et al. (2010) discuss, housing issues are often a cause for a child being placed in foster care and can delay a child being reunited with their biological family. SHF was focused on families having difficulties with housing that were affecting family unity or reunification. The initiative involved providing the family with case management, permanent housing, mental health interventions, housing assistance, and help building connections in the community. The initiative was provided in collaboration with the Department of Social Services to assist in getting housing subsidies and assist in finding employment. Farrell et al. examined whether there was a change in employment status, housing status, and environment of care when the family was discharged from the programme. What they found were significant improvements in employment and housing for those who had completed the programme. Sixty eight per cent of families, who were in temporary housing at the start, were in permanent housing at the end. Thirty per cent who were not employed at the beginning were employed at the end. A paired sample t-test from beginning to end showed improvement in parenting capabilities.

The *Children Leaving Care Act* (CLCA) was implemented in 2000 in the UK. The Act delays a young person leaving care until they are ready, provides better personal support, and increases financial assistance for caregivers (Broad 2005). Broad distributed an 8-page questionnaire to 300 Local Authorities or Leaving Care Teams. Only 52 responded for a 17 per cent response rate. Due to the low response rate, it is unclear how representative the study is for the entire UK. Broad compared leaving care after the implementation of the CLCA to studies done in 1994 and 1998. The results were encouraging. After CLCA, 31 per cent of young people leaving care were in post-16 education compared to 18-19 per cent in the previous studies. Additionally, 29 per cent were unemployed post-CLCA compared to 49-52 per cent in the previous pre-CLCA studies. Broad also found that 68 per cent of the Leaving Care Teams who responded provide monetary incentives to

young people to stay in further education, training, or employment. The multi-site evaluation of foster youth programmes by McDaniel and Pergamit (2013) asked the question: 'Do youth in foster care accurately assess their preparation for work?'. The research describes how young people in foster care who participated in the evaluation of foster youth programmes' life skills training rated their preparedness for work at age 17. It explored whether their assessments accurately predicted employment two years later. The study examined whether youth who feel more prepared for work are actually more prepared at 19. While 467 young people aged 17 participated in the 2003-2004 baseline interviews, and there were two annual follow ups, 411 were interviewed at the second follow up when approximately 82 per cent of these young people had left foster care. Outcomes of the study showed that a high sense of job preparedness tended to predict more employment and college enrolment among young adults currently and formerly in foster care. Factors that led to this successful outcome included: actual preparedness rather than a sense of preparedness; reading ability paired with a high sense of job preparedness; high reading ability alone without a sense of preparedness did not predict better employment outcomes; and although a high sense of preparedness helps, young people in foster care need continued support as they become adults.

Only 18 per cent of the studied group fell into the category of a high sense of preparedness and high reading ability and 50 per cent in the less highly prepared and low reading ability were neither working or in college. McDaniel and Pergamit (2013) note that youth in foster care are able to gauge their own preparedness to some degree and their assessments should be taken seriously. However in terms of future research they ask the question: 'What shapes actual job preparedness and what can increase a youth's preparation before he or she leaves foster care?'. They acknowledge that strengthening a youth's preparation is one goal, but point out that the findings also demonstrate that young people need continual support around employment even if they feel highly prepared.

Although its outcomes were not clear, the John H Chafee Foster Care Independence Program was discussed in Courtney et al. (2006). The Program provides funds to former or current foster youth for independent living services. Services include education, employment, budget management, health and hygiene, and housing. Approximately 50 per cent of foster youth had received education support, but less than 50 per cent had accessed any of the other services. Those who were still in care were significantly more likely to take advantage of the services. It is unclear why the services are not utilised more often, especially by youth who have left care.

Although none of the interventions dealt explicitly with poverty, encouraging foster youth to achieve higher education and providing services to aid in employment will reduce the risk that former foster children will end up in poverty.

As well as evaluating particular interventions, some of the other studies led to poverty-related recommendations such as: incentives to stay in school longer or just better educational support (Broad 2005; Pecora et al., 2005), foster care until the young person reaches 21 (Courtney and Dworksy 2006), the extension of financial and other types of support for kinship care, support for the young person in the transition from child to adult services (Southerland et al 2009), support for increased investment from child protection services (CPS) in child welfare services and support for birth families where children are on the margin of placement (Kahn and Schwalbe 2010).

## **Conclusion**

It is clear that poverty and social disadvantage are not ameliorated by local authority care. The backgrounds and early life experiences of children and young people in foster care are echoed in the consequences of foster care. Early disadvantages among them are not remedied but entrenched by foster care. There is however a dearth of well-evaluated programmes to address the problems associated with institutional care. Support to needy parents has been found to improve their capacity to parent and the plight of kinship carers facing financial difficulties has been identified. To compensate for the disadvantages, educational and job preparedness programmes for young people have been created, and the extension of foster care and transition services to support young people as they grow older has been found to be helpful. However, the research base is weak and further research and research recommendations are needed to understand the situation of children in institutional care in Europe, to develop and evaluate anti-poverty initiatives and to find effective and country-appropriate ways of improving the financial circumstances of families in need and of children leaving care.

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## **Imprisonment**

**by Roger Grimshaw with Rebecca Roberts**

### **Introduction**

This chapter of the review is based on a core of 34 studies obtained from database and internet searches as well as other sources. They were assessed as likely to shed light on processes and outcomes, because they contained data at more than one point in time and used comparison groups. Even more studies on employment might have been expected, were it not for the focus of research and policy on recidivism, which dominates studies of imprisonment. Hence, employment and education interventions are normally evaluated by their impact on the likelihood of reconviction (usually described as 're-offending').

While there are some studies which focus directly on hardship, most of the data reviewed here is concerned with the analysis of employment and earnings after imprisonment, including the impact of interventions such as prison education, job training and transitional programmes. The studies are predominantly from the USA, and it is notable that a recent study of German data included here references the USA literature (Dominguez and Loureiro 2012). The USA has seen substantial increases in imprisonment but rises, albeit on a smaller scale, have also taken place in Europe.

### **Backgrounds and previous experiences of poverty**

It is a common finding that prisoners have come from backgrounds of poverty, but studies have often relied on data collected at the point of imprisonment. Hence it was difficult to identify prospective studies which showed how poverty had cumulatively affected the life course of people who went on to be imprisoned; instead we found limited survey evidence (Jacobson et al., 2010).

Large USA studies show that average yearly earnings of prisoners prior to incarceration were found to be in a low range of between \$2,000 and \$10,000 (Pettit and Lyons 2007; Sabol 2007; Tyler and Kling 2007). Some evidence suggests that incomes declined through the year prior to imprisonment (Sabol 2007).

A retrospective study in Germany found that only 54 per cent of prisoners had a job prior to detention, with an average monthly wage of €773 (2011 prices). Using statistical techniques to control for various factors such as job training, it was estimated that for those previously imprisoned the stigma of that imprisonment had been linked to a wage gap of €93 to €96 per month (Dominguez and Loureiro 2012).

In England and Wales official studies tend to display similar patterns though with less clarity about influential factors. In a survey of prisoners sentenced in 2005 and 2006, around a third reported being in paid employment in the four weeks prior to custody. In their last job, the respondents reported average gross weekly pay of £250, which was 55 per cent of the national average for full-time employees (£450). Women's gross average weekly pay was even lower: £167 compared with £250 for men (Hopkins 2012). Of those sentenced to immediate custody in the year ending 30 November 2010, just 13 per cent were in P45 employment in the month previously, whereas 51 per cent were claiming out-of-work benefits. These figures could be under-estimates because people may have been remanded to custody; P45 employment also excludes self-employment and informal work (Ministry of Justice 2011).

In a selective study of prisoners released in 2008, the mean periods of P45 employment observed in the year prior to custody fell below 16 weeks, but the sample was not representative (Ministry of Justice 2013).

Given the disparate findings, the pathways that relate poverty and entry to prison, lack clarity; the risks of poor people ending up in prison over the long and the short- term remain to be properly assessed and understood.

### **Prisoners' labour and earnings**

There is clear evidence of impoverishment among prisoners who undertake work while incarcerated for some financial reward. In the USA, the gross earnings of prisoners have been collated, showing the unsurprising finding that by accepted definitions they are all poor (Irvine and Xu 2003). Although European Prison Rules state that prisoners should be given 'equitable remuneration' for work, according to a survey of Council of Europe member states, many prison wages were reported to be less than €2 per hour (Casey and Jarman 2011).

Problems surrounding personal and family financial management, debt and saving are well-recognised in Europe and the United Kingdom (Casey and Jarman 2011; Meadows et al., 2010) and the net effect means that prisoners are substantially impoverished, even in a setting where work is available to them.

### **Imprisonment as an economic question - the USA as exemplar**

The USA has adopted policies which lead to mass incarceration. Rising trends in imprisonment rates have been shown to stem from punitive sentencing rather than underlying growth in offences

captured by criminal justice. The War on Drugs has been a major factor in this trend. The rate of imprisonment of young Black men rose considerably (Oliver et al., 2005; Western 2002).

*In the last few decades, the institutional contours of American social inequality have been transformed by the rapid growth in the prison and jail population. America's prisons and jails have produced a new social group, a group of social outcasts who are joined by the shared experience of incarceration, crime, poverty, racial minority, and low education.*

(Western and Pettit 2010)

Accordingly there has been focused attention on the consequences, not simply for ex-prisoners, but for the economy and the whole labour market. The long-term restructuring of the USA economy has reinforced the decline in economic opportunities of less educated men in the inner cities (Western 2002). These are contexts in which informal opportunities such as illegal drug markets have risen in attractiveness.

The USA experience is therefore a signal one for countries with growing imprisonment rates even if the scope and detail may differ. European prison populations increased by at least ten per cent from 2000 to 2009 (Casey and Jarman 2011). Lessons from an era of mass imprisonment are therefore relevant to the EU.

## **Methodology**

The studies reported here used large samples and population data over significant periods in order to test hypotheses while controlling for large numbers of variables. A first set of questions concerns the relationship between poverty and imprisonment rates in the economy as a whole. Is there a co-variation? How can it be measured? And what might explain any links? A second set of questions concerns the individual outcomes of imprisonment. Impacts in terms of hardship are documented (Schwartz-Soicher et al., 2011); other studies tend to report employment and wages while leaving the implications for risks of impoverishment to be inferred.

Prior to imprisonment the population of prisons tends to have been working in low-income jobs. Accordingly if former prisoners subsequently suffer difficulties in the employment market the impact of incarceration itself on subsequent employment and income will be difficult to gauge (Apel and Sweeten 2010). There is a high risk of confounding if whole populations especially from minority groups face the same exclusions as ex-prisoners (Western 2002). So close analysis is necessary and results should be treated with caution. Long-term measurements are necessary to develop a true picture of the incarceration impact. Hence a number of the studies referenced here measure

incomes and employment over several years. Most of the studies focus on males who form the majority of the prison population but a comparative study of both genders is included (Davies and Tanner 2003).

### **Data sources**

In the USA, the more complex studies reviewed here tend to draw on unemployment insurance records and longitudinal surveys of families and youth. Whereas official records report formal employment, surveys can add extra information about informal work outcomes. We look mainly at income and work outcomes but also at housing outcomes which can be interrelated because housing access depends on income (Geller and Curtis 2011).

### **Effects of imprisonment on the population in poverty**

Evidence has been put forward to suggest that incarceration misleadingly reduces USA poverty rates because it removes the poor from communities; including prisoners in the poor population by itself increased poverty by 9-15 per cent (Irvine and Xu 2003). Even so there is other evidence which suggests that incarceration has an impact on measured poverty in the USA: taking into account a large number of economic variables, one study found the head count rate rising by one percentage point, equivalent to ten per cent of its value, in areas as the incarceration rate rose (DeFina and Hannon 2013). The study concluded that the impoverishment of families by the enforced absence of income earners was responsible.

A study across 20 states and Washington DC, merging family survey data and imprisonment records over ten years, used odds ratios to demonstrate that the rate of poverty in Black children, adjusted for state and year characteristics, went up 27 per cent for every percentage point added to the state imprisonment rate for Black males three years previously. After controlling for individual family characteristics, the link remained significant over several subsequent years. The least educated groups were most affected (Oliver et al., 2005). Mass imprisonment on this scale therefore affects the whole economy, negatively impacting communities' poverty rates. The conclusions of the study must be qualified, as some data on state and year characteristics were unavailable. Nevertheless, this evidence calls for further investigation of the extent and characteristics of the impact on Black families.

### **Family poverty**

The impact of imprisonment on material hardship has been explored in a recent study which used a large family survey sample measuring change over a five year interval. Close statistical analysis of the results indicate that hardship was more likely in families in which the father had been more

involved; mothers' mental health problems also played a part in increasing the likelihood of hardship (Schwartz-Soicher et al., 2011).

Poverty has been found to have a role in influencing educational outcomes for prisoners' children (Foster and Hagan 2009) but, according to a systematic review of many studies there is insufficient evidence to draw any clear inferences about the impact of reduced income on the children of prisoners (Murray et al., 2012).

Housing insecurity is a significant risk for released prisoners. In a longitudinal family survey over several years, men who had experienced imprisonment faced 69 per cent higher odds of insecurity than non-incarcerated men, after taking socioeconomic and demographic variables into account (Geller and Curtis 2011).

### **Work and income**

After various forms of criminal justice sanction, people frequently enter a period of unstable employment (Apel and Sweeten 2010; Lyons and Pettit 2011). Sources of illegal income will remain potentially significant. Here we consider wage patterns over time and examine studies comparing legal and illegal incomes.

There are inconsistencies in the evidence about employment and wage outcomes (Geller et al., 2006). However individual studies contribute to an evolving picture. When men who had been incarcerated were statistically compared to men with similar risks of being imprisoned, both their employment rate and wages were lower than those of the non-incarcerated (Geller et al., 2006). Compared to employment prior to imprisonment there is evidence from very large studies of a spike in employment after release which then declined, falling below the pre-imprisonment level within 30 months after release (Pettit and Lyons 2007; Sabol 2007).

When men and women prisoners were compared, the results were similar: men and women's hours of work were reduced respectively by up to 36 per cent and up to 64 per cent (Davies and Tanner 2003).

After controlling for various factors such as age, age at admission to prison, industry, offence type, work release programme, prior work experience, and year, a study calculated that ex-prisoners' wages were still reduced for a period of five years after release (Lyons and Pettit 2011; Pettit and Lyons 2007). The negative impact was higher for those with better opportunities prior to imprisonment.

Over a normal employment career, wage growth can be expected. A study revealed that on the surface ex-prisoners suffered a long-term decline in earnings but after adjustment for contemporaneous trends it was found that ex-prisoners' wages moved upward - but less than those of men who had not been to prison. A complicating factor was the broad decline in wages of men with less than normal education (Western 2002). A more recent study shows that wage growth for Black ex-prisoners was 21 per cent slower than for White ex-prisoners (Lyons and Pettit 2011).

When earnings have been put into a long-term perspective over a 20 year period, it has been found that former prisoners have been more frequently trapped in the lowest quintile of earners than high school dropouts or people with cognitive difficulties (Western and Pettit 2010).

One question is whether it is conviction or imprisonment which has the larger impact. Using a variety of controls, a study compared the consequences of conviction and imprisonment. It concluded that for men conviction led to an income penalty of \$4,000 in one of four years studied whereas imprisonment led to relatively strong effects: an income penalty from \$2,700 to \$7,600 in the four years studied. For women, conviction was not found to have a significant effect but the income penalty for imprisonment was from \$6,600 to \$8,400 in two of the years (Davies and Tanner 2003). Another study compared the employment outcomes for young adults convicted for the first time, some of whom were sentenced to prison and some who were given an alternative sentence (Apel and Sweeten 2010). The analysis suggested that the outcomes were not substantially different except over the long-term when imprisonment was associated with worse earnings and income.

In addition to individual outcomes, the general impact of incarceration on aggregate wages has been explored. Research using repeated survey interviews over several years indicated that once numerous controlling factors were taken into account the specific impact of incarceration on aggregate wage inequality has been relatively small, though incarceration explained nearly ten per cent of the mean difference in wages across ethnic groups (Western 2002).

Annual illegal income is difficult to measure reliably. In a large survey, people with prison experience were found to report varied amounts of annual illegal income based on specific criminal activities. The evidence suggests that the illegal incomes of former prisoners should not be viewed stereotypically as uniform; legal income by far exceeded illegal income; and total incomes were modest, the mean being less than \$6,000 (Hutcherson 2012).

When the convicted sent to prison are compared with the convicted who avoided prison there is some slight evidence of a small and temporary increase in illegal income after imprisonment (Apel and Sweeten 2010).

### **Social security**

Given their employment problems and impoverishment, it is important to examine how people with experience of prison access social security payments and other assistance.

In the USA women rather than men have been the focus of research attention: evidence from a large study suggests that when pre- and post-prison payments were compared 'welfare dependency' did not increase after women were released from prison and tended to fall in the long term (Butcher and LaLonde 2006). Evidence about released prisoners in England and Wales shows the persistent reliance on benefits which puts a large proportion at risk of poverty.

*Two years after being released from prison in 2008, 47 per cent of offenders were on out-of-work-benefits. During the two year period overall, 75 per cent of offenders made a new claim to an out-of-work benefit at some point. On average, offenders leaving prison in 2008 spent 48 per cent of the next two years on out-of-work benefits.*

(Ministry of Justice 2011)

Strikingly 46 per cent started another prison sentence over the following two years, and experienced the direct impoverishment this would bring. The evidence from England and Wales highlights the challenge of improving employment prospects in a period of sustained economic difficulties as well as the entrenchment of poverty by repeated imprisonment.

### **Processes and influences**

Economic analysis suggests that supply-side and demand-side influences should be distinguished, the latter referring to characteristics of the labour supply and the former referring to the demand for labour (Apel and Sweeten 2010).

#### Supply-side influences

**Low skills:** Prisoners frequently are classified inside workforce groups with the lower skill levels and weaker educational qualifications (Dominguez and Loureiro 2012).

**Skill attrition:** When skills are acquired but are not then practised, they decline. Hence imprisonment disrupts the application of skills and leads to their attrition (Sabol 2007).

Deteriorating social network attachments: Work opportunities are normally accessed through contacts made in the workplace, from which the imprisoned are excluded (Lyons and Pettit 2011).

### Demand-side influences

Statutory restrictions: Felony convictions whether or not leading to imprisonment mean that areas of employment (e.g. public employment) are inaccessible in the USA (Apel and Sweeten 2010).

Employer stereotypes: Instead of relying on accurate individual information many employers use social cues to profile and exclude whole populations (Apel and Sweeten 2010; Geller et al., 2006).

Local labour demand: Economic fluctuations and geographical investment disparities mean that some communities are subject to higher levels of concentrated unemployment which reduce the prospects of the convicted and ex-prisoners who return to the areas most affected (Sabol 2007).

The net effect is therefore to hamper access to jobs. For young adults, research has found some evidence that former prisoners were both inexperienced in finding, and discouraged from seeking, work (Apel and Sweeten 2010).

### **Interventions**

If interventions are to be effective they should address both supply and demand influences. However, much of the limited evidence is focused on supply side interventions which try to raise the earning capacity of ex-prisoners. We have found little on the impacts of schemes to raise prison earnings. The evidence on the income and poverty outcomes of prison interventions - in particular learning programmes - is scarce. The anti-poverty interventions which are discussed below include:

Prison-based learning

Prison-based job preparation and training

Subsidised jobs

Reduction in discrimination

Wider initiatives to assist people with lower skills

Labour market changes designed to increase demand for labour



## Learning

Internationally it has been found that prisoners have low educational achievements and low percentages gain secondary school or higher qualifications (Casey and Jarman 2011; Hopkins 2012). Prison learning achievements were not associated with higher wages generally, except for the more disadvantaged (specifically non-White groups) and this advantage was not sustained over a period of years (Sabol 2007; Tyler and Kling 2007). A quasi-experimental study found an advantage only in the first of three follow up years after release but it was not clear how much time was spent in education by participants (Steurer and Smith 2003).

An international review of interventions that promote employment for people with convictions could not find enough evidence to show that education has an impact on employment (Hurry et al., 2006). Conclusive evidence about the size of education's effect on employment has been lacking (Gaes 2008). The employment outcomes of correctional education in the USA have recently been examined in a meta-analysis of studies comparing outcomes for those who have and have not received education (Davis et al., 2013). This thorough collation and analysis of studies from 1980 to 2011 concluded that the odds of employment (most commonly defined as having ever worked full or part-time in the period of follow-up) were increased for educational participants by 13 percentage points. When this result was applied to the known post-release employment percentage the authors concluded that correctional education should improve employment by an additional 0.9 per cent. When vocational and academic education were compared, the effects were not significantly different. However the authors warned that selection bias could explain the observed effect, because the comparison groups were not as closely matched as they should have been, and only one of the 22 effect sizes compared met their rigorous criteria. It is crucial that comparison groups are properly matched, and therefore there must be some doubt about the extent of the effect calculated. It is also clear from the table of results that the USA studies published since 2000 give a more pessimistic picture. A number of these were included in our evidence review (Sabol 2007; Steurer and Smith 2003).

These very large population studies provide a realistic picture based on actually existing learning provision. Hence we can draw clearer conclusions about the consequences of what is normally delivered, as distinct from what is possible. Moreover the outcome variable most commonly used in the studies that were reviewed (ever worked full or part-time) is relatively undemanding and does not have clear implications for income.

### Job preparation

It is doubtful whether preparation for employment helps former prisoners to avoid poverty. A study has suggested that a prison-based job programme led to better wages but it was not clear what the programme involved (Bullis and Yovanoff 2006). Work release during prison has been identified as a factor improving employment outcomes (La Vigne 2004). However in a recent study work release programmes did not have a significant impact on wages (Lyons and Pettit 2011). A further study found increases in post-imprisonment employment and wages following employment by an industrial contractor within the prison, but the increases could have been attributed to differences in educational qualifications (Drake 2003). A day release prison programme in the construction industry led to improved employment outcomes in the construction field, but previous work history which might have affected outcomes was not analysed (Bohmert and Duwe 2012).

A study with a relatively small sample found some evidence that employment outcomes were improved by job training (Visher and Kachnowski 2007). However there is negative evidence about vocational training's impact on employment (Sabol 2007) which points to factors such as competition with established workers, legal restrictions, and certification that is obtained too early in the sentence to be meaningful externally. The evidence about preparation for employment is not encouraging.

Pre-prison education and employment are important factors in post-prison outcomes because they represent assets which can be used to improve economic prospects (La Vigne 2004; Tyler and Kling 2007). However, recent evidence suggests that Black ex-prisoners gain less from their cumulative work experience than White ex-prisoners, raising concerns about racial inequality in the labour market (Lyons and Pettit 2011).

### Subsidised transitional jobs

Subsidised transitional jobs are jobs that are made available to ex-prisoners on a temporary basis, so that they can move on to other employment. A rigorous test of the effectiveness of subsidised transitional jobs has indicated that they do not lead to greater employment in the unsubsidised job market, compared with conventional job search assistance (Redcross et al., 2010).

According to a literature review, there is little evidence from well-designed and executed studies about the results of European prison education and training (GHK 2011). The impact of post-imprisonment interventions which aim to support people into employment, such as the Work Programme, is not yet confirmed.

Much of the best evidence relates to periods before the financial crisis. Evidence about interventions to combat the effects of the recession has been hard to find. The prospects of reintegration, through sustained employment for the cohorts which leave prison during the recession, are therefore likely to be very weak unless there is a step change in policy and implementation of fresh initiatives.

### **Strong and weak interventions**

In order to determine the strength of interventions we have to consider their impact in a wider economic context. A meta-analysis, published in 2000, of studies on educational, vocational and prison industry programmes found a two-fold increase in the odds that a participant programme would be employed after release compared with a non participant. However, the writers warned against drawing conclusions from studies that were overwhelmingly of poor methodological quality (Wilson et al., 2000). A more recent study examining labour markets has concluded that current interventions are not sufficiently strong to have more than a little impact on diminished employment outcomes for the poorly qualified: in this study participation in prison programmes generally had no effect (Sabol 2007). National economic trends affect the employment rates observed in geographical areas (Steurer and Smith 2003). Local unemployment rates negatively affect the likelihood of gaining employment after release: a one per cent rise in the local unemployment rate had up to a six per cent effect on post-prison employment rates (Sabol 2007). Former prisoners reside in areas of disadvantage which impede their chances of employment, even if these are not necessarily the neighbourhoods where they lived prior to imprisonment (La Vigne 2004).

Findings on the stronger role of pre-prison experience in explaining employment outcomes (compared with the limited contribution of prison programmes) have been interpreted to suggest that 'broader labor-market policies can have beneficial effects, both for the general labor force and for ex-prisoners' (Sabol 2007).

*...the promise of re-integrating ex-inmates depends to a large extent on improving labor market opportunities to make work in the legitimate labor market a viable and sustainable path to economic self-sufficiency.*

(Lyons and Pettit 2011)

It follows that a policy of addressing wider inequalities would have more impact than devising better prison-based programmes.

## Conclusion

Entry to prison is associated with experiences of unemployment and low income. Spending time in prison further impoverishes prisoners and impacts negatively on their families' incomes. The research implies that imprisonment by itself erodes skills necessary for work outside. Coming out of prison means facing the prospect of unstable employment, and reduced earnings over several years. People with experience of prison are therefore likely to suffer a period of enforced poverty, in between periods of heightened poverty risk, and therefore look towards the strong probability of persistent poverty.

These disadvantages are not confined to former prisoners; there is an overlap with the difficulties experienced by people with convictions. A net reduction in imprisonment would therefore prevent the direct impoverishment of individuals and their families by the prison system. It would also, on this evidence, have some impact on employment and incomes, but the convicted still face barriers to employment according to the present analysis. It follows that policies which reduced imprisonment, and at the same time identified the convicted as priorities for anti-poverty interventions, would be likely to bring some benefit.

In order to focus on the specific impact of imprisonment many of the studies reviewed here have sought to take into account a range of labour market disadvantages. The key policy implication of recognising multiple disadvantages is that former prisoners are not unique: they face more than a specific and single disadvantage; inclusive policies which address disadvantages systematically will benefit them as well as many others.

Not least because of the lifetime disadvantages experienced by many prisoners, access to good services in prison remains a worthwhile goal, for reasons of humanity and equality. However the long-term impact of prison programmes in reducing the risks of poverty appears to be limited.

The conclusions of researchers in the USA and elsewhere suggest that even a rehabilitation revolution will fail to reduce substantially the risks of poverty faced by a growing mass of prisoners and others convicted of significant offences. Prisoners will still face impoverishment during their incarceration; parents will still struggle to cope with the risk of hardship following partners' imprisonment. Unless there is an attempt to increase employer demand, the population with significant convictions will struggle to cope with poor employment and earnings prospects, and may consider illegal income opportunities as an option. Criminal justice programmes may well not be enough; a broader struggle against labour discrimination and a boost to demand for labour will more effectively benefit those disadvantaged by criminal justice intervention and integrate them into the

formal economy. At the heart of future policy questions is whether a smaller criminal justice system would make the task of combating poverty more manageable.

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## Immigration detention

by Courtney Hougham

### Introduction

Immigrants often leave a country to escape impoverishment (UNHCR, European Commission, International Organization for Migrants) and there is evidence that immigrants often earn less than others in the country to which they have immigrated (Eurostat European Commission 2011; Rutter 2011). However, the literature is surprisingly lacking in substantive research on the socioeconomic status of immigrants who are detained and/or deported. There are many possible reasons for the lack of research into this group. One possible reason is the fact that the subjects of the research are by definition transitory. If they are in a detention centre awaiting deportation, they will not be easily found for follow-up interviews once deported. If they are released from the centre into the community, again, they may not be easily found. Another reason for the lack of data is the sensitive nature of the research. Many illegal immigrants do not want to admit their undocumented status to researchers for fear that they will be reported and deported.

After internet and academic database searches, 49 articles were compiled to be assessed for applicability. After further review of the 49 articles, many were deemed inapplicable due to the fact that they were not quantitative in nature, they dealt with prisons, not immigration centres, or they focused on the health of immigrants, but not the economic struggles. Of the 49, only two scored a six in the assessment categories created for this project. A score of six indicated that the article included comparison between groups, data from two or more points in time, and data referring to more than one institutional time point (before, during, or after institution). On further examination, one of the studies that scored a six should only have received a four, leaving only one study to be examined further for quality. One study scored a five, but it was a literature review with a focus on violence and health and no mention of poverty or economics (Kalt et al., 2013). Klein and Williams (2012) examined migrants released from detention centres in the United Kingdom, but the focus was not on economic circumstances.

Due to the lack of quality studies in this area, this chapter will focus on the scant information that is available. None of the studies focused on anti-poverty measures, indicating a large gap in the literature.



### **Good evidence**

Unfortunately, there was only one study that could be considered 'good' evidence according to the standards set out. Despite the fact that it was a good study and provided some valuable information, the focus of the study was not poverty, which limits its usefulness for this review. Two studies were found to be the most relevant and will be discussed.

The major theme throughout the relevant studies is the stigma attached to an immigrant who has been detained and/or deported. This stigma, whether it is perceived or real, affects the health and productivity of immigrants. The stigma also affects the ability to access work; once the label of detainee/deportee has been applied, access to employment becomes limited. This was found in both Brotherton and Barrios (2009) and Steel et al. (2011).

Steel et al. (2011) was the only study to have received a score of six in the assessment categories. The authors examined the effect of Australia's mandatory detention provisions on immigrants from Afghanistan and Iran. Australia was the first western country to institute a mandatory detention provision for those who entered the country without a valid visa, including asylum seekers. EU countries and the UK adopted similar policies. The purpose of this study was to compare immigrants who had been given Temporary Protection Visas (TPV) to those who received Permanent Protection Visas (PPV). A TPV is given when someone meets the criteria for refugee status, but does not have a valid visa. Those immigrants given a TPV were released from detention centres, but would need to reapply every three to five years with the knowledge that they may be deported should their status change. Immigrants holding a TPV are excluded from certain benefits and services. A PPV is given to those immigrants who apply from off-shore – they are able to access benefits and services once in the country.

The authors measured participants at baseline and at a two year follow-up to measure changes between groups and across time on items such as depression, anxiety, access to health and welfare, and stress related to resettlement. Only the TPV participants had spent time in detention, the median was eight months with a range of four months to 20 months. At baseline, TPV holders had higher scores for PTSD, depression, anxiety, and general health. At the two year follow-up, symptoms for the TPV holders got worse, while PPVs improved. TPV holders also had a significant increase in withdrawal and solitude, while PPVs increased in social engagement. One major difference was that those who held a PPV had significantly improved in English language skills, while TPVs had no improvement. The important point here is that PPVs are entitled to government supported English classes, but TPVs are not. By not improving on language skills, TPV holders who

had been detained were socially excluded. This would be likely to impact on employment, health, and various other factors.

Brotherton and Barrios (2009) interviewed deportees to the Dominican Republic (DR) from the USA. This was an ethnographic study with structured interview questions. Seventy five per cent of the respondents had been deported for drug-related charges; so while they were not held in an immigration detention centre, they were held in prison prior to being deported. Many had emigrated to the USA as children and, as such, they no longer had familial or cultural ties to the DR; they had no social network and no identity in the DR. During the interviews, deportees discussed the loss of family and income after deportation. In the DR, the good conduct letter bears a deportee stamp. A good conduct letter is a certificate that indicates that you have been a law-abiding citizen with no criminal record. When an immigrant who has been deported requests a good conduct letter, the fact that he has been deported from another country will be on the letter; this brings added stigma and reduced access to jobs. One interviewee described basically making enough money to buy one meal a day. There are no government interventions in the DR to alleviate the social exclusion felt by the deportee. In fact, the police focus on deportees who they view as suspicious. Due to this, some deportees are scared to venture out in public, which again limits access to jobs and earning opportunities.

There was no evidence from these studies that any particular group was more affected than others. Due to the fact that the studies focused on very specific immigrant groups – Afghani/Iranian and Dominicans – the studies are not generalisable to the larger populations. Additionally, the samples were not necessarily representative of the groups being studied. Brotherton and Barrios (2009) relied on snowball sampling to obtain interviewees and Steel (et al., 2011) relied on immigrants in Australia who visited an Early Intervention Programme (EIP). In both situations, the sample cannot be considered to be representative of the immigrant population being studied. Steel et al. (2011) did not know if the immigrants who did not attend an EIP were not significantly different in some basic way from those who did attend.

### **Anti-poverty interventions**

None of the assessed studies focused on anti-poverty interventions. In fact, it seems that in most cases immigrants who are detained or deported have minimal access to services and, in some cases, services are taken away from them. In Australia, they do have an EIP which provides initial settlement support; however, Australian immigrants with a TPV have restricted access to services (Steel et al., 2011) such as job-seeking services and government-funded English classes; however

they do have the right to work and some access to income support. Those with a TPV have been in detention and carry the stigma with them while they await a decision.

## **Conclusion**

The studies that were available point to a stigma attached to a deported immigrant, or an immigrant released into a community, while they await a decision on their immigration status. However, the simple fact is that internet and academic database searches did not uncover substantive data on anti-poverty interventions in the immigrant population. The Global Detention Project provides plentiful data on immigration detention centres all over the world, the length of stay, and the number who are deported each year, but there is little data on the economic experience of the immigrant before, during, or after a period of detention. Whether this is due to the fact that it is a population that is difficult to access or due to some other reason is difficult to determine.

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## **Psychiatric care**

**by Paul Bebbington and Roger Grimshaw**

### **Introduction**

Poverty is one of a number of contexts for the emergence of mental disorders, but a very important one. The link between poverty and mental illness is almost universally found in research studies (McManus et al., 2009), and evidence from our searches bore out the connection. For example, a two-year national Swedish cohort study of 4.5 million individuals showed that mental hospital admission was very strongly predicted by low income (Westman et al., 2006).

Despite the importance of the link, it was disappointing that our searches revealed such a scarcity of well-designed studies dealing specifically with the needs or circumstances of people entering, staying within, or leaving institutional settings, whether hospitals or care homes. The studies we found offer limited evidence, mainly on homelessness, and are discussed in the first section of this chapter.

In this context, it becomes appropriate to outline the available evidence addressing the problems of financial hardship, homelessness and unemployment among the wider population of people affected by mental ill-health. Inevitably this evidence is contained in studies that fall outside our deliberately restricted searches, and we mark these supplementary references below.

### **Mapping poverty and institutional care**

We researched the specific literature linking mental illness, institutional living, and poverty, with a view to identifying evaluations of poverty-related interventions. People with psychiatric disorders do spend time in forms of institutional care: they are admitted to general psychiatric hospitals and in some cases to secure psychiatric facilities, while some commit offences that lead to terms of imprisonment.

However, in industrialised economies, admissions to general psychiatric care occur at times of crisis, and are both sporadic and short lived. Thus, for these individuals, institutional living is a transient aspect of their lives. Direct poverty interventions do occur in the mental health sector, for instance, when case managers work to ensure benefit entitlement, but we know of no evaluations of such routine (and uncontroversial) processes. In specific relation to schizophrenia Read (2010), makes a case for primary prevention based on programmes of poverty reduction.

Homelessness and unemployment are the major drivers of impoverishment among people with mental health problems, and there have been a number of studies of interventions targeting these problems specifically. Some of these are of high quality, being based on randomised controlled trials (e.g. see the systematic review of housing interventions by de Vet et al., 2013), and they are generally effective. Some take hospital discharge as the point of induction, while others induct participants irrespective of their current location in the care system. In none is there more than an incidental relationship to institutional living. Such studies were rarely identified through our particular search procedure.

We found no formal evaluations of interventions in relation to mental health patients in secure psychiatric facilities and prisons. Intervening to reduce poverty and its effects in prisoners with mental health problems is in any case extremely difficult, as prison systems generally do not map administratively onto the mental health systems responsible for them after release. Moreover, such prisoners are often released at very short notice. This makes planning psychiatric support services after discharge problematic, and renders systematic research almost impossible.

### **Homelessness**

A key poverty risk associated with leaving institutional care is homelessness. Using a Swiss case register covering 30,000 people, Lauber et al. (2006) were able to identify the characteristics of patients who, after discharge from psychiatric facilities, became homeless, or remained so. They tended to have multiple diagnoses, problems with substance abuse, and a prior history of homelessness. They often took discharge against medical advice, and were in the hospital for relatively short periods. There are important relationships between the availability of psychiatric hospital beds, homelessness, and crime and arrest rates. Markowitz (2006) examined these in an ecological study of 81 American cities. Cities with good public hospital facilities had lower crime and arrest rates. Some of this may be mediated by the increased homelessness in areas with reduced psychiatric facilities. Markowitz (2006; 2011) argues that homelessness is an important consequence of inadequate psychiatric hospital facilities. However, he also found that psychiatric facilities provided by the for-profit sector were more selective in their choice of clients, with the result that there was no association between the level of such facilities and reduced rates of homelessness, and crime and arrest rates.

Forchuk et al. (2006) drew attention to the problem of people discharged from mental hospitals when they had no accommodation to go to. In London, Ontario, they identified 194 instances of such discharges in 2002. This led them to conduct a small pilot randomised controlled trial of an intervention involving assistance with finding accommodation and accessing housing funding. There

were 14 participants, all of no fixed abode and in the process of being discharged from a mental hospital. At six months follow-up, all seven participants in the housing intervention remained in independent accommodation, in contrast with a single member of the control group. This result was so clear that the authors abandoned the trial.

Kuno et al. (2000) followed up over 400 mental patients discharged from hospital in the USA, around the time a well funded community mental health team was introduced. However, the rate of homelessness in these patients was virtually unaffected by access to the new team (13 per cent before its introduction, compared with 11 per cent afterwards). Between them, these studies imply that the resolution of the propensity to homelessness requires specifically targeted interventions.

In our review, we found an example of a study of such direct approaches to homelessness across the population of people with mental health problems. In an as yet unpublished American PhD thesis, Brown (2012) used a matched control group to assess the effect of a 'Housing First' intervention in people with mental health problems who were chronically homeless. This population is best served by such low demand programmes, which provide consumer-driven support services and do not demand sobriety or treatment participation.

All participants in the housing intervention were under the care of the local mental health and substance abuse services, as was the control group, who did not receive the intervention. There was no information about prior residence in psychiatric institutions. The groups were matched on a range of variables that included sociodemographic attributes. The experimental group were less likely to be homeless at follow-up than the control group. In fact, they demonstrated a sharp decrease in days homeless from the pre-housing intervention year to the post-housing year, while those in the control group experienced an increase in time spent homeless. Similarly the experimental group showed a reduction in days hospitalised, and those in the control group an increase. (Note this is not a randomised controlled trial (RCT), but there have been RCTs in studies that lay outside the terms of our search strategy).

Muir and Fisher (2007) describe the Housing and Accommodation Support Initiative (HASI) programme in New South Wales. This had a psychosocial rehabilitation focus and involved coordination between housing providers, Area Mental Health Services (AMHS) and non-governmental organisations (NGOs). The Department of Housing provided participants with permanent social housing, and NGOs offered long-term accommodation and community support to enable independent living and access to community services, while AMHS case managers provided active mental health case management. The authors evaluated the effectiveness of the intervention

in a two year period (not a follow-up, as it appeared that participants were joining at different times). The client group had high levels of problems consequent on their mental difficulties, but, once placed in HASI, 85 per cent achieved stable tenancies, only 17 per cent had rent arrears, and the vast majority were satisfied with their housing arrangements. There was no control group.

The impacts of institutional care on the poverty commonly found among patients with mental health disorders have therefore been addressed in few good quality studies. Given all that is known about the links between poverty and mental disorders, it is surprising and concerning that the effects of institutional care are so little understood. There is a similarly glaring gap in research on interventions designed to relieve or prevent poverty among populations which enter, remain in, or leave institutional care.

Notwithstanding these gaps, there is evidence about homelessness as a problem among people leaving mental health facilities and the impact of some interventions has been documented. In addition, a few of our studies showed in what ways provision can affect homelessness among the wider population of people with mental health problems. In order to understand how poverty and mental illness are related and how they can be addressed effectively, our focus must be widened to embrace the studies discussed in the next section.

### **Analysing the links**

While the association between poverty and mental illness is extremely well established, it is not perfectly clear what it means or how it works. It might arise because poverty causes mental disorder, or because mental disorder leads to poverty. In practice the causal effects are likely to be bi-directional and continuous, and this is now the accepted view. This introduces the possibility of ameliorating mental health conditions by intervening directly to improve material circumstances.

Reduced access to material resources is central to the concept of poverty. However, it is related to, and overlaps with, aspects of social exclusion. Social exclusion is particularly salient in people with mental illness: they are stigmatised, they experience high levels of homelessness and unemployment, and they are at risk of being physically sequestered. In the past, such sequestering commonly took the form of long-term residence in large mental hospitals. Following the worldwide introduction of policies of deinstitutionalisation, and the consequent closure of long-stay mental hospitals (Thornicroft and Bebbington, 1989), people with mental illness are now more likely to be sequestered in the prison system.

There are a number of mechanisms by which poverty encourages the development of mental disorders. It may influence mental health at the individual, family, or area level. Individual poverty is dispiriting as it often requires constant striving to survive without further impoverishment, while lacking the usual rewards for individual effort. In many cases this leads to debt, which has been shown to have a major effect on mental state (Meltzer et al., 2013). Poverty also diminishes access to resources and activities associated with well-being (Weich et al., 2011).

Family poverty can increase the likelihood that children may run away from home, an event which is associated with later suicidal behaviour and drug abuse (Meltzer et al., 2012). Likewise, it contributes to children being placed in statutory care, and psychiatric disorders are considerably increased in people who spent time in care as children (Corbett et al., 2012).

The overall poverty of the area in which people live may also have an effect on mental disorder through a number of routes, including its effect on access to mental health services and treatment, and on their quality (Olfson et al., 2010). In jurisdictions with socialised medical provision, needs tend to become clearly manifested, because there are fewer financial restrictions, for example, on admissions; in such conditions, area poverty increases admission rates. When estimated relative risks of admission in groups of areas with differing rates of deprivation were compared the rise in risk according to level of area deprivation was 1.34, where a risk of one would have indicated no difference (Evans 2004). Admission rates in poorer areas were found to be higher, even when individual characteristics were taken into account (Sundquist and Ahlen 2006).

### **Focusing on needs**

Material poverty may be reflected in, and identified through, a number of proxy circumstances: in the mental health field, homelessness (Curtis et al., 2009) and unemployment (Marwaha and Johnson 2004) are particularly important. Both of these are much more common in those with psychiatric problems, which in turn are more frequent in people who are unemployed or homeless (Marwaha and Johnson 2004; Marwaha et al., 2007; Fazel et al., 2008).

Interventions to reduce material poverty directly are virtually non-existent in the mental health field. The only (almost inadvertent) example in the UK was the introduction in 1992 of the Disability Living Allowance, which was immediately recognised by mental health practitioners as bringing about significant improvements in the quality of life for people disabled by severe mental health problems. However, the anecdotes of practitioners were never substantiated by formal evaluation. It will be interesting to observe the mental health consequences of the migration between 2013 and 2016 to



the new Personal Independence Payments, an intention of which is to increase the stringency of qualification for the benefit.

In the rest of the chapter, evidence about needs such as homelessness and unemployment will be addressed and the scope for specific interventions will be discussed.

### **Homelessness**

Homelessness is a term that covers situations from the peripatetic occupation of temporary accommodation, through daily resort to night shelters, to actual rooflessness. Most research into homelessness has been carried out in the USA, where as many as 14 per cent of the population have experienced homelessness, and 7 per cent rough sleeping. Although most of this is temporary, between a fifth and a quarter of people report more prolonged periods. Toro et al. (2010) reported international rates of lifetime homelessness, ranging through 6.2 per cent (USA), 7.7 per cent (UK), 4 per cent (Italy) and 3.4 per cent (Belgium), to 2.4 per cent (Germany).

The impact of homelessness is clear, and its association with mental illness is strong. Of people who are chronically homeless, around two-thirds have had mental health problems during their lifetime (Burt et al., 2001), while substance abuse is very common indeed.

Homelessness also discourages the effective treatment of mental problems. As a consequence of irregular psychiatric treatment, homeless people with serious mental illness tend to be overrepresented in emergency psychiatric settings and have an increased likelihood of repeated hospitalisations (McNiel and Binder, 2005; Folsom et al., 2005; Fortney et al., 2003).

Recently, de Vet et al. (2013) conducted an exhaustive systematic review of interventions targeting homelessness directly, which fall under the general rubric of case management. The client groups were people who were homeless, but large numbers had mental health or substance abuse problems. The review is worth summarising in some detail. Four models have been proposed and widely implemented for homeless people: standard case management (SCM), intensive case management (ICM), assertive community treatment (ACT), and critical time intervention (CTI). De Vet et al. (2013) assessed studies involving one or more of the above interventions with samples of predominantly homeless people aged over 18. The studies comprised either randomised controlled trials (N=18) or before-and-after comparisons (N=4). Outcome measures varied notably between studies, making synthesis difficult and rendering meta-analysis impossible. The authors therefore used the identified studies as the basis of a narrative review.

De Vet et al. (2013) concluded that case management had a generally positive impact on housing stability and patterns of service use across all four models. Substance use outcomes were mixed, and effects on health and social participation and quality of life were generally non-significant. However, they remained wary about the quality of the data. They also warn that the effectiveness of case management is likely to be affected by location, service settings and the timing of implementation. Moreover, we know too little about the impact of differences in client groups on the effectiveness of interventions: some homeless people have severe mental illness, many have problems with substance abuse, and some have dual diagnoses, but there are many homeless people without these problems.

A similar systematic review conducted by Fitzpatrick-Lewis et al. (2011), led to similar conclusions, although they used less stringent criteria in choosing articles for review. For homeless people with mental illness, providing housing at the point of discharge from hospital demonstrably increased residential stability; positive outcomes for people with substance use needs were also found.

Since the period of data collection covered by de Vet et al. (2013) and Fitzpatrick-Lewis et al. (2011), two papers have been published (Patterson et al., 2013; Somers et al., 2013) reporting on a randomised controlled trial based in Vancouver examining the effects of two sorts of supported housing ('Housing First') on quality of life. People with moderate needs were randomised to treatment as usual or a Housing First intervention based on apartments in multiple sites, while those with high needs were randomised to treatment as usual or a more intensive form of Housing First based in a congregated setting. Regardless of levels of need, the Housing First interventions were significantly associated, both six and 12 months post-baseline, with improvements in quality of life overall, and in the specific subscales of 'safety' and 'living situation'. There was also reduced involvement with the criminal justice system.

### **Unemployment**

Severe mental illness, particularly schizophrenia, is strongly associated with unemployment: only 15 per cent of people with schizophrenia are in full-time employment (Marwaha 2007). Eriksson et al. (2010), in a sophisticated study based on linked registers in Denmark, showed clearly that the experience of medium and long-term unemployment was followed by an increased probability of being admitted for the first time to a psychiatric hospital, particularly in those whose income and overall wealth was already constrained. These findings emerged despite the limited socioeconomic differences and the generous and universal social welfare system in Denmark.

The literature about employment in severe mental illness is in the process of review in the current updating of the National Institute for Health and Clinical Excellence (NICE) Guidelines for Schizophrenia, which has been put out for consultation and available through the NICE website. The update is based on a meta-analysis of 38 studies published in peer-reviewed journals between 1963 and 2012. Of these, 18 included a large proportion (>75 per cent) of participants with a primary diagnosis of psychosis and schizophrenia. Only four of these trials came from the UK or Europe.

Overall, supported employment appeared to be the best vocational rehabilitation method for helping people to obtain competitive employment, and indeed occupation of any kind (paid, unpaid or voluntary). It seems to be more effective than an alternative intervention, prevocational training, although one study reported that combining the two was better than either alone. The evidence regarding supported employment was less conclusive in relation to earnings and being able to sustain employment or other forms of occupation, so it is not clear if this sort of intervention would materially reduce poverty. Moreover, the benefits of supported employment in the long term are not known. Finally, the studies analysed allowed no definite conclusions about the effects of this sort of intervention on functional disability and quality of life.

On the basis of these findings, the NICE Guidelines Group felt able to make a new recommendation that people with psychosis or schizophrenia who wish to return to work or gain employment should be offered supported employment programmes, and that other occupational or educational activities, including pre-vocational training, may be considered for people who are unable to work or are unsuccessful in finding employment.

## **Conclusion**

Clearly poverty and mental illness are linked in ways that demand analysis and effective intervention. The evidence which we sought about poverty, mental illness and institutional care reveals few examples of specific interventions with promising results, and these mainly refer to housing. When the broader field of interventions to reduce poverty risks was examined the evidence included systematic reviews which identified the benefits of case management as well as of housing support and supported employment. This evidence argues for a commitment to the further development and evaluation of interventions that include the specific target of poverty amelioration as part of a general package of management, thus expanding the scope of research in a neglected field.

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## Disability

by Monica Dowling

The relationship between poverty, disability and institutional care is disappointingly unexplored in high quality studies. This neglect is remarkable not least because pre-existing economic disadvantage is a major risk factor in becoming disabled (Burchardt 2003). While impressive UK and USA studies also show that people with disabilities have lower incomes because they are less likely to work, and because the costs of living with a disability are higher (Burchardt 2003; Meyer and Mok 2006), there is little to indicate when, how and why individuals with disabilities enter, exit or live in institutional care and whether this is related to poverty issues.

Beadle-Brown et al.'s (2006) study of people with learning disabilities commented on the cost for families and individuals of out-of-area residential placements leading to isolation and exclusion. Inclusion Europe (2007) and country reports from 28 European Union countries (Beadle-Brown and Kozma 2007; Mansell et al., 2007) note that low income families in countries such as Bulgaria are affected by the former Soviet ideology of defectology that dictated that individuals with defects - disabilities - would be better cared for in large state-run institutions. Pressure to place both children and adults with disabilities in institutions continues to come from some practitioners (defectologists) and the general population, a large proportion of which are poor. The Unicef (2005) country report for Azerbaijan (one of 26 such reports for the Central and Eastern Europe and the Commonwealth of Independent States on children with disabilities) notes, 'There was never a single reason for a family to institutionalize their child. It was always a combination of factors, including poverty, unemployment and the break-up of the family'. Further high quality research needs to examine these findings.

A further number of European reports and studies in relation to children with disabilities in institutional care (Ellis et al., 2002; Hamilton-Giachritsis and Browne 2012; Jahnukainen and Jarvinen 2005; Unicef 2005; Unicef 2010) suggest a number of policy initiatives such as: changing disabling public attitudes and physical environments; de-institutionalisation and building community-based supports; participation of parents in setting goals, making decisions and shaping services; improving the economic capacity of families with children with disabilities and preventing family dislocation. Such initiatives need to be evaluated through rigorous longitudinal research to be certain about their impact on poverty.

Shima and Rodrigues (2009), drawing on 24 EU national reports, note that institutionalisation is a particular concern for young people with disabilities, and affordability is a barrier to accessing

adequate quality care. While independent living and direct payments are documented as promising developments for people with disabilities to choose and manage their own care, high quality empirical evidence is again recommended to understand the implications for beneficiaries and public budgets.

In the USA and the UK, the majority of people with disabilities live in their communities. The focus has been on research into different types of independent living including initiatives that improve employment opportunities through supported workshops (Bates-Harris 2012; Cimera 2011) and the outcomes and costs of supported housing (Culhane et al., 2002; Emerson 2004; Wong et al., 2008).

As a poverty initiative for disabled people in residential care, independent living and direct payments may be a way forward for people with disabilities in other parts of the world but further research is needed. Stewart Houston's (2004) paper on the centrality of impairment discusses what independent living means to people with severe impairments. Houston interviewed a cross section of ten severely impaired participants from diverse socioeconomic backgrounds and discusses how far society is prepared to go in terms of accepting, accommodating and valuing those people with the highest level of impairment need. He notes that those most likely to see themselves as empowered were either service users with 24-hour provision, or those who were financially self-sufficient in high salaried jobs. In terms of poverty and institutional care, these interviewees made a clear link between empowerment, money and the freedom to make their own choices, free of the Welfare State and social services. However there is a gap in the literature regarding what happens to other severely impaired individuals and whether poverty issues have an impact on their entry or exit into institutional care and their long-term living arrangements.

It is disturbing to find there are so few high quality studies concerning poverty and its relationship to entering, leaving or residing in long-term institutional care for children, young people and adults with disabilities.

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## **Reducing poverty: from evidence to strategy**

by Roger Grimshaw

### **Introduction**

This final chapter will set general findings and themes from the previous chapters within the context of policy trends affecting the shape and purpose of institutional care, with particular reference to the UK. It will identify how a broad social policy preference for non-institutional care has not been fulfilled consistently, leading to a bifurcation of trends in institutional placements, with an expansion of repressive forms of institutional placement. It is argued that only by seeing the common risks of poverty for all involved with institutional care that the true scope of the strategic tasks of poverty reduction can be envisaged. It will try to put the chronic problems of finding poverty data within a strategic context that reflects a devaluation of institutional care. The discussion seeks to establish policy directions and principles to inform a strategic vision for poverty reduction. It will therefore consider examples of key interventions and draw out implications for strategy.

In addition to reflecting on the general requirements revealed by the evidence review, this chapter will address the specific needs of looked after children and prisoners - two groups for which the evidence is somewhat more plentiful – and focus concretely on strategic proposals for them in the UK. Supplementary data and examples of positive practice in the UK will be used to develop the strategic argument about the two key groups and these are referenced separately. Though the additional material referenced has been carefully assessed in order to address policy questions, its evidential scope is limited compared with the better evidence about impacts and outcomes that has been identified in previous chapters.

### **Policy values and institutions**

In the minds of many, institutions are associated with isolation from society, rigid regimes, and separation from family and friends. In contrast with the historic support for institutions among former Eastern European regimes the progressive policy agenda for institutions is aimed at their shrinkage: placements in institutions are perceived as a consequence of failures, whether of the courts or of services. The typical question about an institutional placement is whether it could have been prevented: in the case of prisoners or detainees, by providing a community sentence or supervision; in the case of people with mental health needs or disabilities, by giving support and adapting facilities in community settings; in the case of children, by offering more support to parents. The growth of foster care is a sign of how substitute family care is seen as a more appropriate setting for children than a residential home. Instead of shrinkage we have seen a bifurcation, in which the

courts and immigration authorities have expanded the reach of detention and imprisonment while other forms of care have diminished or been reconstructed. The growth in detention and imprisonment has increased the exposure of populations to regimes which exclude and devalue those who are 'cared for'. The diminution in institutional care for adult populations with disabilities or mental health needs, while consistent with the direction of policy preferences, raises the potential threat of homelessness for those who do not access enough community-based support. For those still in more traditional institutions there is the risk of being left behind as fewer enter, and more attention focuses on community-based placements. For children in either foster or residential care there remain challenges in obtaining enough support to benefit from education and training and to build lives free from the fear of poverty.

The deinstitutionalisation of care for people considered to be in need reflects a social devaluation of institutions. There are good reasons for the criticism of institutions which regiment care delivery, produce inflexible and isolating conditions of life and separate people from families and friends. However devaluation should not be made complicit with a process of neglect in which the different institutional populations are seen as residual, the product of special conditions, and only considered important if their members are able to move out from their sequestered plight. With the devaluation comes a risk of underestimating the importance of challenging prejudice, discrimination, public ignorance, punitive attitudes, and exclusion from being allowed a voice or being heard. The state's responsibilities for the welfare of residents do not lessen simply because there are other options for looking after their needs.

Problems posed by the bifurcation and devaluation of institutional care can be addressed if there is a new willingness to reconfigure its components and make their boundaries more permeable. The development of supported housing and other community-based facilities has transformed the options for many people with disabilities who would otherwise have been placed in institutions, bringing them greater choice, responsibility and independence. There is scope to downsize the scale of current prisons and detention facilities and to develop new support, supervisory and care institutions for these groups, many of whom present little danger to the public. The extent of the exclusion inflicted on detainees and prisoners can also be reduced if new arrangements are created which divert people from incarceration, enable them to exercise greater autonomy and responsibility, give them more access to services and reduce their isolation.

### **The common thread of poverty and powerlessness**

We have seen how institutional care has a large and increasing repressive wing in the shape of prisons, detention centres and secure psychiatric facilities. Yet it also embraces looking after children, and caring for people with mental health problems and disabilities.

Institutions differ markedly in purpose on a spectrum from incarceration through meeting specific needs to child-raising. However, the needs of people with institutional care experiences bear similarities and one of the most striking is the need to reduce the risks of poverty.

When the population of institutional care settings is examined it becomes clear that its members are predictably drawn from social groups which lack power or resources. Young people looked after by public authorities, the mentally ill, and disabled people typically come from disadvantaged groups, as do prisoners and in many cases immigration detainees. Moreover our research has confirmed that they face a lifetime risk of poverty. Understanding the general social disadvantages of institutional care is an important step towards challenging how particular forms of institutional care function socially. The graphic appended illustrates the pattern of risks for prisoners and looked after children who are imprisoned.

### **Towards social justice**

It follows that strategies for reducing poverty should take account of these purposes and embrace a new agenda which includes poverty reduction as a common social goal, one which benefits society as it benefits individuals.

At the heart of discussions about poverty reduction is the extent to which it is viewed as a political aspiration or an entitlement. At one level any disposition in favour of poverty reduction can be applauded; the question is whether avoidance of poverty is an entitlement that is embedded in social justice and citizenship (Player 2014). A strong version of entitlement would seek to ensure that all vulnerable groups would be protected: people in institutional care are clearly vulnerable and therefore have a particular claim to be protected. There are of course policies already in place which target categories of people, in particular, children. Yet what is lacking is a willingness to recognise how systematically practices such as institutional placement deal with people at risk of poverty and therefore call for equally systematic reform. An inclusive and socially just policy for people in institutional care should hold the state responsible not simply for present needs but for past omissions and shortfalls. A policy of 'reparation' recognises the failures of the state towards the vulnerable.

*A first step might involve rethinking criminal justice within a holistic reparative social justice applicable to all classes: a justice which seeks reparation from all lawbreakers (across all classes) to the state in proportion both to the harms committed and the ability to pay; and which seeks reparations from the state to all those-whether law abiding or lawbreaking - whom it has failed in terms of ensuring satisfaction of their minimum needs.*

(Carlen 2012)

A reparative policy can be applied using a calculus of lifetime disadvantages and harms, which would qualify those affected for proportionately favourable funding. Using such a calculus, Social Justice Premiums would finance both services and payments for people who had suffered adverse life events and disrupted upbringings, spent time being looked after or had disabilities. The prevalence of disadvantage among those in institutional care makes reparative mechanisms especially relevant.

### **Reconfiguration and economic intervention**

The prospects for reducing poverty risks would be enhanced if institutions were more open and permeable, enabling service users to organise among themselves and to interact with services more directly and flexibly.

Though systematic reviews seek to focus on generalisations across different environments we have seen that much of the quality evidence is drawn from North America. The evidence makes very clear the consequences of social and institutional arrangements in a relatively lean state like the USA with limited public welfare provision, a strongly marketised economy and a high imprisonment rate. As we have indicated current policy in the UK points in a similar direction and therefore the evidence paints a scenario of trends which are increasingly important to note. The measurable impact of high incarceration rates on poverty is disturbing. The problems of interventions such as the limited impact of USA prison programmes on employment outcomes should be of major relevance to policymakers. The evidence suggests a different outlook for employment interventions emphasising demand for labour and not simply supply. At the same time evidence about the effects of support given to care-leavers provides some encouragement to similar initiatives elsewhere. Future strategies for the UK should be informed by an understanding of how the international evidence sheds light on current policy directions and stimulates thinking about new directions.

### **Social justice and poverty reduction for looked after children and prisoners in the UK**

In the context of social justice, a strategic approach to reducing poverty for looked after children and for prisoners should be built on an understanding of their similar needs.

Children looked after by local authorities are likely to have previously been in poverty and to face an enhanced risk of poverty subsequently. In 2012, 36 per cent of care leavers aged 19 in England were not in education, training or employment; though national comparisons are not straightforward, 60 per cent of 19-21 year-olds in Scotland receiving aftercare services whose economic activity was known were not in education, training or employment (DFE 2012; Scottish Government 2013).

Prisoners too have experienced poverty prior to incarceration and encounter similar risks of poverty at release. Sixty four per cent of prisoners claimed benefits at some point during the 12 months before entering prison, which compares with 14 per cent in the working age population (Hopkins 2012). Two years after being released from prison in 2008, 47 per cent were on out-of work benefits (MOJ 2011). Nearly four fifths of people released from prison in 2010/2011 made at least one claim in the following two years (Ministry of Justice /Department of Work and Pensions 2014).

The groups have similar characteristics which hinder access to employment. According to studies in the UK, most looked after children have special educational needs (Stein 2012; DFE 2013) while almost half have diagnosable mental health needs following experiences of trauma and abuse (Ford et al 2007). Prisoners experience higher rates of mental health problems than the general public for conditions ranging from schizophrenia, personality disorder, drug and alcohol dependency to neurotic conditions (Bradley 2009). A quarter of prisoners suffer from anxiety and depression. Whereas up to one in four of the general population have a disability, as many as 55 per cent of prisoners have a disability if those with anxiety or depression are included (Cunniffe et al., 2012). Up to 60 per cent have literacy and numeracy levels below those normal among 11 year-olds (Bradley 2009); 47 per cent have no qualifications compared with 15 per cent of the working population (Hopkins 2012). The stigma of imprisonment is an additional risk to prisoners especially minorities who also face prejudice and discrimination in respect of gender, race and disability.

Strikingly, 29 per cent of adult prisoners surveyed stated they had experienced emotional, physical or sexual abuse as a child, and a quarter had themselves been looked after as children (Williams et al 2012). In addition there is clear evidence from Scotland in particular that prisoners disproportionately come from impoverished areas and policy should recognise how their needs form part of a local picture (Houchin 2005).

Interventions and strategies must be informed by international evidence where available. Looked after children need extended support if more are to access education and progress in their employment.

There is good evidence to back housing and supported employment initiatives for people with mental health problems (NICE 2014). Prisoners with similar problems would benefit from such support services. While some studies suggest that programmes such as prison-based education can be helpful in increasing employment, the weight of evidence points to the importance of strengthening policy and practice outside the prison so that the person leaving prison can find anchors and support among employers and other organisations. Indeed a reduction in imprisonment is both feasible and realistic in terms of public safety considerations. A one third reduction in the prison population has been proposed by the Justice Committee (House of Commons Justice Committee 2010). According to a wide-ranging official report on international criminal justice systems, there is no evidence that on average imprisonment is more cost-effective than community sentences in preventing reconviction (National Audit Office 2012). In a recent national academic review, the case for a significant reduction in imprisonment has been argued.

*What evidence there is does not suggest that imprisonment – for many types of offence – is notably more effective in deterring offending than other non-custodial modes of punishment.*  
(British Academy 2014)

Community-based interventions could therefore deal with larger numbers of the convicted who might otherwise be locked out of local community provision.

However there is commonly a lack of strategic framework in which to organise interventions. The lessons from the prisons research show that a comprehensive approach should not simply be about skilling prisoners; it should engage positively with wider issues such as employment policy; it should embrace legal reform and practice such as anti-discrimination action; it should address the needs of social peers such as lower-skilled members of the communities of which former prisoners are a part. It is difficult to see how such an approach could be coherently advanced outside a commitment to full employment for adults who are able to work, and comprehensive social security for those who cannot.

Public Service Agreements (PSAs) have provided a framework for publicly accountable initiatives to increase the proportion of socially excluded adults in accommodation, education, employment or training. Future agreements to reduce poverty over significant target periods should learn lessons from the mixed performance of PSAs (Office of the First Minister and Deputy First Minister 2010; James and Nakamura 2013).

It makes sense to adapt such joint collaborative approaches to the needs of other groups, so that they too benefit from a concerted drive which empowers them as individuals and seeks to integrate them as fully participating members of society. Such a strategic framework would also begin to address why the intake of institutions tends to include people from impoverished backgrounds and consider what can be done to meet their needs prior to, or as an alternative to, entering an institution.

### **Interventions for looked after children in the UK**

Well-funded preventive services, such as Intensive Family Support Services or Families First in the UK, (McDermid and Holmes 2013 ; IPSOS MORI and ECORYS 2014) or Supportive Housing in the US, can assist families and avoid the need for children to be looked after. Welfare benefits should not be disrupted, so that families, also including kinship carers (Farmer 2009; Selwyn and Nandy 2012), are better able to sustain care for their children. Two thirds of children looked after continuously for a year or more have special educational needs (DFE 2013 ), so educational assessment and services will be key pathways to properly paid employment: schools should be held strongly to account for Pupil Premium spending on looked after children and for preventing their exclusion from school (Ofsted 2013 a); fully adequate educational bursaries should be provided equally to all careleavers, regardless of the type or duration of post-school education.

Local authorities should be pro-active in preventing deeper engagement with criminal justice by providing multidisciplinary assessment and stable family placements, promoting family contact, meeting financial needs, and by specialist foster care and therapy (Stein 2012; Blades et al 2011; Biehal et al. 2012).

Looked after young people need improved financial resources to set up home, to develop personal and vocational skills, and to build savings for lifetime goals (Stein 2012). Government top-ups for savings accounts should ensure that looked after young people accumulate assets at least the median rate for non-looked after children of the same age (for similar analysis, see Maxwell et al. 2006).

Working in partnership with colleges and employers, social workers and carers should be enabled to promote careleavers' job preparedness, financial education and access to sources of material support (Stein, 2012).

We saw in a previous chapter how The *Children Leaving Care Act* (CLCA) led to improved employment outcomes by delaying a young person leaving care until they are ready, providing

personal support, and increasing financial assistance for caregivers. Extending the upper age limit for support further into adulthood would ease transitions (Kidner 2013; Children and Young People (Scotland) Act 2014).

Just as almost 50 per cent of 20-24 year-olds live with their parents, careleavers up to 25 years of age should be able to live with carers. Building on schemes like *Going the Extra Mile* in Northern Ireland, this extension should be suitably funded and available to all young people being looked after (Stein 2012; DHSSPS 2014).

Young people can be encouraged to lead service design and delivery through initiatives like *Leading Improvements for Looked After Children* (LILAC).

Because local authorities run local services, effective leadership and coordination from the responsible government can prevent damaging variations in local performance and incrementally improve provision (HMIE 2008).

### **Interventions for prisoners in the UK**

Policies which raise employment and pay among the least qualified and in impoverished areas will benefit both people at risk of entering prison and former prisoners. If imprisonment were to be reduced to the levels in Germany or Sweden (ICPS World Prison Brief), much expanded forms of transitional support and care under probation supervision could be developed. Probation and prison partnerships which work alongside other services to meet needs for accommodation, drug treatment and employment, training and education play key parts in supporting transitions. Across the UK former prisoners should be consistently given full access to appropriate support and accommodation on the basis of their vulnerabilities and multiple needs (Edgar et al 2008; Wilson 2014). Local authorities and primary health care agencies should be held accountable for fairly assessing and meeting these needs.

Experimental 'Payment by Results' schemes have been set up to assist transitions from prison. Because their focus has been on reconvictions it is not possible to draw conclusions about their anti-poverty impacts (Disley and Rubin 2014).

If long term strategies for all excluded groups systematically include transitional schemes in their planning and targets, it will be not only a vindication of social justice but also an opportunity to target effects with truly significant scale and momentum. Moreover the pool of people at risk of entering or returning to prison will be reduced.



To challenge the specific stigma of conviction and imprisonment international evidence suggests it is important to bring in antidiscrimination policies which protect the employment and remuneration rights of the convicted, while taking account of relevant risks to the public. Current positive policies among employers should be adopted as models for general use and written into employment law and regulation.

### **The data gaps**

The relative absence of quality studies is partly a result of the challenges of accessing dispersed populations which are expensive to survey and tend to be excluded from general population surveys. Investment in the USA has led to some gains in research coverage, which is reflected in the English language literature. Even there the coverage is geographically uneven and specific to certain care groups such as former prisoners and children leaving foster care. In the case of prisoners in the UK, it has been very hard to obtain administrative data about employment or welfare outcomes. Similar deficits apply to looked after children.

*There is no duty for local authorities, or any other organisation, to collect data on the destinations of children who have been looked after once they reach the age of 19. This means there is little accountability for what happens to these children later in life and little reliable information on how their adult lives compare with others of the same age, although the best local authorities will do more to track progress.*

(Ofsted, 2013b)

The deinstitutionalising of care is likely to lead to diminishing numbers in conventional forms of institutions who are therefore harder to track. In the mental health field, unplanned discharges and short stays mean that the welfare outcomes of institutional care are traceable only with difficulty.

However the challenges of monitoring are not overly technical; they are influenced by priorities. The process of de-institutionalisation does not mean that those in institutions should be 'left behind'; on the contrary it should heighten attention to the problems associated with being placed in institutions and enable those affected to have a voice in their futures.

### **General recommendations**

#### **1. A strategic vision for institutional care**

A vision should be formulated which identifies common risks and seeks to reduce them by a

comprehensive approach addressing antecedents and outcomes. It should engage with a full range of social partners and peers joined by a common commitment to social justice and a recognition of the citizenship shared by people involved in institutional care.

2. Reconfiguration of institutional care

A policy framework should challenge the rising numbers in repressive institutions and consider how provision can be developed which has a more open boundary with communities, so that needs can be addressed flexibly. Supported housing has been designed as an alternative to isolating institutions, and it presents a model for new patterns of institutional living across the spectrum of current institutional populations. The flow from children's institutional care into prison could be reduced by providing more intensive support in a range of settings that are based within communities. For everyone with high needs, whether they are traumatised or have severe mental illness or learning disabilities, it is crucial to invest in services which are enabling and empowering ensuring that placements are chosen, not imposed by default.

3. Employment

If there is a more permeable boundary with communities it is possible to combine provision whether education, training or vocational preparation in ways that assist service users to make progress in real settings, not artificial ones mimicking the world outside the institution. Most importantly employment policy should seek to improve investment in jobs and challenge discrimination.

4. Social security and services

For those unable or too young to work, or with low incomes that cannot meet their needs, proper welfare provision is necessary which gives due weight to ensuring acceptable material standards are met and to reducing hardship. Poor families should receive adequate provision enabling them to look after children, whether their own or family members whom they are fostering.

5. A public duty to account for care outcomes

There is a strong case for establishing a public duty to collect data on the outcomes of care which should include reference to incidents of hardship and homelessness as well as income and assets.

6. Methodology

Surveys should focus on conventional measures such as low income and on poverty risks such

as unemployment but should also seek information about hardships (such as missing rent payments) and resource shortfalls (such as lacking digital devices). It is important to include a comparative aspect which establishes the norm for a demographic group (such as play resources for children) and discovers how well that group in institutional care fares in comparison with demographic peers not in institutional care (Sallnas et al 2012). Mainstream surveys should be asking about experiences of institutional care in order to monitor exclusion and poverty among groups who experience lifetime risks. In order to be clear about the impact of institutional care over time, it will be crucial to establish panel and longitudinal studies which follow up individuals in sufficient numbers.

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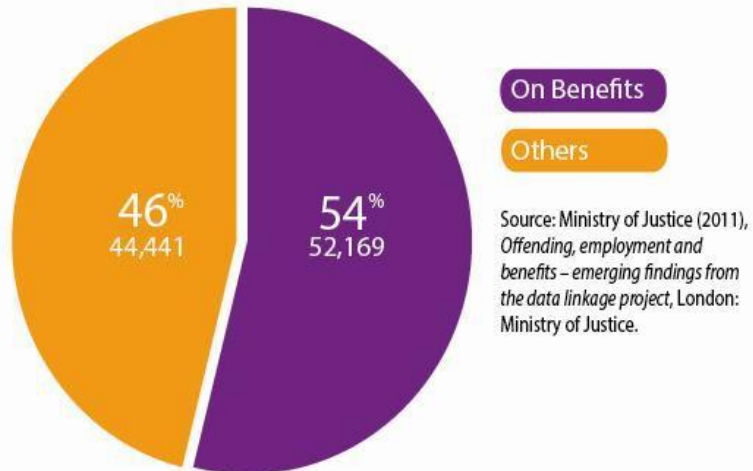
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## **Legislation**

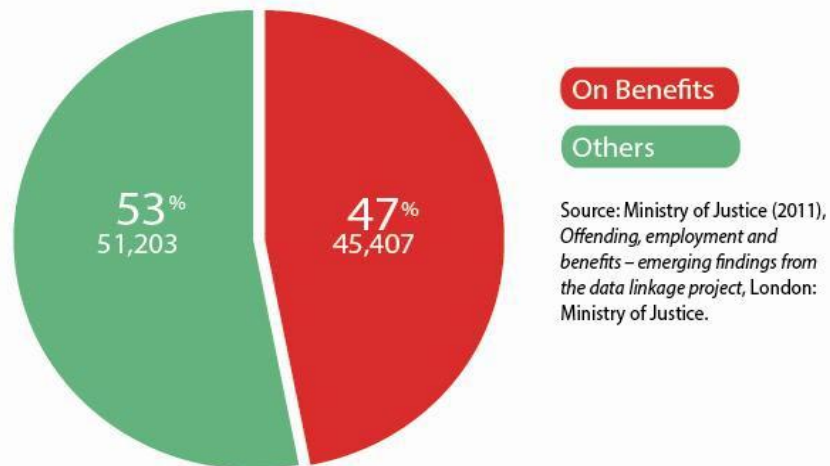
Children and Young People (Scotland) Act 2014

### Poverty risks for UK prison population, based on UK prison population, 2012 (base 96,610)

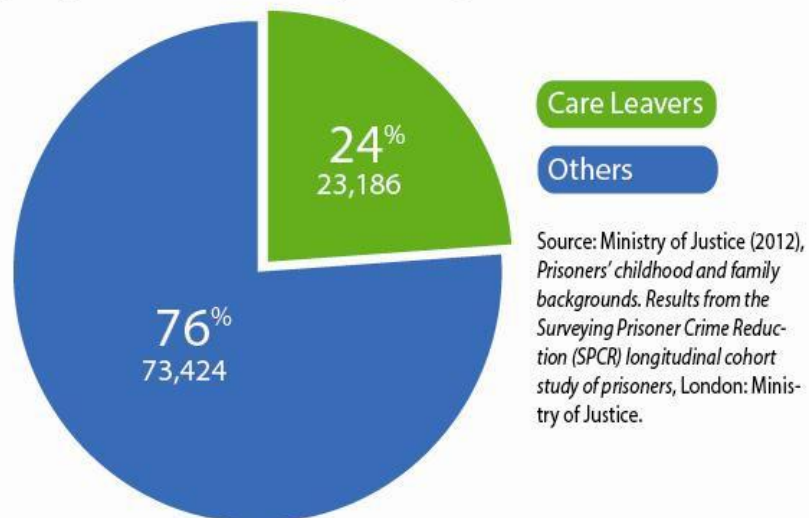
Percentage of prisoners who claimed benefits during the month before their sentence



Percentage of those on out-of-work benefits two years after release



Percentage of prisoners who were previously 'looked after children'



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